



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

**MAY 19, 2022 ♦ 3:00 PM-5:00 PM**

**HEALTH SERVICES AGENCY**

**1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060**

**THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 699 517 616#**

Xaloc Cabanes Chair 1 <sup>st</sup> District	Valerie Webb Member 2 <sup>nd</sup> District	Michael Neidig Member 3 <sup>rd</sup> District	Serg Kagno Co-chair 4 <sup>th</sup> District	Jennifer Wells Kaupp Member 5 <sup>th</sup> District
Laura Chatham Member 1 <sup>st</sup> District	Maureen McCarty Member 2 <sup>nd</sup> District	Hugh McCormick Member 3 <sup>rd</sup> District	Antonio Rivas Member 4 <sup>th</sup> District	Jeffrey Arlt Secretary 5 <sup>th</sup> 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 at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. All individuals attending the meeting at the Health Services Agency will be required to use face coverings regardless of vaccination status. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 699 517 616#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

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

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

## 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 April 21, 2022 minutes\**
- e. *Adoption of AB361 – Resolution Authorizing Teleconference Meetings\**
- f. 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. Review of Grievance Process – Cybele Lolley, Quality Improvement Director
- c. Committees
  - Standing
    1. Budget Committee
    2. Ideal Crisis System
    3. Community/Publicity
  - Ad Hoc
    4. Peer Support Certification
    5. 9-8-8
- d. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

### **4:45 Future Agenda Items**

### **5:00 Adjourn**

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

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**NEXT REGULAR MENTAL HEALTH ADVISORY BOARD MEETING IS ON:  
JUNE 16, 2022 ♦ 3:00 PM – 5:00 PM  
HEALTH SERVICES AGENCY  
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060  
TELEPHONE CALL-IN NUMBER (831) 454-2222; CONFERENCE ID # - TO BE ANNOUNCED**

**MINUTES – Draft**

**MENTAL HEALTH ADVISORY BOARD**

APRIL 21, 2022 ♦ 3:00 PM - 5:00 PM

1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams Meeting (916) 318-9542, Conference 416 793 331#

**Present:** Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
**Absent:** Antonio Rivas  
**Staff:** Erik G. Riera, Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:02 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
  - Richard Gallo, Access CA – concerned that peer support was not included in the Santa Cruz County plan with the MHSA funding. Richard is also opposing a BOS agenda item regarding the state contracting with Kaiser to provide Medicaid Services with Kaiser. Two major concerns: 1) lack of access to mental health services and treatment provided by Kaiser with Kaiser members, 2) lack of providing durable medical equipment.
  - Corinita Reyes – works for Peer Empowerment Partnership. She is the Bay Area local trainer and available to help support peers and other mental health organizations that utilize peers with the SB803 roll out. Corinita said individuals can reach out to her at [corinita.camhpro@gmail.com](mailto:corinita.camhpro@gmail.com) if support is needed in learning about SB803 or support is needed with organizing around SB803.
- III. Board Member Announcement – Maureen McCarty appointed as the newest Mental Health Advisory Board Member.
- IV. Business / Action Items
  - A. Approve March 11, 2022 Retreat Minutes as amended.  
Motion/Second: Jeffrey Arlt / Valerie Webb  
Ayes: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Absent: Antonio Rivas  
Motion passed.
  - B. Approve March 17, 2022 Minutes.  
Motion/Second: Serg Kagno / Supervisor Greg Caput  
Ayes: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Absent: Antonio Rivas

Motion passed.

C. Election of Officers

The MHAB unanimously voted the following Officers for the next year:

- Chair – Xaloc Cabanes
- Co-Chair – Serg Kagno
- Secretary – Jeffrey Arlt

D. Approve to ask and advise the Director of Behavioral Health to work with the MHAB on the implementation of the Roadmap to the Ideal Crisis System and on the July 2022 988 implementation through collaboratively designing and convening both a series of Town Halls to educate the community, and a workgroup including all relevant county departments, all of the jurisdictions in the county, nonprofits, service providers, those receiving behavioral health services, their families and the community.

