



**NOTICE OF PUBLIC MEETING – County of Santa Cruz**  
**MENTAL HEALTH ADVISORY BOARD**  
**OCTOBER 21, 2021 ♦ 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 (916) 318-9542, CONFERENCE ID 630 071 512#**

Xaloc Cabanes Chair 1 <sup>st</sup> District	Valerie Webb Member 2 <sup>nd</sup> District	Erika Miranda-Bartlett Co-Chair 3 <sup>rd</sup> District	Serg Kagno Secretary 4 <sup>th</sup> District	Jennifer Wells Kaupp Member 5 <sup>th</sup> District
Laura Chatham Member 1 <sup>st</sup> District	Catherine Willis Member 2 <sup>nd</sup> District	Hugh McCormick Member 3 <sup>rd</sup> District	Antonio Rivas Member 4 <sup>th</sup> District	Vacant 5 <sup>th</sup> District

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

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. All individuals attending the meeting at the Health Services Agency will be required to always maintain a distance of at least 6-feet from others. The use of face coverings is also required. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (916) 318-9542, Conference ID 630 071 512#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds.

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

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



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## AGENDA

### 3:00 Regular Business

- a. Roll Call / Introductions
- b. Public Comment  
**(No action or discussion will be undertaken today on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)**
- c. Board Member Announcements
- d. *Approval of September 16, 2021 minutes\**
- e. Secretary's Report

### 3:15 Standing Reports

- a. Board of Supervisors Report – Supervisor Greg Caput
- b. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director
  1. Presentation: MHS Innovation Proposal for 2022-2027  
Karen Kern - BH Adult Services Director, Dr. Robert Ratner - Housing for Health Medical Director, Joey Crottonini - HPHP Director, Cassandra Eslami – Director of Community Engagement
- c. Committees
  1. MHS Advisory Committee
  2. Site Visit / Programs Ad Hoc Committee
  3. Budget Committee
  4. Community Engagement Committee
  5. Law Enforcement and Mental Health Ad Hoc Committee
- d. Patient's Rights Reports – George Carvalho

### 4:30 New Business / Future Agenda Items

- a. *Consideration of youth to become Member-At-Large\** – Marlize Velasco
- b. *Approve informational letter regarding Behavioral Health Programs\** – Erika Miranda-Bartlett
- c. Letter of support for the Oversight Committee of the Sheriff's Office
- d. Data Notebook

### 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:  
DECEMBER 16, 2021  
HEALTH SERVICES AGENCY  
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060  
3:00 PM – 5:00 PM  
TELEPHONE CALL-IN NUMBER (916) 318-9542; CONFERENCE ID # - TO BE ANNOUNCED**

## MINUTES - DRAFT

### MENTAL HEALTH ADVISORY BOARD

September 16, 2021

3:00 p.m. – 5:00 p.m.

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

Microsoft Teams Meeting (916) 318-9542, Conference ID 407 323 58#

**Present:** Antonio Rivas, Catherine Willis, Erika Miranda-Bartlett, Hugh McCormick, Laura Chatham, Serg Kagno, Valerie Webb, Supervisor Greg Caput  
**Absent:** Jennifer Wells Kaupp, Xaloc Cabanes

#### 1. Public Comments

- Richard Gallo, Ambassador for Access CA - concerned about the training providers who have not been responsive to his advocacy regarding the recent approval of peer support reimbursement by the State of California's Medi-Cal program (how it will be implemented statewide).

#### 2. Board Member Announcements

- Training this Friday at 9am - Integrated Behavioral Health Action Coalition (IBHAC) with health improvement partnership - mental health trends will be discussed and local clinician and client experiences during COVID19.
- NAMI Presentation on 09/22 at 6pm – Suicide Prevention Service is presenting on Reconnect, Re-enter, and Rebuild.
- October 15<sup>th</sup> Trauma Conference - 8<sup>th</sup> annual fall trauma conference for the Santa Cruz Trauma consortium. Topic is on the root, causes and perpetuation of violence.
- International Overdose Awareness Day was August 31<sup>st</sup>.
- National suicide prevention week was earlier this month, currently national recovery week.

#### 3. Approved meeting minutes for August 19, 2021.

Motion by Antonio Rivas to approve August 19, 2021 MHAB minutes. Second by Valerie Webb.

