



NOTICE OF PUBLIC MEETING – County of Santa Cruz
MENTAL HEALTH ADVISORY BOARD
DECEMBER 15, 2022 ♦ 3:00 PM-5:00 PM
HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060
THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 846 369 176#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Member 3 rd District	Serg Kagno Co-chair 4 th District	Jennifer Wells Kaupp Member 5 th District
Laura Chatham Member 1 st District	Vacant 2 nd District	Hugh McCormick Member 3 rd District	Antonio Rivas Member 4 th District	Jeffrey Arlt Secretary 5 th District

Supervisor Greg Caput Board of Supervisor Member	
Tiffany Cantrell-Warren Interim Behavioral Health Director	Karen Kern Director of Adult Behavioral Health Services

**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. All individuals attending the meeting at the Health Services Agency will be required to use face coverings regardless of vaccination status. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 846 369 176#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

If you are a person with a special need, or if interpreting services (English/Spanish or sign language) are needed, please call 454-4611 (Hearing Impaired TDD/TTY: 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

Si usted es una persona con una discapacidad o necesita servicios de interpretación (inglés/español o Lenguaje de señas), por favor llame al (831) 454-4611 (Personas con Discapacidad Auditiva TDD/TTY: 711) con 72 horas de anticipación a la junta para hacer arreglos. Personas con discapacidades pueden pedir una copia de la agenda en una forma alternativa.

MENTAL HEALTH ADVISORY BOARD AGENDA

3:00 Regular Business	
I.	Roll Call
II.	Public Comment (No action or discussion will be undertaken <i>today</i> on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)
III.	Board Member Announcements
IV.	<i>Approval of October 20, 2022 minutes*</i>
V.	<i>Adoption of AB361 – Resolution Authorizing Teleconference Meetings*</i>
VI.	Secretary's Report
3:15 Standing Reports	
I.	Board of Supervisors Report – Supervisor Greg Caput
II.	Behavioral Health Report – Tiffany Cantrell-Warren, Interim Behavioral Health Director and Karen Kern, Director of Adult Behavioral Health Services
III.	Committees
A.	Standing Committees
1.	Budget
2.	Ideal Crisis System – <i>Dissolve standing committee status and become ad hoc*</i>
3.	Community/Publicity
B.	Ad Hoc Committees
1.	Peer Support Certification
2.	9-8-8
IV.	Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
4:15 Other Topics	
I.	<i>Letter of appreciation for former BH Director Erik Riera*</i>
II.	<i>Letter of appreciation for former Member-At-Large Marlize Velasco*</i>
III.	<i>Letter to the Board of Supervisors regarding the Benchlands*</i>
IV.	<i>2022 Data Notebook*</i>
V.	<i>Letter of support for access to restrooms*</i>
5:00 Adjourn	

*Italicized items with * indicate action items for board approval.*

NEXT REGULAR MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
JANUARY 19, 2022 ♦ 3:00 PM – 5:00 PM
HEALTH SERVICES AGENCY
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060
TELEPHONE CALL-IN NUMBER (831) 454-2222; CONFERENCE ID # - TO BE ANNOUNCED

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

OCTOBER 20, 2022 ♦ 3:00 PM - 5:00 PM

1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams Meeting (831) 454-2222, Conference 889 159 047#

Present: Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Excused: Jennifer Wells Kaupp
Staff: Tiffany Cantrell-Warren, Karen Kern, Lauren Fein, Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:03 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
 - A member of the public shared her story of how her daughter continues to be neglected.
- III. Board Member Announcements
 - Chair reminded the Board that the committee meetings are official meetings, and inappropriate language should not be used.
- IV. Business / Action Items
 - A. Approve September 15, 2022 Minutes.

Motion/Second: Supervisor Greg Caput / Maureen McCarty
Ayes: Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Nays: None
Absent: Jennifer Wells Kaupp, Laura Chatham (joined the meeting at 3:26pm)
Motion passed.
 - B. Adoption of Assembly Bill 361 – Resolution Authorizing Teleconference Meetings
Motion/Second: Valerie Webb / Maureen McCarty
Ayes: Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Nays: None
Absent: Jennifer Wells Kaupp, Laura Chatham (joined the meeting at 3:26pm)
Motion passed.
- V. Reports
 - A. Secretary's Report
 - The Secretary provided a summary of completed trainings for each Board member.
 - The Secretary reminded the board that the CALBHB/C newsletter includes announcements for training opportunities.

- B. Board of Supervisors Report – Supervisor Greg Caput
- South County Park is still \$1.7 million short. There are plans to apply for grant money and people can contribute to purchasing the park. Timeframe to come up with \$1.7 million is 1 year and 2 months.
 - Pajaro River Levee – there was a kick-off celebration of the fully-funded \$400 million project and in attendance were Assemblyman Robert Rivas, Congressman Jimmy Panetta, Congresswoman Zoe Lofgren, and Senator Alex Padilla.
 - Supervisor Caput is working on writing a county ordinance for private businesses to open their restrooms to the public. Supervisor Caput is requesting a letter from the MHAB to support this ordinance.
- C. Behavioral Health Report, Tiffany Cantrell-Warren, Interim Behavioral Health Director/HSA Assistant Director and Karen Kern, Director of Adults Behavioral Health

Tiffany introduced herself to the board. She is the HSA Assistant Director since August 2021 and also the Interim Behavioral Health Director. In her role as Assistant Director, she has been looking at the assistance of care within the Health Services Agency, which includes three FQHC clinics. Most recently, she worked on the huge initiative that set up the Pajaro Valley Healthcare District and the purchase of the Watsonville Community Hospital out of bankruptcy. Tiffany announced the Behavioral Health Director job announcement will be made available next week and is requesting the board to share within their networks to cast a wide net to find the next director.

