



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

**JANUARY 19, 2023 ♦ 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 214 741 805#**

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	Stephen T. Busath 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

TBD

Board of Supervisor Member

Tiffany Cantrell-Warren  
Interim Behavioral Health Director

Karen Kern  
Director of Adult Behavioral Health Services

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

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. All individuals attending the meeting at the Health Services Agency will be required to use face coverings regardless of vaccination status. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 214 741 805#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

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

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

**MENTAL HEALTH ADVISORY BOARD AGENDA**

3:00 Regular Business	
I.	Roll Call
II.	Public Comment (No action or discussion will be undertaken <i>today</i> on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)
III.	Board Member Announcements
IV.	<i>Approval of December 15, 2022 minutes*</i>
V.	<i>Adoption of AB361 – Resolution Authorizing Teleconference Meetings*</i>
VI.	Secretary’s Report
3:15 Standing Reports	
I.	Behavioral Health Report – Tiffany Cantrell-Warren, Interim Behavioral Health Director and Karen Kern, Director of Adult Behavioral Health Services
II.	Committees
A.	Standing Committees
1.	Budget
2.	Community/Publicity
B.	Ad Hoc Committees
1.	Peer Support Certification
2.	9-8-8
3.	Ideal Crisis System
III.	Patients’ Rights Report – George Carvalho, Patients’ Rights Advocate for Advocacy, Inc.
4:15 New Agenda Items	
I.	<i>Letter to the Board of Supervisors regarding the Benchlands*</i>
II.	<i>2022 Data Notebook*</i>
4:50 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:  
FEBRUARY 16, 2023 ♦ 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**

DECEMBER 15, 2022 ♦ 3:00 PM - 5:00 PM  
1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ  
Microsoft Teams Meeting (831) 454-2222, Conference 846 369 176#

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

- I. Roll Call – Quorum present. Meeting called to order at 3:06 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
  - Nicolas Whitehead – asked if there is a record of MHAB recommendations made to Behavioral Health and asked about the relationship the board has with the director of the department, either accepting of recommendations, or not accepting.
  - Ludmila Boiko – shared her story regarding her daughter.
  - Richard Gallo from Access CA – asked for the status of the MHSA Coordinator. Richard also stated he sent emails regarding the importance of CPP to be included with the MHSA. He attended the Budget Committee and commended them on bringing up the concerns regarding Telecare and being more inclusive with CPP.
  - Perry Spencer – from a local non-profit called Up 2 Peace and Steve Dilley from the Veterans Art Project, attended the meeting to introduce themselves. Their mission is cultivating actions of peace through youth, veterans and community utilizing art and music, and an advocacy program for mental health and PTSD. Two upcoming events are on Friday, June 2, 2023 and at Cabrillo College in November 2023.
- III. Board Member Announcements
  - Maureen McCarty resigned from the MHAB.
  - Front Street tour was completed by Maureen and Serg. Next tour is MHCAN. Laura, Xaloc, Mike and Hugh will attend the MHCAN tour.
  - Serg has been invited to participate in the panel interviews for the new BH Director. Serg encouraged the MHAB to send him ideas and questions on what should be included in the interviews.
- IV. Business / Action Items
  - A. Approve October 20, 2022 Minutes.

Motion/Second: Michael Neidig / Valerie Webb  
Ayes: Hugh McCormick, Jeffrey Arlt, Laura Chatham, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Absent: Antonio Rivas, Jennifer Wells Kaupp  
Motion passed.

- B. Adoption of Assembly Bill 361 – Resolution Authorizing Teleconference Meetings  
Motion/Second: Jeffrey Arlt / Laura Chatham  
Ayes: Hugh McCormick, Jeffrey Arlt, Laura Chatham, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Absent: Antonio Rivas, Jennifer Wells Kaupp  
Motion passed.

V. Reports

A. Secretary's Report

- No attendance issues.
- Reminder to the board to send all completed training information to Jeffrey.
- All members are up to date with the Ethics Training.
- Jeffrey announced there is a consumer complaint from Julia Clancy Smith and her husband. Their daughter passed away due to a change in medication. She was under supervision by the County.

B. Board of Supervisors Report – Supervisor Greg Caput

- Supervisor Caput clarified that there will be a Sheriff's Oversight Person, not a committee. This person will be independent of the Sheriff's office and will be looking at prisoners held at County jail and making sure complaints are heard.
- Discussed at BOS Meeting regarding open restrooms in businesses. Of the 58 counties in CA, none have an ordinance that require bathrooms to be open to the public. The County is asking each business to cooperate and to have bathrooms open/accessible to the public. Currently trying to make agreements with business owners rather than creating law.
- Update on the park in South County - \$1.6 million short for the 39-acres. Purchase price is \$2.2 million. The County is leasing with the option to buy and have one more year to purchase.

