



**NOTICE OF PUBLIC MEETING – County of Santa Cruz
MENTAL HEALTH ADVISORY BOARD**

JANUARY 20, 2022 ♦ 3:00 PM-5:00 PM

MICROSOFT TEAMS MEETING

NO IN-PERSON MEETING LOCATION

THE PUBLIC MAY JOIN THE MEETING BY CALLING (916) 318-9542, CONFERENCE ID 621 545 626#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Vacant 3 rd District	Serg Kagno Secretary 4 th District	Jennifer Wells Kaupp Member 5 th District
Laura Chatham Member 1 st District	Catherine Willis Member 2 nd District	Hugh McCormick Member 3 rd District	Antonio Rivas Member 4 th District	Vacant 5 th District

Supervisor Greg Caput Board of Supervisor Member	Erik G. Riera Behavioral Health Director
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**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting utilizing Microsoft Teams Video Conferencing. There will be no in-person meeting location. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (916) 318-9542, Conference ID 621 545 626#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds.

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.



AGENDA

3:00 Regular Business

- a. Roll Call / Introductions
- b. Public Comment
(No action or discussion will be undertaken today 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)
- c. Board Member Announcements
- d. *Approval of December 16, 2021 minutes**
- e. Secretary's Report

3:15 Standing Reports

- a. Board of Supervisors Report – Supervisor Greg Caput
- b. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director
 1. MHSA Innovation Plan – closing public comment
Cassandra Eslami, Director of Community Engagement and Karen Kern, Adult Services Director
- c. Committees
 1. MHSA Advisory Committee
 2. Site Visit / Programs Ad Hoc Committee
 3. Budget Committee
 4. Community Engagement Committee
 5. Law Enforcement and Mental Health Ad Hoc Committee
- d. Patient's Rights Reports – George Carvalho

4:00 New Business / Future Agenda Items

- a. *Letter of support for the Oversight Committee of the Sheriff's Office* – Laura Chatham*
- b. *2021 Data Notebook**
- c. *Biennial Report 2021**

5:00 Adjourn

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

**NEXT REGULAR MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
FEBRUARY 17, 2021
HEALTH SERVICES AGENCY
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060
3:00 PM – 5:00 PM
TELEPHONE CALL-IN NUMBER (916) 318-9542; CONFERENCE ID # - TO BE ANNOUNCED**

MINUTES - DRAFT

MENTAL HEALTH ADVISORY BOARD

December 16, 2021

3:00 p.m. – 5:00 p.m.

Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz, CA 95060

Microsoft Teams Meeting (916) 318-9542, Conference ID 198 606 85#

Present: Catherine Willis, Hugh McCormick, Jennifer Wells-Kaup, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

Absent: Antonio Rivas, Erika Miranda-Bartlett

1. Public Comments

- No public comments.

2. Board Member Announcements

- Board Members can add agenda items in the following ways: 1) raise the item during the meeting under Future Business; 2) if it is a time-sensitive item, contact Chair at least two weeks prior to the meeting.
- Suggestions on how the Board can achieve the goals set from the last retreat:
 - Consolidate some of the committees and narrow down efforts. Identify in the next retreat what the Board really wants to work on for the year, such as a priority list.
 - Set realistic goals.

3. Approved meeting minutes for October 21, 2021.

Motion by Supervisor Greg Caput to approve October 21, 2021 MHAB minutes with the recommended changes made by Serg Kagno (2nd point under Karen Kern, and the last point of the minutes regarding the Data Notebook). Second by Catherine Willis.

AYES: Catherine Willis, Hugh McCormick, Jennifer Wells-Kaup, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

ABSENT: Antonio Rivas, Erika Miranda-Bartlett

4. Secretary's Report

- Clarification on attendance
 - Board members may be absent from a meeting 4 times in a calendar year, which includes excused and unexcused absences.
 - 2 unexcused absences in a row is unacceptable and grounds for removal from the Board.
- Clarification on trainings – Board members must do at least 2 trainings per year and report to Secretary/Recorder for tracking purposes.

5. Standing Board of Supervisors (BOS) Report, Supervisor Greg Caput

- Purchased the West Marine building which will be the South County Service Center.
- Purchased the South County Park, 38 acres behind the fairgrounds. It will be an all-natural park, grass, fields for soccer and football, and a demonstration farm, where farmers will come out and show people farming techniques.
- Pajaro River Flood Protection 100-year plan - have over \$400 million to go ahead with the project that will protect the people from Murphy Road and Riverside all the way to the ocean by Pajaro Dunes.
- Watsonville Hospital went bankrupt but will stay open until the end of March. Pajaro Valley Health Trust is looking to buy it or get a nonprofit to buy it.

6. Behavioral Health Director's Report, Erik Riera
 - Update on the opioid settlement fund: CA is one of the many states suing the opioid manufacturers. They are finalizing a settlement agreement which will bring between \$16 to \$17 million to the County. Those funds will be split between the counties and local cities, however there are discussions with the cities to pool our funds, which will allow us to leverage them better to support services. The settlement will be over a period of 18 years. We will be working on a process to distribute those funds through a competitive RFP, so every year or every several years, will be working to release request for proposals that will allow local provider organizations to put in a proposal based on priority areas that are established by our stakeholders for funding.
 - County budget process has started and working with our local providers to establish some parameters around funding for next year, establishing due dates and timelines with them and with our County Administrative Office.

7. Presentation: Overview of Children's Behavioral Health - Lisa Gutierrez-Wang, Director of Children's Behavioral Health
 - Provide the following services: Crisis Intervention; Psychosocial Assessment; Plan Development; Individual Therapy, Family Therapy, and Group Therapy; Collateral contacts with family and non-family supports; Psychiatric Care; Case Management; Intensive Care Coordination (ICC); Intensive Home-Based Services (IHBS); Therapeutic Behavioral Services (TBS); Family Partners
 - Children's Behavioral Health Teams:
 - a. Community Gate – takes referrals that come in directly from the community, received through our 800 access line. Provides phone navigation and referral to those seeking BH services for children and youth with Medi-Cal.
 - b. School (ERMHS) – Children's BH is contracted with PVUSD to provide Educationally Related Behavioral Health Services to Special Education eligible students with an Individualized Education Plan.
 - c. Education/County Office of Education (COE) – Education Gate allows schools to directly refer Medi-Cal beneficiaries to our services, when the youth and families and the school based social-emotional counselors think these students need a higher level of care. COE Gate provides needed Behavioral Health services to students who have not been successful in traditional public schools and attend Alternative Education sites.
 - d. Child Social Services (DFCS) – provide clinical services to children and youth from birth to age 21 who are involved with the Human Services Department's Division of Family & Children's Services.
 - e. Juvenile Justice (Probation) – probation officers may directly refer youth and families for outpatient services. BH Clinicians work within Juvenile Hall to provide assessment, treatment and supportive services 7-days/week to the youth who are detained at Juvenile Hall.
 - CANS Data – data is collected using an instrument called the Child and Adolescent Needs and Strengths (CANS) tool. This tool is administered, or data is collected in this tool during the initial intake, and then readminister/update the tool every 6 months. This identifies the needs of our youth coming into the system and receiving care as well as their strengths and being able to really look at the changes across time.
 - Trauma Informed Systems (TIS) Improvement Project – working in partnership with an organization called Trauma Transformed. We have set up a structure of committees within Children's Behavioral Health to promote our trauma informed systems work: Cultural Humility Committee; Safe and Welcoming Spaces Committee; The Love and Chocolate Committee; Clinical Growth Committee.

- 2022 Initiatives
 - a. Learning Communities on: specific interventions like narrative therapy or internal family systems; specific focus on very young children ages 0 to 5; trauma informed interventions.
 - b. Preparing for CalAIM – looking at Medi-Cal reform and making sure the Children’s Behavioral Health management team are prepared to be able to communicate those changes to prepare our staff for implementation.
 - c. Staff Sustainability and Wellness – will continue to be a focus and even more so though the pandemic.
 - d. Integrating data through a Trauma-Informed lens – making sure our staff have access to the CANS data and know how to interpret it for their own clients, and then for supervisors for their larger caseloads that they’re managing. We are trying to use data to have clinical conversations, and to also talk about sustainability of our services.

[Click here to view the Children's Behavioral Health presentation.](#)

8. Standing Reports

- a. MHSA Advisory Committee (Members: Erika Miranda-Bartlett, Antonio Rivas)
 - No report.
- b. Site Visit Program Ad Hoc Committee – (Members: Serg Kagno, Hugh McCormick, Valerie Webb)
 - No report.
- c. Budget Committee (Member: Antonio Rivas)
 - No update.
- d. Community Engagement Committee – (Members: Valerie Webb, Catherine Willis, Laura Chatham)
 - No report.
- e. Law Enforcement and Mental Health Ad Hoc Committee (Members: Hugh McCormick, Serg Kagno, Catherine Willis, Jennifer Wells Kaupp)
 - Committee voted on advocating for the Road Map to the Ideal Crisis System. It has a way to create a group to include County staff, multiple departments, city staff, nonprofits, and community members to do an evaluation for the gaps in our crisis system and a path on how to address those gaps. With the assistance of Jeffrey Arlt, we connected with one of the co-authors, and Dr. Kenneth Minkoff will present at our February 17th meeting.

9. Patients’ Rights Reports – by George Carvalho, Patients’ Rights Advocate

- Working to change and modify reports so that it’s more transparent and more informative. Also, making sure the information is both linear and continual from month to month.
- Request from Board Member – committee will compile list of questions about the current report and email to advocate, which will get pasted at the top of next month’s report stating the reason why an event happened.

10. New Business

- a. Approval of Informational letter regarding Behavioral Health Program – no discussion and will be removed from future agenda.
- b. Letter of support regarding Oversight Committee of Sheriff's Office – Laura Chatham to write draft letter and present at the next meeting for review.
- c. 2021 Data Notebook – Chair to ask for another extension to submit as the officers need to meet with the BH Director to discuss prior to presenting to the entire board for approval/vote.
- d. 2021 Biennial Report – requesting all board members to provide information for the report.

Motion to adjourn made by Serg Kagno. Second by Jennifer Wells Kaupp. Meeting adjourned at 4:51 p.m.

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

**December 2021
Second Quarter**

1. TOTAL NUMBER CERTIFIED	17
2. TOTAL NUMBER OF HEARINGS	16
3. TOTAL NUMBER OF CONTESTED HEARINGS	9
4. NO CONTEST PROBABLE CAUSE	8
5. CONTESTED NO PROBABLE CAUSE	1
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	1
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	7
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 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 November 1, 2021 through November, 2021 associated with providing representation to clients held at the Telecare (Santa Cruz Psychiatric Health Facility) who are facing Reise Hearings.

Total number of Reise petitions filed: 2
Total number of Reise Hearings conducted: 2
Total number of Reise Hearings lost: 2
Total number of Reise Hearings won: 0
Total number of Reise Hearings withdrawn: 0
Hours spent on Reise Hearings Conducted: 1 hour and ten minutes
Hours spent on all Reise Hearings: 1 hour and ten minutes

COUNTY OF SANTA CRUZ
Mental Health Advisory Board
PO Box 962 • Santa Cruz, CA 95061 • (831) 454-4767

January 13, 2022

re: MHAB supports Sheriff's Oversight Board pursuant to AB1185

Dear Board of Supervisors,

The Santa Cruz Mental Health Advisory Board was designed to advise the governing body (Board of Supervisors) and the Director of Behavioral Health. We provide oversight and monitoring of the local mental health system as well as advocate for persons with mental illnesses.

The Santa Cruz Mental Health Advisory Board (MHAB) appreciates the January 11, 2021 BOS vote moving forward with an independent auditor for the Sheriff's Department and is submitting this letter to inform you that we as a body support the inclusion of an independent Sheriff's Oversight Board pursuant to, and in the spirit of, AB1185 and pursuant to the clear findings and recommendations of the 2021 Santa Cruz Grand Jury. More specifically, the Mental Health Advisory Board recommends a Sheriff Oversight Board requiring the membership of those who have mental health diagnoses, family members of those with mental health diagnoses, and those with professional experience and training of those with mental health diagnoses.

AB1185 became law in California on January 1, 2021. It authorized and encouraged California counties to create independent sheriff oversight bodies with subpoena power to oversee sheriff's departments.

The California Assembly Committee wrote in its Public Oversight Legislative Summary,

“County sheriffs’ offices are vested with substantial authority over Californians, including the powers to detain, search, arrest, and use deadly force. They are also responsible for the welfare of the more than 75,000 incarcerated individuals in California’s jail system. The misuse of such authority can result in constitutional violations as well as harm to public safety and trust. Meaningful independent oversight and monitoring of sheriffs’ departments can increase government accountability and transparency, enhance public safety, and build community trust in law enforcement. Meaningful oversight requires some amount of authority over the sheriffs’ offices and the independence to conduct credible and thorough investigations.”

In June 2021, the Santa Cruz Grand Jury stated in the summary of its report that,

“A number of events over the past four years illustrate that “we have a problem.” They include inmate deaths, violence, and equipment failures at the Main Jail and criminal conduct including sexual assaults by correction officers. These events may seem unrelated, but they are connected. This report examines the operation of the Main Jail, matters

affecting the nature of the inmate population, the specific events in question, and staffing and budget issues. In the end it comes down to issues of management, having enough resources, and a need for more effective oversight and public transparency.”

As its first recommendation, the 2021 Grand Jury wrote,

“R1. Within six months the Board of Supervisors should either establish a Sheriff Oversight Board or Inspector General as provided in Government Code 25303.7, or alternatively place the issue before the voters in the county.
(F1–F9)”

The Grand Jury specifically found that neither the Grand Jury itself, nor the Board of Supervisors are capable of conducting effective oversight based on both the historical record and the structures of those bodies. This fact was recently confirmed by the Santa Cruz County Criminal Justice Report 2021, co-chaired by the Board of Supervisors and the Santa Cruz City Council. It found on page six of the report that the Sheriff’s Office does not “have any type of independent oversight.” The Grand Jury does not have ongoing ability to have monthly oversight, nor does it require membership of those with mental health diagnoses, families of those with mental health diagnoses, or those with training or experience with those mental health diagnoses. Nor does the BOS have the time to do consistent oversight, and the voting public does not have the ability to truly understand the daily operations of the Sheriff’s Department to give the accountability and ability to improve and grow that an Sheriff’s Oversight Board will offer.

Persons with mental health challenges make up a considerable population of inmates in the Santa Cruz County Jail. MHAB’s 2018-2019 report found that the Santa Cruz County jail is one of the County’s biggest mental health treatment centers. Considering their mental health challenges, these inmates require increased levels of care and oversight. This is especially true since all of the mental health care in the county jail has recently been contracted out to Wellpath, LLC, a private company that has a troubling history of litigation against it for inadequate correctional healthcare. The Grand Jury has in previous reports been particularly critical of the care provided by its sister company California Forensic Medical Group, that has recently been subsumed into Wellpath, LLC. and has provided health care in the jail for years.

