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

Q1**Kern**

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?

44

Q3

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

136

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?

Level of housing and care is determined by individual circumstances and MH Level at the time of placement. This is not documented. We currently have seven licensed facilities on our Quality Standards Housing list. Of the 247 total beds, fewer than 7 percent are available each month. This number has been consistent throughout the history of BHRS Housing Services. We are constantly providing outreach to Adult Residential Facilities to include them as Quality Standards Housing Providers, however, the low reimbursement by social security is a constant challenge as licensed providers are able to charge higher rates and keep their beds filled by private pay clients due to the demand for licensed beds.

Q5

Does your county have any "Institutions for Mental Disease" (IMDs)?

Yes (If Yes, how many IMDs?):
 2 (1 emergent acute, 1 chronic acute)

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	352
Out-of-County	13

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?

6699 emergent acute bed days approved

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)

- Emergency Shelter,**
- Temporary Houseing,**
- Transitional Housing,**
- Housing/Motel Vouchers,**
- Supportive Housing,**
- Rapid re-housing,**
- Adult Residential Care Patch/Subsidy,**

Other (please specify):

Sober Living housing for TAY – TAY Duel Recovery Low Barrier Navigation Centers Not all of these are directly under our direct control but is in partnership with the county Housing Collaborative

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

Q9

Yes

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

Q10

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

Yes (If Yes, how many?):

Yes, we currently have 18 out of county youth in contracted provisional and fully licensed STRTPS. In addition, over last 60 days we have averaged monthly 5 new referrals to homes that are not currently in contract with Kern. Kern has developed processes to track youth as they come into care in Kern. Providing timely services is essential to the well-being of these children. Kern outreaches to the Social Worker in the county of jurisdiction however, at times this coordination is difficult when social worker cannot be reach and trying to navigate other counties Child Welfare Services can be a barrier.

Q11

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

Yes (If Yes, how many?):

Yes, as Continuum Care Reform is being implemented this number continues to decrease. Child Welfare Services currently has 2 youth placed out of county in STRTPs. Probation currently has 26 youth placed out of county. Many of these youth have specific needs and are placed in STRTPS that specialize in programing to meet the needs of a specific population. Total 28 youth placed out of county.

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?:
As billable Medi-Cal services

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

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

Yes

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

,

Changes to staffing to facilitate telehealth coordination,

Changes to technology/software to facilitate telehealth,

Community outreach to promote telehealth services,

Other (please specify):

Retrofit the jail to allow for multiple offices for telehealth services that were not previously available Began completing 5250s via telehealth in the Crisis Stabilization Unit,

Q16

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

Both

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

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?):
Jackson and Coker, LocumTenens.com

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,

Other (please specify):

In a clinic receiving virtual services from a provider not in the clinic

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

,

Other (please specify):

Lack of comfort using the technology platforms ZOOM fatigue Disconnect of person to person interactions Dislike of not having face to face interactions Some therapeutic modalities are not possible to do over telehealth

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,

Clinic, wellness center, or community-based telehealth access sites

,

Assistance in securing a mobile device or internet connection, including equipment loans

,

Other (please specify):

Linkage for TAY and adult clients to get government phones Work with client to link to services for knowledge of Zoom Providing devices for the service Sign Language interpreter for telehealth services via video

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,
- Getting provider buy-in,
- Encouraging consumer/community adoption and utilization
- ,
- Difficulty navigating regulations regarding telehealth,

Other (please specify):

A telehealth survey was conducted to understand the challenges in providing services for both staff and clients. Issues that were identified included connectivity, clients not having data/minutes to use telehealth, difficulties with navigating the technological platforms used, clients not having equipment to support a telehealth visit and clients not wanting to be on video.

Q23

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

- Dedicated telehealth coordinator,
- Case manager,
- Social worker, counselor, or other licensed mental health professional
- ,
- Nurse,
- Individual medical providers,

Other (please specify):

Medical Assistant, Office Service Staff

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)

Decrease in no-shows/cancellations

Transition-age youth (16-21)

Decrease in no-shows/cancellations

Adults (22-64)

Decrease in no-shows/cancellations

Older adults (65+)

Increase in no-shows/cancellations

Q25

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

Rural or distant communities,

Low-income communities,

Other (please specify):

Homeless, Increased access during COVID PHE

Q26

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

Increased appointment attendance,

Improved case-management for consumers with high needs

,

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

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?

Yes

Q30

Please explain why or why not.

Increase of access to certain parts of our population, contributes to staff wellness, addresses doctor and nurse shortages, continue telehealth to provide additional options for consumer access
Client convenience for not having to commute to receive services

Q31

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

Regulations do not always align with telehealth services

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 work group or temporary ad hoc committee worked on it

,

MH board partnered with county staff or director

Q33

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):
Behavioral Health Administrator

Q34

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

Name

Lesleigh Davis

County

Kern County

Email Address

Phone Number

Q35

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

Name

Kate Tandy, PhD

County

Kern County

Email Address

Phone Number

Q36

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

Kern county believes that telehealth is a vital component of service delivery, will and should continue. Regulatory guidance should align with DHCS documentation and other compliances Information Notices and regulations.
