



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

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

NOVEMBER 16, 2023 ♦ 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOMS 206-207, SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 194 381 443#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Co-Chair 3 rd District	Antonio Rivas Member 4 th District	Jennifer Wells Kaupp Member 5 th District
Laura Chatham Member 1 st District	Dean Shoji Kashino Member 2 nd District	Hugh McCormick Member 3 rd District	Celeste Gutierrez Member 4 th District	Jeffrey Arlt Secretary 5 th District

Felipe Hernandez Board of Supervisor Member	
Tiffany Cantrell-Warren Director, County Behavioral Health	Karen Kern Deputy Director, County Behavioral Health
Stella Peuse – Youth Representative	

**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, Bldg K, Rooms 206-207, Santa Cruz. Individuals interested in joining virtually may [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 194 381 443#. 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

ID	Time	3:00 Regular Business
1	15 Min	<ul style="list-style-type: none"> • Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • <i>Approval of October 19, 2023 minutes*</i> • Secretary's Report
3:15 Standing Reports		
2	10 Min	Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	15 Min	Board of Supervisors Report – Supervisor Felipe Hernandez
4	15 Min	Behavioral Health Report – Tiffany Cantrell-Warren, Director County Behavioral Health
5	20 Min	Ad Hoc Committees – Form committees for: Site Visit, Peer Support, Publicity/Community Engagement
4:15 New Agenda Items		
6	30 Min	<ul style="list-style-type: none"> • <i>Update Grand Jury Responses #R3 and #R6 and resubmit*</i> • 2022-2023 Biennial Report
4:55 Future Agenda Items		
5:00 Adjourn		

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

**NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
JANUARY 18, 2024 ♦ 3:00 PM – 5:00 PM
HEALTH SERVICES AGENCY
1400 EMELINE, BLDG K, ROOMS 206-207
SANTA CRUZ, CA 95060**



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

OCTOBER 19, 2023 ♦ 3:00 PM - 5:00 PM
1430A FREEDOM BLVD, ATRIUM, WATSONVILLE
Microsoft Teams (831) 454-2222, Conference 446 941 593#

Present: Antonio Rivas, Celeste Gutierrez, Hugh McCormick, Jeffrey Arlt, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Felipe Hernandez
Excused: Dean Kashino
Absent: Jennifer Wells Kaupp, Stella Peuse
Staff: Tiffany Cantrell-Warren, James Russell, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:06 p.m. by Chair Xaloc Cabanes.
 - II. Public Comments
 - Richard Gallo – stated he felt bad for ASL interpreter at last meeting who interpreted 2 hours straight. He also stated that voters need to be educated on voting down Proposition 1, MHSA modernization tied with housing bond. Richard said the actual impact of dismantling the mental health services act for other purposes like Care Court is not the purpose for that funding. Jeffrey clarified that Proposition 1 is SB326 combined with the other \$6 million bond.
 - III. Board Member Announcements
 - The Chair expressed his appreciation to the MHAB members for going to BOS meetings, specifically Antonio for attending and Jeffrey for his statements made at the BOS meeting.
 - The Chair appointed Dean to attend the Children’s Crisis Continuum meetings.
 - IV. Business / Action Items
 - A. Approve September 21, 2023 Minutes
 - Motion/Second: Valerie Webb / Jeffrey Arlt
 - Ayes: Celeste Gutierrez, Hugh McCormick, Jeffrey Arlt, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Hernandez
 - Nays: None
 - Abstain: Antonio Rivas
 - Absent: Dean Kashino, Jennifer Wells Kaupp
 - Motion passed.
 - B. Approve MHAB Mission Statement and Goals
 - Motion/Second: Supervisor Felipe Hernandez / Antonio Rivas
 - Ayes: Antonio Rivas, Celeste Gutierrez, Hugh McCormick, Jeffrey Arlt, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Hernandez
 - Nays: None
 - Absent: Dean Kashino, Jennifer Wells Kaupp
 - Motion passed.