Motion/Second: Serg Kagno / Jennifer Wells Kaupp

Ayes: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

Nays: None

Absent: Antonio Rivas

Motion passed.

E. Approve letter as amended with a recommendation that the Board of Supervisors takes some action in response to the Criminal Justice Council. The 2021 report states that all law enforcement is in favor of having a separate entity handle mental health crisis, however there is a gap of not having 24/7 non-law enforcement service.

Motion/Second: Laura Chatham / Jennifer Wells Kaupp

Ayes: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

Nays: None

Abstain: Maureen McCarty

Absent: Antonio Rivas

Motion passed.

V. Reports

A. Secretary's Report – Laura and Valerie reported they have attended a training this year. Reminder to the Board that committee reports submitted to the Secretary should include what the committee has done and who attended the committee meetings.

B. Board of Supervisor's Report – Supervisor Greg Caput

1. Update on the 100-year protection plan for the Pajaro River - \$400 million lined up from Federal and state governments. Supervisor Caput said in order to receive the \$400 million, we have to come up with the maintenance fee once the river and the levees are fixed. The maintenance fee will be paid for by people in the floodplain near the Pajaro River, the amount for a typical residential property is about \$200 per year, which will be an ongoing maintenance fee for approximately 3000 homes in that area.
2. Supervisor Caput shared that he received a letter about a month ago from the State of CA Treasurer / Chair of the CA Health Facilities Financing Authority, Fiona Ma informing the County was approved for a grant in the amount of \$7.6 million to fund a new Crisis Residential Treatment Program for children and youth.
3. Watsonville Hospital Update – Supervisor Caput said it will cost around \$60 million to purchase, operate and staff it. There is currently \$46 million from Stanford Children's Hospital, Dominican Hospital, Driscoll's, Santa Cruz County, Monterey County, Community Health Trust of the Pajaro Valley, Kaiser, Central Coast Alliance for Health and City of Watsonville. Approximately \$15 million short and deadline is August 1<sup>st</sup>.

- C. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director
1. Update regarding funding from the State for the Children's Crisis Residential Treatment Program – Erik said even though a huge portion of the funds were received, it is not enough to complete the project. There is another round of funding coming out in June from a separate funding source, and the BH division intends to apply for it, which is the BHCIP program. If additional funds are not received, then a scaled down project will be considered for a children's crisis residential program.
  2. Adult Crisis Residential Program funding update – Erik said that although the state initially allocated \$2 billion, allocation for the Central Coast is only \$15.9 million. The application that was submitted was for the full funding amount to build the program. The department will hear sometime this summer whether the application was successful or not.
  3. Erik mentioned that the division is currently going through an external quality review audit with Behavioral Health Concepts. As the managed care plan for the Medi-Cal program, the division has to go through an independent quality review, 2 per year for mental health services and for drug Medi-Cal services. In the future, the MHAB will be invited to participate in the review process.
  4. Mental Health Services Act Annual Update  
The public comment period on the MHSA plan will be extended specifically for a new proposal that has come out from the governor's office around CARE Court. CARE Court is currently working its way through the CA Legislature to develop a process to engage individuals who have a severe psychiatric disorder, a psychotic disorder, or a psychotic disorder that is the result of substance use, and engage them through the criminal justice system (courts compel the individuals to receive treatment if they are unwilling to do so). The provision within the current legislation establishes strict sanctions on counties who fail to successfully adopt the program, up to \$1000/day. The reason for extending the MHSA public comment period is because if legislation goes forward, Behavioral Health is going to need funding to support the implementation of this program and that may mean taking funds from other programs as the legislation provides no funding to county behavioral health to implement the program.
- D. Committee Updates
1. Standing Committees
    - a. Budget – Laura and Jeff met with Adriana Bare. They are still going through orientation, focusing on WIC5604, item #2, any county agreements entered into pursuant to section 5650. Jeff has connected with Theresa Comstock from CALBHB/C for guidance and best practices on how to be productive. Still working on a set meeting date.
    - b. Ideal Crisis System – Meetings will be hybrid, still in the forming stage. Nothing formal at this time.
    - c. Community / Publicity – Antonio and Val have not yet connected to schedule when the committee is going to formally meet.
  2. Ad Hoc Committees
    - a. Peer Support Certification – Hugh said MHCAN is taking the lead on training. Another update will be provided next month.
    - b. 988 – Jeff is chair of committee. Goal is to increase the public awareness of the 988 services and make regular recommendations to the BOS for expansion of 988 related services, and actively support Andrea Tolaio and James Russell.
- E. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
- No report.