AYES: Antonio Rivas, Catherine Willis, Erika Miranda-Bartlett, Hugh McCormick, Laura Chatham, Serg Kagno, Valerie Webb, Supervisor Greg Caput

NAYES: 0

ABSENT: Jennifer Wells Kaupp, Xaloc Cabanes

#### 4. Secretary's Report

- Board Members attendance at trainings – send information to Secretary and Recorder for tracking purposes.
- Attendance reminder - no more than 4 missed meetings or 2 missed meetings in a row without informing Chair or Co-Chair.

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

- No homeless left at Veterans Hall. Of the 70+ homeless, 67 staying at Rodeway Inn in Watsonville.
- Current news - very high teenage suicides related to social media this past year.

- Per Cassandra Eslami, Director of Community Engagement – there are rough estimates on data from 2020 which showed that Santa Cruz County hasn't seen an increase in completed suicides, but aware of the large study that just came out regarding Instagram and teenage girls that show a high increase in suicidal ideations as well as body image issues.
- Request from Board Member to Supervisor Caput - to have a conversation with City Council and try to advocate for more syringe disposal kiosks in the City of Watsonville that are accessible to people so they don't have to cross town to try to get rid of some needles.

## 6. Presentation: Behavioral Health Financial Opportunities and Updates

Cassandra Eslami, Director of Community Engagement and Karen Kern, Adult Services Director

- State and Federal funding for Counties and Cities that supports expanded services
  - SAMHSA is reconsidering funding the grant proposal of about \$700K to start both the prevention, intervention and postvention portions of the plan, which includes pieces of FSA suicide prevention services, doing community wide trainings, and Columbia Suicide Severity Rating Scale (CSSRS) trainings, which are provider trainings to help assess for suicide risk with safety planning. In addition, the postvention piece surrounds the Local Outreach to Survivors of Suicide (LOSS) team where people do field-based services to people who have experienced a suicide loss.
  - CDPH looking to fund Santa Cruz County along with three other counties across the state to help with data collection for completed and attempted suicides, as well as some interventions geared towards health care. Some of these opportunities include doing some of the suicide prevention work community wide. Internally we are working on our Local Outreach to Suicide Survivors (LOSS) kits. These materials are distributed to people who experience loss which include community resources for bereavement counseling, grief counseling. It is a robust packet that has coping skills, techniques and actual hard resources for people who are going through that type of traumatic event. Packets will be complete within the next couple months and going to pilot 60 packets in English and 60 packets in Spanish which will be given out to community providers in addition to our MOST team, our mental health liaisons, and our front door in Access.
- Recently released grant opportunities for the County
  - Expansion of Mobile Crisis Services – three separate grants were written to the Department of Health Care Services:
    - Every county in CA was afforded a noncompetitive half million to either plan or implement crisis mobile services. As our County is not in the planning stage but in the implementation stage, we applied for the half million non-competitive in addition to another half million to provide an expansion of the mental health liaison in South County which would assist in an expansion of days and hours.
    - Applied for another million for a proposal around embedding peer services within the local emergency departments, so that a peer is at Watsonville Community Hospital and Dominican Hospital. This will help people that are coming in and experiencing psychiatric crisis and mental health symptoms or substance use disorders. They would provide warm handoffs directly within the community to programs and resources such as 2<sup>nd</sup> Story, NAMI and other services in the community.
    - The last proposal that was written is to embed a mental health clinician with our emergency management system. This is a pilot that is coming through CMS called T3, which is Triage, Treat and Transfer. The purpose of this pilot program is to respond to people in field-based settings who are experiencing mental health or substance related issues and directly transport people into behavioral health clinics or directly to the CSP or to other community-based organizations instead of the standard route to emergency departments.