V. Presentation: Watsonville Trauma Response MDT
Meredith Flores – Social Worker/Program Coordinator of the Watsonville Police Department

- The pilot program received funding early last year, but just activated in July.
- Watsonville Police Department collaborates with Monarch Services for domestic violence, sexual assault, human trafficking; the Community Action Board for housing resources; and Pajaro Valley Prevention and Student Assistance, Inc. for counseling services for families.
- Serve residents in Watsonville: children, youth, and adults impacted by trauma.
- Most of the referrals go to Meredith after the police officers respond to a call. Meredith reviews and identifies the people that were involved and refers them or tries to connect them to the resource that is more appropriate.
- Traumatic events include Criminal Calls and Non-Criminal Calls
- This a grant-funded program which just recently got extended to 2025. To date, 41 cases have been referred to PVPSA (agency that has received the most referrals for adult mental health counseling). Community Action Board received 4 referrals and Monarch Services received 3 referrals. 25 have been Spanish speaking only.
- Cross training has been provided through this grant. MDC partners and officers have cross trained in suicide prevention, attended a presentation from Monarch on what to look for on trauma informed care and also did a mindful based stress management training for sworn officers and partners.
- 173 individuals have been referred to the MTD, but only 28% have been connected to services.

[Click here to view the presentation slides.](#)

VI. Presentation: SB326 – Possible impacts on County Mental Health and associated programs/partners

Hugh McCormick, Mental Health Advisory Board Member

Hugh provided information on SB326 which has been combined with AB531 as Proposition 1 on the March 2024 primary election ballot, to be effective 2026. AB531 is a \$6.36 billion bond measure supporting homelessness support for people in CA. Hugh stated it appears some of the prevention and early intervention services that are funded by the county, Medi-Cal and everything through the MHSA may impact us an organization. A lot of the funding categories established by MHSA are going to be written by Newsom's Behavioral Health Services Act. Newsom says funding buckets, similar to the categories in MHSA, are being written for the BHSA, including a new focus on full-service partnerships and elimination of innovation grants, and less money for prevention and early intervention services. It is going to shift around \$870 million from established programs in CA counties, eliminate to support homeless services.

Hugh stated that SB326 allocates \$1 billion to fund homelessness in CA in addition to the \$6.38 billion that AB531 is already giving to fight homelessness. All that money is going to be taken away from services that have been established for the last two decades by the MHSA and counties that have been working, for example peer services. Hugh said he will do research covering every aspect of it and provide an unbiased report. He will also add an entire AB531 section on Proposition 1 since it can't pass without SB326.

[Click here to view the report.](#)

VII. Reports

A. Secretary's Report

- No attendance issues.
- Training – reminder that Hugh, Laura, and Jennifer need to renew their Ethics training.
- Upcoming training – CA Behavioral Health Boards and Commissions training on October 20th on community engagement and sharing community involvement through the planning process, and on October 21st is the training on how to be an effective board member.
- The Secretary thanked Richard Gallo for informing the MHAB of upcoming trainings.

B. Board of Supervisors Report - Supervisor Felipe Hernandez

Supervisor Hernandez reported that the BOS had a consent item that individuals had an opportunity to speak on at the meeting on the commission's report. Antonio informed the MHAB that the discussions included providing a \$75 stipend per meeting for board and commissions members. Discussions also included money for travel. The final decision will be in December, effective in January/February next year. The BOS voted unanimously to move forward. Other discussions included adding youth on Commissions/Boards, rotating meeting locations, and staff support.

C. Behavioral Health Report - Tiffany Cantrell-Warren, Director of County Behavioral Health
Tiffany provided the timeline and status of the Crisis Now Implementation:

- 1) Received the Crisis Grant Award which is \$2.4 million from the Department of Social Services for the Crisis Grant. It is from October 1st, 2023 through March 31, 2026 and it is to pilot non law enforcement or behavioral health response to behavior health crisis. It would allocate \$2.2 million to Family Services Agency to cover salary and benefits for program related costs as they would be a key partner to enabling Behavioral Health to expand mobile crisis response to more hours.
- 2) There is a new mandate from the state which requires 24/7/365 mobile crisis response by January 1, 2024.

Next steps:

- 1) Submit a mobile crisis implementation plan in response to the new mandate.
- 2) Finalize by December all the Board of Supervisors needed approvals for the innovation project and for the Crisis Grant.
- 3) Execute contracts with RI International as well as Family Services Agency for the global crisis response in December.
- 4) Work with partner agencies, which includes EMS transport and all the municipalities in the County of Santa Cruz to provide services starting in January. Effective January, mobile crisis response would move to seven days, 8am-6pm. In February, FSA teams would be implemented in Watsonville and Santa Cruz, covering 3pm-1am. Later in 2024, more FSA teams would be rolled out to cover mobile crisis from 12 midnight to 8am.