D. Committee Updates

1. Standing Committees

- a. Budget – The budget committee will narrow their goals and select a few contracts to compare with the Roadmap for the ideal crisis system. Goals include: 1) meeting with government representatives; 2) board members to meet with their respective Board of Supervisor; 3) make strong recommendations to building a toolkit which includes a plan, framework, and reviewing costs.
- b. Ideal Crisis System – The committee discussed having a panel presentation in January/February, taking presenters from each segment of services and try to combine it during the ICS committee meeting. The desired outcome of the presentation and panel discussion would be to get a framework or plan to improve services.
- c. Community Engagement/Publicity – Maureen stated there was a quorum but tabled most of their items as they felt it was important to have the committee Chair's input. They continued the discussion on having a behavioral health services information table at the Watsonville Farmers Market.

2. Ad Hoc Committees

- a. Peer Support Certification – Hugh finished 80 hours of training. Hugh said he will provide a final report on his experience and what the future holds for the peer specialist certification.
- b. 988 – Andrea Tolaio mentioned to the committee that they don't have the capacity to meet calls. About 30% of calls are abandoned so they flow over to San Francisco. They have had about a 60% increase in calls since July, which is about 15% higher than the average for the nation.

E. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

George Carvalho was present at the meeting and provided the September report.

George reported on the following:

1. Doubling inpatient capacity is a patients rights issue. If there is an increase in beds, then there should be increased funding to support the Patients' Rights Advocate program. Currently, the Patients' Rights Advocates has a 2-day furlough per month. Also, George stated he is advocating for unlocked, not locked facilities.

2. In response to the MHAB attending an information fair – George requests that Advocacy, Inc participate to talk about what Patients' Rights Advocates do.
3. Issue regarding Benefits Management Corp – George stated the issue is still ongoing. Received three phone calls that they are not getting money and their rent is not getting paid.

Karen Kern, Director of Adults Behavioral Health clarified that the County is not associated with Benefits Management Corporation. The County offers check distribution only through MHCAN at the County facilities as security is onsite, however, Benefits Management Corporation is not connected with the County.

VI. Future Agenda Items

1. Letter of appreciation for former Behavioral Health Director Erik Riera – Valerie to draft letter.
2. Letter of appreciation/recommendation for former Member-At-Large Marlize Velasco – Valerie to draft letter.
3. 2022 Data Notebook – Chair will ask for an extension to submit report.
4. Letter to the Board of Supervisors regarding the benchlands – Serg to draft letter.
5. Letter of support regarding private businesses opening their restrooms to the public.

VII. Adjournment

Meeting adjourned at 5:04 p.m.

Patients' Rights Advocate Report

October 2022

Record 13624

Telecare

On October 3, 2022, this writer received a phone call from a Patient at the Telecare facility. He states that he is attempting to contact his Public Defender but was unable to do so. The client requested that this writer contact the Public Defender on his behalf. This writer placed a call to the number provided by the client. Despite the call being placed in the midafternoon, no one answered. I did leave a brief message giving the client's name and his phone number requesting a return call from the Public Defender. This writer attempted to contact the client once again, but this person had been discharged from the facility

Record 13633

Telecare

On October 11, 2022, this writer received a phone call from a client at Telecare-PHF. The client urgently requested assistance with housing and to contact a previous partner now living in San Francisco and is an attorney for a local baseball team. I informed the client that I could not assist in this phone call and that she should talk to the social workers about this request. I received permission to speak with her treating psychiatrist and place call to that person. The treating psychiatrist informed me that the planned conservatorship would not happen because the client had not been placed in a step-down facility for a long enough period. This writer spoke to the client and conveyed this information.

Record 13636

Telecare

On October 11, 2022, this writer received a phone call from a community member. She reported that her twelve-year-old daughter had been placed on a 5150 detention and is a patient at the Telecare CSP (Crisis Stabilization Program). The CSP staff informed this community member that her daughter would need to be transferred out of county for a psychiatric evaluation. The community member wanted her daughter to receive a psychiatric evaluation in-county before any transfer. I received permission to speak with the treatment team at the CSP. I spoke with a licensed staff member who confirmed the report that I had received. I informed the staff that the parents will come for their child and request an AMA discharge. The following day I placed a follow-up call to the community member. She informed me that their child was discharged and that they will provide both safety and support for their child.