VI. Closing Public Comment for MHSA Annual Update 2022-2023 – Cassandra Eslami, Director of Community Engagement

Due to the CARE Court proposal and the upcoming legislation around CARE Courts, the public comment period for MHSA will be extended to add more information around the unspent funding and how it could be used, if necessary, on CARE Courts. Public comments will remain open and will delay the annual update to the state by a couple of months to ensure that the County is adequately prepared for CARE Courts.

Public Comments:

1. Serg Kagno, Board Member – My feedback would be that it's really useful in trying to get feedback from somebody who isn't totally aware of how all the different programs work comparing 2021 to 2022, having those numbers is really helpful. The numbers of the contracts for the full program types like aggregate, those were compared. But for the contract COST for each program, that was not separated and compared, and that would just be really useful information if I was to give feedback about it - to see how a program did, according to their intentions and then the next contract is whether it's increasing or decreasing.

VII. Overview of 988 – Andrea Tolaio, Program Director of Suicide Prevention Services Program, Family Service Agency of the Central Coast and James Russell, Program Manager for the Community Crisis Continuum, Santa Cruz County Behavioral Health

Effective July 16, 2022, 988 will be the new three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline. The presentation slides with an overview of 988, the Family Service Agency and the Suicide Prevention Program can be viewed by clicking [here](#).

VIII. Adjournment

Meeting adjourned at 5:06 p.m.

# SANTA CRUZ COUNTY BH GRIEVANCE & APPEAL PRACTICES

MHAB Presentation  
Cybele Lolley, LMFT  
BH Quality Improvement (QI) Director  
5/19/22



EVERY  
EXPERIENCE  
MATTERS

EVERY VOICE  
MAKES A  
DIFFERENCE

Santa Cruz County Behavioral Health Services is committed to assuring that clients and guests are satisfied with the services they receive. We strive to provide quality and appropriate care in a timely manner. We attempt to understand a person's situation and customize treatment services as appropriate to support wellness.

Nonetheless, there are times when someone is dissatisfied with our delivery of services and/or quality of care. We respond with respect and dignity, and do not tolerate any intimidation or retaliation towards individual(s). We appreciate a person informing us of their dissatisfaction as it allows us an opportunity to partner with the beneficiary to improve the situation.



# SANTA CRUZ CO BH QI TEAM — QUALITY ASSURANCE FOR MEDI-CAL SERVICES

DMC-ODS: Drug Medi-Cal – Organized Delivery System for Substance Use Disorder treatment services for Medi-Cal Beneficiaries (clients)

## Includes:

- Monitoring clinical documentation and appropriate utilization of services
- Conducting program audits of contracted network service providers
- Coordinating BH's external audits by State and other agencies.
- Attending to client rights protections and advocacy practices

MHP: Mental Health Plan for Specialty Mental Health Services for Medi-Cal Beneficiaries (consumers)

## Includes:

- Monitoring clinical documentation and appropriate utilization of services
- Conducting program audits of contracted network service providers & Medi-Cal certifications
- Coordinating BH's external audits by State and other agencies.
- Attending to client rights protections and advocacy practices

# QI TEAM'S AIM

**Values:** Accountability, Collaboration, Compassion, Effectiveness, Innovation, Respect, Support, Transparency and Trust

**Intention:** Quality Improvement (QI) reflects BH's organizational commitment to ongoing improvements in the delivery of quality services. QI team strives to establish and maintain an impactful systemic process for ensuring quality services are delivered to our clients.

**Purpose:** We ensure local, state and federal regulatory requirements are met; monitor and track key indicators for client care and delivery system improvements; safeguard client satisfaction and client driven solutions by responding to and incorporating client feedback; support organizational decision making, implement and evaluate ongoing quality improvement activities across BH services; develop communication strategies to share information with providers, clients and other appropriate stakeholders; and create quality improvement capacity across program and services.