- Proposed Children's Crisis Residential Treatment Program
  - Applying for funding for a capital project to build a children crisis residential program in South County. The first floor would be a CSP so this will alleviate the current CSP of youth and move them all into the children's building, which would open adult beds at our CSP. The second floor would be a 16-bed crisis residential and would afford a youth up to 10-day stay. The crisis children residential program will not being a locked facility, so natural supports and social supports, families can come in and do a lot of work within the milieu for therapeutic and clinical games for the youth. The application is due October 28th and hope to hear back by the end of January.
- Proposed Adult Crisis Residential Treatment Program
  - The proposed program will be at the old Harbor Vet site adjacent to the Behavioral Health Center where the CSP and PHF is currently located. This would be a 16 bed 2 story building with the living quarters upstairs and downstairs would be space for groups and other services. There would be some outpatient services so that once they left that facility, individuals would be able to come back and participate in an IOP program or potentially some outpatient services for a continuity of care as people leave and go home. This would be either a diversion from the CSP or a step down from the CSP so we would be able to take people that might be in crisis, but not quite meeting the level of needing an inpatient hospitalization.
- Expansion of School Based Services
  - The funding for the expansion of school-based services is from MHSSA (not MHSA) money. The County Office of Education received \$4 million to expand school-based services, including socio, emotional counseling. Hopefully there will be a lot more therapeutic resources within the schools across the County.
- New outreach programs for the homeless
  - Applied for another SAMHSA Grant for a request of \$3 million for 2 years. It is \$1.5 million per year to connect to innovations to provide behavioral health, medical health, housing, peer support and other great services to people who are experiencing homelessness. This grant focuses on people that are experiencing homelessness and brings together our Housing for Health Division, Behavioral Health and HPHP to provide a variety of services so that they are going out into the camps and providing behavioral health and health support including medication administration, therapy services, and various Health Services. There is also a peer that goes out with the group to provide peer support to individuals. They would be linked to our Housing for Health Division so when they are ready for housing, they can seamlessly move into that navigation and then voucher program, whichever one is appropriate for them. The other piece is getting them tucked into a health and behavioral health home and if they're unable to come to the clinic, bringing Telehealth out to the camps or wherever they're living so that they can connect with either health doctor or behavioral health doctor or other services through the Telehealth platform.

## 7. Standing Reports

- a. MHSA Advisory Committee (Members: Erika Miranda-Bartlett, Antonio Rivas)
  - No report.
- b. Site Visit Committee – (Members: Serg Kagno, Hugh McCormick, Valerie Webb)
  - Met with Suzanne, Director of Advocacy, Inc. Learned there is more than one advocate in Santa Cruz. Discussed clarity of reports, how the reports get evaluated and how they do client satisfaction surveys. Reports will track complaints and appeals, providing more transparency.


- c. Budget Committee (Member: Antonio Rivas)
    - Asking BH Director for an update.
  - d. Community Engagement Committee – (Members: Valerie Webb, Catherine Willis, Laura Chatham)
    - Figure out where communication is already happening and then figure out what the next steps are for us to make those links and start communicating with the public.
    - Trauma Consortium on October 15<sup>th</sup> 7:30am-4pm at Peace United – MHAB will have table.
  - e. Law Enforcement and Mental Health Committee (Members: Hugh McCormick, Serg Kagno, Catherine Willis, Jennifer Wells Kaupp)
    - Hard copies of jail packets are available. Still trying to get hard copies in jail lobby.
    - Partner with Probation Department and Behavioral Health Courts to provide jail packets.
8. Patients' Rights Reports – by George Carvalho, Patients' Rights Advocate
- View the August Report below.
  - Future reports will be more clear, ongoing, and monitored.
  - Report will include short note on how complaints are resolved.
  - If they appeal, report will state where the appeals go (through Patients' Rights Advocate or through some other department)
9. New Business
- a. Consideration of youth, Marlice Velasco to become Member-At-Large – moved to next month.
  - b. Informational letter regarding Behavioral Health Programs – moved to next month.
  - c. Letter of support regarding Oversight Committee of Sheriff's Office  
Motion made by Antonio Rivas to write a letter in support of an Oversight Committee for the Sheriff's Office. Second by Laura Chatham.

AYES: Antonio Rivas, Catherine Willis, Erika Miranda-Bartlett, Hugh McCormick, Laura Chatham, Valerie Webb, Supervisor Greg Caput  
NAYS: Serg Kagno  
ABSENT: Jennifer Wells Kaupp, Xaloc Cabanes

Webinar link for public meeting hosted by ACLU regarding the possibility on an Oversight Committee of the Sheriff's Office:

<https://drive.google.com/file/d/1XSkRazBI9oppmIPzriSdRRUsOWjCxVWJ/view?usp=sharing>

Motion to adjourn made by Serg Kagno. Second by Antonio Rivas. Meeting adjourned at 4:45 p.m.