More than anything, the citizens of Santa Cruz require openness, relevant data, transparency and accountability when it comes to health and safety issues in the jail such as those raised in the 2021 Grand Jury report. MHAB’s 2018-2019 report found that, “One concern the committee regularly received from families of inmates in the Santa Cruz County Jail system centered around a common difficulty of finding clear (and up to date) information about many of the Jail’s programs, services, and resources—including commissary, telephone calls, visitation, court protocol, mail, inmate rules and regulations, tablet computers, grievance reports, and medical requests.” Additional information provided to families of incarcerated persons with mental health challenges should also include housing conditions such as hours per day persons with mental health challenges are held in solitary confinement, access to medication and access to mental health personnel, including crisis assistance. Recent public reporting of deaths, suicides, and serious injuries of persons with mental health challenges in the jail highlight this need for robust independent oversight.

The Mental Health Advisory Board has attempted to improve the information available to inmates and their families by collaborating with NAMI Santa Cruz (National Alliance for Mental Illness) to produce a comprehensive listing of services. More can always be done as updates on changing services are constantly listed to ensure that people have equitable access to treatment and services.

In addition to advocating for local oversight and accountability for the jail, we are also concerned that there is no specific, local, oversight commission with powers to mandate accountability for the Sheriff’s

Department as a whole. Incident investigations and debriefs, policies and training in the interactions between sheriff's deputies and citizens who may suffer from mental health challenges require transparency and accountability.

Transparency and accountability ensure equitable, fair, and constantly improving our services. An Oversight Board would be able to give far more time, consideration, and improved ability to give feedback to the Sheriff's Department regarding specific high-profile incidents, as well as less high-profile topics of policies, protocols, and training.

There are questions and allegations of improper medication administration in the jail and inconsistent bringing to the jail of prescribed medications upon arrest at traffic stops. Allegations include the difficulty even for the Public Defenders and private lawyers of having difficulty in accessing information regarding the mental health procedures for their clients within the jails.

The National Association for Oversight of Law Enforcement states on their webpage:

“ For entities whose authority is established by law, the recognition of their right to that authority and perceptions of how fairly that authority is exercised are crucial components of legitimacy.”

Therefore, the Mental Health Advisory Board recommends a robust independent Sheriff's Oversight Board empowered to conduct hearings and to operate in conjunction with an inspector general with subpoena power. A hearing body creates greater accountability as it includes wider community input, transparency and feedback, in particular, giving a voice to incarcerated individuals with mental health issues and their family members and really engaging in these critical issues (rather than simply collecting and reporting on data).

An Oversight Board also can provide a window into present practices that might need updating to best practices for interacting with people who may suffer from mental health challenges. In addition, an independent Sheriff's Oversight Board permits direct involvement of a representative cross section of the community to hear and collectively resolve difficult circumstances faced by County employees and agencies tasked with housing and policing persons suffering mental health challenges.

We also recommend, as did the Grand Jury, that the Board of Supervisors agendaize this issue and hold a meeting publicly discussing independent Sheriff's Oversight Board. Funding for this Board, as referred to at the BOS meeting of January 11, 2022 is not known as of now. Further discussion and research is well worth the possible benefits to our community.

In order to discuss how the Oversight Commission might be formed and operated, we request the swift beginning of a conversation with all stakeholders, including people who suffer from mental health challenges, their families, and other involved community members, to construct a Santa Cruz County Sheriff's Oversight Board that will not only be tasked with Oversight of the Sheriff's Office, but will also have some power of accountability through subpoena.

Sincerely,

Xaloc Cabanes
Chairperson
Mental Health Advisory Board of Santa Cruz County

SANTA CRUZ COUNTY: DATA NOTEBOOK 2021

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions

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@CMHPC.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



NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2021 Data Notebook survey, as well as **supplemental data** for your county. It is meant as a **reference document only**.

Some of the survey items appear differently on the live survey due to the difference in formatting. For a more accurate preview of the online survey, please reference the **Data Notebook 2021 SurveyMonkey Preview PDF**, which you received along with this document. We recommend reviewing both documents while preparing your survey responses.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2021 Data Notebook, please use the following link and fill out the survey online:

<https://www.surveymonkey.com/r/DPQT8F8>

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Introduction: Purpose and Goals

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 Planning Council. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Planning 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 their 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.

The 2021 Data Notebook is focusing on racial/ethnic inequities in behavioral health. This topic comprises only part of the Data Notebook. We also have developed a section (Part I) with questions that are addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services which may occur due to changes in population, resources available, or public policy.

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the 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 programs, needs, and services. This

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

Information is used in the Planning Council's advocacy to the legislature and for input to the state mental health block grant application to SAMHSA².

CBHPC 2021 Data Notebook – Part I:

Standard Yearly Data and Questions for Counties and Local Boards

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive 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 Treatment. Similar data are analyzed each year to evaluate county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.

In addition, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other publicly-accessible source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting these data will help us analyze aspects of the behavioral health system that are not currently tracked.

Please answer these questions using information for fiscal year (FY) 2020-2021 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.'

Adult Residential Care

There is little public data available about who is residing in licensed facilities on the website of the Community Care Licensing Division at the CA Department of Social Services. This makes it difficult to determine 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 the collection of data from licensed operators about how many residents have SMI and whether these

² SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see www.SAMHSA.gov.

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 approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While 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, we know that recovery happens when an individual has a safe, stable place to live. Because this issue is so complex and will not be resolved in the near future, 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.

- 8) During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness? (Mark all that apply.)
- a. Emergency Shelter
 - b. Temporary Housing **X**
 - c. Transitional Housing
 - d. Housing/Motel Vouchers **X**
 - e. Supportive Housing
 - f. Safe Parking Lots **X**
 - g. Rapid Re-Housing **X**
 - h. Adult Residential Care Patch/Subsidy **X**
 - i. Other (Please specify) **Project Roomkey**

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

About 60,000 children, under the age of 18, in California 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 'Group Home'. California is striving to move away from the use of long-term group homes, and prefers to place all youth in family settings, if possible. California has revised the treatment facilities for children whose needs cannot be safely met initially in a family setting. Group homes are to be transitioned into a new facility type called Short-Term Residential Treatment Program (STRTP). STRTPs provide short-term, specialized, and intensive treatment individualized to the needs of each child in placement.

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 which requires short-term intensive treatment.

- 9) Do you think your county is doing enough to serve the children/youth in group care?
- a. Yes
 - b. No (If No, what is your recommendation? Please list or describe briefly)
(Text response) **X**

See attached response #1

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?
- a. No
 - b. Yes (If Yes, how many?) **13**

See attached response #2

- 11) Has your county placed any children needing "group home" level of care into another county?
- a. No
 - b. Yes (If Yes, how many?) **4**

See attached response #3

CBHPC 2021 Data Notebook – Part II: Racial/Ethnic Inequities in Behavioral Health

Background

California is one of the most culturally diverse states in the nation regarding race, ethnicity, and language. This diversity is one of the state's greatest assets, but it also comes with a need to provide services in ways that are culturally relevant and respectful of these diverse communities. Health disparities by race and ethnicity are well documented, and there are prominent inequities in behavioral health outcomes and access to services. The state has a responsibility to address these disparities and work towards a mental health system that serves California's cultural and linguistic diversity.

The 2014 Data Notebook touched on some of these issues in a section titled "Access by Unserved and Under-Served Communities." Using data from the External Quality Review Organization (EQRO), the number of individuals eligible for Medi-Cal in the county was compared to the number who were served in county Specialty Mental Health programs in two charts, broken down by race/ethnicity. The counties were then asked 3 questions.

1. Is there a big difference between the race/ethnicity breakdowns on the two charts? Do you feel that the cultural group(s) that needs services in your county is receiving services?
2. What outreach efforts are being made to reach underserved groups in your community?
3. Do you have suggestions for improving outreach to and/or programs for underserved groups?

Since 2014, awareness of inequities in behavioral health has continued to increase. In 2017, Governor Jerry Brown signed AB 470 (Arambula) into law, which requires the tracking and evaluation of Medi-Cal specialty mental health services with the goal of reducing mental health disparities. The California Pan Ethnic Health Network (CPHEN) developed an Advisory Workgroup in 2018 to provide recommendations for the implementation of AB 470. The Department of Health Care Services published the first report of the data in 2019, with an update in 2020. The California Health Care Foundation (CHCF) and CPHEN [released a report](#) in November 2020 with analysis of that data, highlighting some of the findings that the data provides while also providing recommendations for additional measures focused on quality of care and outcomes. It also called for continued stakeholder engagement to ensure that "performance and disparity reduction measures reflect consumer needs."

This is just one example of the efforts being made to address behavioral health inequities; there is much more work to be done. The [CBHPC Equity Statement](#)

acknowledges the impact of social injustice on the behavioral health system that leads to health inequities, and “supports California in achieving the goals to reduce disparities, rebuild the trust lost from communities that have been historically under/inappropriately served and eliminate social injustice and racial inequities.” As part of the effort to put this into action, the 2021 Data Notebook is returning to this timely topic.

County Data: Santa Cruz

The following data has been personalized for your county. Please review it and reflect on the potential trends regarding race and ethnicity. Refer to it as you answer Part II of the 2021 Data Notebook Survey. See Appendix I for statewide California data.

Figure 1 is from the [Highlighting Differences to Understand Disparities](#) dashboard of the MHSOAC transparency suite. It compares the percentage of total persons by race/ethnicity in your county from three sources for fiscal year (FY) 18-19:

1. FSP: Persons in Full-Service Partnerships.
2. CSI: Persons receiving publicly funded mental health services as reported in the Clients Services Information system.
3. Total Pop: Department of Finance population estimates based on US Census data.

The data is also presented in table format below the chart. Some values may be unavailable or suppressed due to the low count to protect patient privacy. Comparing these percentages may show some insight into potential disparities in access based on race/ethnicity.

Figure 1. Mental Health Access by Race/Ethnicity in Santa Cruz, FY 18-19, Total

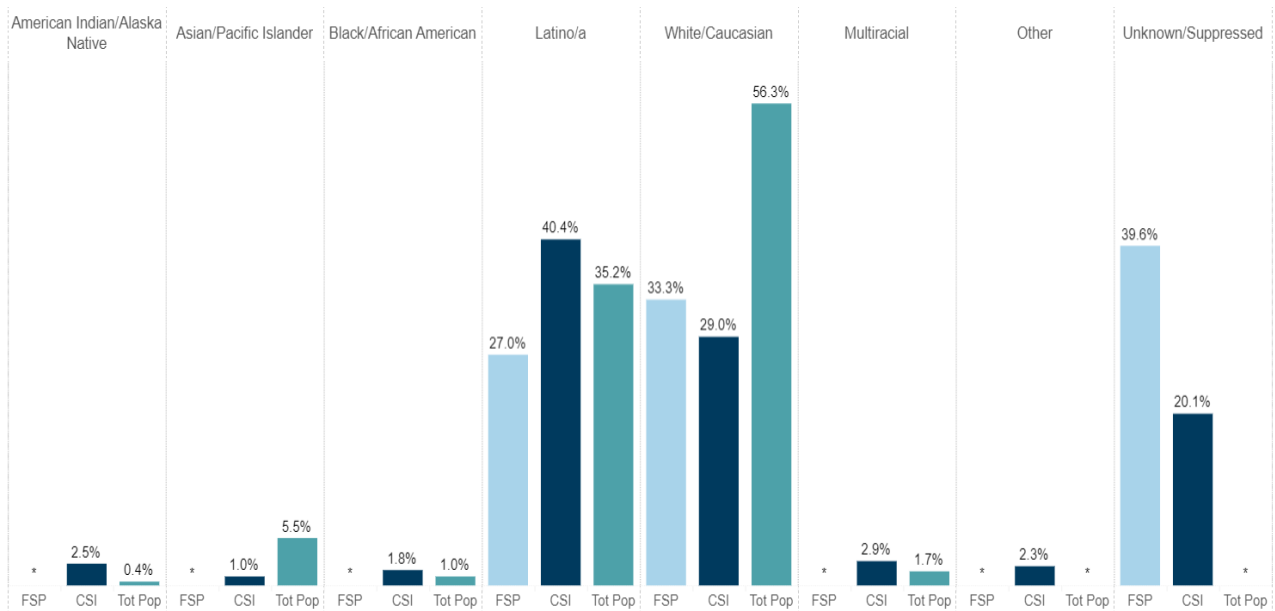


Table 1. Mental Health Access by Race/Ethnicity in Santa Cruz, FY18-19, Total

	American Indian/ Alaska Native	Asian/ Pacific Islander	Black/ African American	Latino/a	White/ Caucasian	Multiracial	Other	Unknown/ suppressed
FSP	*	*	*	27.0%	33.3%	*	*	39.6%
CSI	2.5%	1.0%	1.8%	40.4%	29.0%	2.9%	2.3%	20.1%
Total Pop	0.4%	5.5	1.0%	35.2%	56.3%	1.7%	*	*

*Data not available or suppressed (any count <11)

Further data is provided below from the [Performance Dashboard AB 470 Report Application](#), published by DHCS. The first two charts (Figures 2 & 3) show the percentages of adult beneficiaries in your county receiving **Specialty Mental Health Services** or **Mental Health Services** compared to the overall Medi-Cal eligible count, by race/ethnicity. **Mental Health Services** refers to non-specialty mental health services; mostly mild-moderate mental health services found in fee-for-service claims and managed care encounters. The **access** rate includes beneficiaries receiving at **least one** mental health services visit in a single fiscal year while the **engagement** rate includes beneficiaries with **five or more** visits in a fiscal year.

Differences in the percentages by race/ethnicity may show potential disparities. For example, some groups may have lower penetration and engagement rates than others. There may also be discrepancies between the penetration and engagement rates for the same group, or between the rates for Specialty Mental Health Services compared to Mental Health Services. What does the data for your county say about access and engagement for different racial/ethnic groups?