## Enhanced Beneficiary Protections

- ✓ Applies to those who receive Medi-Cal Mental Health and/or Substance Use Disorder Services

**MEDICAID MANAGED CARE  
FINAL RULE, 42 CFR PART 438  
& DHCS INFORMATION NOTICE #: 18-010E**

“DHCS” = CA’s Department of  
Health Care Services

# REGULATORY MANDATES FOR MEDI-CAL SERVICE PROVIDERS

## Medicaid Managed Care Final Rule:

### Title 42, Code of Federal Regulations (CFR)

- 42 CFR, Part 438 Subpart F specifically addresses beneficiary grievances and appeal rights and protections
- Resource:

<https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html>

## DHCS Information Notice 18-010E

State released in March 2018

Effort to align State Medi-Cal requirements to the Medicaid Managed Care Final Rules

Resource:

[https://www.dhcs.ca.gov/formsandpubs/Pages/2018\\_MHSUDS\\_Information\\_Notices.aspx](https://www.dhcs.ca.gov/formsandpubs/Pages/2018_MHSUDS_Information_Notices.aspx)

# GRIEVANCE & APPEAL PROTECTIONS SUMMARY

## 1. Informing Information and Sharing Methods

- Brochures, Handbooks, Notices
- County and Contracted Provider Locations (Provider Directory)
- Website posting
- Notice of Adverse Benefit Determination Letters (NOABDs)

## 2. Handling Grievances and Appeals

- Timeframes, Responsiveness, Logging information, Reporting to BH's QIC Committee
- First Level and Second Level

## 3. Monitoring Grievances and Appeals

- Oversight of County and Contractor G & As – Policies, Reporting, Training
- Reporting G & As to DHCS

## Posting & Sharing Information

County BH Internet - NEW Client Information Page. Designed by QI & Launched in 2021

# BROCHURES HANDBOOKS PROVIDER DIRECTORIES

[Client Information \(santacruzhealth.org\)](http://santacruzhealth.org)

The screenshot shows the Behavioral Health Division website. The header includes the text "Behavioral Health Division" and "COUNTY OF SANTA CRUZ Behavioral Health Services FOR CHILDREN & ADULTS". A central banner features a tree icon and the text "We Want to Hear from You! We need your feedback on the services that are available to you. click here to learn more!". A sidebar on the left lists navigation options: Behavioral Health, Adult Mental Health Services, Behavioral Health Comment Form, Behavioral Health Strategic Planning, Child and Adolescent Behavioral Health Services, Client Information (highlighted), Crisis Intervention Team (CIT), Frequently Asked Questions, HOPES Team, and How to Receive Mental Health Services. A right sidebar contains an "Information" section with links for "Client Service Information", "How to Receive Mental Health Services", and "How to Receive Substance Use Disorder (SUDS) Services".

The screenshot shows the "Client & Family Information" page. The header includes the text "Client & Family Information" and "Welcome to Santa Cruz County Behavioral Health Services (BHS)". The main content area provides a detailed welcome message: "County Behavioral Health Services (BHS) is a Division of the Santa Cruz County Health Services Agency (HSA). At BHS, we care for the whole person with compassion and respect your cultural values and unique needs. Our goal is to help you achieve and maintain long term health, wellness, and recovery; and to foster healthy families and communities. We aim to provide an integrative service delivery model through strength based, accessible, culturally, and linguistically appropriate services. We work in partnership with community treatment providers to provide outpatient, residential, crisis services, and care coordination care addressing specialty mental health and substance use service needs of Santa Cruz County Medi-Cal beneficiaries and uninsured residents." A sidebar on the left lists navigation options: Behavioral Health, Adult Mental Health Services, Behavioral Health Comment Form, Behavioral Health Strategic Planning, Child and Adolescent Behavioral Health Services, Client Information (highlighted). A right sidebar contains an "Information" section with links for "How to Receive Mental Health Services" and "Como obtener servicios de Salud Mental".