C. Behavioral Health Report, Tiffany Cantrell-Warren, Interim Behavioral Health Director, HSA Assistant Director

- 1) At 12/13 BOS meeting, Board of Supervisors approved the purchase of the former Bay Federal building at 5300 Soquel Ave, adjacent to Sheriff's Center in Live Oak. The intention is to house Youth CSP and Youth Crisis Residential Program.
- 2) Notified of tentative award from State of CA BHCIP Round 4 grant for \$11.79MM to fund infrastructure to build a Youth CSP and Youth Crisis Residential Program.
- 3) Successful completion of External Quality Review Organization (EQRO) audit in November for DMC-ODS providing on-going CalAIM updates & support for all BH staff (County & contract partners for both Mental Health Plan and DMC-ODS)
- 4) CA Advancing and Innovating Medi-Cal (CalAIM) Overview - This is our Medi-Cal system for primary care through mild to moderate mental illness to serious mental illness, and our substance use disorder services. Goals of CalAIM can be found here: <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>. Also, recommend the CalAIM BH Initiative website at <https://www.dhcs.ca.gov/Pages/BH-CalAIM-Webpage.aspx> and the Fact Sheet at <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-BH-a11y.pdf>

Some changes will be administered through the Medi-Cal Managed Care Plan (CAAH and Beacon) and some will be administered through the County SMH Plan. Three different Medi-Cal health plans for BH: 1) Beacon is mild to moderate; 2) County MH is the health plan for serious mental illness; 3) Drug Medi-Cal Organized Delivery System (DMC-ODS) for Medi-Cal SUDS. Some SUDS services can also be treated in the primary care setting under the CCAH Medi-cal Managed Care plan. Through CalAIM, there will be:

- a. No Wrong Door entry – coordinating multiple access points so that people can be routed to services regardless of where they enter.
- b. Behavioral Health Payment Reform – Transition for Cost-based reimbursement to Fee-for-service effective July 2023, which means a set amount is reimbursed for the type of service that is provided and the type of provider. The rate setting methodology was just received from the state and running models to assess the impact to revenues under the current productivity. The goal is to understand how large the financial hit will be, then consider how to soften that impact for current providers (internal and external) and how to provide additional QI and PI incentives for current and future providers (internal and external).
- c. While CalAIM presents some challenges in learning how to work in a new system, it also presents opportunities for collaboration, access, care coordination, and overall improving health outcomes with more efficient use of resources.

#### Karen Kern – Adult Behavioral Health Services Director Update

1. Crisis Now – opportunity for a Technical Assistance project through the MHSOAC, Santa Cruz is one of 4 counties participating. The goal will be to assess current state and then develop a plan to address three areas: call center, 24/7 mobile crisis teams, and receiving centers. The goal is to understand what is needed in Santa Cruz to get to implementation on these three areas.
2. AB 2275 is the legislation that requires providing a hearing by the 7th day after 5150 is originally written. The division is working on shifting workflows to meet the new requirements and will convene a meeting with the Hearing Officer, Patient Rights Advocate and Telecare. Once next steps are determined, the hospitals will be contacted. This may put more pressure on our crisis system and on the PHF who are working with hearings that have only happened on Tuesday's and Friday's.

#### D. Committee Updates

##### 1. Standing Committees

###### a. Budget

The committee is learning about budget categories. They reviewed the BOS consent agenda and focused on Encompass and Telecare who received funding increases. The committee is seeking clarification on how the consent agenda allowed for an increase in funds for a contract that expires in six months. Jeffrey also announced that there will be a presentation by Elece Hemple from Petaluma People's State regarding the 24/7 mobile crisis response system on January 11<sup>th</sup>.

###### b. Ideal Crisis System

Motion to dissolve the ICS Committee as a Standing Committee and become an Ad Hoc Committee.

Motion/Second: Xaloc Cabanes / Laura Chatham

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

Nays: None

Absent: Antonio Rivas, Jennifer Wells Kaupp

Motion passed.