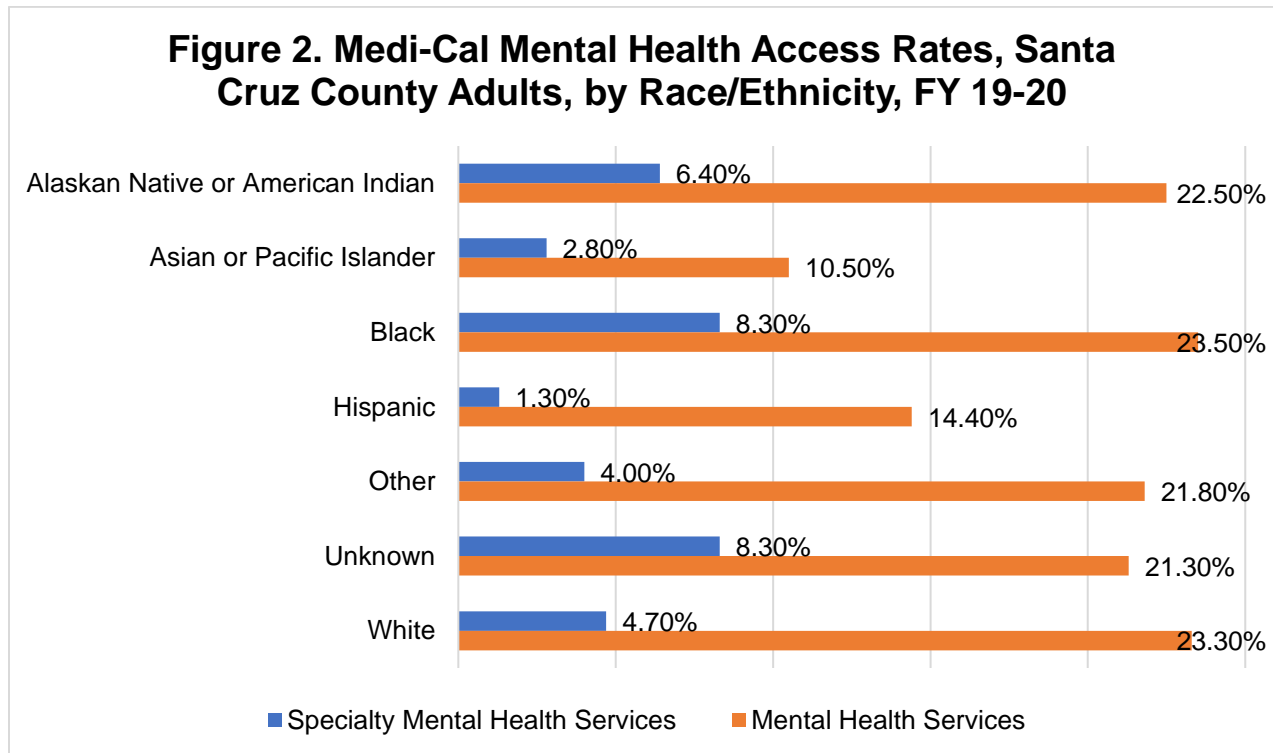
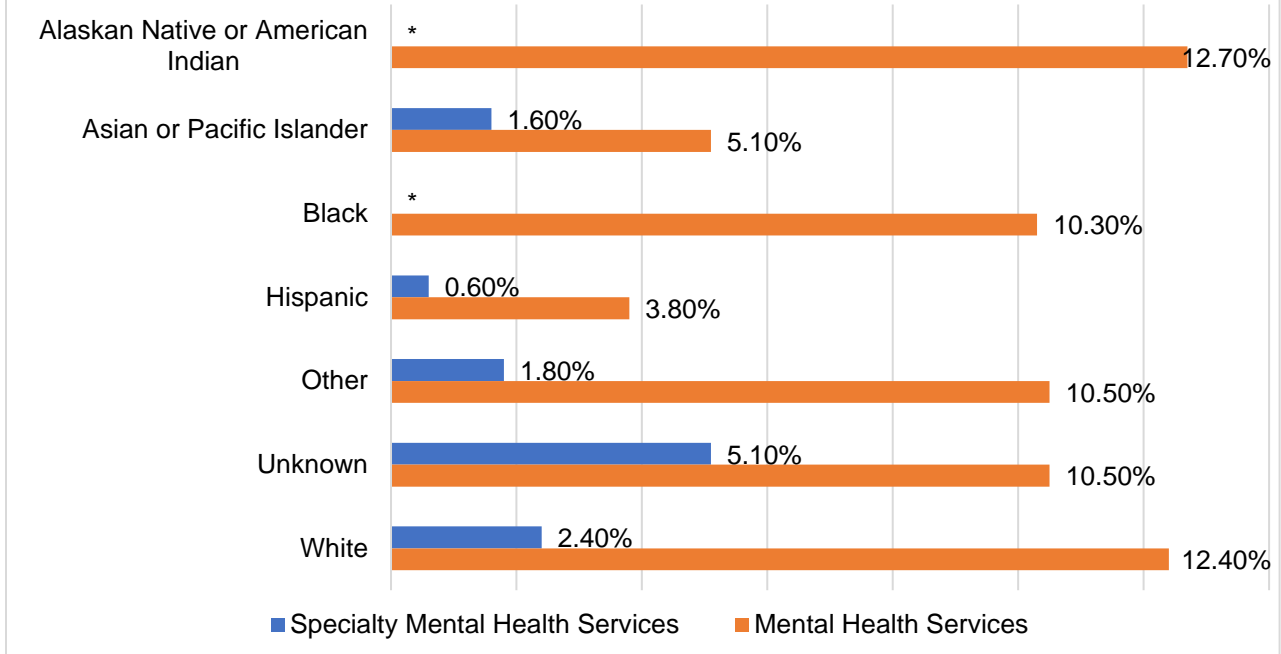


Figure 3. Medi-Cal Mental Health Engagement Rates, Santa Cruz County Adults, by Race/Ethnicity, FY 19-20



The next two charts (Figures 4 & 5) show the same measures for children and youth in your county. Once again, differences in the rates between groups may indicate inequities in access to care, and trends may be different from the data for adults in your county.

Figure 4. Medi-Cal Mental Health Access Rates, Santa Cruz County Children & Youth, by Race/Ethnicity, FY 19-20

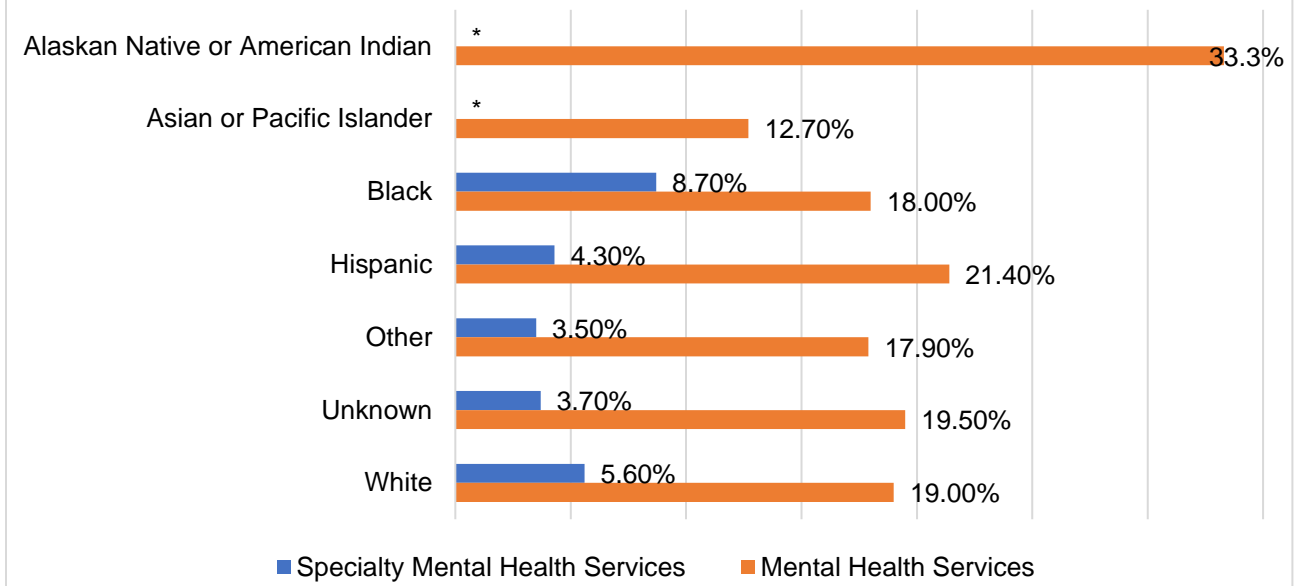
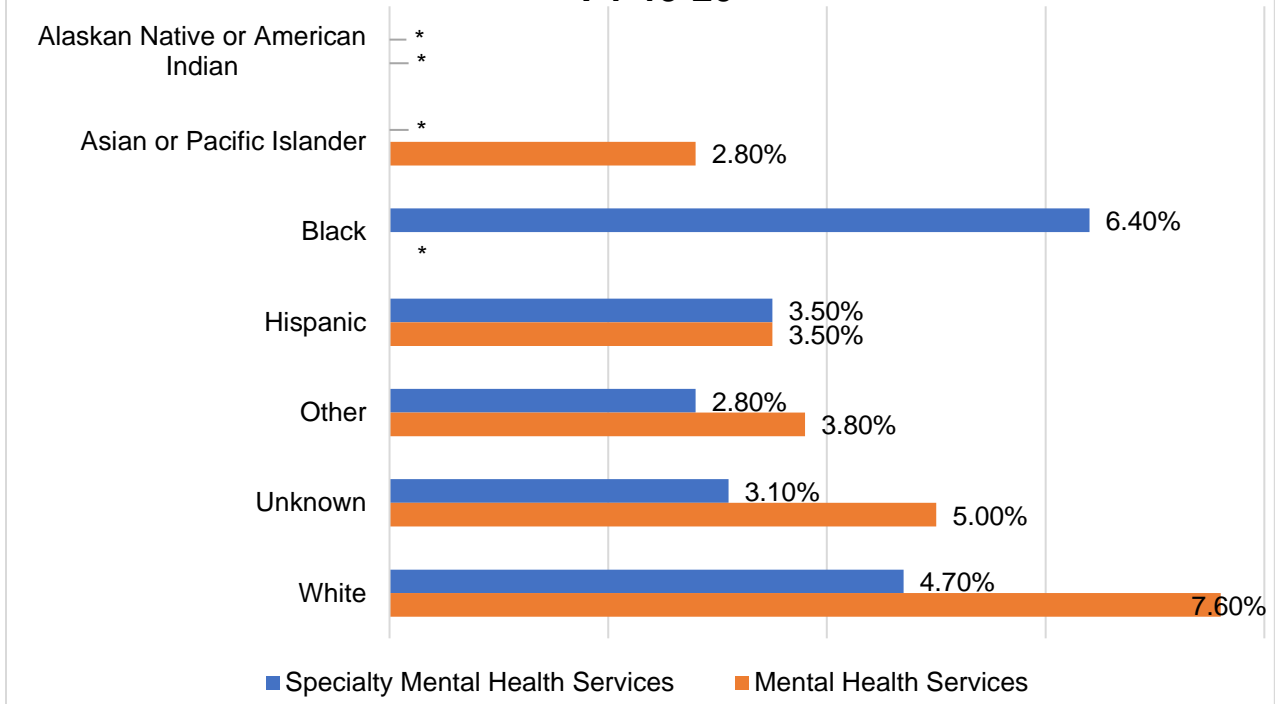


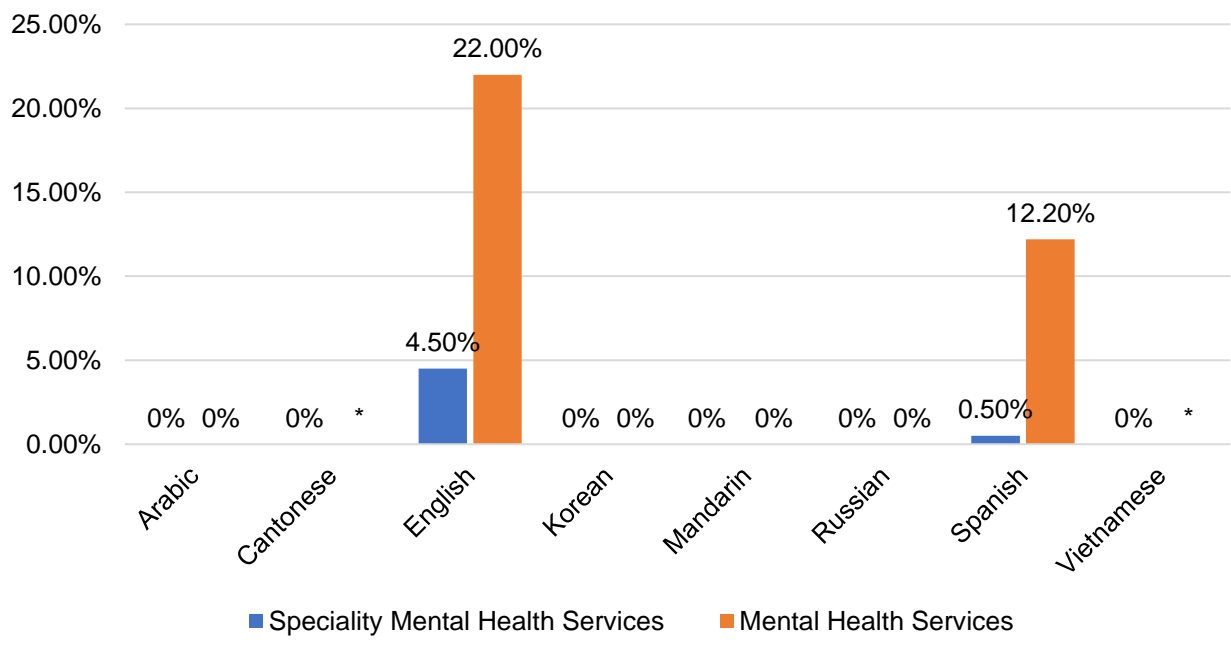
Figure 5. Medi-Cal Mental Health Engagement Rates, Santa Cruz County Children & Youth, by Race/Ethnicity, FY 19-20



The next two charts (Figures 6 & 7) show the percentage of beneficiaries receiving Specialty Mental Health Services and Mental Health Services (at least one mental health service visit per FY) compared to the overall Medi-Cal eligible count for the 8 most common preferred written languages for Medi-Cal enrollees overall (listed in alphabetical order): Arabic, Cantonese, English, Korean, Mandarin, Russian, Spanish, and Vietnamese. This data does not indicate what language services were delivered in, just the written language preference of the individuals receiving services.