D. Ad Hoc Committees

The board expressed interest in keeping the following ad hoc committees:

- Site Visit
- Peer Support
- Publicity/Community Engagement

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

The September report was provided; however, George could not join as he had to attend a hearing.

VIII. New Agenda Items

- A. 2023 Data Notebook – focus is on individuals without shelter and services for them. The Chair informed the board that he hopes to have responses by the next meeting so the board can vote to approve it as it is due at the end of November.

IX. Future Agenda Items

- A. Biennial Report is due to the BOS in January 2024. The Chair announced that this report includes what the MHAB has done to advocate, educate and support Behavioral Health.

X. Adjournment

Meeting adjourned at 4:53 p.m.

Summary

This is an October 2023 Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reize Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that were lost.

Patients' Rights Advocate Report

October 2023

7th Avene Center

Record 14105

On October 5, 2023, this writer received a phone call from the unit coordinator of 7th Avenue reporting that two residents were involved in a minor altercation. When this writer attempted to interview both the alleged perpetrator and the reported victim, neither person wished to speak with this writer. A phone call was placed to the conservator of the alleged victim. The conservator reviewed, in brief, his client's experience at the facility as well as any concerns about the treatment provided by staff. The conservator raised no concerns about the quality of the services provided by staff.

Record 14107

On October 6, 2023, this writer received a phone call from a resident of the 7th Avenue Center. The resident voiced concerns about the staff as well as the county treatment team. I received permission to speak with the resident's conservator and placed a call to this gentleman. The conservator was receptive to my client's concerns and followed up directly with staff. The conservator returned a call back to my office and left a message about the status of the issue. At this time, the issue has been resolved and there has been no further contact with the resident about these or other issues.

Record 14110

On October 7, 2023, this writer received a call from the 7th Avenue center. The resident said that the conservator had not been responding to his requested need for funds for clothing. This writer received permission to speak with the conservator and placed a call on behalf of the resident requesting additional funds. The conservator said that he was already aware of the

concerns and that money was saved for the purchase of winter clothing. The conservator stated that he would be meeting with the resident within the week and will explain how this money will be used for the purchase of winter clothing.

Record 14113

On October 11, 2023, this writer received a phone call from the 7th Avenue Center about a resident altercation. The alleged perpetrator attempted to punch the reported victim however the punch was blocked by the victim. This writer met with the reported victim the following day. The client did not wish to contact law enforcement, nor could he supply any further information. The staff explained that sometimes a resident may hit someone in response to voices. This writer spoke with the conservator of the alleged perpetrator voicing my concern about the lack of adequate treatment. The conservator acknowledged my concerns and said that this is new behavior for his client who had lived successfully in the community not long ago.

Telecare

Record TC 10/31

On October 31, 2023, this writer* received a phone call from a client at the Telecare facility. The client felt that the LPS hold was unwarranted and questions about the LPS detentions process. This writer received permission to speak with CSP staff and was informed by a staff person that the client has been placed on an LPS hold by local law enforcement as a danger to others. This writer* explained that the client would be assessed by staff and if the client is kept on another hold, she would be entitled to a hearing about the detention.

*Davi Schill

Record 10/23/23

On October 23, 2023, this writer* received a call from a client at the Telecare facility. The caller informed the PRA that Telecare staff was not providing the client with previously prescribed medication to prevent opiate withdrawals. The client informed this writer that without this medication they would become very sick. This writer received permission to speak with staff and informed him of the client's situation. Staff informed this writer that they were aware of his situation and of its urgent nature. Staff informed this writer that they were waiting for the physician's order and would talk to the client about the steps that would be taken.

This writer spoke with the client a couple of hours later who informed me that he had received medication before going into opiate withdrawal.

*Davi Schill

Front Street

Record FS 10/23

On October 23, 2023, this writer* a report from the Front Street Residential facility about a resident to resident-to-resident altercation. A resident reported to staff that he had been assaulted by another resident and wished to exercise his right to contact local law enforcement as well as emergency medical services. EMS did not find any words that needed to be treated. Local law enforcement provided the case number for the complainant. This writer spoke with the alleged perpetrator who stated that he had no recollection of the alleged event.

*Davi Schill

Record FS 10/25

On October 25, 2023, this writer* received a phone call from a resident of the Front Street Residential facility. This person was allegedly the perpetrator in a previous SOC report. The resident stated that he was subjected to verbal abuse by the reported victim in the previous incident. This writer received permission to speak with Front Street Residential staff and was informed by them that the alleged perpetrator was no longer at the facility.