Record 13638

Telecare

On October 13, 2022, this writer received a referral from the Long-Term Ombudsman. The mother of the reported victim reported this information via a Spanish translator. From the initial information it seemed as though this incident happened in August of 2022. The mother on behalf of her son stated that her son reported that a Telecare staff member had spit in her son's face and slapped him. I contacted the reported victim. Although lucid the client's responses were somewhat vague. He informed this writer that the alleged abuse occurred a year ago and that the alleged perpetrator had been fired. However, the client was unable or unwilling to tell me the name of the alleged perpetrator nor the name of the staff member that gave him this information when he had been transferred to the step-down facility, nor the name of the facility to which he had been transferred. I attempted to speak with the client; Staff informed that the client was unable to speak with me because of the severity of his psychiatric symptoms. I will continue to reach out to the client as soon as the psychiatric symptoms resolve.

Record 13647

Telecare

On October 20, 2022, this writer received a call and request for advocacy. The caller requested that I advocate for the clients to be able to make and send postcards to each other. I inquired whether the rehab staff knew about this request. My client stated that staff were not aware of this request. I then urged her to speak with the staff and then to call me if rehab staff did seem amenable to his request. I also reminded the caller that the PHF is a short-term unit and that she may be discharged before the next holiday. (Halloween)

Record 13665, 13640

7th Avenue Center

On October 14, 2022, while conducting monitoring of the facility, a resident of that facility requested to speak with me. He stated that he was unable communicate with his conservator and asked if I would contact the conservator and inform him of the client's plan to take care of himself in his community. I stated that I would do so. Thus far this writer has placed 3 calls to the conservator and requested a return call to advocate on behalf of this resident. This writer will continue to reach out to the conservator of this resident.

Record 13666, 1342**7th Avenue Center**

This complaint is long-standing and thus far has not been able to be resolved. This resident reports to this writer that he is not getting enough to eat. At a point in the past this issue seemed to be resolved. However, I now receive reports that this is no longer the case, and that kitchen staff must have somehow forgotten about the residents' dietary needs. I received permission to speak with the Clinical director as well as his conservator. The clinical director did not sound receptive to the client's needs, stating that the residents have 5 opportunities to eat throughout the day. I also spoke with the conservator and requested that she speak with staff about this issue. The conservator agreed to do so, but has not done so, nor has she returned any phone calls about this matter. I will continue to reach out to both the resident as well as the conservator.

Record 13652**7th Avenue Center****Resident to resident abuse**

On October 24, 2022, this writer received a phone message from the 7th Avenue Center reporting that one resident had punched the other in the head. Staff person also stated that there were no injuries and that the reported victim declined to press charges. I will follow-up with this resident on this date (11.3.22)

Record 13658**7th Avenue Center****Resident to resident abuse**

On October 27, 2022, this writer received a phone report for the 7th Avenue Center. Staff reported that the alleged perpetrator struck another resident unprovoked. Staff reported that there were no injuries and that the resident had declined to press charges. This writer will follow up with the resident on this date (11.3.22)

Record 13667**Wheelock**

On October 2022, this writer received a phone call from a resident of the Wheelock facility. The resident reported that the last expected checks did not arrive. This writer met with the resident and requested that she sign An Advocacy Agreement form that give me permission to speak with Benefits Management Corporation. The resident agreed to do social worker BMC continues to pay the rent and the resident is not in any danger of being evicted.

Record 13678**Front Street residential**

The Patients' Rights Advocate* received an SOC report from Front Street Residential alleging that a resident of this facility had experienced undue influence from an ex-spouse. The resident feels that the ex-spouse wants him to conduct his affairs including health matters and financial matters in a manner that is inconsistent to who he is as a person. The resident is not comfortable with this situation. The PRA interviewed both the resident as well as the Staff. Currently the ex-spouse is out of the country. However, the Staff informed the PRA that the situation will be closely monitored. The PRA will communicate with Staff on a regular basis.

***Ms. Davi Schill**

Record 13678**Front Street**

On October 11, the Patients' Right Advocate* received a phone call from Staff of Front Street Residential stating that he is, "being forced," to take out a restraining order on his ex-spouse. The Staff informed the PRA that the resident is receiving consistent support and reminders that any decisions are his alone to make. The PRA will continue to monitor the situation

***Ms. Davi Schill**

Record 1421**Front Street**

The Patients' Rights Advocate* received an SOC report from the Fronts Street Residential Staff. They reported that a resident is harassing another resident and calling her very derogatory names. The reported victim of this verbal harassment does not feel that staff are doing enough to prevent this ongoing verbal barrage. Nevertheless, the reported victim will continue to seek out Staff support. It is the Staff's opinion that the alleged perpetrator does not require a higher level of care at this point.

***Ms. Davi Schill**

Record 13677**Opal Cliffs Rehabilitation**

While monitoring the Opal Cliffs Residential facility, a resident approached the PRA* stating that the county mental health treatment team is not meeting her needs. The resident also stated that she would like to move to another facility. The PRA reminded the resident that she is not conserved and therefore could live wherever she wanted but would need to work with the county if she wished to live at another residential board and care. The PRA also provided a "Request for Change of Treatment Team form to the resident. ***Ms. Davi Schil**

ADVOCACY INC.