## Paper Copies Available at all Provider Locations

- ✓ Grievance Brochure (Purple) [English/Spanish]
- ✓ Appeal Brochure (White) [English/Spanish]
- ✓ Change of Provide (Yellow) [English/Spanish]
- ✓ Medi-Cal Service Handbook [English/Spanish]
  - ✓ 1 for each: Mental Health and DMC-ODS
- ✓ Provider Directory [English/Spanish]
  - ✓ 1 for each: Mental Health and DMC-ODS

Medi-Cal Mental Health Services: Mental Health Plan (MHP)	+
Medi-Cal Substance Use Disorder Services (SUDS): Drug Medi-Cal Organized Delivery System (DMC-ODS)	+
General Information: Medi-Cal Rights, Forms and Instructions	-

- Advance Directive Form
  - [English](#) - [Large Print](#)
  - [Spanish](#) - [Large Print](#)
- Appeal Resolution Instructions/Form
  - [English](#) - [Large Print](#)
  - [Spanish](#) - [Large Print](#)
- Authorization to Share Confidential Information with Instructions
  - [English](#)
  - [Spanish](#)
- Behavioral Health Client Records Request & Authorization
  - [English](#)
  - [Spanish](#)
- Board of Behavioral Health Sciences Complaint Information
  - [English](#)
  - [Spanish](#)
- Change of Treatment Staff Request Instructions/Form
  - [English](#) - [Large Print](#)
  - [Spanish](#) - [Large Print](#)
- Client Preferred Communication Practices: Opt-In Consent
  - [English](#)
  - [Spanish](#)
- Consent for Mental Health Services
  - [English](#)
  - [Spanish](#)
- Consent for Substance Use Disorders Services (SUDS)
  - [English](#)
  - [Spanish](#)
- Consent for Telehealth Services
  - [English](#)
  - [Spanish](#)

# COMPLAINT/GRIEVANCE (TIMEFRAME & RESPONSIVENESS)

## QI POLICY:

(1) If verbal complaint/grievance, provider shall write down the complaint on behalf of the beneficiary and send to QI no later than 1 business day.

(2) QI staff will log all grievances, send acknowledgement letter to beneficiary (legal guardian) within 1 business day, and call provided number to review grievance and learn what could be indicator of resolution.

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(3) QI staff work with others to resolve issue, write summary resolution letter and send to beneficiary and provider.

(4) QI staff log resolution information within 1 business day

Beneficiary (or legal guardian) can file a verbal or written complaint/grievance at any time.

## Filing a Grievance

Submit a Grievance Brochure  
QI Help Line: (831) 454-4468

QI's goal is to resolve a Grievance as soon as possible or within 30 days. Per 18-010E, a County must resolve within 90 days.

# HANDLING NOABD LETTERS — 42 CFR 438.10

## Adverse Benefit Determinations (ABDs) & Timeframe

An ABD is a decision by the treatment provider which includes the determination of medical necessity, appropriateness of covered benefits and/or financial liability. If a beneficiary agrees with the provider's treatment changes, then this may not be an adverse event.

All providers must provide timely and adequate notice of the ABD in writing to the beneficiary (or legal guardian) & use the DHCS letter templates.

Notice Letters include (based on medical necessity criteria for eligibility)

Delivery system denials due to not meeting SMHS criteria (within 2 business days)

Reduction, suspension, or termination of current services (10 days prior to action)

Denial of service request (within 2 business days)

Failure to provide services in a timely manner (within 2 business days)

Failure to resolve grievance or appeal in a timely manner (within 2 business days)

Denial of a beneficiary's request to dispute financial liability (time of decision)

ALL Letters must include the DHCS attachments: "Your Rights", Nondiscrimination Notice & Language taglines



# NOABD APPEALS (TIMEFRAMES & RESPONSES)

- County BH QI team is the first level of appeal and has 30 days for resolving a standard appeal.
- Expedited Appeal resolutions must be resolved within 72 hours. “Expedited” criteria: standardize resolution timeframe could seriously jeopardize the beneficiary’s MH or SUD condition and/or the beneficiary’s ability to attain, maintain, or regain maximum function.
- If the beneficiary (or legal guardian) is not in agreement with the first level appeal decision, then the beneficiary (or legal guardian) can submit a second-level appeal to the State/DHCS.
- QI staff’s Appeal process follows the procedural steps and timelines as described on the Complaint/Grievance slide. Appeals can be submitted through brochure, other written communication or at QI Help Line.