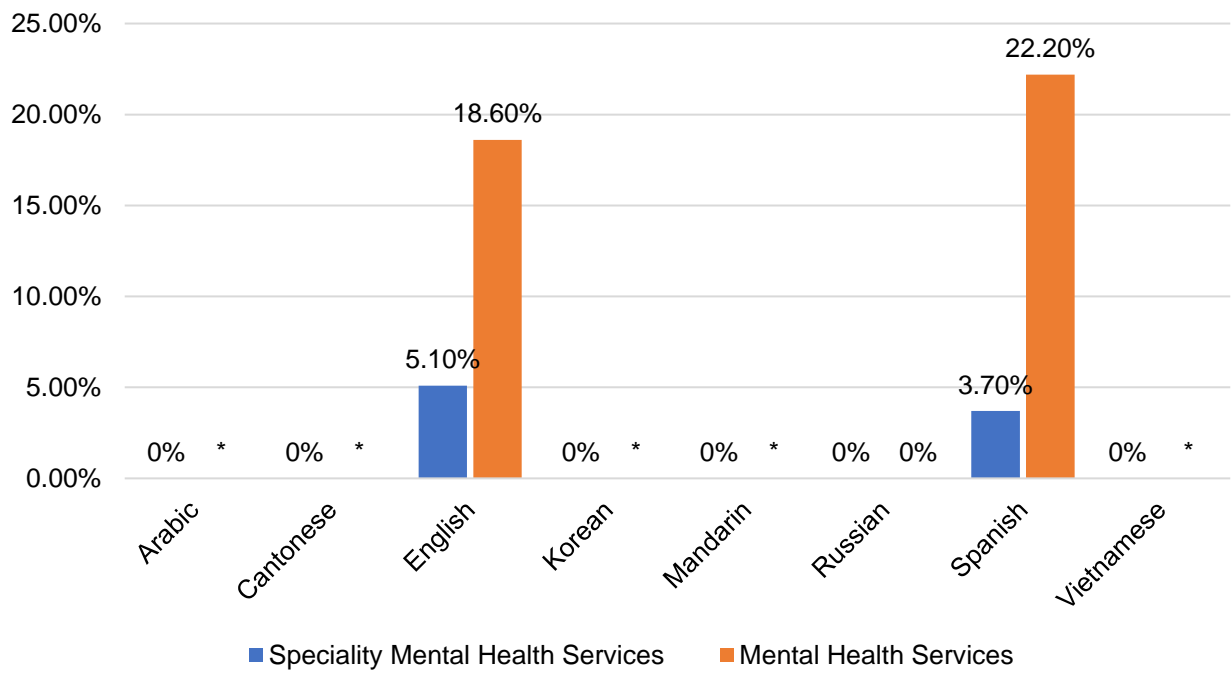
Observe which enrollees in your county were less likely to receive mental health services through either Specialty Mental Health Services or Mental Health Services based on their preferred language. Again, if the data show significant differences, you may want to explore possible reasons and whether there is something that can be done to reduce the differences in your county.

Figure 6. Medi-Cal Mental Health Access Rates by Language, Santa Cruz County Adults, FY 19-20



*Data has been suppressed to protect patient privacy.

Figure 7. Mental Health Access Rates by Language, Santa Cruz County Children & Youth, FY 19-20



*Data has been suppressed to protect patient privacy.

Part II Survey Questions

The following is a text summary of the survey questions for Part II of the 2021 Data Notebook. Please note that the questions are presented here in a different format than the finalized SurveyMonkey online survey. Refer to the PDF preview of the SurveyMonkey survey to see a more accurate presentation of the items.

Please answer the following questions:

12. Based on the data provided for your county, please rate the **access** and **engagement** to stepdown services for each of the following racial/ethnic groups. (Dropdown menus for access rate and engagement rate with the ratings of

“Excellent”, “Very Good”, “Good”, “Fair”, and “Poor” for each group.)

- a. Alaskan Native / American Indian:
- b. Asian or Pacific Islander:
- c. Black:
- d. Hispanic: **Good, can be improved**
- e. Other:
- f. White: **Very Good**

13. What outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your community? (Please select all that apply.)

(Matrix of checkboxes for each item and racial/ethnic group.)

- a. Outreach at local community venues and events **X**
- b. House visits to underserved individuals/communities
- c. Telehealth services to increase access and engagement **X**
- d. Community stakeholder meetings/events **X**
- e. Written materials translated into multiple languages **X**
- f. Live/virtual interpretation services
- g. Educational classes, workshops, or videos
- h. Providing food/drink at meetings and events
- i. Providing reimbursement or stipends for involvement
- j. Providing transportation to and from services **X**
- k. Other (please describe):

14. Which of the following groups are represented on your mental health board/commission or related work groups/task forces? (Please select all that apply.)

- a. Alaskan Native / American Indian
- b. Asian or Pacific Islander
- c. Black
- d. Hispanic **X**

- e. White **X**
- f. Other race/ethnicity
- g. Older adults (65+ years) **X**
- h. Transition-age youth (16-24 years)**X**

15. Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? (Please check all that apply.)
- a. Tailoring recruitment efforts (re: professional outreach and job ads) to applicants who are representative of the racial/ethnic populations in your county **X**
 - b. Utilizing behavioral health workforce pipeline programs that value cultural/linguistic diversity among applicants **X**
 - c. Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged **X**
 - d. Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices **X**
 - e. Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers
 - f. Other (please describe):
 - g. None of the above.
16. Does your county provide cultural proficiency training for behavioral health staff and providers?
- a. Yes (please describe): **X CLAS Plan- Culturally and Linguistically Appropriate Services Plan submitted to DHCS**
 - b. No
17. Which of the following does your county have difficulty with in regard to providing culturally responsive and accessible mental health services? (Please select all that apply.)
- a. Employing culturally diverse staff and providers **X**
 - b. Retaining culturally diverse staff and providers
 - c. Translating written materials
 - d. Providing live/virtual interpretation services
 - e. Providing cultural proficiency training for staff and providers
 - f. Outreach to racial/ethnic minority communities
 - g. Other (please specify):
18. What barriers to accessing mental health services do individuals from underserved communities face in your county? (Please select all that apply.)
- a. Language barriers
 - b. Lack of culturally diverse/representative staff providers **X**
 - c. Distrust of mental health services **X**

- d. Community stigma **X**
- e. Lack of information or awareness of services
- f. Difficulty securing transportation to or from services
- g. Difficulty accessing telehealth services
- h. Other (please specify):

19. Do you feel that the COVID-19 pandemic has increased behavioral health disparities for any of the following groups? (Please select all that apply.)

- a. Alaskan Native / American Indian
- b. Asian or Pacific Islander
- c. Black
- d. Hispanic
- e. White
- f. Other race/ethnicity
- g. Older adults (65+ years)
- h. Transition-age youth (16-24 years)
- i. Children (Under 16) **X during Pandemic, decrease in referrals from the schools**

20. Please rate the impact of the use of telehealth services during Covid-19 for the following groups regarding access and utilization of behavioral health services.

(Rating options for each group are “very positive”, “somewhat positive”, “neutral”, “somewhat negative”, and “very negative”.)

- a. Alaskan Native / American Indian:
- b. Asian or Pacific Islander:
- c. Black:
- d. Hispanic: **neutral**
- e. Other:
- f. White: **somewhat positive**

21. Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? (Please select all that apply.)

(Matrix of checkboxes for each item and racial/ethnic group.)

- a. Community Health Workers / *promotoras* **X**
- b. Community-accepted first responders
- c. Peer Support Specialists **X**
- d. SUD providers **X**
- e. Community-based organizations **X**
- f. Faith-based leaders/organizations
- g. Local tribal nations / native communities
- h. Homeless services **X**

- i. Local K-12 schools **X**
- j. Higher education **X**
- k. Domestic violence programs **X**
- l. Immigration services
- m. Sport/athletic teams or organizations
- n. Grocery stores or food pantries
- o. Other (Please specify):

22. Do you have suggestions for improving outreach to and/or programs for underserved groups? **Create incentives for hard to recruit for positions** (Text Response)

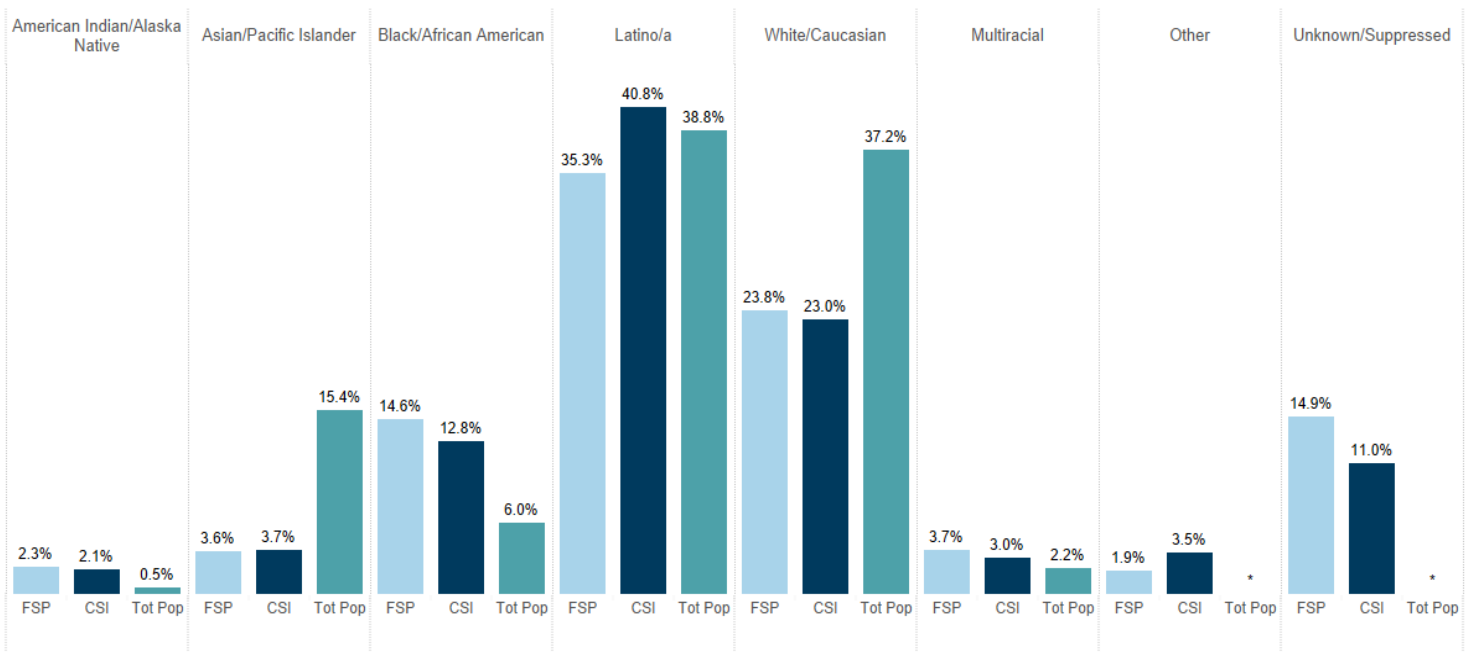
Appendix A: Statewide Data for California

The following data is for the state of California. Figure A1 is from the [Highlighting Differences to Understand Disparities](#) dashboard of the MHSOAC transparency suite. It compares the percentage of total persons by race/ethnicity in California from three sources for fiscal year (FY) 18-19:

1. FSP: Persons in Full-Service Partnerships.
2. CSI: Persons receiving publicly funded mental health services as reported in the Clients Services Information system.
3. Total Pop: Department of Finance population estimates based on US Census data.

The data is also presented in table format below the chart. Some values may be unavailable or suppressed due to the low count to protect patient privacy. Comparing these percentages may show some insight into potential disparities in access based on race/ethnicity.

Figure A1. Mental Health Access by Race/Ethnicity in California, FY 18-19, Total



**Data not available or suppressed (any count <11)*

Table A1. Mental Health Access by Race/Ethnicity in California, FY 18-19, Total

	American Indian/ Alaska Native	Asian/ Pacific Islander	Black/ African American	Latino/a	White/ Caucasian	Multiracial	Other	Unknown/ suppressed
FSP	2.3%	3.5%	14.6%	35.3%	23.8%	3.7%	1.9%	14.9%
CSI	2.1%	3.7%	12.8%	40.8%	23.0%	3.0%	3.5%	11.0%
Total Pop.	0.5%	15.4%	6.0%	38.8%	37.2%	2.2%	*	*

**Data not available or suppressed (any count <11)*

Further data is provided below from the [Performance Dashboard AB 470 Report Application](#), published by DHCS. The first two charts (Figures A1 & A2) show the percentages of adult beneficiaries in California receiving **Specialty Mental Health Services** or **Mental Health Services** compared to the overall Medi-Cal eligible count, by race/ethnicity. **Mental Health Services** refers to non-specialty mental health services; mostly mild-moderate mental health services found in fee-for-service claims and managed care encounters. The **access** rate includes beneficiaries receiving **at least one** mental health services visit in a single fiscal year while the **engagement** rate includes beneficiaries with **five or more** visits in a fiscal year.

Differences in the percentages by race/ethnicity may show potential disparities. For example, Asian or Pacific Islander and Hispanic beneficiaries have notably lower access and engagement rates than other racial/ethnic groups.