TELECARE CLIENT CERTIFICATION AND REISE HEARING/PATIENTS' RIGHTS
REPORT

October 2022

Second Quarter

1. TOTAL NUMBER CERTIFIED	26
2. TOTAL NUMBER OF HEARINGS	22
3. TOTAL NUMBER OF CONTESTED HEARINGS	11
4. NO CONTEST PROBABLE CAUSE	11
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	1
7. DISCHARGED BEFORE HEARING	3
8. WRITS	
9. CONTESTED PROBABLE CAUSE	8
10. NON-REGULARLY SCHEDULED HEARINGS	

Ombudsman Program & Patient Advocate Program shared 0 clients in this month
(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental
health client placed in skilled nursing facility)

**The usual scheduled hearing days are Tuesdays and Fridays. Due to the pandemic and the shortage of bed availability throughout the state of California hearings can be scheduled throughout the week to accommodate legal requirements that hearings must occur no later than one week of hospitalization.*

The following is an account of activity October 1, 2022, through October 31, 2022, of representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) facing Riese Hearings.

Total number of Riese petitions filed: 1

Total number of Riese Hearings conducted: 1

Total number of Riese Hearings lost: 1

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn:

Hours spent on Riese Hearings Conducted: 30 minutes.

Hours spent on all Riese Hearings included those hearings that were cancelled by the hospital:

Respectfully submitted,

Davi Schill, PRA

George N. Carvalho, PRA

Patients' Rights Advocate Report

November 2022

Record 13670

Telecare

This writer received a call from a patient at the Telecare PH. The client reported that she was not informed about her hearing and therefore was not able to attend. This writer confirmed that the caller was given two opportunities to attend but had declined. This writer advised the caller to file a writ and gave her a verbal description of the process

Record 13681

Telecare

On 11/10/22 this writer received a phone call from a patient at the Telecare facility. The Client requested that I contact his attorney that he worked with regarding another matter. In my further discussion with this client, he divulged that he was a voluntary patient. I advised him that the writ hearing only applies to individuals who are on the unit involuntarily. I did at the urging of the client did place a phone number giving only the name of the client and my office number, and requested a call back . The attorney did not return a call. Upon my return call to client, staff informed me that he had been discharged.

Record 13704

Telecare

As of November 14, 2022, this Advocate* spoke with this client multiple times during their stay at Telecare. The client first contacted me when on CSP wanting to be discharged. This Patients' Rights Advocate gave* the client information about the 5150/5250 process and explained that if the client wasn't released after 5150 hold they would be entitled to a hearing and that a Patient Advocate would represent her

On November 18, 2022, This Advocate* Spoke with client and was informed that the client was on the PHF unit, and on 5250 hold. The PRA explained to the client that the treating psychiatrist could discharge the client at any time. but if not discharged by the treating psychiatrist, the client would be eligible for a Certification Review Hearing next week and could ask the Hearing office to be released against medical advice.

The following week when this PRA *writer was conducting Certification Review hearing representation I noticed that Ms. Rodriguez was not on the hearing calendar. This Advocate* Spoke with the Clinical Director. The Clinical Director stated that she stated didn't know how the client was not properly calendared, but that client's hearing was overlooked and did not occur.

I advocated for client to be made Voluntary if she agreed or discharged. Client discharged.

*Ms. Davi Schill

Record 13661

7th Avenue Center

On November 1, 2022 This writer received a phone message from a 7th Avenue Center Resident and client of Santa Cruz Mental Health. This client was fearful that he may be transferred to a State Hospital. He did not wish to explain his concern over the phone. Mindful of Covid restriction I met with this resident at the facility. This client preferred to talk about previous concerns and facilities rather than the stated concern. I left my response to his concern open-ended and that I have no information that such a transfer would occur. The resident was grateful for this information.

Record 13663

7th Avenue Center

This writer responded to a report of resident-to-resident abuse on 10/23/2022. When this writer attempted to meet with the resident, I was informed that she would not communicate with me. The resident later placed a call to my office and this writer did attempt to speak with the resident on 11/2/22, but with the same previous results. This writer continues to reach out to the conservator, the last call placed was on 11/14/22. A total of 4 calls were made

Record 13665

7th Avenue Center

This writer received a phone message from a resident of 7th Avenue center. The message was difficult to understand over the phone, however the phone call appeared to be of a list of preferred placements. While conducting a monitoring of the facility I met with the resident outdoors. We were able to communicate easily. The resident elaborated on his preferred placement as well as his lifestyle of living outdoors. I obtained verbal permission to contact his conservator. The last call was placed, 11/14/22.

Record 13669**7th Avenue Center**

This writer, in response to a report of resident-to-resident abuse, met with the reported victim outdoors. The resident was not forthcoming about his recollection of the event but focused upon an incident of what he termed as forced medication. This writer brought this concern to the Clinical director. He informed me that residents are conserved and cannot refuse medication. I requested to review the doctor's order. The treating psychiatrist ordered that I.M. medication could be administered if oral medications were refused. I attempted to meet with this resident on two separate occasions but was ignored. This writer will continue to reach out to the resident.