Beneficiary (or legal guardian) can file a verbal or written Appeal to QI within 60 calendar days of the letter date.

All verbal appeals must be accompanied by a follow-up written appeal within the 60 days. QI will send an Appeal brochure with the appeal acknowledgement letter and inform of need for written appeal requirement.

# MONITORING GRIEVANCE & APPEALS

## Grievance and Appeal Oversight

1. Written policies and procedures
2. Ensure beneficiary material are available and current
3. Log and track all grievances and appeals

4. Submit quarterly reports to DHCS for both MH and DMC-ODS that describe:

- a. Date/time of receipt of grievance or appeal
- b. Name of beneficiary filing grievance or appeal
- c. Name of QI staff recording the G or A
- d. Description of the complaint/problem
- e. Description of the actions take by the County or provider to investigate and resolve the G or A
- f. Proposed resolution by the County
- g. Name of the County staff responsible for resolving the G or A
- h. Date the notification to the beneficiary of the resolution

## CO BH & ADVOCACY INC. PARTNERSHIP

QI & BH leadership have a strong and positive working relationship with Advocacy Inc. and staff. There is open communication and as needed meetings to address any consumer or program items.

Advocacy Inc sends the BH QI and Adult MH Directors monthly summaries of processed consumer requests and grievances as well as quarterly reports on WIC certification and reise hearings at the Telecare PHF. QI Director reviews reports and will follow up on items as needed. The Patient Advocates attend to consumer requests for assistance with disability paperwork, housing issues as well as provider facility complaints.

Advocacy Inc.

# Questions & Answers

Thank you for your time.



Patients' Rights Advocate Report

March 20/22

***Name of the facility: Front Street***

**Front Street Residential**

Patients' Rights Involved: Right involved: Right to be free from harm (Resident altercation)

On 3/10/22 This writer received a faxed report of resident-to-resident altercation which occurred on this. Per staff report, this client did not wish to press charges against the other resident. This writer spoke with the alleged victim on 3/14/22. He appeared well without noticeable bruises or swelling, although he appeared hyper animated. This writer will continue to check in with him when he is on site.

**Telecare**

Name of the facility: **Telecare**

First contact: 3/21/22

Responded to a call from a client hospitalized at the Telecare facility. The client complained that he is held against his will without cause. The writer talked about how the various legal holds work within the state of California, and if he were kept longer, he may be placed on another kind of hold at which point he would be able to ask for his release from a hearing officer. We also reviewed the criteria for grave disability. Client exercised his right to contest hold (5250) on 3/22/21

Name of facility: **Telecare**

Date of first contact with client 3/30/22

Patients Right involved: Right to be free from harm

First contact with client: 3/30/21

Responded to this call from the client complaining that he was tortured by staff. I obtained permission to speak with both the Director of nurses as well as the Administrator, however the client did not want me to follow through with the doctor and stated that he will be speaking

with the administrator in the very near future. I encouraged him to contact me if he required any further assistance. As of this writing this client has not contacted the Patients' Rights program.

(DS)\*

## **7<sup>th</sup> Avenue Center**

Name of facility: **7<sup>th</sup> Avenue**

Patients' Rights Involved right to be fully involved in one's treatment plan

Date of first contact with client: 3/2/22

This writer received a phone call from a resident complaining that her conservator is not responding to her about her concerns over her property in the county of origin. This writer has made 3 phone calls to the conservator without response, but will continue to do so.

Name of facility: **7<sup>th</sup> Avenue Center**

Patients' Rights involved: Right to be fully informed and involved in one's treatment. Right to receive adequate medical treatment.