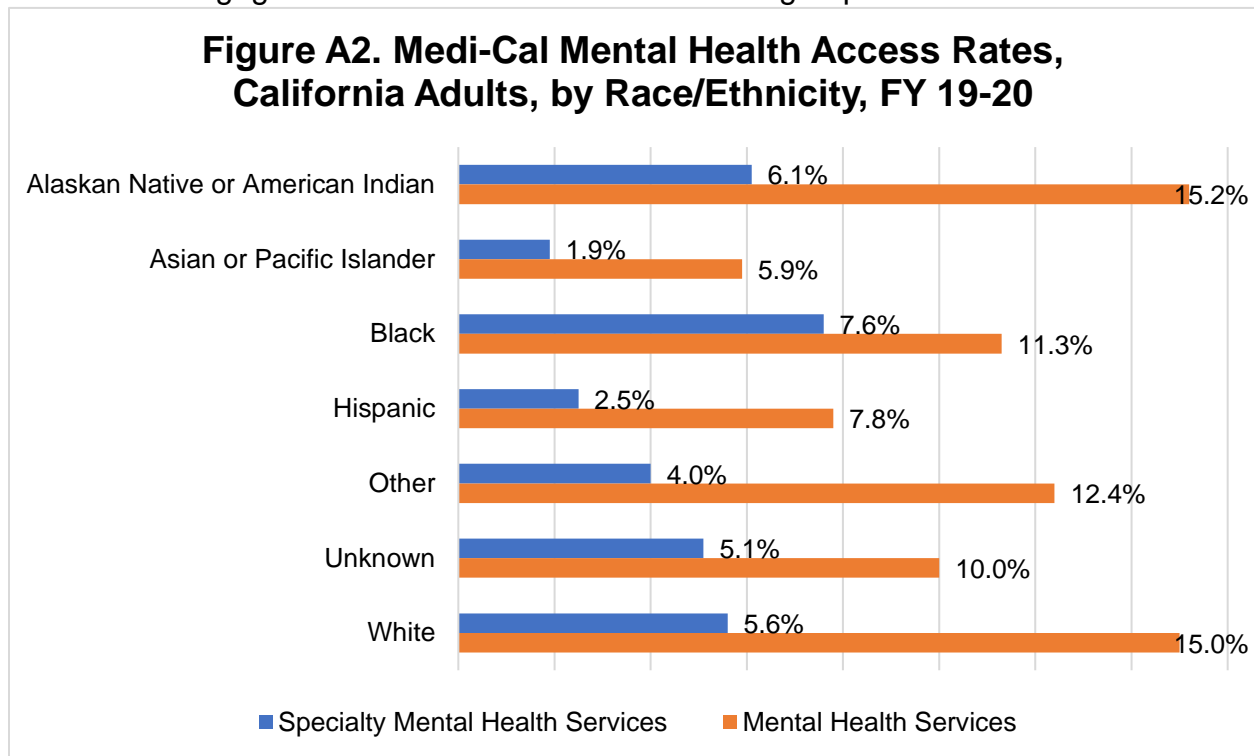
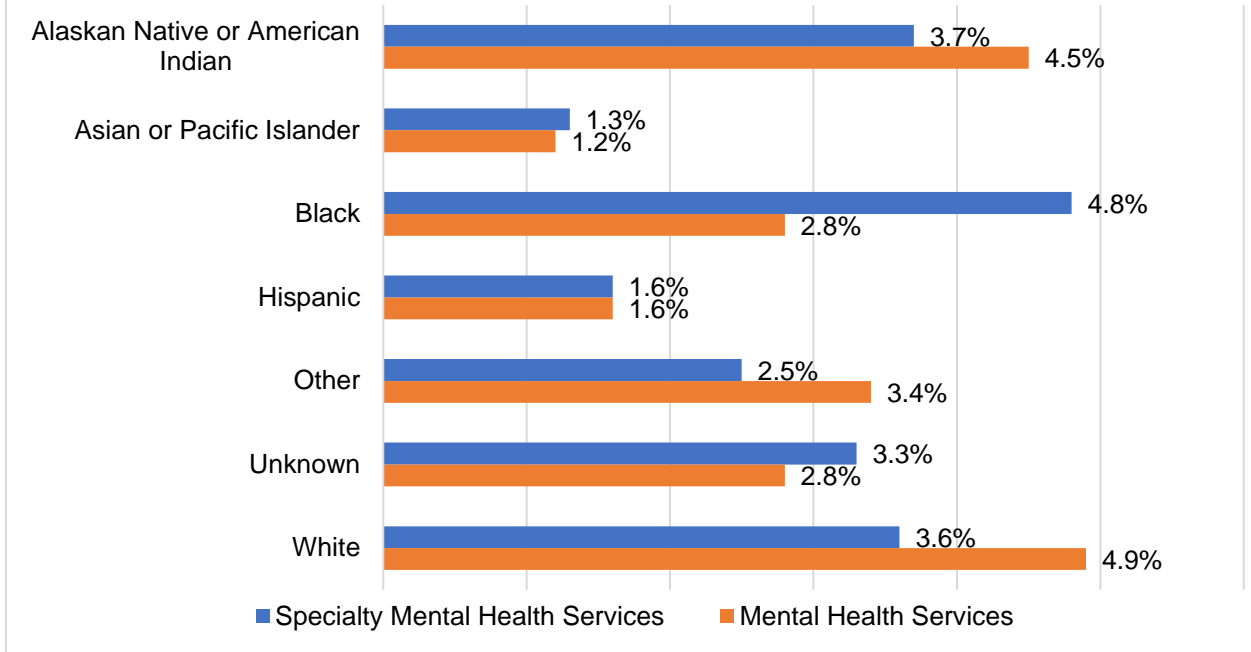


Figure A3. Medi-Cal Mental Health Engagement Rates, California Adults, by Race/Ethnicity, FY 19-20



The next two charts (Figures A4 & A5) show the same measures for children and youth in California. Once again, rates for Asian or Pacific Islander and Hispanic children/youth are lower than for other groups.

Figure A4. Medi-Cal Mental Health Access Rates, California Children & Youth, by Race/Ethnicity, FY 19-20

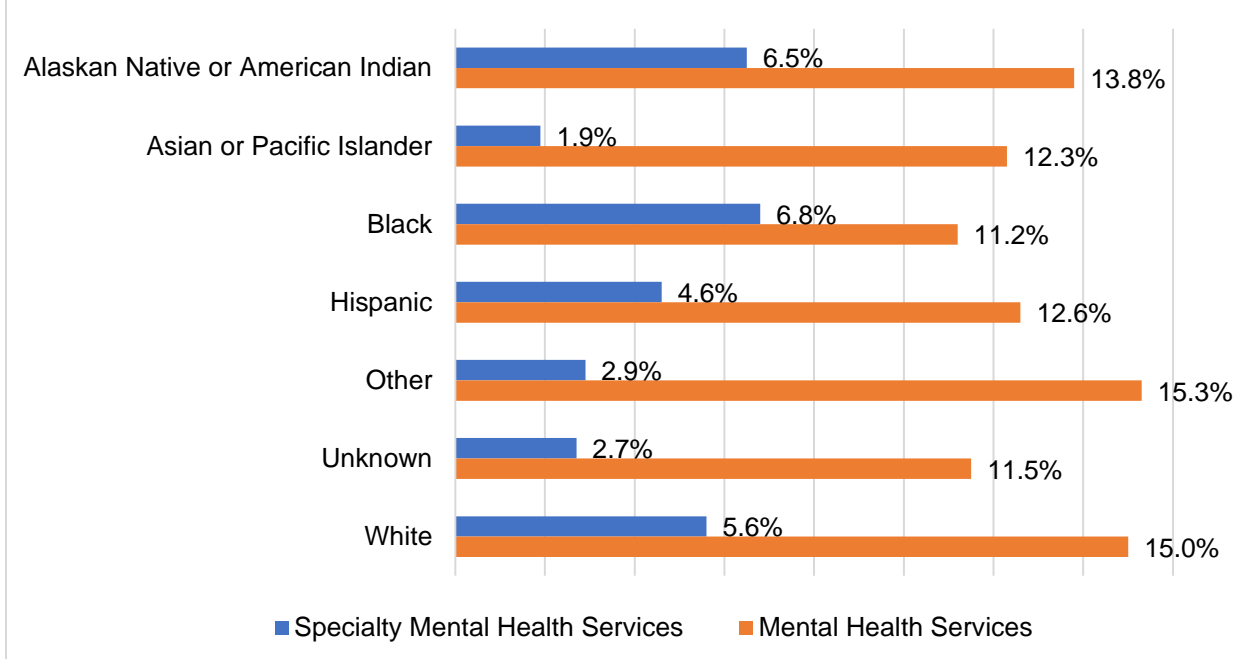


Figure A5. Medi-Cal Mental Health Engagement Rates, California Children & Youth, by Race/Ethnicity, FY 19-20

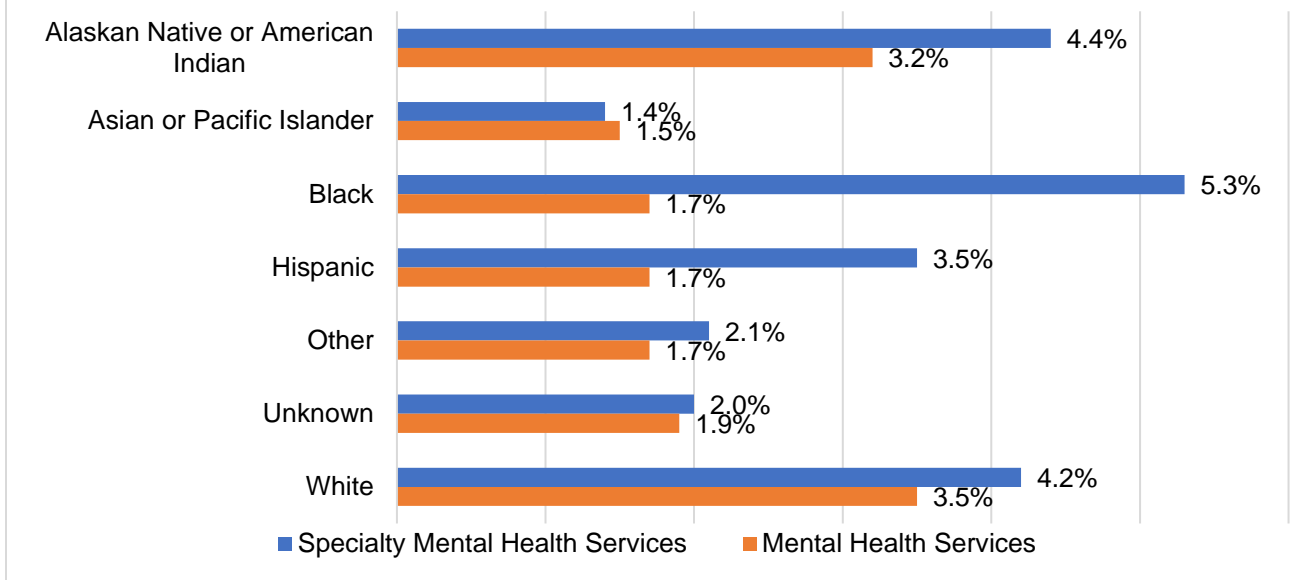


Figure A6 shows the percentage of adult beneficiaries receiving Specialty Mental Health Services and Mental Health Services (at least one mental health service visit per FY) compared to the overall Medi-Cal eligible count for each of the 8 most common preferred written languages for Medi-Cal enrollees overall (listed in alphabetical order): Arabic, Cantonese, English, Korean, Mandarin, Russian, Spanish, and Vietnamese. This data does not indicate what language services were delivered in, just the written language preference of the individuals. Based on this data, access rates for Specialty Mental health Services among non-English speaking groups are lower than for English speaking beneficiaries, with Mandarin and Korean having the lowest rates. However, English beneficiaries do not have the highest access rates for Mental Health Services.

Figure A6. Medi-Cal Mental Health Access Rates by Language, California Adults, FY 19-20

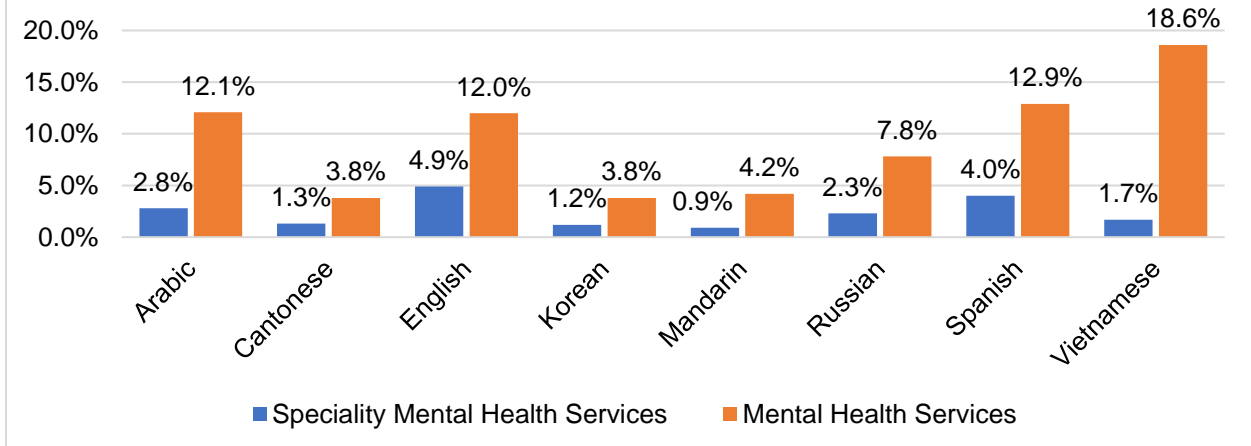
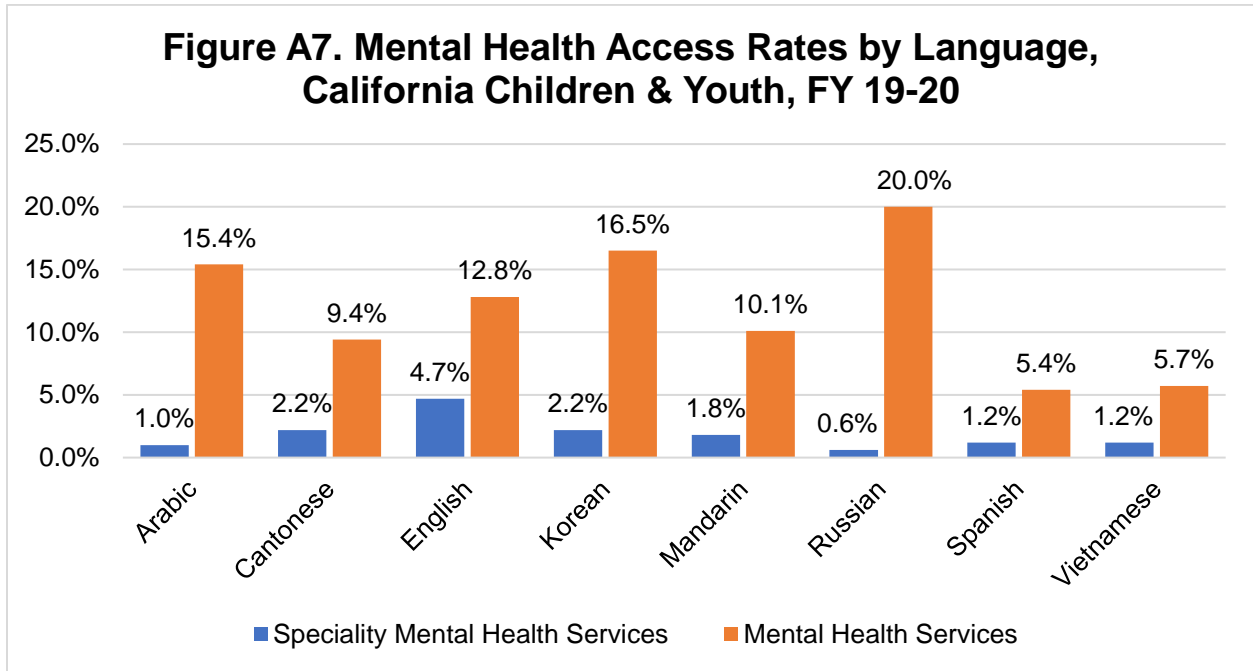


Figure A7 shows the same measures for Children and Youth. Once again, access rates for Specialty Mental health Services among non-English speaking groups are lower than for English speaking children and youth. Among this age group, the lowest rates for Specialty Mental Health Services are among Arabic and Russian speaking beneficiaries.



Santa Cruz County

Mental Health Advisory Board

Biennial Report

2020-2021

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Introduction

These last two years have been incredibly tough for our community.