Record 13704**Front street Residential**

On November 6, 2022, this writer responded to a report placed by Front Street Residential Staff of verbal altercation and harassment by a resident towards another resident of the facility. Reportedly one resident continued to follow the reported victim while making unwanted and uninvited inquiries about the death of a friend, while insisting that the reported victim continue to participate in a well-known program. This Advocate* communicated with the staff and was informed that they spoke with the alleged perpetrator about giving people personal space. The alleged perpetrator agreed to no longer harass the other resident. The reported victim informed this Advocate* that the situation has much improved. No further action is required at this time

*Ms. Davi Shill

Record 13705**Front Street Residential**

This Patients' Rights Advocate* responded to a report of sexual harassment. The Advocate spoke with the staff. They reported that there were no details given by the reported victim only that the alleged perpetrator is dishonest. The reported victim did not wish to contact local law enforcement and that currently they feel safe at the facility. This Advocate* spoke with the alleged perpetrator who stated that the two he and the reported victim are friends. Staff reported that they will closely monitor the situation.

*Ms. Davi Schill

Record 13706

Front Street Residential

On November 14, 2022, This Patients' Rights Advocate* received a report from Front Street Staff about a resident-to-resident incident. The staff reported that the victim who is non ambulatory, was pushed while in the wheelchair and became lodged in a doorway by the alleged perpetrator. The PRA* spoke with the reported victim. This person stated that the alleged perpetrator had been cursing at staff. The reported victim informed this PRA* that they did not feel safe at the facility. Staff informed the PRA* that the alleged perpetrator had been transferred to a higher level of care. The reported victim now feels safe at the facility with the transfer of the alleged perpetrator and that staff were helpful in resolving the crisis

*Ms. Davi Schill

Record 13707

Wheelock Residential

11/21- On November 21, 2022, this Patients' Rights Advocate* responded to a report of resident-to-resident verbal abuse. Staff reported that the reported victim informed staff that another resident had yelled at them. This PRA spoke with the reported victim at the facility. This person informed the PRA* that the alleged perpetrator had both yelled and cursed at them while voicing an inflammatory epithet. The reported victim felt intimidated because the other party was much bigger. Nevertheless, the reported victim does feel safe at the facility since the alleged perpetrator is not a roommate and the staff were helpful and responsive. The reported victim stated that they will continue to reach out to staff if need be. The PRA spoke with the alleged perpetrator. This person stated that the allegation was untrue.

No witnesses.

Ms. Davi Schill

ADVOCACY INC.
TELECARE CLIENT CERTIFICATION AND REISE HEARING/PATIENTS' RIGHTS
REPORT

November 2022
Second Quarter

1. TOTAL NUMBER CERTIFIED	24
2. TOTAL NUMBER OF HEARINGS	21
3. TOTAL NUMBER OF CONTESTED HEARINGS	8
4. NO CONTEST PROBABLE CAUSE	13
5. CONTESTED NO PROBABLE CAUSE	2
6. VOLUNTARY BEFORE CERTIFICATION HEARING	2
7. DISCHARGED BEFORE HEARING	1
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	6
10. NON-REGULARLY SCHEDULED HEARINGS	0

Ombudsman Program & Patient Advocate Program shared 0 clients in this month
(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled nursing facility)

**The usual scheduled hearing days are Tuesdays and Fridays. Due to the pandemic and the shortage of bed availability throughout the state of California hearings can are scheduled*

throughout the week to accommodate legal requirements that hearings must occur no later than one week of hospitalization.

The following is an account of activity November 1, 2022, through November 30, 2022, of representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) facing Riese Hearings.

Total number of Riese petitions filed: 4

Total number of Riese Hearings conducted: 4

Total number of Riese Hearings lost: 4

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on Riese Hearings Conducted: 2

Hours spent on all Riese Hearings included those hearings that were cancelled by the hospital:
2 hours.

Respectfully submitted,

Davi Schill, PRA

George N. Carvalho, PRA

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Prepared by the Performance Outcomes Committee of the California Behavioral Health Planning Council

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family-member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

**For information, you may contact the following email address or telephone number:
DataNotebook@cbhpc.dhcs.ca.gov
(916) 701-8211**

Or, you may contact us by postal mail at:

**Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413
Sacramento, CA 95899-7413**



Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates¹ to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;**
- To serve as an educational resource on behavioral health data;**
- To obtain opinion and thoughts of local board members on specific topics;**
- To identify unmet needs and make recommendations.**

In 2019, we developed a section (Part I) with standard questions that are addressed each year to help us detect any trends in critical areas affecting our most vulnerable populations. These include foster youth, homeless individuals, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assist in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy.

¹W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health (BH) programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report', which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website² of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA³.

²See the annual Overview Reports on the Data Notebook posted at the California Association of Local Mental Health Boards and Commissions, <https://www.CALBHBC.org>.

³SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

Part I: Standard Yearly Data and Questions for Counties and Local Boards

In recent years, changes in data availability permit local boards and other stakeholders to consult some Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) treatment. Standard data are analyzed each year to evaluate the quality of county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data are found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.⁴

The Planning Council would like to examine some county-level data that are not readily available online and for which there is no other public source. Please answer these questions using information for fiscal year (FY) 2021-2022 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.' We acknowledge and appreciate the necessary time and effort provided by local boards and their behavioral health departments to collect and discuss these data.