# Building a System of Care for People Experiencing Mental Illness and Homelessness

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## MHSA Innovation Project

Karen Kern, SCC Behavioral Health  
Joey Crottogini, SCC Homeless Persons' Health Project  
Robert Ratner, SCC Housing for Health



# What got us here?

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graph TD; A[What got us here?] --> B[Talking with our clients experiencing homelessness]; B --> C[Understanding gaps our system of care]; C --> D[Challenges with coordinating services in different systems]; D --> E[Siloes and duplication of services];
```

Talking with our clients experiencing homelessness

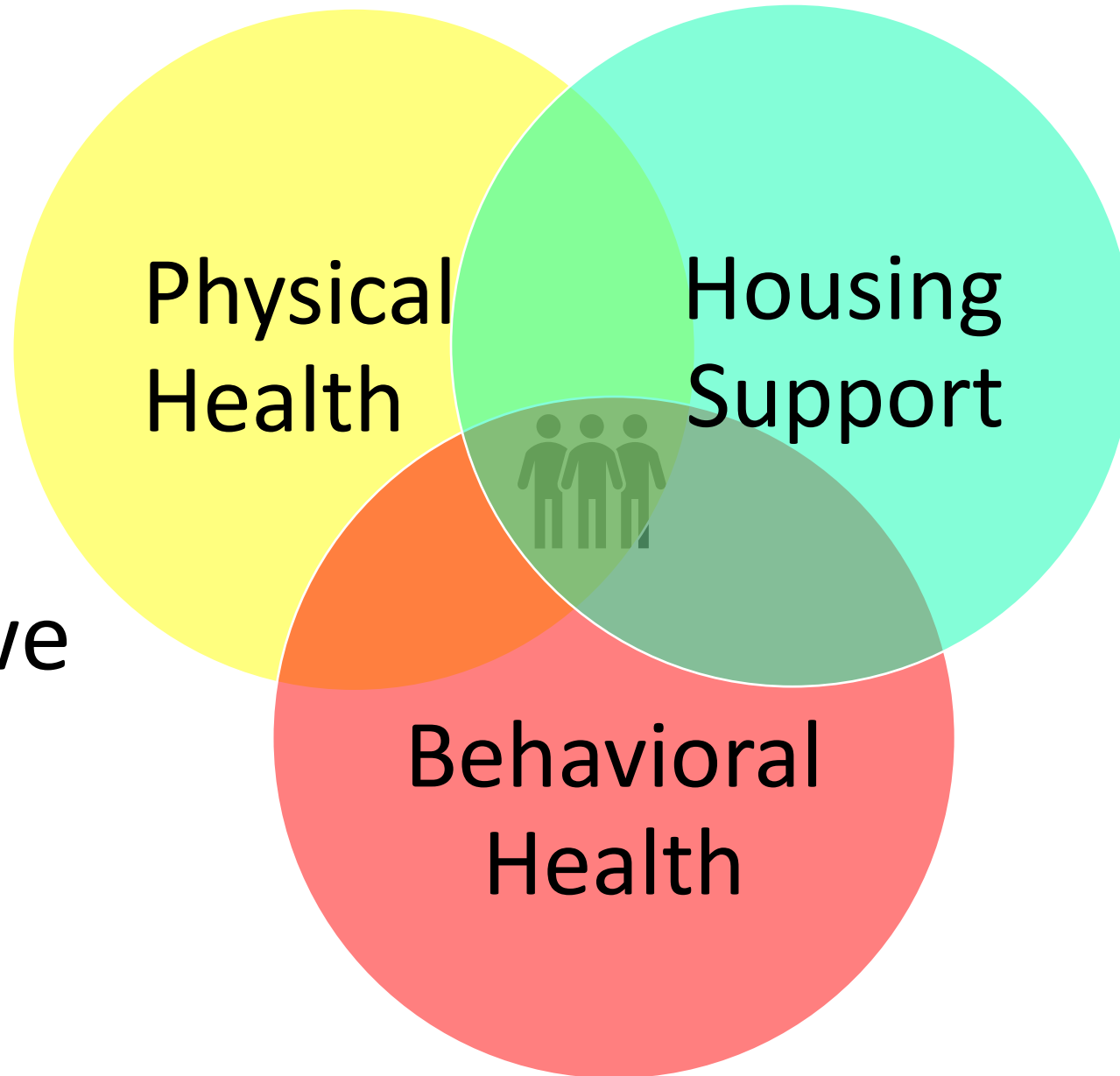
Understanding gaps our system of care

Challenges with coordinating services in different systems

Siloes and duplication of services



How do we  
integrate  
services?



# The Problem

26% of unsheltered adults responding to the 2020 Point in Time Count self-identified as severely mentally ill.

An additional 16% self-identified as experiencing chronic substance use.

Our experience is that this group is the most vulnerable and difficult to engage in services.

Our housing continuum is under resourced.

# Primary Purpose

## Immediate

- Increases access to Mental Health Services to underserved groups

## Long-term

- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

# The Project

## Immediate Response

- Case management, housing navigation, peer support
- Street behavioral health medicine, including medication assisted therapies
- Harm reduction, self-directed model
- Intensive support until clients are established and engaged

## Long-term Sustainable System impact

- Leverage existing providers and services and develop coordinated pathways and system integration
- Utilize a shared data system to coordinate care
- Leverage CalAIM transition and other entitlement or braided funding opportunities where possible

# The Program

Focus on Cities of  
Santa Cruz and

Street  
Medicine

Field-  
based

Shelter  
Support

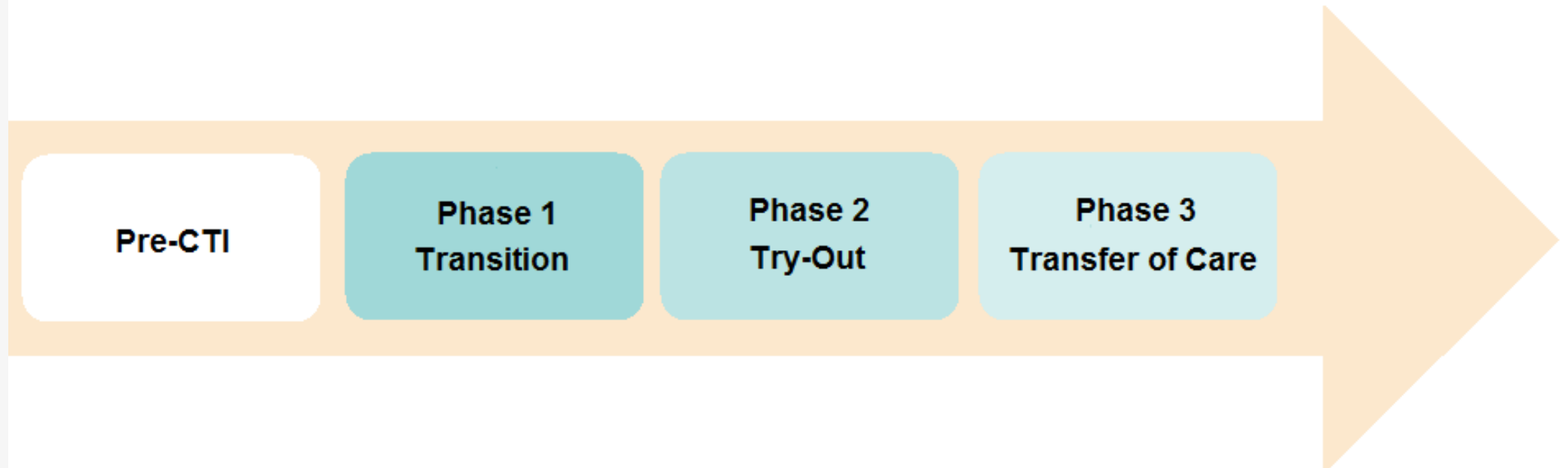
Telehealth

# The Program

- Case management, peer support, and direct psychiatric care
- Serve 100 people annually
- Develop and strengthen pathways into and through services so they are seamless and well-worn
- Promote interagency case conferencing/triage
- Use a universally accepted referral process and a Community Information Exchange (CIE) for data exchange

# The Model – Critical Time Intervention (CTI)

- Evidence-based, Community Driven
- Time-limited, phased and focused approach
- Harm Reduction framework
- Regular interagency case review
- Small caseloads





## Collaboration with HPHP

Adding mental health support and services to the mobile health van

Field-based evaluation, medication support and treatment

Whole person physical and behavioral health care



# Collaboration with Housing for Health

Linkage to the Continuum of Care  
(CoC) and Smart Path

Development of housing on the  
continuum for people  
experiencing mental illness

Providing mental health support  
to people recently sheltered or  
housed

Patients' Rights Advocate Report  
September 2021

1. Total number of unduplicated clients served this month: 18  
Total number from community: 6  
Total number from facilities: 12

2. Number of complaints: 10