There have been repeated threats to our elected officials and Santa Cruz County Health staff, protesters entered and threatened employees at Santa Cruz County Office of Education, and and a horrific incident of students killing another student at a high school. It is devastating to see our community so divided and hurt.

In these last two years there has also been awareness on the need for behavioral health and wellness. Open conversations and education have led to a huge de-stigmatization.

The Santa Cruz Behavioral Health Department has been and continues to be striving for the best care for our community, while being understaffed. Children's Behavioral Health (CBH) focusing on integrated family care, as well as caring for staff's wellness. I'm excited to share with you Education Gate, a partnership between Santa Cruz County Office of Education Alternative Education and Children's Behavioral Health which will expedite the process of students receiving support by having Santa Cruz County Alternative Education staff make direct referrals of Medi-Cal beneficiaries for services. CBH provides direct support to our Juvenile Justice Probation Department allowing the youth in traumatic situations to access regular and continued care and support. This in tandem with the amazing staff and educators at our juvenile detention center.

The coronavirus pandemic has put incredible strains on our County staff attempting to provide services and perform basic self-care. The strain has also been felt on our non-profit partners to

offer needed services to our community. We thank the staff working in County Behavioral Health as well as staff working for our non-profit partners for their dedication during this crisis. I would like to acknowledge the positive impact of the Mental Health Student Services Act of 2019 (MHSSA) grant in establishing a stronger partnership between County Behavioral Health Departments and local education entities that will help families navigate the resources our community has available to them.

I would also like to acknowledge our schools incorporation of Social Emotional Learning, focusing on the wellness of our youth in addition to offering Applied Suicide Intervention Skills Training (ASIST) to all educators and school staff.

I would be remiss not to mention that we do not have any inpatient facilities for youth experiencing severe acute behavioral health distress. A few chairs at our Adult Crisis Stabilization program for youth in a separate room is the best that we can currently provide until youth are transferred out of county for longer care.

In striving to keep us safe and lead our community, our Board of Supervisors continues to be accessible via video conferencing, as well as our Mental Health Advisory Board, and our County Superintendent Dr. Faris Sabbah regularly sent home information and helped lead the access of our youth in receiving services, and holding a virtual town hall meeting with the Santa Cruz County Health Officer Dr. Gail Newel. Thanks for supporting and leading our community through this trying times.

Xaloc Cabanes

Chairperson

Santa Cruz County Mental Health Advisory Board

Role of the Santa Cruz MHAB

The legally mandated responsibilities of the Mental Health Board specify that we:

- Submit biennial reports during odd numbered years to the Board of Supervisors and the County Mental Health Department on the needs and performance of the County's mental health system;
- Review and evaluate the County's mental health needs, services, facilities and special problems;
- Review the County agreements entered into pursuant to Welfare & Institutions Code Section 5650;
- Advise the Board of Supervisors and the Mental Health Director as any aspect of mental health program in our County;
- Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process;
- Review and make recommendations on applications for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors;
- Review and comment on the County's performance outcome data and communicate its findings to the State Mental Health Commission;

- Assess the impact of the realignment of services from the State to the County, on services delivered to clients and on the local community.

The specific duties and functions of committees and members of the Mental Health Board are governed by the By-Laws of the Board, which must conform to the County Charter, A.B. 14, the Bronzan-McCorquodale Act, and the Brown Act.

Board Structure

The Welfare and Institutions Code requires that every County have a Mental Health Board or Commission, and AB 14 established specific mandates for the number and function of County Mental Health Boards. Consistent with these requirements, the Santa Cruz Mental Health Advisory Board shall consist of 11 members who are residents of the County, appointed as follows:

A. Each Supervisor shall nominate two (2) persons who may reside within the Supervisor's district. A member of the Board of Supervisors shall serve as the 11th member of the Mental Health Board. Of the 10 persons so appointed, at least six (6) shall be persons or family members of persons who are receiving or have received mental health services from a city or County Bronzan- McCorquodale program or any of its contracting agencies. At least three (3) of the members so appointed shall be a parent, spouse, sibling, or adult child of a person receiving or have received mental health services. The remaining members shall be persons with experience and knowledge of the mental health system;

- B. One member of the Board shall be a member of the Board of Supervisors;
- C. (1) Except as provided in subsection (C)(2) of this section, no member of the Mental Health Advisory Board, or his or her spouse, shall be a full-time or part-time employee of a County mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of a Bronzan-McCorquodale contract facility;
- (2) A consumer of mental health services who has obtained employment with an employer described in subsection (C)(1) of this section and who holds a position in which he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the Mental Health Advisory Board. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the Mental Health Advisory Board;
- D. The composition of the Board shall reflect the ethnic diversity of the client population.

Board Goals

(from November 2020 retreat)

- To become knowledgeable of all the programs that the Board is responsible for, including facilities, resources (organizational chart of Mental Health Services), budget (direct staff funding, money for staff trainings), populations served.
- Create peers-eye view of programming in this County (Peer Program Directory), so that

concerned family members of children and adults with behavioral health issues can easily access resources (e.g. programs that are accessible with public funds; programs

- in the County that take Medi-Cal, etc.). Suggestion is to invite peers from MHCAN, etc. and have them engage with the Mental Health Advisory Board.
- More Community Engagement: influence the community; input from community; outreach to Board of Psychologists, County employees, Cabrillo and UCSC. More visibility and presence/co-presence at various events in the community.
- MHSA Stakeholder Committee to become a separate committee from the Mental Health Advisory Board.
- More regular site visits - promotes accountability at the program level and education for the Mental Health Advisory Board. Strengthen the site visits to include talking to people who participate in the programs for feedback of their experiences.
- Involve Houseless voices.
- Higher attendance at Board meetings from the public and the Board (location, time). Goal is to fill all Board member positions and both At-Large Member positions and ensure there is a smooth on-boarding process. Possible transportation options for the public so they can attend the meetings – offer rides and bus passes.
- Continue jail/criminal justice committee. Work on identifying more needs. The Jail Committee is a voice for incarcerated individuals, and for the friends and family members of those individuals.

Suicide Prevention

Suicide is a heart-breaking, preventable loss of life due to many factors.

THE FACTS

According to the Centers for Disease Control and Prevention,

“Suicide rates increased 33% between 1999 and 2019, with a small decline in 2019.

Suicide is the 10th leading cause of death in the United States. It was responsible for more than 47,500 deaths in 2019, which is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2019, 12 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.4 million attempted suicide.

Suicide affects all ages. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people ages 35-44, and the fifth leading cause among people ages 45-54.”

The “Santa Cruz County Suicide Prevention Strategic Plan” finalized in January 2019, quotes that

“from 2014-2016, Santa Cruz averaged 45.7 suicide deaths per year, with a crude death rate of 16.6 per 100,000 and an age-adjusted death rate of 16.3. The suicide rate for the entire US was 13.9, with California having an age-adjusted death rate of 10.4. The suicide rate for Santa Cruz was above both state and national averages.” (California Department of Public Health)

The Community Assessment Project of Santa Cruz County’s “2018 Children and Youth Well-

being Santa Cruz Spotlight” states that

“In 2013-15, those Santa Cruz County students identifying as LGBTQ were nearly 3x as likely as their peers to report they seriously considered attempting suicide in the past year. ... Nationally, LGBTQ youth report higher rates of depression and suicide than their heterosexual peers. Research indicates that LGBTQ youth suffer substantially from biases and prejudices leading to depression and suicidal ideation and hindering their ability to move through key sexual life transitions, such as disclosing one’s orientation to others.”

The pandemic has heightened the already alarming youth mental health crisis. Preliminary data from the Santa Cruz County 2021 California Healthy Kids Survey (CHKS) indicates a 15% increase in the rates of local adolescents who are experiencing chronic depression compared to before the pandemic. Local data has shown increasing trends in rates of students who seriously consider suicide, particularly among our LGBTQ+ youth.

“Without question, our children and youth need our support now more than ever. The Santa Cruz County Office of Education and school districts work closely with local youth behavioral health (mental health and substance use) service providers to connect families to available resources.” – Dr. Farris Sabbah, Santa Cruz County Superintendent of Schools

SOLUTIONS

With the finalization of the Santa Cruz County’s Suicide Prevention Task Force’s Strategic Plan, strategies were broken into three categories: prevention, intervention, and postvention.

Prevention was recommended to include training and awareness by "trained professionals and

paraprofessionals such as behavioral health providers, educators, law enforcement, medical providers, community-based organizations, jails and prisons (including juvenile justice), inpatient services, and others. These services can and should include peer-based supports such as peer support specialist, peer support groups, and similar resources.”

Intervention was recommended to include the use of the Columbia Suicide Severity Rating Scale (C-SSRS) as well as Safety Plan Intervention developed by Dr. Barbara Stanley and Dr. Gregory Brown which is used by the National Suicide Prevention Lifeline.

Postvention was recommended to include a new program called the “Local Outreach to Suicide Survivors (LOSS) Team”, a proactive model developed by “Dr. Frank Campbell, in which trained loss survivors and other trained individuals respond in the aftermath of a suicide death to provide information, linkage, and referral to the newly bereaved.” Also recommended were “additional training supports such as Applied Suicide Intervention Skills Training (ASIST)”, a training to be offered by the County Office of Education to its staff.

NEEDS

As a County behavioral health service provider, and as a community, we must continue learning from the data, continue focusing our efforts on both innovatively promising and proven strategies to increase both outreach and education to support those struggling with suicidal thoughts and those who have lost family members to suicide.

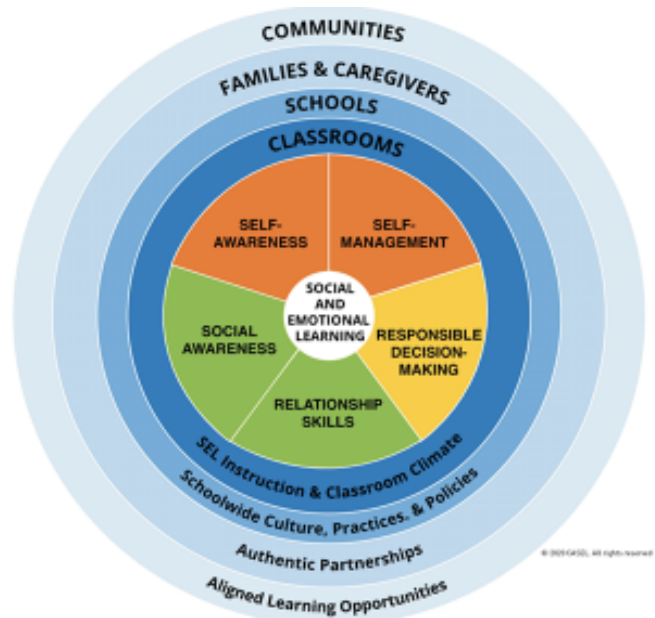
Children’s Mental Health

The Community Assessment Project of Santa Cruz County’s “2018 Children and Youth Well-

being Santa Cruz Spotlight” states

“In Santa Cruz County, 5 per 1, 000 children ages 5-19 were hospitalized for mental health issues in 2016; rates were nearly twice as high among those children ages 15-19.”

In November 2021, the County Office of Education announced it’s new “Social Emotional Learning (SEL) and Wellness Website. The website is intended to serve educators and other youth-serving adults, and



families by providing high quality, vetted resources for developing systemic Social Emotional Learning (SEL) skills and cultivating self-care and resilience. SEL is more important than ever to integrate into our school and classroom communities. We hope this website serves as a helpful tool!” The website can be found at <https://sites.google.com/santacruzcoe.org/selwellness/>

In 2021, the County of Santa Cruz received \$4 million from the Mental Health Services and Oversight and Accountability Commission (MHSOAC) “to establish new partnerships between County Behavioral Health and local education entities to increase navigation and access to behavioral health services for students and families” (taken from Board of Supervisors agenda). This grant will provide significant training and multiple, embedded clinicians throughout the school system to provide accessible, quality intervention to students. Further updates shall be given in future biennial reports.

The MHAB proudly voted to include a new Member-At-Large youth participant for both perspective and advocacy for youth in our community.

Community Engagement Committee

In their own words, “the Community Engagement Committee has experienced a transition in leadership over the last year and has been in the process of refocusing its mission and practical steps to better let our community know that we are here for them: for information and advocacy.

Our desire as a committee is to inform Santa Cruz County residents about the wonderful mental health resources that already exist so they know where to turn to help and support and so they know the gaps in mental health that still need to be advocated for.”

Program and Site Visit Committee

The Program and Site Visit Committee’s two-part Vision Statement is

- We envision therapeutic services which support community members to heal and thrive.
- We envision those services to be accessible, equitable, Trauma-Informed, holistic, compassionate, and respectful.

It’s two-part Mission Statement is

- Inspect, support, report (to MHAB and BOS), and advocate/represent.
- To provide information and in-depth analysis on existing mental health programs and services in Santa Cruz County.

TELECARE: In December of 2019, after our last Biennial Report, our Program and Site Visit Committee was given a tour of Telecare’s Crisis Stabilization Program (CSP) and Psychiatric Health Facility (PHF). The tour started from the point-of-entry for patients (referred to as the “sally port”), through the CSP, including their food storage room, their day room, their seclusion and restraint room, and their observation room (where patients can make calls when available). The tour then proceeded into the PHF’s open day areas, an empty bedroom, the art room, and the meeting rooms. We saw the exercise room which was closed off. A few patients in both the CSP and the PHF were willing to speak with us and give us their perceptions of the program.

In February 2020, our committee, staff from County Behavioral Health, and staff from Telecare, including the VP from Sacramento, and the administrator and the clinical director in Santa Cruz to go over our thoughts from the tour. Telecare’s staff were very open to our feedback. They created a document, numbered each of our concerns and wrote up an action plan and the person responsible for each item. Telecare even updated the document upon request in October 2020. (SEE Appendix C).

In April 2021, due to COVID protocols, another in-person tour was not possible, but Telecare gave us a virtual tour of changes they had made in the action plan. We were very pleased by their transparency, and understood that not all action items were able to be completed due to staffing shortages and the complexity of the coronavirus epidemic. We look forward to further tours and updates from Telecare.

BEHAVIORAL HEALTH COURT: In March 2020, our committee visited the Behavioral Health Court.

From the Behavioral Health Court Evaluation Report of 2017 by Dr. Susan Greene,

“After years of witnessing increasing numbers of people with mental illness cycle through the criminal justice system repeatedly with minimal treatment, Judge Heather Morse led the effort to establish a Behavioral Health Court (BHC) in 2014. The Santa Cruz County BHC is a post-adjudication review court designed to improve offender treatment outcomes, reduce recidivism, respond to public safety and victims’ rights, and more effectively utilize public resources. BHC aspires to accomplish these goals through a collaboration between the Health Services Agency’s MOST team (Maintaining Ongoing Stability through Treatment), representatives from the Probation Department, District Attorney’s Office, Public Defender’s Office and the Superior Court. The importance and strength of the collaboration among the BHC multidisciplinary team was reiterated by all of its members and has remained strong despite challenges that come with differences of opinion, taking on new roles, and staff turnover.”