Adult Residential Care

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division⁵ at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

The Planning Council wants to understand what types of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)⁶ available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is defined as an occupancy or treatment slot for one person for one day. One major difference is that IMDs offer mental health treatment services in a psychiatric hospital or certain types of skilled nursing home facilities. In contrast, a non-psychiatric facility such as an ARF is a residential facility that may provide social support services like case management but not psychiatric treatment.

⁴www.mhsoac.ca.gov, see MHSA Transparency Tool, under 'Data and Reports'

⁵Search for Adult Residential Facilities using the following Department of Social Services link: <https://www.ccl.dss.ca.gov/carefacilitysearch/>

⁶Institution for Mental Diseases (IMD) List: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx.

* 1. Please identify your County / Local Board or Commission.

Santa Cruz

2. 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?

117

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

42,218

4. 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?

145

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

No

Yes (If Yes, how many IMDs?)

One

6. 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

Out-of-County

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

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

Homelessness: Programs and Services in California Counties

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that only one in three individuals who are homeless also have serious mental illness and/or a substance use disorder. The Planning Council does not endorse the idea that homelessness is caused by mental illness, nor that the public BH system is responsible to fix homelessness, financially or otherwise. However, we do know that recovery happens best when an individual has a safe, stable place to live.

The issue of homelessness is very complex and involves multiple systems and layers of interaction. Therefore, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD. Causes and contributory factors are complex, and thus our solutions will need to address numerous multidimensional and multi-systemic challenges.

Every year, the states, counties, and many cities perform a "Point-in-Time" count⁷ of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021.

Preliminary data for January, 2021 had been posted in early February 2022, but those only contained data for the individuals in shelters or other temporary housing. There was no data collected for California's unsheltered population due to Covid-19 protocols. Those preliminary data were taken down subsequently for further review before re-posting. The count for 2022 took place in many communities during the last week in February. The federal analysis and publication of that data will not be available for at least six to twelve months. Therefore, we are presenting the previous year's data for January 2020 in Table 3 as a baseline reference for comparison to the most recent year's data for 2021 and/or 2022, whenever that data becomes available. (Please refer to your 2022 Data Notebook pdf document for Table 3.)

⁷Link to data for yearly Point-in-Time Count:

https://www.hudexchange.info/programs/cococ-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=CA&filter_CoC=&program+Coc&group=PopSub

8. During the most recent fiscal year (2020-2021), 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 Housing
- Transitional Housing
- Housing/Motel Vouchers
- Supportive Housing
- Safe Parking Lots
- Rapid re-housing
- Adult Residential Care Patch/Subsidy
- Other (please specify)

COVID alternate shelters in various locations.
Adult Residential Care Patches

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

Child Welfare Services: Foster Children in Certain Types of Congregate Care

In California, about 60,000 children under the age of 18 are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed in a setting with more sophisticated services.

California is striving to move away from facilities formerly known as long-term group homes, and prefers to place all youth in family settings, if possible. Regulations have revised the treatment facilities for children whose needs cannot be met safely in a family setting. The new facility type is called a Short-Term Residential Treatment Program (STRTP). STRTPs are designed to provide short-term placement that includes intensive behavioral health services.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting, or who are in a family setting and experience a crisis that requires short-term intensive treatment.

Some counties do not yet have STRTPs and may place children/youth in another county or even out-of-state. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

Examples of the foster care CDSS data for Q4, 2020, in CA:

- Total foster youth and children: 53,180
- Total placed in an STRTP: 2,444 (or 4.6% of foster youth)
- Total STRTP placed out-of-county: 1174 (or 2.2% of foster youth)
- Total STRTP placed out-of-state: 66 (or 0.12 % of foster youth)

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

Yes

No (If No, what is your recommendation? Please list or describe briefly)

Santa Cruz County Children Behavioral Health in partnership with Juvenile Probation and the Human Services Department, Family and Children's Services are working to implement components of the Families First Prevention Services and other best practices to support these youth and their families/caregivers.

Recent efforts include - Restructuring Interagency placement committee.

- Provision of Qualified Individual Assessments for all youth being considered for initial placement/ transitions between STRTPs

- Provision of aftercare services for youth stepping down from STRTP level of care to home-based placement.

- Promotion of the Family Urgent Response Services program, for youth at risk of going to congregate care settings

- Greater collaboration with Substance Use Disorders Division to ensure youth in Residential MH programs have access to SUDs treatment

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

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

No

Yes (If Yes, how many?)

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

No

Yes (If Yes, how many?)

Part II: Impact of the Covid-19 Public Health Emergency on Behavioral Health Needs and Services

Background and Context

The Planning Council selected this year's special topic for the Data Notebook to focus on questions regarding the impact of the Covid-19 public health emergency on the behavioral health system during 2020 through 2021. Our goal for the choice of this topic is to evaluate effects of the pandemic on (1) the behavioral health of vulnerable populations in California, and (2) the impact on county behavioral health departments' ability to provide mental health and substance use disorder (SUD) treatment services in 2020 and 2021.

The major themes are as follows:

1. The major effects on behavioral health in the vulnerable populations of adults, children and youth served by California's public mental health system. We will present some national data that describes some of the major effects.
2. The effects of the Covid-19 pandemic on the ability of county behavioral health departments to provide mental health and substance use treatment services.
3. The lessons learned and successes achieved during a time when everyone was challenged to be flexible and to devise new ways to support mental health while implementing Covid-19 public health protocols.