###### c. Community Engagement/Publicity – the last two scheduled meetings have been cancelled due to no quorum.

##### 2. Ad Hoc Committees

- a. Peer Support Certification – MHCAN is done with their trainings. SHARE has ongoing trainings. Hugh reported that he hopes to have a date and format of exam by the next meeting. Hugh also shared that one of the requirements to get

certified is to have a high school diploma. By June 2023, expect to have 10-15 peer specialists locally.

- b. 988 – Jeffrey corresponding with Andrea of Family Services regarding new posters and asked for job descriptions that can be distributed to the community to help get the word out about their vacancies. 988 is still under the radar due to staffing and resources still under capacity.

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

George Carvalho was present at the meeting and provided the October and November reports.

George shared the following:

1. For BH Director Interviews, he stated that the panel should consider a person who has a commitment to Patients' Rights.
2. Director Suzanne Stone has resigned. The program continues to have two days furlough per month. Core funding has been reduced.
3. Comment regarding AB 2275 – it prevents people from “parking lot 5150.” When a person is released from 5150, 12 hours must elapse before they are placed in another 5150. This is trying to remedy the serial 5150.

VI. New Agenda Items

1. Approve letter of appreciation for former Behavioral Health Director Erik Riera

Motion/Second: Jeffrey Arlt / Serg Kagno

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

Nays: None

Absent: Antonio Rivas, Jennifer Wells Kaupp

Motion passed.

2. Approve letter of appreciation/recommendation for former Member-At-Large Marlize Velasco

Motion/Second: Laura Chatham / Michael Neidig

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

Nays: None

Absent: Antonio Rivas, Jennifer Wells Kaupp

Motion passed.

VII. Future Agenda Items

1. 2022 Data Notebook – to be discussed and approved for submission at the January meeting.
2. Letter to the Board of Supervisors regarding the benchlands – Serg to draft letter.

VIII. Adjournment

Meeting adjourned at 5:07 p.m.

Patients' Rights Advocate Report

December 2022

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**Record 13732**

**Telecare**

On December 8, 2022, this Advocate\* received a phone call from a client on the Psychiatric health facility. This client reported that their phone was needed to contact support resources and needed the use of their personal comb. This Advocate contacted the clinical director on the client's behalf who worked with the client to meet their stated needs.

**\*Ms Davi Schill**

**Record 13734**

**Telecare**

This writer\* received from a client receiving services from the Telecare facility on December 20, 2022. The client reported that they suffer from a bowel condition that makes the food inedible. With the client's permission this Advocate spoke with the clinical director. She informed me that Telecare is working with a nutritionist. The clinical director also said that she will personally bring food to the client. The client spoke with the Director of nurses who provided food to meet the client's needs. No further action was required on the part of the Advocate.

**Ms. Davi Schill**

**FRONT STREET**

**Record 13733**

**Front Street**

On December 4, 2022, this Advocate\* responded to a report submitted by Front Street staff. A resident reported to staff that another resident had threatened the reported victim and was scared for their life. The alleged perpetrator received a 30-day eviction notice. The Patients' Rights program will continue to monitor the situation as well as a part of our monitoring responsibilities.

**Ms. Davi Schill**

**Record 13710****Front Street**

On December 14, 2022, this writer\* received a phone message from a resident of Front Street Residential. This resident requested to file a grievance against another resident. I advised the caller that I could not mediate between residents since every resident is also my client. This advocate urged the caller to work with Staff towards a resolution of the issue

**\*Mr. George Carvalho**

**Record 13731****Front Street**

On December 27, 2022, this Advocate\* responded to a report to the Patients' Rights program: The alleged perpetrator threatened to kill the reported victim. However, the reported victim had been hospitalized with medical issues. This person will obtain in home support and is planning to move from the facility

**Ms. Davi Schill**

**7<sup>TH</sup> AVENUE CENTER****Record 13709****7<sup>th</sup> Avenue Center**

On December 8, 2022, this Advocate\* received a phone call from the mother of a resident of the 7<sup>th</sup> Avenue Center. The mother complained that her son had not been transferred to another facility. She also stated that she had contacted her son's conservator. I informed her that the Covid pandemic could affect her son from being transferred in a timely manner. I asked her to return a call back to me after her conversation with her son's conservator. My client's mother returned a call to this writer the same day and confirmed my assessment of the situation. This writer will continue to communicate with my client and his mother

**\*Mr. George Carvalho**



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

December 2022  
Third Quarter

1. TOTAL NUMBER CERTIFIED	22
2. TOTAL NUMBER OF HEARINGS	20
3. TOTAL NUMBER OF CONTESTED HEARINGS	7
4. NO CONTEST PROBABLE CAUSE	13
5. CONTESTED NO PROBABLE CAUSE	2
6. VOLUNTARY BEFORE CERTIFICATION HEARING	
7. DISCHARGED BEFORE HEARING	2
8. WRITS	
9. CONTESTED PROBABLE CAUSE	5

10. NON-REGULARLY SCHEDULED HEARINGS	
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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 December 1, 2022, through December 31, 2022, of representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) facing Reiese Hearings.