Record number: (13372) Received call from community member on 9/8/21. Returned call on this date. Caller informed me that a friend of was held on a 5150 hold in a facility outside Santa Cruz county. I referred him to the Patients' Rights Advocate for that county. Placed return call following day 9/9/21. Caller informed me that he had placed call but without response. I offered to place call which he accepted. On 9/9/29 this writer placed call to the PRA. The community member thanked this writer.

**Complaint resolved**

Record: (13376) Received call from community member on 9/13/21. Community member requested assistance for her friend whom she wanted out of a long term licensed facility. This writer referred her to the Long Term Care Ombudsman program. On 9/14/21 this writer placed call to community member to assure the appropriateness of the referral. The community member assured me that she had contacted the LTC Ombudsman and further inquired about the differences in the programs. This writer provided information about the similarities and differences in the programs of Advocacy Inc.

**No further action required**

Record: (13383) (13387) Received message from on client stating that she was being held against her will without her phone and is unable to contact her support or to make a plan for discharge. She further complained that while on the CSP she had not been evaluated. I received permission to speak with both Laura Nadel and Dr. Freddie Weinstein. On 9/14/21 This writer placed call to both parties and was unable to reach them. On 9/15/21 This writer placed call to both parties. Dr. Weinstein returned call. He informed me that the phone will be returned and had accidentally sent with a discharged resident but will be returned to her via FedEx overnight delivery. On 9/15/21 this writer placed call to client to inform her of what was done. Client also stated that she is concerned about not making an important meeting. Per client's permission I spoke with the Dr. Weinstein. He informed me that a telephone would be set up. I returned call and informed her of this information. Spoke with client later on 9/15/21. Client informed me that she is working with Dr. Webber and feels very supported. Client obtained access to her phone and was able to make her meeting by conference phone call. I asked if there was anything else I could help her. She stated no and thanked this writer.

**Complaints resolved**

Addendum: Ms. Nadel returned a call back to this writer. I informed her that it was my client's experience that she had not been evaluated while at the CSP. Ms. Nadel informed me that patients that are evaluated by licensed staff but not by a psychiatrist, and if further treatment is required

that the individual would be transferred to either the Psychiatric Health facility or another acute facility. Placed call to client to discuss this information. However, as of this writing there has been no return call back

Record: (13389) Placed call to client on 9/16/21 to right advisement for appealing her hearing (writ). Client complained that she was not receiving medical treatment. I received permission to speak with nursing staff (DON). This writer spoke with DON and was informed that she has anti-biotic medication prescribed her, but at this point was unwilling to take it. On 9/15/21 this caller placed follow up to client but was informed by staff that she said that she was too busy to speak with this writer. Placed follow up call on 9/22/21 but was informed that client had been discharged