*Davi Schill

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

October 2023
Second Quarter

1. TOTAL NUMBER CERTIFIED	15
2. TOTAL NUMBER OF HEARINGS	15
3. TOTAL NUMBER OF CONTESTED HEARINGS	9
4. NO CONTEST PROBABLE CAUSE	6
5. CONTESTED NO PROBABLE CAUSE	1
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	8
10. NON-REGULARLY SCHEDULED HEARINGS	

Ombudsman Program & Patient Advocate Program shared 0 clients in this month
(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled at Telecare (Santa Cruz Psychiatric Health Facility)

Reise Hearings. /Capacity Hearings

Total number of Riese petitions filed by the Telecare treating psychiatrist: 1

Total number of Riese Hearings conducted: 1

Total number of Riese Hearings lost: 1

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on cancelled Reise hearings: .75 hrs.

House spent on all Reise hearings: .75 hrs.

Riese appeal: 0

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

AB 2275

On October 7, 2023, this writer received a call from Watsonville E. R. about a pending need to file a second 5150. This writer placed a call to Watsonville E.R. and obtained both the date and time of the detention 5150. The client did not require the representation of the PRA since placement was found.

Time: 30 minutes.

On October 18, 2023, this writer was notified of the need for AB2275 representation of a person in the Dominican E.D. This writer placed calls to the county representative, the social workers as well as the hearing officer to coordinate the hearing process. This writer also spoke with the person on-site. The grounds of danger to others were upheld by the hearing officer. This writer followed up with the social workers to assure the patients' right to file a writ if asked.

Time: 5 hours.

Respectfully submitted,

Davi Schill, PRA

George N. Carvalho, PRA



The 2022–2023 Santa Cruz County Civil Grand Jury
Invites the

Mental Health Advisory Board

to Respond by September 11, 2023

to the Findings and Recommendations listed below
which were assigned to them in the report titled

Diagnosing the Crisis in Behavioral Health Underfunded, Understaffed & Overworked

Responses are **invited** from appointed agency and department heads, appointed committees, and non-profit agencies contracted to the county which are investigated by the grand jury. You are not required to respond by the California Penal Code [\(PC\) §933\(c\)](#); if you do, [PC §933\(c\)](#) requires you to make your response available to the public.

If you choose to respond, your response will be considered **compliant** under [PC §933.05](#) if it contains an appropriate comment on **all** findings and recommendations **which were assigned to you** in the report.

Please follow the instructions below when preparing your response.

Instructions for Respondents

Your assigned [Findings](#) and [Recommendations](#) are listed on the following pages with check boxes and an expandable space for summaries, timeframes, and explanations. Please follow these instructions, which paraphrase [PC §933.05](#):

1. ***For the Findings, mark one of the following responses with an “X” and provide the required additional information:***
 - a. **AGREE with the Finding**, or
 - b. **PARTIALLY DISAGREE with the Finding** – specify the portion of the Finding that is disputed and include an explanation of the reasons why, or
 - c. **DISAGREE with the Finding** – provide an explanation of the reasons why.

2. ***For the Recommendations, mark one of the following actions with an “X” and provide the required additional information:***
 - a. **HAS BEEN IMPLEMENTED** – provide a summary of the action taken, or
 - b. **HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – provide a timeframe or expected date for completion, or
 - c. **REQUIRES FURTHER ANALYSIS** – provide an explanation, scope, and parameters of an analysis to be completed within six months, or
 - d. **WILL NOT BE IMPLEMENTED** – provide an explanation of why it is not warranted or not reasonable.

3. ***Please confirm the date on which you approved the assigned responses:***

We approved these responses in a regular public meeting as shown in our minutes dated August 1, 2023.

4. ***When your responses are complete, please email your completed Response Packet as a PDF file attachment to both***

The Honorable Judge Syda Cogliati Syda.Cogliati@santacruzcourt.org and
The Santa Cruz County Grand Jury grandjury@scgrandjury.org.

If you have questions about this response form, please contact the Grand Jury by calling 831-454-2099 or by sending an email to grandjury@scgrandjury.org.

Findings

- F1.** The chronic understaffing in the Behavioral Health Division (BHD) and their contractors is negatively impacting the department's ability to meet goals and to provide services in a timely and effective manner.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

We recommend that they find more roles and move quicker on hiring peer support, which will go a long way to address the chronic understaffing, help with retention and save money in the process.