Total number of Reiese petitions filed: 3

Total number of Reiese Hearings conducted: 3

Total number of Reiese Hearings lost: 3

Total number of Reiese Hearings won: 0

Total number of Reiese Hearings withdrawn: 0

Hours spent on Reiese Hearings Conducted: 5

\*Reiese appeal: 1 hour

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

Respectfully submitted,

Davi Schill, PRA

George N. Carvalho, PRA

CBHPC 2022 Data Notebook for California Behavioral Health Boards and  
Commissions

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

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

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

**Or, you may contact us by postal mail at:**

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



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

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

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

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

- To help local boards meet their legal mandates<sup>1</sup> to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

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

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

### **How the Data Notebook Project Helps You**

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

In addition, the Planning Council will provide our annual 'Overview Report', which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website<sup>2</sup> of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA<sup>3</sup>.

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

<sup>3</sup>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 reports, see [www.SAMHSA.gov](http://www.SAMHSA.gov).

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

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

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

**Adult Residential Care**

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division<sup>5</sup> at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

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

<sup>4</sup>[www.mhsoac.ca.gov](http://www.mhsoac.ca.gov), see MHSA Transparency Tool, under 'Data and Reports'

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

<sup>6</sup>Institution for Mental Diseases (IMD) List: [https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD\\_List.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx).

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

Santa Cruz

2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

117

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

42,218

4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

145

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

No

Yes (If Yes, how many IMDs?)

One

6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County

Out-of-County

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

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

**Homelessness: Programs and Services in California Counties**

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

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

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

Every year, the states, counties, and many cities perform a "Point-in-Time" count<sup>7</sup> of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021.

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

<sup>7</sup>Link to data for yearly Point-in-Time Count:

<https://www.hudexchange.info/programs/coccoc-homeless-populations-and-subpopulations-reports/?filter Year=2018&filter Scope=CoC&filter State=CA&filter CoC=&program+Coc&group=PopSub>



8. During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- Emergency Shelter
- Temporary Housing
- Transitional Housing
- Housing/Motel Vouchers
- Supportive Housing
- Safe Parking Lots
- Rapid re-housing
- Adult Residential Care Patch/Subsidy
- Other (please specify)

COVID alternate shelters in various locations.  
Adult Residential Care Patches

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

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

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

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

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

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

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

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

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

Yes

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

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

Recent efforts include - Restructuring Interagency placement committee.

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

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

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

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

- Exploring a new building for a Youth Crisis Stabilization Center.

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

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

No

Yes (If Yes, how many?)

10

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

No

Yes (If Yes, how many?)

11

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

**Background and Context**

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

The major themes are as follows:

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

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

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

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

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

Behavioral health challenges faced by children and youth have been presented in news stories and medical, pediatric, or psychology journal reports. Most recently, this urgency led the U.S. Surgeon General to issue a special health advisory<sup>8</sup>:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Top concerns for children and youth services

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

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

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

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

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

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

Top concerns for all adults

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

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

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

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

- Yes  
 No

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

- Yes  
 No

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

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

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

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

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

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

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

- Loss in Revenues  
- Reduced in-person services

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

negative impacts on staffing as a result of the pandemic

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



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

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

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

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

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

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

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

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

Post-Survey Questionnaire

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

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

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- MH board work group or temporary ad hoc committee worked on it
- MH Board completed majority of the Data Notebook
- MH board partnered with county staff or director
- Data Notebook placed on Agenda and discussed at Board meeting
- MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function
- Other (please specify)

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

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

Jane Batoon-Kurovski, Administrative Aide

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

Name	Jane Batoon-Kurovski
County	County of Santa Cruz
Email Address	jane.batoon-kurovski@santacruzcounty.us
Phone Number	454-4611

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

Name	Xaloc Cabanes
County	County of Santa Cruz
Email Address	Xaloc@aol.com
Phone Number	(831) 239-4505

32. Do you have any feedback or recommendations to improve the Data Notebook for next year? Survey Monkey does not allow for easy collaboration.