**Unknown if the complaint has been resolved to the client's satisfaction.**

Record: (13393) on 9/21/21 this writer spoke with client regarding her right of appeal the hearing officer's decision. While speaking with her she informed this writer that she would be discharged by the next Friday but needed to be discharged sooner. I received permission to speak with Dr. Weinstein to advocate but after placing a two calls and leaving messages it appeared that I would not be able to advocate on the client's behalf before the client was due to discharge. On 9/23/21 I spoke with client in effort to explain the situation. The client informed me that she did not want me to speak with the doctor after all.

**No further action required**

Record (13404) received voice message on 9/2/21 informing me that she felt unsafe and had witness a patient pummel another patient. I Received permission to speak with Ms. Robins, Administrator for the facility. I spoke with Ms. Robins relaying my client's experience and that the client did not feel safe. Ms. Robins provided the sheriff's case number. Ms. Robins also informed me that the person whom she was afraid of and whom she witnessed pummel another patient has been put on a, "line of sight," and that her room would be moved away from the other person's room. Client was expecting to be discharged in the next day or two. She didn't feel that this writer has been particularly helpful to her. I encouraged client to contact my supervisor.

**No further action required. Submitted file number for possible follow-up to Supervisor**

Record (13408) 9/23/21 Received call from community member. Caller requested assistance with advocacy. This writer placed two calls to community member. Caller stated that she lived in Monterey county and had been working with the Monterey county Advocate but wanted to take the issue to the next level. This writer inquired if she could continue to work with the Monterey county Advocate since this person would have the information and expertise to assist her. The client agreed to continue to work with the Monterey county Advocate.

**No further action required**

Record (13417) Received call from client at step down/transitional facility on 9/24/21. Client called stating that she is facing a three-day evection the following Monday. This returned call to client's number however, the voice mail was full. Contacted client through patient phone. She informed this writer that she is facing a three-day eviction because the facility need if as a quarantine room in case one of the resident tested positive for Covid. The client requires a walker to ambulate. Client stated to

Ms. Schill (a patient's rights advocate) that she needs her own room because she doesn't want to listen people snoring and requires that walker be up against the door. I spoke with Mr. Campbell the facility administrator. He informed me that the quarantine room is a licensing requirement and that staff would assist her in making this room change. He also stated that he could not move two people from their rooms. Mr. Campbell re-affirmed that he would contact community care licensing for the 3-day eviction. This writer referred her to California Rural Legal Aid and the Community Care Hot line. The client stated that the CRLA would only work with Native Americans. This writer did confirm with CRLA that they indeed work with individuals facing a 3- day eviction notice as long as the person met the income and residency requirements. This writer returned a call back to client and at that time she thanked me for this information. Place call to facility on 10/1/21 to speak with client and was informed that she had been discharged. Placed call to client's phone number and left message that she return a call a call back to this writer to discuss next steps. This record will be carried over to the following month (October)