This 2022 Data Notebook includes questions about effects of the pandemic on BH needs and services for children and youth, adults, and finally, some questions about potential county staffing challenges. To provide background and context for this part, we will discuss some of the limited public health data available thus far. The national data show that reports of serious behavioral health challenges were already trending upward in the two years prior to 2020. Further, the numbers of children, youth, and adults who need BH services appear to have increased further during both 2020 and 2021. Newer reports from California agencies that address similar issues have evaluated data collected in 2020 and 2021. Reports containing analyses of the most recent data are expected sometime in the second half of 2022.

In the strictest sense, we may not be able to establish that any of the changes in 2020-2021 were due to effects of the pandemic itself. Nonetheless, the continuing trends in 2020 and 2021 are cause for concern and attention, regardless of the difficulty of distinguishing cause from correlation and mere chance. Note that in our questions and discussion we often use the shorthand of speaking about the effects of Covid-19 on clients' mental health or on a county system's ability to respond to the larger challenges of the pandemic. We are not speaking in the biologic sense of what this virus does to a person's body, but rather the totality of the pandemic experience as we face this ongoing public health emergency.

We may find from the data we plan to collect through this Data Notebook that the pandemic had significant effects on system capacity to provide quantity, quality, or timeliness in the provision of many types of services, especially during the transition to online and telehealth services. Efforts to maintain Covid-19 protocols, (including social distancing), and limited access to technology may have increased barriers to access and impaired service delivery to our most vulnerable populations and to historically disadvantaged communities.

What were the Behavioral Health Impacts of the Covid-19 Pandemic on Children and Youth?

Behavioral health challenges faced by children and youth have been presented in news stories and medical, pediatric, or psychology journal reports. Most recently, this urgency led the U.S. Surgeon General to issue a special health advisory⁸:

“Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade.” said Surgeon General Vivek Murthy. “The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis.”

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, - PDF and early estimates show more than 6,600 suicide deaths - PDF among this age group in 2020.

The pandemic added to the pre-existing challenges that America’s youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic’s negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This Fall, a coalition of the nation’s leading experts in pediatric health declared a national emergency in child and adolescent mental health.

The Surgeon General’s Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies.

⁸“Protecting Youth Mental Health: The Surgeon General’s Advisory”, by Dr. Vivek Murthy, M.D., U.S. Public Health Service, pages 1-53. December 7, 2021. <https://www>

Challenges, Resilience, and Possible Lessons Learned while Addressing Behavioral Health Impacts during the Covid-19 Pandemic

Many agencies of the state have held discussions regarding the challenges and lessons learned from our collective experiences of continuing to provide services or a variety of administrative supports for those involved in provision of direct services. These discussions or assessments are an ongoing process at multiple levels.

In the 2020 Data Notebook, the Planning Council asked questions about the use of telehealth for mental health therapy to adults during early stages of the pandemic. Some service providers and clients encountered problems of access, such as technology issues, lack of home internet, or lack of adequate bandwidth, especially in rural areas. Other issues included the challenges of learning to work with the virtual therapy platform for both providers and clients. Some individuals had disabilities with impaired hearing and/or impaired vision (hard to see keys to type), which led to difficulties in access or to being completely unable to access telehealth. Also, there were language challenges for some individuals.

However, as we saw in the analyses of the responses collected from the 2020 Data Notebook, for clients who were able to overcome any technology barriers to access, they reported a fair degree of success in being able to improve their handling of mental health issues. Some clients were also able to get telehealth appointments for medication evaluation and prescriptions. Telehealth is an example of a rapid system-wide adaptation enabled by rapid policy changes for Medicaid/Medi-Cal at the federal and state levels, and rapid adaptation by local government and care providers.

The Planning Council advocates for a behavioral health system that can meet the needs of vulnerable populations and historically disadvantaged groups. Systemic, economic, or other societal factors that can reduce access to behavioral health services likely overlap with those factors that reduce access to medical care and preventative public health measures.

For example, during the pandemic, the hardest-hit communities for Covid-19 cases, hospitalizations, and deaths were Hispanic/Latino, African-American, and Native-American people.⁹ Some of these individuals were also the most difficult to reach by the public health Covid-19 teams. And due to the prevalence of misinformation, significant numbers were hesitant to get vaccinations, even though many work in 'front-line' positions exposed to the public, and many live in multi-generational households. Thus, any exposure to Covid-19 put entire families at risk of Covid-19. There are those who distrust governmental agencies for health and social services. Data reported in early 2022 also found problems in access to specialized treatment for "long Covid"¹⁰ symptoms for some African Americans and other persons of color when compared to white people. Numerous cross-cultural challenges affect access to services for both physical and mental health, including better adapting our outreach and messaging.