F2. The County Personnel Department has been slow to respond to the chronic understaffing in the Behavioral Health Division. It has not put measures into place to speed up the hiring process or to create competitive salaries and incentives for the non-medical personnel who staff the BHD positions. Nor have they created connections with nearby universities to groom a clinical workforce. This causes unnecessary delays in hiring mental health professionals.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The hiring process is slow, complicated, and opaque. The Mental Health division is given a budget to work with and is constrained in their ability in what they are able to offer. In addition, the Behavioral Health division has worked and is working with local non-profits, colleges, and universities.

F3. Both the Personnel Department and the Behavioral Health Division do not have enough analysts to allow an adequate review of their programs and systems, including analyzing the County’s hiring process. This makes it difficult for them to improve services.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

F4. The Crisis Stabilization Program (CSP) has been diverting patients experiencing a mental health crisis to hospital emergency departments too frequently, delaying diagnosis, delaying treatment, and placing an extra burden on the emergency departments, which are already overcrowded. The emergency departments then become responsible for finding an inpatient facility for patients who cannot be safely discharged to outpatient care, which further stretches limited resources.

- AGREE**
- PARTIALLY DISAGREE**
- DISAGREE**

Response explanation (required for a response other than **Agree**):

The absence of crisis stabilization program being provided by Dominican Hospital, Watsonville Hospital or any CBO in the county, places additional burden on Behavioral Health division to provide these services. We recommend that at minimum, each hospital create a 23-hour crisis stabilization center on their campus, similar to what Dominican Hospital provided until 2013. Telecare was the only provider that offered a contract.

F5. The limited hours that the Mobile Emergency Response Team and Mobile Emergency Response Team for Youth operate interfere with a timely assessment of patients in a mental health crisis, negatively impacting patient care.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

F6. An inadequate number of beds at the Psychiatric Healthcare Facility (PHF) results in the practice of sending patients out of county, which negatively impacts the patient's care, and is expensive for the Behavioral Health Division.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

F7. The County plans to close the current Crisis Stabilization Program (CSP) to patients under 18 after June 30, 2023, and the new CSP/PHF in Live Oak will not be open until late 2024 or early 2025 compromising crisis care to minors for 18 months or more.

- AGREE**
- PARTIALLY DISAGREE**
- DISAGREE**

Response explanation (required for a response other than **Agree**):

The provider Telecare notified the Behavioral Health division that it would no longer accept patients under 18. This was not a plan by the Behavioral Health division.

F8. The large number of high cost beneficiaries results in additional demands on an already overloaded behavioral health system.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

Mental Health is expensive, underfunded and a chronic illness requiring multiple episodes of treatment.

F9. The new Sí Se Puede Behavioral Health Center in Watsonville is a big step in the right direction, and will provide significantly increased service capacity, but it is still not enough.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The model should be assessed to see if it can be replicated in other areas in the County.

F10. The lack of step-down care for patients completing both inpatient and outpatient treatment often results in patients relapsing and needing retreatment, which is bad for the patient and increases costs for the Behavioral Health Division.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

F11. The high rate of homelessness and Substance Use Disorder in the County results in the Behavioral Health Division's clients that are especially demanding and difficult to treat.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

We find the terminology dehumanizing and the lack of affordable housing is not addressed.

F12. The Behavioral Health Division is insufficiently funded and staffed to provide adequate step down care for their patients, many of whom are homeless, and/or recently released from jail, and thus have a need for support.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The absence of participation by Central California Alliance for Health and from the private sector to provide prevention and early intervention and behavioral health services as a whole is a significant contributor to the lack of support.

F13. Outreach to the Latino/a community is insufficient because of the lack of bilingual and bicultural staff contributing to disproportionate underutilization of mental health services within the Latino/a community.

- AGREE
- PARTIALLY DISAGREE
- DISAGREE

Response explanation (required for a response other than **Agree**):

This does not account for the stigma that mental health has in the Latina/Latino/LatinX community, nor does it mention the new mental health facility at 1430 Freedom Blvd in Watsonville, and that hiring states preferred bilingual.

F14. The current pay differential for bilingual staff is insufficient to attract and retain suitably qualified staff making adequate outreach to the Latino/a community difficult.

- AGREE
- PARTIALLY DISAGREE
- DISAGREE

Response explanation (required for a response other than **Agree**):

The pay differential is comparable to other surrounding counties; however, we believe it should be increased. This does not account for the huge hiring challenges across the county nor how the cost of housing impacts recruitment of bilingual staff.