Not resolved and ongoing

3. Total amount of abuse reports- 3

3 generated by the 7<sup>th</sup> Avenue facility

Record: (3375)

Received call from 7th Avenue staff about a resident to resident abuse: This writer has not received SOC at this time 1351 hours.

Narrative:

Resident unprovoked rushed male peer in Day room and began to punch him on the body and face multiple times. Staff x3 redirected resident away from peer. Resident was redirected to the med window. Resident received PO PRN containing (anti-anxiety) Staff attempted 1:1. Resident showed no insight and ignored staff. Resident remains in OBS until calm. Conservator, on call manager, Advocate notified. Nurse notified to assess.

Will meet with resident on 9/15/21

9/15/21. This write met with client at the 7<sup>th</sup> Avenue Center facility and was informed that the alleged perpetrator had been permanently discharged from the facility. The client was no ambulatory and greeted this writer while in a wheel chair. He appeared frail and complained of taking fall moments before our meeting. This writer immediately contacted the attending staff and requested that she escort him to the nursing station. (The name of the staff person was Allyson) for a physical evaluation.

9/15/2021 Placed call to nursing station for 7th Avenue Center. The writer was informed that he is ok and was not sent by ambulance. She further added that the client did not hit his head after all

9/16/2021 placed call to Ms. Kelly Terry regarding the client's condition and level of care (1028). Left message requesting a call back

9/22/21 Ms. Terry returned call. Ms. Terry informed me that the client is exactly where he needs to be and that the 7th Avenue staff knows him very well and is the best to work with him on his issues. This writer followed up with a letter informing of his rights while a conservatee in the state of California. This writer will follow up next month with a face to face visit.

**Complaint not resolved and ongoing**

Record (3391)

9/16/2021 date of incident: 9/15/21. In bedroom 17 both residents were pulling each other's hair. Both were placed on a Q 30 for assaultive behavior. Both were sent to the medication window for PRN but there was not an order for this.(contact Stephan Burke about this question)

No SOC 341 at this writing 1035 hrs.

9/16/2021 placed call to Stephan Burke (1036)

9/17/2021 no SOC report. Placed call to 7th avenue facility regarding the SOC report but was unable to get through.

9/21/21 this writer placed call and spoke with Kevin Ahmadi, (1349 hrs.) He informed me that he is attempting to find the person that wrote the report and will get back to me within the next half hour

9/21/2021 Received fax at 1409 on this date

9/21/2021 this writer attempted to speak with both residents at reported to this program (1500 hrs.)

This writer was informed that both residents speak very little (enough to get their needs met, according to Mr. Stephen Burke. He further referred me to the mental health workers; "Rigo and Alli both of these staff can be reached at extension 114

9/21/2021 Placed call to Rigo at extension 114 Left message regarding the client's lack of English skills. I was informed by Rigo that both residents speaks broken English and are able to have their needs met at the facility

9/21/2021 Placed call to Ms. Uyen Sharpe at 1-408-755-7671, (1539)

9/21/21 Placed call to Kevin Ahmadi at 476-1700 regarding translation services

