

#20

COMPLETE

Collector: Live Survey Link (Web Link)
Started: Monday, November 30, 2020 5:24:59 PM
Last Modified: Monday, November 30, 2020 6:21:13 PM
Time Spent: 00:56:14
IP Address: 170.164.249.17

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

Q1 **San Bernardino**

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?

275

Q3

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

44302

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?

There are currently twenty-seven (27) consumers awaiting placement.

Q5

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

Yes (If Yes, how many IMDs?):

There are four (4) facilities, two (2) are licensed as Skilled Nursing Facilities and certified as Institutions for Mental Disease. These are considered non-acute psychiatric inpatient facilities. Two (2) facilities are Fee-For-Service Acute Psychiatric hospitals and provide acute inpatient psychiatric care.

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	1632
Out-of-County	542

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?

21,641 in county bed days and 20,374 out of county bed days for a total of 42,015 bed days

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,**
- Housing/Motel Vouchers,**
- Supportive Housing,**

Other (please specify):

Spearheaded by the San Bernardino County Department of Behavioral Health (SBC-DBH), in collaboration with various community partners (e.g. Homeless Outreach and Protective Enforcement Team) and fellow County agencies (Department of Aging and Adult Services, Department of Public Health) the Mental Health Services Act funded InnROADS project uses a multi-agency case management model to provide innovative outreach and engagement to individuals experiencing homelessness in San Bernardino County. Multidisciplinary Engagement Teams are stationed regionally throughout the county in conjunction with services provided by a Mobile Treatment Team. Health services provided by these teams include counseling, medication, and basic physical health screenings. In Fiscal Year 2019/2020, the InnROADs teams connected with 1,123 persons and 1,282 services were provided.

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?):

San Bernardino County DBH has received many children and youth requiring a group home level of care from another county. San Bernardino County DBH recognizes the method of accounting for this population is difficult and may not be completely accurate if another county does not notify San Bernardino County, as required by the CA Department of Health Care Services (DHCS). This is a known issue to county advocate CA Behavioral Health Directors Association (CBHDA) who has shared with DHCS. The established state procedure is that when a youth is moved to another county, the placing agency is to send a notice to the mental health plan of the host county. San Bernardino DBH received notices for approximately 350 unduplicated youth for group home placement in FY 19-20 which is likely to be a significant undercounting. San Bernardino County DBH is working with its Research and Evaluation program to obtain a more accurate count.

Q11

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

Yes (If Yes, how many?):

San Bernardino County placing agencies have placed about 756 unique children needing group home level of care in another county during the Fiscal Year 19-20. The total number of placements in another county is 1,182 over the same period, counting multiple placements for the same youth.

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?):

Funded by Medi-Cal, MHSA, 1991 and 2011 Realignment for reimbursements.

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
- ,
- Telehealth training for staff and providers,
- Changes to staffing to facilitate telehealth coordination,
- Changes to technology/software to facilitate telehealth,
- Community outreach to promote telehealth services,
- Other (please specify):

o DBH used Web-Ex to continue to provide Mental Health First Aid (MHFA) training, and suicide prevention and general services presentation to community members, including several school district staff. □ 90 individuals completed a MHFA training. o DBH conducted 132 virtual and in-person outreach events, reaching an estimated 69,786 people with information on our services. o DBH increased its social media marketing, resulting in an increase of followers and impressions (the number of times DBH content is viewed on a person's screen.) □ DBH Facebook posts about our services were viewed 902,259 times. DBH Twitter posts about our services were viewed 229,442 times. o DBH increased its production and/or participation of informational videos and produced or participated in over 60 videos on our services, with an innumerable number of views on the internet. Videos were posted to DBH YouTube account, Facebook account, blog, or on the page of the organization producing the video.

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?

No

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):

They can also receive behavioral health telehealth services at Crisis Stabilization Unit (CSU) Centers, Short-Term Residential Therapeutic Programs (STRTP), and Children Residential Intensive Services (ChRIS).

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,

Lack of knowledge regarding the availability of 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

,

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

,

Other (please specify):

Assisting consumers in obtaining free or low-cost phones

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):

DBH is currently moving towards implementation of an EHR and lack of currently having one makes it difficult in the provision of services at times as we currently use paper charts to read historical information about consumers or experience difficulty in obtaining some data that would only be available in an EHR.

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
- ,

Other (please specify):

Office assistants, the same staff that handle traditional appointment scheduling.

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+) | Decrease 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,

Racial/ethnic minorities,

Older adults,

Other (please specify):

Increased access for those with significant medical problems that make it difficult to leave their homes, mothers/single parents/guardians that have multiple children now don't have to worry about child care to attend an appointment, and consumers who lacked transportation no longer have to worry about arrangements or spending a large portion of their time using public transportation.

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,

Easier to connect with families with small children,

Increased staff morale/decreased burnout,

Other (please specify):

Increased care coordination outside of system making it easier to do case management of a consumer.

Q27

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

Yes (if yes, please explain):

Telehealth claims were being denied in error. DBH was informed by DHCS on 10/07/20 that we can now replace the erroneous denials. Additionally, DBH has experienced lost reimbursement (used to be able to bill travel time when staff completed field-based services but they are no longer travelling due to COVID-19 pandemic.)

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.

Consumers and providers have both expressed their interest in continuing telehealth services. There is better access to care. It will be important to have options that meet the needs of our patients. Due to the vast area of San Bernardino County (largest county in the United States at 20,105.32 square miles) with populous areas but also have large geographic areas that are remote and rural such as mountain areas, Morongo basin and high desert regions as well as frontier areas such as Big River and Trona, with the use of telehealth DBH provides clients the ability to be seen timely and without travel.

Q31

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

DBH has concluded that telehealth may not be for everyone (clients and/or providers); however, it is a needed option because although it is not fool proof, it does increase clients' access to DBH providers which leads to increased compliance, increased number of services, ability to meet or exceed network adequacy, and may improve client outcomes. Additionally, the use of telehealth brings to light that even if our system of care assists clients in obtaining free cell phones and obtains telehealth equipment, unless internet access is addressed nationwide, not only in the rural and frontier areas of San Bernardino County, telehealth tools exists for some areas but the internet infrastructure is lacking so the utilization cannot come to fruition. It is recommended that any available funding be redirected to address internet infrastructure in CA so that all areas can utilize the option of telehealth.

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 work group or temporary ad hoc committee worked on it

,

MH board partnered with county staff or director,

Other (please specify):

The Data Notebook will be placed on the Agenda for the January meeting as we go dark in December for Annual Awards.

Q33

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):
Executive Secretary II

Q34

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

Name	Raquel Ramos
County	San Bernardino County
Email Address	
Phone Number	

Q35

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

Name	Dr. Monica Caffey
County	San Bernardino County

Q36

Respondent skipped this question

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