

# #23

**COMPLETE**

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Page 3: Part I: Standard Annual Questions for Counties and Local Advisory Boards

**Q1** **Fresno**

Please identify your County / Local Board or Commission.

**Q2**

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

171

**Q3**

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

45916

**Q4**

Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

The Department is unable to produce data on this metric at this time.

<b>Q5</b>	Yes (If Yes, how many IMDs?):
Does your county have any "Institutions for Mental Disease" (IMDs)?	01

**Q6**

For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	<b>130</b>
Out-of-County	<b>68</b>

**Q7**

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

46,836

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

**Q8**

During the most recent fiscal year (2019-2020), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

**Housing/Motel Vouchers,  
Supportive Housing,  
Adult Residential Care Patch/Subsidy**

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

**Q9**

Do you think your county is doing enough to serve the children/youth in group care?

**Yes**

**Q10**

Has your county received any children needing "group home" level of care from another county?

Yes (If Yes, how many?):  
200

**Q11**

Has your county placed any children needing "group home" level of care into another county?

Yes (If Yes, how many?):  
40

Page 6: Part II: Telehealth Technology for Behavioral Health

**Q12**

Was your County using telehealth to provide behavioral health services prior to the Covid-19 public health emergency?

Yes (If yes, how were telehealth services funded prior to the Covid-19 public health emergency?:  
Medi-Cal Federal Financial Participation, Mental Health Realignment and Mental Health Services Act funds.

Page 7: Part II: Telehealth Technology for Behavioral Health (Continued)

**Q13**

Did your county decide to offer telehealth services after the Covid-19 public health emergency began?

**Respondent skipped this question**

**Q14**

Respondent skipped this question

Did the Covid-19 public health emergency cause your county to modify or adapt your service in any way?

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Page 8: Part II: Telehealth Technology for Behavioral Health (Continued)

**Q15**

Which of the following changes to your services were made? (Please select all that apply)

**Increased availability of telehealth services,**  
**Expansion of the kinds of services provided via telehealth**  
 ,  
**Telehealth training for staff and providers,**  
**Changes to staffing to facilitate telehealth coordination,**  
**Changes to technology/software to facilitate telehealth**

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**Q16**

Is your county able to serve both adults and children with behavioral health telehealth services?

**Both**

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**Q17**

Are telehealth services in your county provided by an "in house" provider that is either on contract or an employee of Behavioral Health Services?

**Yes**

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**Q18**

Does your county have a contract with an organizational provider out of your area to provide behavioral health telehealth services?

Yes (If Yes, what is the name of the provider organization?):  
 American Telepsychiatrists and Iris Telehealth

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**Q19**

How are consumers able to receive behavioral health telehealth services in your county? (please select all that apply)

**On personal home computers,**  
**On mobile devices such as a cell phone or tablet,**  
**On a landline phone,**  
**At community clinics or wellness centers**

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**Q20**

What challenges do consumers in your county have regarding accessing and utilizing telehealth services? (please select all that apply)

- Lack of computer or mobile devices to access telehealth services
- ,
- Lack of availability of internet services in the area,
- Inadequate internet connection/bandwidth to use telehealth services
- ,
- Cannot afford internet service or mobile data plan,
- Lack of privacy in the home,
- Distrust of telehealth services,
- Lack of knowledge regarding the availability of telehealth services
- ,
- Difficulty filling/receiving prescriptions that are prescribed via telehealth services

**Q21**

Does your county provide any of the following accommodations to assist consumers who have barriers to accessing telehealth services? (please select all that apply)

- Language interpretation for telehealth services,
- Text-based services for consumers who are deaf or hard of hearing
- ,
- Clinic, wellness center, or community-based telehealth access sites

**Q22**

Which of the following does your county have difficulty with when it comes to providing behavioral health telehealth services to consumers? (please select all that apply)

- Technology/software,
- Network bandwidth to support secure and quality connection
- ,
- Telehealth training for staff and providers,
- Scheduling and coordinating telehealth services,
- Encouraging consumer/community adoption and utilization
- ,
- Difficulty navigating regulations regarding telehealth

**Q23**

Who normally schedules and coordinates telehealth services in your county? (please select all that apply)

Case manager,  
 Social worker, counselor, or other licensed mental health professional  
 ,  
 Nurse,  
 Individual medical providers,  
 Other (please specify):  
 Clerical Support Team

**Q24**

While your county has been using telehealth to provide behavioral health services, have you noticed any changes in your no-show/cancellation rates for the following age groups?

Children (age 15 or below)	<b>Increase in no-shows/cancellations</b>
Transition-age youth (16-21)	<b>Decrease in no-shows/cancellations</b>
Adults (22-64)	<b>Decrease in no-shows/cancellations</b>
Older adults (65+)	<b>Decrease in no-shows/cancellations</b>

**Q25**

Has the use of telehealth increased access to behavioral health services for any of the following groups? (please select all that apply)

Other (please specify):  
 Access to behavioral health services has continued to increase. Department is working on mechanism to distinguish the data among various categories.

**Q26**

Has your county experienced any of the following benefits of using telehealth to provide behavioral health services? (please select all that apply)

**Increased consumer outreach and engagement,**  
**Improved case-management for consumers with high needs**  
 ,  
**Improved clinical workflow and overall practice efficiency**  
 ,  
**Providers can serve more patients**

**Q27**

Is your county having any billing/reimbursement issues regarding behavioral health telehealth services?

**No**

**Q28**

How confident is your county that behavioral health services provided via telehealth are being billed in an appropriate and accountable manner?

**Very confident**

**Q29**

Yes

When the Covid-19 public health emergency is over, do you expect your county will want to continue with telehealth to deliver behavioral health services?

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**Q30**

Please explain why or why not.

Efficiencies and satisfaction appear favorable

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**Q31**

Does your county have any additional input concerning the use of telehealth to deliver behavioral health services?

No

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Page 9: Post-Survey Questionnaire

**Q32**

What process was used to complete this Data Notebook? (please select all that apply)

**Data Notebook placed on Agenda and discussed at Board meeting**

**MH board partnered with county staff or director,**

**MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function**

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**Q33**

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):

Administrative Assistant

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**Q34**

Please provide contact information for this staff member or board liaison.

Name

**Jeannette Dominguez**

County

**Fresno**

Email Address

Phone Number

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**Q35**

Please provide contact information for your Board's presiding officer (Chair, etc).

Name **Carolyn Evans**

County **Fresno**

Email Address

Phone Number

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**Q36**

Do you have any feedback or recommendations to improve the Data Notebook for next year?

Hard copy needed to complete and to share with community and Board of Supervisors. Some difficulties with completing Survey Monkey. Planning Council staff not responsive to inquiries.

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