Next we turn to the discussion questions for Part II regarding the provision of behavioral health services in your community during the Covid-19 pandemic. Two questions ask for optional comments about either services for Children and Youth, or those for Adults. These 'open comment' questions could address unique county successes, continuing challenges, or lessons learned to aid future resilience, or any other com

12. Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (mark all that apply)

- Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.
- Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
- Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.
- Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.
- Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
- Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).
- Decreased access/utilization of mental health services for youth.
- None of the above
- Other (please specify)

Increase in eating disorder treatment needs in all levels. Intensive OP, partial hospitalization and residential treatment

13. Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county's top three points of impact in descending order)

Top concerns for children and youth services

- 1st Eating Disorder
- 2nd Increased youth crisis interventions
- 3rd Decreased access to services

14. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

Increase in request for services, at the same time staffing challenges across our system of care with severe issues with recruitment, hiring and staff retention.

15. Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (mark all that apply)

- Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.
- Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
- Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.
- Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.
- Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
- Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
- Decreased access/utilization of mental health services for adults.
- None of the above
- Other (please specify)

16. Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county's top three points of impact in descending order)

Top concerns for all adults

- 1st Increased need for crisis interventions by BH crisis teams
- 2nd Increased ED admissions for episodes of self-harm and suicide attempts among adults
- 3rd Decreased access/utilization of mental health services for adults

17. Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

COVID outbreaks in Mental Health facilities limited capacity for new admissions. Shifting to Telehealth or Telephonic services was challenging for adults experiencing homelessness

18. Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

- Yes
 No

19. Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

- Yes
 No

20. Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

- Yes
 No
 Not applicable (if your board does not oversee SUD along with mental health)

21. Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

- Yes
 No
 Not Applicable (if your board does not oversee SUD along with mental health)

If Yes, how has this been useful in promoting successful outcomes?
If No, do you have alternatives to help clients succeed?

22. Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

- Increase in funding for crisis services
 Decrease in funding for crisis services
 Issues with staffing and/or scheduling
 Difficulty providing services via telehealth
 Difficulty implementing Covid safety protocols
 None of the above
 Other (please specify)

- Loss in Revenues
- Reduced in-person services

23. Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

1st	Issues with stffing and/or scheduling
2nd	Difficulty providing services via telehealth
3rd	Loss in revenues
4th	Reduced in-person services

24. Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

- Utilizing telework practices
- Allowing flexible work hours
- Bringing back retired staff
- Facilitating access to childcare or daycare for worker
- Hiring new staff
- Increased use of various types of peer support staff and/or volunteers
- None of the above
- Other (please specify)

25. Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

- Asian American / Pacific Islander
- Black / African American
- Latino/ Hispanic
- Middle Eastern & North African
- Native American/Alaska Native
- Two or more races
- None of the above
- Other (please specify)

26. Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

- Children & Youth
- Foster Youth
- Immigrants & Refugees
- LGBTQ+ people
- Homeless individuals
- Persons with disabilities
- Seniors (65+)
- Veterans
- None of the above
- Other (please specify)

27. Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

- Difficulty with or inability to utilize telehealth services
- Concerns over Covid-19 safety for in-person services
- Inadequate staffing to provide services for all clients
- Lack of transportation to and from services
- Client or family member illness due to Covid-19
- Client disability impairs or prevents access
- Mistrust of medical and/or government services
- Language barriers (including ASL for hard-of-hearing)
- None of the above
- Other (please specify)

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

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

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- MH board work group or temporary ad hoc committee worked on it
- MH Board completed majority of the Data Notebook
- MH board partnered with county staff or director
- Data Notebook placed on Agenda and discussed at Board meeting
- 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
- Other (please specify)

29. Does your board have designated staff to support your activities?

- No
- Yes (if Yes, please provide their job classification)

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

Name

County

Email Address

Phone Number

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

Name

County

Email Address

Phone Number

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



**County of Santa Cruz Board of Supervisors
Agenda Item Submittal**

From: Greg Caput, Fourth District Supervisor
(831) 454-2200

Subject: Public Access to Bathrooms in Business Establishments

Meeting Date: December 13, 2022

Recommended Action(s):

Direct the County Administrative Office to work with relevant staff to determine potential options for encouraging private businesses to open their bathrooms to the public, including investigating voluntary programmatic options, a resolution by the Board, advocating for State legislation, or amendment of the County Code to regulate restrooms operated by private businesses, and return by January 31, 2023, or as soon thereafter as feasible, to advise the Board on the available options.

Executive Summary

The inability to access a public bathroom can lead to unsanitary practices and can create immense difficulties to seniors and those with disabilities. An ordinance that would require business owners to open their restrooms to the public may help to mitigate some of these issues.

Background

Due to the rise in vandalism and misuse of bathrooms in coffee shops and other commercial establishments, there has been a move amongst business owners to close their bathrooms to the public. As a result of these closures, the County has seen an increase in public urination and defecation.

In response to these issues of restroom access, the City of Santa Cruz has created a visitor restroom program that partners the city with downtown businesses to provide public bathrooms, but the County as a whole has no such program.

Analysis

The availability of restrooms in each commercial thoroughfare is limited, which can pose a problem for people who are not easily able to search for a restroom, such as senior citizens and people with disabilities. Because the County develops and sets standards for local businesses within its ability to do so under State law, is not uncommon for the Board to adopt ordinances to regulate certain business functions, and the need for public access to restrooms should be one of these circumstances.

Financial Impact

None

Strategic Plan Element(s)

1.A. Comprehensive Health and Safety: Health Equity

Submitted by:

Greg Caput, Fourth District Supervisor