Date of first contact with client: 3/23/22

This writer received a phone call from a resident of 7th Avenue Center complaining that the Santa Cruz mental health system and the Public Guardian's office were not meeting her son's needs. This writer met with the resident at the facility. The client may be requesting the services of another deputy public guardian but at this point has given me permission to speak with his current conservator. This writer placed a call to the conservator and as of this writing has not received a response. This writer will continue to reach out to the conservator.

Name of facility: **7<sup>th</sup> Avenue Center**

Patient's Rights involved: Right to be free from harm (resident to resident)

Date of first attempted contact with resident: 3/23/22

This writer attempted to meet with this resident in response to an SOC 341 report submitted by the facility to the Patients' Rights program. However, the resident refused to meet with me. I inquired about whether this resident wished to press charges. Staff responded that this resident did not wish to press charges at this time. This writer will attempt to meet with the resident inside the facility and will also reach out to his conservator. This writer placed two calls to conservator without response as of this date (4/4/22). This issue remains ongoing

Name of facility: **7<sup>th</sup> Avenue Center**

Patients' Rights involved: The right to be free from harm (Resident to resident)

Date of first contact with resident regarding this incident: 3/21/22

In response to an SOC 341 report submitted to the Patients' Rights program, this writer met with the client at the facility. I did not observe cuts, bruises or swelling. My client informed me that she had been informed of her right to contact local law enforcement but declined. This writer will continue to reach out to her conservator regarding her property as well as this report.

## **Willowbrook**

Name of facility: **Willowbrook**

Patients' Rights involved: Right to be free from harm

Date of first contact with client: 3/14/22

I received a phone call from a resident of the Willow Brook facility. This client sounded distressed and warranted an immediate return call. However, this writer was able to contact the resident, this writer placed a call to the administrator and made a verbal report. This writer was then informed that the resident was placed on a 5250 hold and placed out of county. It is this writer's understanding that the resident is welcome to return once stabilized and will contact the resident upon returning to the facility

Date of last contact with client: Not applicable.

**\*Ms. Davi Schill, Santa Cruz Patients' Rights Advocate**

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

**March 2022**  
**THIRD Quarter**

1. TOTAL NUMBER CERTIFIED	30
2. TOTAL NUMBER OF HEARINGS	24
3. TOTAL NUMBER OF CONTESTED HEARINGS	17
4. NO CONTEST PROBABLE CAUSE	7
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	1
7. DISCHARGED BEFORE HEARING	5
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	14
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 from March 1, 2022, through March 2022 providing representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) who are facing Riese Hearings.

Total number of Riese petitions filed: 10

Total number of Riese Hearings conducted: 5

Total number of Riese Hearings lost: 5

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 5

Hours spent on Riese Hearings Conducted: 2 hours

Hours spent on all Riese Hearings cancelled or withdrawn: 80 minutes

Total amount of time spent on all hearings: 2 hours and 80 minutes

Respectfully submitted,

George N. Carvalho, PRA (Patient Rights Advocate)

Patients' Rights Advocate Report

April 2022

***Name of the facility: Front Street***

**Front Street Residential**

Right to be free from harm:

On April 1, 2022, this writer received a phone notification as well as a faxed report from the staff at the Front Street Residential facility. The staff believed that a resident may have been bullied and harassed by another Front Street resident. On April 5, 2022, this writer interviewed the alleged victim. The resident informed this writer that he can say no to this other resident although this other resident may verbally and loudly voice his disapproval. The alleged victim stated that there has been no exchange of money. He also stated that he felt that he could rely upon staff support if needed. This writer will continue to check in with this resident when he is outside in the common area.

**Front Street Residential**

Right to be free from harm

On April 19, 2022, this writer received a phone notification as well as a faxed report about an occurrence of resident-to-resident abuse between roommates. On 4/22/22, this writer spoke with the client over the phone. The alleged victim continued to be fearful of her roommate and informed me that she requested a room reassignment from the Staff. I asked the resident to call me when the room change occurred. The resident called me back the following day to inform me that a room change occurred. No further follow-up required as of this writing.

Name of facility: **Telecare**

Right informed consent.