Recommendations

- R1.** Competitive salaries and hiring incentives should be put in place for all vacant Behavioral Health Division (BHD) positions that don't already have them. The BHD should consider the salaries and hiring incentives offered by Santa Clara County as a guide - such as hiring bonuses, loan repayment, public service loan repayment, and workforce tuition. The Personnel Department must plan for increases in salary and incentives by the end of 2023 with the goal of including them in the next budget cycle. (F1, F2, F8)

—

HAS BEEN IMPLEMENTED – summarize what has been done

—

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

X

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

—

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

Personnel Department does not make the budget for the salary or incentives. Monterey County should also be included as a guide and the year-end unexpended funds should be earmarked for bonuses for existing employees.

R2. The County Personnel Department should plan to do an analysis of the hiring process for BHD positions and put measures into place to reduce the time it takes to hire by at least half. They should streamline the process and make use of up to date automated processes by the end of 2023. (F1, F2, F3)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

The hiring process should be thoroughly reviewed, and best hiring practices should be implemented.

R3. The County Personnel Department should institute an annual competitive analysis for all open BHD positions that includes consideration of the extraordinarily high cost of living in Santa Cruz, benefits and incentives. This should be completed by the end of 2023. (F2, F3)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

These and other strategies are being looked at. The time frame does not seem to allow for meaningful action to take place.

R4. The County Personnel Department should develop connections and internships with nearby universities that have Psychology and Social Work programs to groom a clinical workforce. A plan for this should be completed by the end of 2023. (F1, F2)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

This is currently implemented and will continue to be built upon. We encourage connections with interns, as well as professors, academic advisors and include outreach to high school psychology classes.

R5. To eliminate the frequent offloading of the Behavioral Health Division (BHD) clients to local hospital emergency departments, the Board of Supervisors and BHD should evaluate ways to increase the number of Crisis Stabilization Program chairs and psychiatric beds available, which may include planning for another adult Psychiatric Healthcare Facility. This evaluation and planning process should be completed by the end of 2023. (F5, F7)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

The absence of crisis stabilization program being provided by Dominican Hospital, Watsonville Hospital or any CBO in the county, places additional burden on Behavioral Health division to provide these services. We recommend that at minimum, each hospital create a 23-hour crisis stabilization center on their campus, similar to what Dominican Hospital provided until 2013. ER's are not designed and should not be used as CSP. Hospitals and CBO's need to step up to the plate and provide services for the community, reducing the burden on the Behavioral Health division.

R6. The Behavioral Health Division should improve the services provided by the Mobile Emergency Response Team and the Mobile Emergency Response Team for Youth by improving staffing and expanding coverage to 24/7. This should be completed by the end of 2023. (F6)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

Funding for MERT/MERTY requires different deliverables. Funding is needed to expand services to 24/7. Please specify the improvements of staff. We recommend increasing staff and integrating peer support and coordinating with school wellness centers and youth programs.

R7. The Behavioral Health Division should ensure that there is a smooth transition plan and back up plan for the treatment of children and youths from the current Crisis Stabilization Program to the planned new facility in Live Oak other than diverting them to emergency departments. This should be completed by September 30, 2023. (F8)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

A site has been located; funds and staff will be needed. This will be accomplished as the latter two are secured. Recommend that the Mental Health Advisory Board be included on the oversight committee of the interim facility.

R8. The Behavioral Health Division should request sufficient funding from the County to provide adequate step down care so patients do not relapse and need yet more care. This request should be in place by the end of 2023. (F8, F10 – F12)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

Behavioral Health division continuously advocates for more funding from Federal, State and private sector for multiple programs that are under or not funded including step down care.

R9. The Behavioral Health Division should continue to improve bilingual/bicultural outreach to the Latino/a population, including whether any language besides Spanish reaches the threshold to warrant offering the bilingual pay differential. Improvements should be in place by the end of 2023. (F13, F14)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

We continue to encourage the county to not only offer bilingual pay differential and bilingual bicultural pay differential, but there should also be an increase.

R10. The Behavioral Health Division should review the recruitment and retention of bilingual staff, including an increase to the current bilingual pay differential, in an effort to improve bilingual services. This should be completed by the end of 2023. (F13, F14)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

Behavioral Health division and Personnel continue to advocate for more funding for best candidates for county positions.

ADDITIONAL INFORMATION:

This Grand Jury report does not take into consideration the ongoing dedication without compensation of behavioral health staff and providers. They were not allowed as first responders.