The BHC brochure of 2019 states, the BHC occurs weekly and where

“The client’s relationship to the court may have previously been adversarial; BHC is intended to facilitate a more collaborative and supportive environment and experience.

Eligibility Criteria

BHC is intended to serve those individuals on formal probation, who are living with serious mental health condition which is impairing their daily functioning.

In order to participate, a client must meet the following criteria:

- *Diagnosed with significant and persistent mental illness*
 - *Significant impairment in functioning as a result of mental health*
 - *On Formal Probation with Mental Health Terms*
 - *Eligible for Santa Cruz County Medi-Cal*
 - *Under MOST Team [Maintaining Ongoing Stability Through Treatment]*
- Probation Supervision or assigned to Specified Formal Mental Health Probation Caseload*
- *Amenable to participation in BHC”*

The vision of the Behavioral Health Court is encapsulated in the following graphic from the brochure.



The Behavioral Health Court takes place in a special courtroom at the Santa Cruz Main Jail. The “Rules” posted near the judge are

1. *Show Up*
2. *Tell the Truth*
3. *Be polite and respectful*

4. *Follow your care plan*
5. *Ask for and Accept Help*
6. *Be Open to Change*

Positive, motivating words of wisdom also posted include “I am the master of my fate” and “I am the captain of my soul.”

It was very clear through the morning’s proceedings that the many different staff from the public defender’s office, the district attorney’s office, the probation department, from the MOST team (Maintaining Ongoing Stability Through Treatment), the judge, the Collaborative Court Case Manager, and the Collaborative Court Case Manager were all looking to support the participants to reach success and make positive growth. The judge was sociable and welcoming to each of the participants, asked them about how they were doing, congratulated them on successes, supportive of the treatment plans, and gave direct, respectful feedback regarding continuing challenges. There was applause and congratulations for successes, positive plans, and graduation from the program.

The Collaborative Court Program Manager, Katie Mayeda, proudly stated “We’re unique here. A lot of Behavioral Health Courts across the country only deal with low level charges like misdemeanors. We deal with serious cases. ... This is a high risk court. It’s a voluntary program, but once you’re signed on it becomes a part of your probation terms.”

‘Treatment funding’ which can pay for Sober Living Environments and other needed services is key to the success of the participants.

In addition to getting to see the Behavioral Health Court in action, being able to have a Question and Answer period with the staff, we were also told about the other Specialty Court programs including Veterans's Court, a peer-support based program for veterans with misdemeanors and a mental health or substance use diagnosis, the PACT (Bob Lee Community Partnership for Accountability, Connection and Treatment) Court intended to lessen recidivism of chronic low-level offenders, and the Re-Entry Court, for those on parole diagnosed with mental health and/or substance use disorders.

We were very impressed with the positive, supportive culture of the Behavioral Health Court and with the care and professionalism of the staff from all of the collaborative departments.

ADVOCACY INC. - Disability Rights California is a nonprofit agency which includes Advocacy Inc. The County of Santa Cruz contracts with Advocacy Inc. for advocacy services for those in mental health facilities. From the DHCS website, the background of the contract is

"The California Department of Health Care Services (DHCS) is required to ensure that mental health laws, regulations, and policies for the rights of mental health service recipients are observed in licensed mental health facilities.

Californians with mental illnesses who are receiving treatment in mental health facilities, including those persons subject to involuntary commitment, are guaranteed numerous rights under Welfare and Institutions code (W&I Code), Section 5325, including the right to be free from abuse and neglect, the right to privacy, dignity, and humane care, and the right to basic procedural protections in the commitment process.

DHCS in agreement with Department of State Hospitals is required to enter a multi-year contract with a nonprofit organization to provide investigative and advocacy services. Currently, the contractor providing the patients' rights investigative and advocacy services required in W&I Code, Section 5370.2 is the Disability Rights California, Office of Patients' Rights (OPR)."

Advocacy Inc. has performed this service of advocating for and educating of patients, families and staff and held the contract for services for decades, supporting and representing those in our residential mental health programs. They support patients in Telecare's CSP and PHF, in Front Street's Board and Care Facilities, and in Encompass' residential psychiatric programs. The Mental Health Advisory Board receives reports on services rendered from Advocacy Inc.

Throughout the 2020-2021 time period, the Programs and Site Visit Committee has advocated for more transparency in the reports. It was unclear who among the county staff oversaw the contract and the services provided by Advocacy Inc. Appreciating the work done by their program, made even more difficult in the midst of the pandemic, our committee found it unclear what happened to appeals of grievances filed with the Advocates. Complicating matters is that there are multiple appeals which can be filed to different agencies. Appeals can be filed with the Superior Court (if it pertains to the hearing officer or court decision regarding placement or medication), Medi-Cal Fair Hearing if it pertains to denial of services (for example) through the County Health Services Quality Assurance Department and appealed to the State. Grievances and appeals can be filed with the mental health program itself or Community Care Licensing (if it pertains to staff behavior or services). Grievances can also be filed with the

Advocate itself (if it pertains to the Advocate's behavior or service). Grievances can be filed directly with the State Department of Health Care Services.

Our interest in this matter was in process and in transparency. Patients in our programs have State-mandated rights to equitable, accessible, respectful, and quality services and the right to file grievances and appeals if they feel they have not received them. Ensuring that their voices are heard and they are given the chance to use this process is of the utmost importance to our committee.

Due to our requests, Advocacy Inc. began giving more information in their reports about grievances, appeals, and incidents to our Board. Eventual contact was made with the director of Advocacy Inc in Santa Cruz and multiple meetings between our committee and both the director and the advocate have produced clearer reports and a more collaborative approach to updates given to the Mental Health Advisory Board.

Through Advocacy Inc.'s work, the committee better understands the services and challenges in our different contracted mental health residential programs. Continued work shall be focused on ensuring a system for client satisfaction surveys to include questions about services provided by Advocacy Inc, as well as finding a balance of accountability for service delivery transparency and not putting an undue burden on Advocates trying to do the work.

Law Enforcement and Mental Health Committee (previously the Jail Committee)

The Law Enforcement and Mental Health (LE&MH) Committee's two-part Vision Statement is

- We envision a county in which there is a compassionate, professional, patient and individualized mobile response provided to those experiencing behavioral health crisis.
- We envision a future in which law enforcement sees everyone as capable of healing and recovery, and works to minimize the trauma of the 9-1-1 response.
- We envision a community in which everyone receives the necessary therapeutic services while incarcerated.

The Committee's three-part Mission Statement is

- Recommend an additional program or mixture of services to provide more focused behavioral health response (including specifics of staffing and costs).
- Have people in jail and their families understand how services work.
- Law Enforcement will be trained and respond with a focus on Trauma-Informed Care and Crisis Intervention Training.

This committee includes the previous Jail Committee and continues to advocate for the distribution of a community resource directory of services for inmates and their families which was created and assimilated by a MHAB member with support from both County Behavioral Health staff and NAMI of Santa Cruz. The directory can be found at

https://www.namiscc.org/uploads/9/0/2/6/9026727/community_resources.pdf

The committee in 2020 began to incorporate the interest in the community-conversation regarding alternative policing for behavioral health issues happening across the country. The committee then changed its name to the Law Enforcement and Mental Health Committee to encapsulate this.

Our committee is extremely proud of the services our County provides for Medi-Cal recipients, indigent (those without insurance) participants, and crisis behavioral health response for those with regular health insurance. County Behavioral Health provides Mental Health Liaisons in partnership with the police departments of the cities of Santa Cruz and Watsonville and the County's Sheriff's Department, MERT (the Mobile Emergency Response Team) for non-violent crisis response, MERTY (Mobile Emergency Response Team for Youth) with a dedicated mobile office for South County, and in 2022, new and innovative collaborations with HPHP (the County-provided Homeless Person's Health Clinic) and peer-services for outreach, care, and response. Many programs are contracted to provide a wide-range of inpatient and outpatient services.

Even with all of our services, prior to and exacerbated by the pandemic, staffing for our County programs continues to be one of the biggest challenges for providing services. Licensed clinicians and especially bilingual, licensed clinicians are especially hard to find and these are the ones who would be able to make our vision of equitable, professional services most possible. Alternatives of bilingual family advocates on MERTY, and having clinicians do less casework and transferring those responsibilities to case managers, allows for innovative service delivery during this staffing shortage.

Many would agree that there are gaps in our crisis system from receiving a continuity of care from first contact in a crisis through the different service providers, whether that be the jail, the hospital, Telecare, or County Behavioral Health. Receiving prescription medications while in one of these programs, an adequate supply when being discharged, and continuing services from another provider continue to have gaps in continuity. Our committee continues to look into

this matter of prescription medication starting at time of arrest and continuing through incarceration or placement at Telecare and continuing to other placements and eventual discharge.

The LE&MH committee advocates for an evaluation of all our County's crisis services and has arranged for Dr. Kenneth Minkoff, one of the co-chairs of the "Roadmap to an Ideal Crisis System" to present at our February 2022 MHAB meeting. We are hopeful that we will be able to collaborate with other jurisdictions in the County. Especially promising is the City of Watsonville's Ad Hoc Committee on Equity and Policing's report recommendation of

"The City of Watsonville should consider which program is best to respond to the needs of Watsonville residents who are experiencing a mental health crisis. At this time, the City should assess if increased staffing is needed for the CARES Program based on demand and highest call volume. Simultaneously, the City in partnership with regional partners should consider models of responding to those experiencing a mental health crisis that are not embedded within the Police Department."

Further discussions with multiple city and county departments, nonprofit service providers, and the community will continue into 2022 to help come up with innovative solutions to providing the best responses to crisis and need in our community.

Our committee is interested in programs which go beyond our present professional services mostly offered only during daytime hours, and almost all only during business hours. We would like to see mobile services 24/7 to include social service referrals for

those experiencing homelessness as well as medical and mental health support. Through the implementation of the “Roadmap to an Ideal Crisis System”, the gaps not only in our crisis system but also in our behavioral health services can be identified and addressed.

New Services, New Legislation, and Losing Services

We of the Mental Health Advisory Board applaud the new, innovative behavioral health services which are made possible by new state and federal legislation and new grants applied for and received by County Behavioral Health. We look forward to 9-8-8 being implemented in Santa Cruz. We also look forward to multiple new mobile services to offer equity and accessibility in both north and south county for youth and, in collaboration with the County’s Homeless Persons Health Project, an MHSA (Mental Health Services Act) Innovative Grant offering mobile behavioral health outreach as well as offering assistance to receive benefits and housing. SB-803 will allow for Peer Support Specialist Certifications and will be a powerful support for those receiving services in our County.

We of the Mental Health Advisory Board want to also acknowledge the loss of some behavioral health services which have been in collaboration with our nonprofit partner, Encompass Community Services. These discontinued services were all given very short notice to the community at large and only one was able to find private funding to continue. In our last reporting period, in 2018, the Second Story program, a peer-run mental health respite program, was announced to be closing and only through a Special Meeting of the MHAB and much advocacy of community members at the Board of Supervisors was there enough publicity to

find a private donor to allow for the continuation of the needed service. Encompass' River Street Emergency Homeless Shelter, having been open for 34 years and which had contracted beds for those referred by County Behavioral Health was closed in May 2021 with only one month of public notice. Encompass' Tyler House, one of only two Santa Cruz County STRTP's (Short-Term Residential Therapeutic Programs) was closed in the Fall of 2021 with no public notice. It is acknowledged that out-of-county youth had also been placed at Tyler House, but it of concern to the MHAB that the MHAB, nor the community, have been given adequate notification or opportunity to give input on such drastic changes to the services we provide through contracts with our partners. At the request of the MHAB's Executive Team, the MHAB's Executive Team and the director of Behavioral Health have begun having bimonthly meetings to address this gap in communication and it is hoped that more input will be possible in future program changes.

The MHAB again would like to state our appreciation for service providers from the County and from our nonprofit partners in their dedication and perseverance throughout this pandemic to bring health and wellness to all in our community.

APPENDIX A - List of Meetings and Presentations in 2020-2021

Date and Time	Presentation (if any)	Location/Format
January 16, 2020, 3-5pm		Pajaro Valley Community Health Trust, 85 Nielson Street, Watsonville
February 20, 2020, 3-5pm		County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
March 19, 2020 – cancelled due to COVID		
April 16, 2020, 3-5pm	“Together We Care” – Lynn Lauridsen, Whole Person Care Program Coordinator “Recovery Café” – Chris Ferry, Director of Board of Directors	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
May 21, 2020, 3-5pm	Fiscal Impact on Santa Cruz County Schools budget due to Pandemic 2020 – Dr. Faris Sabbah, Santa Cruz County Office of Education Superintendent	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
June 18, 2020, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
July 16, 2020, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
August 20, 2020, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
September 17, 2020, 3-5pm	Suicide Statistics – Carly Memoli, Program Director Suicide Prevention of the Central Coast	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
October 15, 2020, 3-5pm	Overview of Adults Behavioral Health Programs & Services: Cassandra Eslami, Director of Community Engagement; Karen Kern, Adult Services Director, James Russell, Forensic Services Program Manager; Eli Chance, Adult Outpatient Services Program Manager; Andrea Turnbull, Acute & Crisis Services Program Manager	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz

November – no meeting due to Thanksgiving		
November 19, 2020, 1-5pm	BOARD RETREAT AND TRAINING	Only on Microsoft Teams
December 17, 2020, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
January 21, 2020, 3-5pm	Adults Services Programs for Homeless Individuals – Karen Kern, Adult Services Director and James Russell, Adult Forensic Services Program Manager	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
February 18, 2021, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
March 18, 2021, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
May 20, 2021, 3-5pm	Financial Year 2021-23 Operational Plan – Sven Stafford, CAO Principal Administrative Analyst	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
June 17, 2021, 3-5pm	Mental Health with Marelize Velasco, Student	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
July 15, 2021, 3-5pm	Equal Resources and Opportunities for Underrepresented Youth, Kalia Vasquez and Thania Mata	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
August 19, 2021, 3-5pm		Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
September 16, 2021, 3-5pm	Behavioral Health Financial Opportunities and Updates – Cassandra Eslami, Director of Community Engagement	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
October 21, 2021, 3-5pm	MHSA Innovation Proposal for 2022-2027 – Karen Kern, Adults Services Director; Dr. Robert Ratner, Housing for Health Medical Director; Joey Crottogini, HPHP Director, Cassandra Eslami, Director of Community Engagement	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
November – no meeting due to Thanksgiving		
December 16, 2021, 3-5pm	Overview of Children’s Behavioral Health Services – Lisa Gutierrez Wang, Children’s	Microsoft Teams, by phone, and in-person at County of Santa Cruz, Health Service

	Services Director	Agency, 1400 Emeline Ave, Bldg K, Santa Cruz
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APPENDIX B - Attendance

2020

	Jan 16	Feb 20	Mar NO meeting	Apr 16	May 21	Jun 18	Jul 16	Aug 20	Sep 17	Oct 15	Nov 19 (Retreat)	Dec 17
Antonio Rivas	X	X		X	X	X	X	E	X	X	X	X
Catherine Willis	NBM 08/18/20							E	X	X	X	X
Erika Miranda-Bartlett	X	X		X	E	X	X	X	E	U	X	X
Hugh McCormick	E	X		X	X	X	X	X	X	E	X	X
Jennifer Wells Kaupp	NBM 08/18/20							X	X	X	X	X
Joanna Whitcup	E	E		X	X	X	E	R 08/11/20				
Kate Avraham	X	X	R 03/01/20									
Lynda Kaufmann	E	X		X	E	X	X	X	X	X	X	X
Maryanne Tong	NBM 03/24/20			X	X	U	U	U	SV 09/08/20			
Rebekah Mills	U	X		U	E	X	R 06/19/20					
Serg Kagno	X	E		X	X	X	X	X	X	X	X	X
Stephan DuBose	NBM 06/16/20					X	X	X	X	U	X	X
Valerie Webb	NBM 10/20/20										X	X
Xaloc Cabanes	X	X		X	X	X	X	X	X	X	X	X
Supervisor Greg Caput	X	X		X	X	X	E	X	X	X	X	X

Board consists of 6 Consumers; 3 Family Members; and 1 General Public

- X – Present
- E – Excused
- U – Unexcused
- R – Resigned from Board
- NBM – New Board Member
- NM – No Meeting Unless Needed
- SV – Seat Vacated, too many absences
- CI – Conflict of Interest
- SM – Special Meeting

When a member fails to attend three (3) consecutive meetings without good cause entered in the minutes of the Mental Health Advisory Board, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the Mental Health Board Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health Board.