On April 22, 2022, this received a phone call from a patient at Telecare-PHF. She informed me that the medications prescribed by the treating psychiatrist were not appropriate for her in treating her diagnosis obtained from an outside source. I advised this patient of their right to obtain all the necessary information from the treating psychiatrist before consenting to the medication. This writer elaborated the kinds of information that she has a right to ask of the treating psychiatrist.

Name of facility: **Telecare:**

Right to due process

On April 20, 2022, this writer received a phone call from a patient at Telecare-PHF complaining that staff were violating the patients' rights by not releasing the patient from the facility. This writer made a return call and at that time this writer was informed that the patient had been discharged from the facility

Name of the facility: **Telecare**

Right to access to mental health record

On April 26, 2022, the Patients' Rights program received a call from a client that had recently been released from the Telecare facility. The client wanted to be able to challenge information in the medical record. The Client was advised that the record could not be changed or expunged, but that further information provided by the client may be placed in the record. Also, the client was advised about how to request his records from the Telecare facility

(ds)\*

## **7<sup>th</sup> Avenue Center**

Name of facility: **7<sup>th</sup> Avenue**

Patients' Rights: Least restrictive placement

On April 1, 2022, this writer received a phone message from a resident from the 7<sup>th</sup> Avenue Center. This resident requested assistance with housing and placement. The resident is a conservator in another county. I received permission to speak with both his Patients' Right Advocate as well as his conservator and followed through with speak with both parties and advocated for discharge as soon as possible since the resident is at the appropriate treatment level for discharge planning.

Name of facility: **7<sup>th</sup> Avenue Center**

Patients' Rights: The right to be free from harm

On 4/1/22 This writer attempted to speak with client in response to a report submitted by the facility of Resident-to-resident abuse. Currently the resident refuses to speak with this writer regarding the incident. Three attempts have been made to contact the conservator however, this writer will continue to do so. This issue will be continued to May 2022.

Name of facility: **7<sup>th</sup> Avenue Center**

Patients' Rights involved: The right to due process

On 4/11/22 This writer was contacted by a resident of the 7<sup>th</sup> Avenue Center. This resident requested that this writer calendar a re-hearing on the matter of the resident's conservatorship. However, the resident is conserved in another county and has re-hearing scheduled in the county of origin. The resident was worried that transportation would not be provided. I offered to advocate for the resident if such issues became apparent. At this time there is no further action required

Name of facility: **7<sup>th</sup> Avenue Center**

On April 18,2022 this writer was contacted by a family member of a resident of the 7th Avenue Center. The family member voiced concerns that the resident was not receiving the correct medication for the diagnosis. On 4/22/22, this writer spoke with the resident at the 7<sup>th</sup> avenue center and obtained permission to speak with both his treating psychiatrist as well as his conservator. I was informed by the treating psychiatrist that the medication would not be changed. I have not received a response from the conservator. This matter will be continued until next month (May 2022)

### **Opal Cliffs**

Name of facility: **Opal Cliffs**

On April 11, 2022, this received a phone call from a resident of the Opal Cliffs facility. This resident wants to live independently. I advised her of the right to be able to do so and encouraged her to seek support from the county mental health treatment team as well as from MHCAN.

(DS)\*

**\*Ms. Davi Schill, Santa Cruz Patients' Rights Advocate**

ADVOCACY INC.

TELECARE CLIENT CERTIFICATION AND REISE HEARING/PATIENTS' RIGHTS  
REPORT

April 2022

THIRD Quarter

1. TOTAL NUMBER CERTIFIED	36
2. TOTAL NUMBER OF HEARINGS	33
3. TOTAL NUMBER OF CONTESTED HEARINGS	15
4. NO CONTEST PROBABLE CAUSE	18
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	1
7. DISCHARGED BEFORE HEARING	2
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	12
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 from March 1, 2022, through March 2022 providing representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) who are facing Reise Hearings.

Total number of Reise petitions filed: 4

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: 2

Hours spent on Reise Hearings Conducted: 75 minutes

Hours spent on all Reise Hearings cancelled or withdrawn: 35

Total amount of time spent on all hearings: 1 hour and 50 minutes

Respectfully submitted,

George N. Carvalho, PRA (Patient Rights Advocate)