	Jan 21	Feb 18	Mar 18	Apr 15	May 20	Jun 17	Jul 15	Aug 19	Sep 16	Oct 21	Dec 16
Antonio Rivas	X	X	X	U	X	X	X	X	X	X	U
Catherine Willis	X	E	E	X	X	E	X	U	X	X	X
Erika Miranda-Bartlett	X	X	X	X	X	X	E	X	X	U	U
Hugh McCormick	X	U	X	X	E	X	E	X	X	X	X
Jennifer Wells Kaupp	X	X	X	X	E	X	X	X	E	X	X
Laura Chatham	NBM 08/10/21							X	X	X	X
Lynda Kaufmann	E	E	X	X	R 04/16/21						
Serg Kagno	X	X	X	X	X	X	X	X	X	X	X
Stephan DuBose	X	X	X	X	X	R 05/25/21					
Valerie Webb	X	E	X	X	X	X	X	X	X	X	X
Xaloc Cabanes	X	X	X	X	X	X	X	X	E	X	X
Supervisor Greg Caput	X	X	X	X	X	X	E	X	X	X	X

Board consists of 5 Consumers; 3 Family Members; and 1 General Public

- X** – Present
- E** – Excused
- U** – Unexcused
- R** – Resigned from Board
- NBM** – New Board Member
- NM** – No Meeting Unless Needed
- SV** – Seat Vacated, too many absences
- CI** – Conflict of Interest
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APPENDIX C - Telecare Response to Santa Cruz County MHAB Site Review Feedback

SANTA CRUZ COUNTY BEHAVIORAL HEALTH CENTER Psychiatric Health Facility (PHF) & Crisis Stabilization Unit (CSU)

Telecare Response to Santa Cruz County MHAB Site Review Feedback

AREA OF FOCUS: The Santa Cruz County Mental Health Advisory Board (MHAB) provided feedback on their review of CSU and PHF services provided by Telecare at the Santa Cruz County Behavioral Health Center following their representatives' site visit / tour on 12/07/2019. The MHABs feedback was received during a conference with Telecare and Santa Cruz County Behavioral Health Services leadership on 02/05/2020. The below report includes the MHAB representatives' observations / recommendations as well as Telecare's responses to those observations / recommendations and any corresponding action plans.

ITEM #	MHAB OBSERVATION / RECOMMENDATION	TELECARE RESPONSE / ACTION PLAN	RESPONSIBLE	STATUS	DATE RESOLVED
1	The CSU sally port is a small space. When individuals served are processed into the unit the individual is usually sitting in a chair while several staff are standing over that person, creating an intimidating situation for the individual being served.	The CSU team will incorporate this feedback into its trauma informed care related staff trainings and practices.	Laura Nadel, CSU Program Director	Still in progress	
2	The CSU does not have much in the way of color or decoration on the walls (lots of white walls). The space is generally institutional looking (the sally port especially looks like the entrance into jail).	The BHC team will be working with its facilities staff to add accent colors to specific walls, murals, and ligature resistant décor in all common areas.	Laura Nadel, CSU Program Director Mark Kik, Facilities Manager	Light panels have been installed in the hallway, quiet room and flex room. Murals are here but not yet installed.	



SANTA CRUZ COUNTY BEHAVIORAL HEALTH CENTER

Psychiatric Health Facility (PHF) & Crisis Stabilization Unit (CSU)

ITEM #	MHAB OBSERVATION / RECOMMENDATION	TELECARE RESPONSE / ACTION PLAN	RESPONSIBLE	STATUS	DATE RESOLVED
3	The temperature in the CSP is quite cold (especially in the sally port).	The BHC facilities staff will evaluate the HVAC system to see what adjustments can be made to equal out temperatures between the sally port and common areas of the CSU (the HVAC system for the building is zone controlled, as a result the facility does struggle with maintaining equal temperatures in all zones).	Mark Kik, Facilities Manager	HVAC Contractors have addressed the issue, sensor replaced and maintenance performed. The temperature is now better regulated. The thermostat has been relocated to the staff office prevent tampering.	4/14/20
4	One CSP individual served interviewed by MHAB representatives reported sitting in the sally port for over 6 hours.	Per policy, individuals served are not left unsupervised in the sally port. Triage and intake in the sally port occurs with a minimum of 2 staff members, including a nurse and a social worker or Recovery Specialist. Vital signs are taken, a quick health assessment is conducted, client belongings are itemized and logged, and the individual served is then brought on to the unit. This process takes approximately 10-15 minutes, on average. All admissions to the CSU come through the sally	Cindy Robins, Administrator	No action required	2/25/2020



SANTA CRUZ COUNTY BEHAVIORAL HEALTH CENTER

Psychiatric Health Facility (PHF) & Crisis Stabilization Unit (CSU)

ITEM #	MHAB OBSERVATION / RECOMMENDATION	TELECARE RESPONSE / ACTION PLAN	RESPONSIBLE	STATUS	DATE RESOLVED
		port and are continuously monitored via the facility's video surveillance system and the times are logged by onsite security personnel.			
5	The CSP environment in general is quite loud, with lots of echoing even when there are few clients inside.	The CSU physical environment itself unfortunately can be challenging given its size and shape (layout), which makes things like noise difficult to manage. Telecare will work with its Facilities department to explore what options might be available and possible to augment the environment in a way that could potentially impact a general reduction in reverberating noise. We will also incorporate awareness of the general noise factor into our trauma informed care related staff trainings and practices.	Laura Nadel, CSU Program Director	In progress, although we do offer headphones and earplugs. Ongoing training and education to staff to gently close doors and minimize loud conversations.	
6	The CSP day rooms have only lounge chairs and TVs, but no resource materials for individuals served to access.	The CSU team will be working with the BHC's new Director of Rehab to make books, magazines, stress balls, fidget toys, etc. available on the unit to individuals served, and look to enhance the dedicated rehabilitation therapy services and structured therapeutic activities provided on the CSU.	Laura Nadel, CSU Program Director	Books/magazines and stress balls added and provided upon request or as suggested therapeutically by staff. Still in progress. Any hard surfaces items added	



SANTA CRUZ COUNTY BEHAVIORAL HEALTH CENTER

Psychiatric Health Facility (PHF) & Crisis Stabilization Unit (CSU)

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				require contact restrictions in consideration of COVID-19.	
7	The chairs in the CSP day rooms are all staged in a theatre style arrangement, facing the same direction (toward the TVs). This leads way to individuals served sitting in a chair with others sitting behind them which is not desirable.	The CSU team will rearrange the chairs in the day rooms so that they are staged at alternative angles (including semi circles). The CSU staff and housekeeping vendor will be advised of the new arrangement so that it is sustained over time.	Laura Nadel, CSU Program Director	Chairs are now spaced 6 feet apart with clear markings on the floor, due to COVID-19. Only 6 chairs per room. Clients did not like circular configuration and moved chairs to face TV.	
8	The CSP seclusion & restraint (S&R) room is quite barren and institutional. Individuals served who require mechanical restraints are laying supine on the restraint bed and forced to stare at a bare white ceiling. (Could there be a TV on the ceiling or forward-facing wall?)	The CSU team will explore the potential use of decorative fluorescent light covers/panels for use in buffering light impacts in the restraint room. The team will also be working with its facilities staff to look at the potential of adding accent colors to specific walls, a mural-like feature on the ceiling. Due to the functional use of this room, it will likely not be possible to have a TV mounted to any surface, as it would	Laura Nadel, CSU Program Director Mark Kik, Facilities Manager	Cloud and palm tree light panels have been added.	



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		pose a potential ligature risk and would not be CMS/JC compliant.			
9	For S&R on the CSP, individuals served should be screened upon intake to determine their preferences and precautions around S&R factors such as: their preferred gender providing 1:1 supervision during S&R, do they prefer lights on high/low, etc.	The CSU team recently began working on development and implementation of a new tool and trauma informed approach called "My Triggers." This tool includes identification of individual preferences upon admission and incorporates a "My Safety Plan" element. The CSU team can review this tool with MHAB representatives if desired.	Laura Nadel, CSU Program Director	In progress	
10	Food service on the CSU is limited in choices and is generally very carb-heavy (EZ-Mac and frozen burritos appeared to be the only choices). There did not appear to be many if any healthy choices.	In addition to the foods mentioned from the tour, the CSU offers fresh fruit (usually bananas, apples, and mandarin oranges), oatmeal, and a variety of healthy Amy's frozen meals (such as Tofu Scramble, vegetarian, pad thai, lasagna, etc.). Due to its licensure/certification, the CSU is restricted in terms of the type of food storage and food preparation it's allowed to utilize, which unfortunately does limit what can be offered. The average length of stay on the CSU is approximately 16 hours, and most individuals do not end up eating more than 2 meals while being served there.	Laura Nadel, CSU Program Director Mark Kik, Facilities Manager	No action required See Title 22 Regulations attached.	2/25/2020
11	The CSU staff did all appear to be in their assigned areas but appeared to be primarily	As mentioned in #6 above, the CSU team recently began working with the PHF Director	Chad Hickerson, Vice President	In progress	



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	“watching” the individuals served, there did not appear to be much actual proactive or therapeutic engagement happening between staff and patients.	<p>of Rehab to develop a robust structured therapeutic activity program offering for the CSU. This will include making books, magazines, stress balls, figit toys, etc. available on the unit to individuals served, and enhance the dedicated rehabilitation therapy services scheduled to regularly occur on the CSP (i.e. group and individual structured therapeutic activity).</p> <p>The CSP also plans to explore possible expansion of the MHCAN contract to add the use of peer services on CSU.</p>	<p>Cindy Robins, Administrator</p> <p>Laura Nadel, CSU Program Director</p>		
12	The CSU is, for the most part, one general milieu area for individuals served (although there are separate rooms within that milieu. Can and or should genders be kept separate?	Due to the size and physical layout of the unit, it would not be possible to keep genders separate. We do attempt to address issues related to gender (such as trauma sensitive elements) on a person by person basis, and where we are able we facilitate adjustments to the milieu to accommodate individual needs (e.g. use of the private room space, etc.).	Laura Nadel, CSU Program Director	No action required	2/25/2020
13	The PHF is a more welcoming environment that the CSU. The food on the PHF is much better than on the CSU.	Because of its licensure, the PHF does have more options available in the dietary department, mostly related to its ability to store and prep food in ways that the CSU	Cindy Robins, Administrator	No action required	2/25/2020



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		cannot, due to licensure/certification restrictions.			
14	There seemed to be lots of restrictions regarding food on the PHF. One individual served reported only being able to have crackers in between meals (for snack). Two individuals served reported often feeling hungry during their inpatient stay.	Snacks are provided twice a day, in between meals. String cheese, fresh fruit and crackers, tea and coffee are provided during each snack time. All individuals served on the PHF are provided with a specific diet, as prescribed by their attending physician, and the staff do work hard to ensure that those diets are provided. However, in light of the feedback received, the PHF team will review this issue with its staff and our Dietician consultant to see what modifications can be made to the food service to possibly allow for improvements.	Cindy Robins, Administrator	TBD – Registered Dietician Consultant has been unavailable to collaborate due to limited presence in the facility secondary to COVID SIP and precautions. Snacks are available on a case by case basis during non-designated snack times to hungry clients.	
15	The PHF exercise room was out of order and not accessible to individuals served.	Based on findings from our recent Joint Commission survey, and through a considerable amount of review, this room is currently being converted to a “comfort room.” This will be a space for individuals served to use when they need time away from others, sensory reduction or stimulus, etc. The room	Cindy Robins, Administrator	In progress. Currently the space is being utilized to store emergency PPE and supplies needed in the	



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		will serve a combination of purposes in line with our trauma informed and trauma sensitive initiatives.		event of a facility outbreak.	
16	The PHF patio door was closed and so individuals served did not have unrestricted access to the outdoor patio.	Due to fire code egress and patient safety regulations, individuals served cannot be left unsupervised in the outdoor patio area. However, the PHF team will review the structured therapeutic activity program and schedule to determine when planned leisure times can be established where the patio door can be left open (with staff supervision) so that individuals served can freely access the patio without staff assistance.	Cindy Robins, Administrator	Due to safety considerations we are unable to leave the door to the patio open without staff supervision in the patio area.	3/31/20
17	One individual served on the PHF noted an issue with the pet therapy program, stating that he was bitten by one of the dogs, and that not every individual served has access to the program.	The pet therapy program at the PHF is provided through a contract with Furry Friends, a certified pet therapy provider. All individuals served on the PHF have access to pet therapy. Each individual served is assessed for their ability to participate (with consideration of therapeutic benefit, willingness, pet allergies, etc.).	Cindy Robins, Administrator	No action required	2/25/2020