9/23/2021 Spoke with Ms. Sharpe. She informed me that both clients speak enough English to utilize the groups and to have her needs met while at 7th Avenue Center

**Case not resolved, needs further investigation**

Record (13407)

9/22/2021 date and time of incident: 09/21/21 (time not indicated on SOC)

Narrative: While prompting for Meds resident A notified staff that resident B came into his room and made sexual advances at him. Resident A complained that resident B attempted to kiss him. In response Resident A said that he pushed Resident B onto the ground and hit him 1 times. Resident B reported to staff that he fell on his arm. Resident A did not want to talk about it further at this time.

9/24/2021 made face to face to face visit with Resident B. This writer observed that he wore a cast on his arm. He stated that the staff including nursing was prompt to respond. Resident B has been made aware that Resident A will be returning from Jail today (9/24/24). He informed me that he generally felt safe living at the facility and that he and Resident B had been friends. This writer also spoke with Mr. Burke. He informed me that the DA had declined to press charges since the incident occurred in a room (out of range of cameras) or witnesses

The case number is as follows: (xxxxxxx) Santa Cruz Sheriff

The name of the Deputy is Calum-Cecil Wherity

9/24/2021 Placed call to 7th Avenue facility to obtain name and number to Resident B's conservator:

Christopher Jones, phone: 1408-755-7663

9/24/2021 placed call and left message for Mr. Burke regarding the frequency of client's involvement in resident to resident altercations.

9/24/2021 Placed call to Mr. Christopher Jones (conservator) phone: 1408-755-7663 and left message about the conservator's observation of treatment plan and support the client may be receiving about his boundary issues.

9/24/2021 Mr. Jones returned call back to this writer. This conservator seems conscientious about hit client's rights and gave me some history about the client's course of treatment. Mr. Jones believes that at this point the client is in the most appropriate level of care based on his history and current needs.

**Case ongoing to follow up with client**

**Respectfully Submitted,**

George N. Carvalho,  
Patients' Rights Advocate  
Santa Cruz and San Benito counties.

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

September 2021

1. TOTAL NUMBER CERTIFIED	30
2. TOTAL NUMBER OF HEARINGS	29
3. TOTAL NUMBER OF CONTESTED HEARINGS	17
4. NO CONTEST PROBABLE CAUSE	12
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	1
7. DISCHARGED BEFORE HEARING *	
8. WRITS	
9. CONTESTED PROBABLE CAUSE	14
10. NON-REGULARLY SCHEDULED HEARINGS	

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

- Mis. Davi Schill brought to the facility's attention that the scheduled hearing was past the four day statutory limit for a 5250 hold. The client was required to have their Certification Review Hearing before or by the fourth day of the hold.

The following is an account of activity September 1, 2021 through September 20, 2021, associated with providing representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) who are facing Reise Hearings.

Total number of Reise petitions filed: 3  
 Total number of Reise Hearings conducted: 3  
 Total number of Reise Hearings lost: 3  
 Total number of Reise Hearings won: 0  
 Total number of Reise Hearings withdrawn:  
 Hours spent on Reise Hearings Withdrawn:  
 Hours spent on Reise Hearings Conducted:  
 9/14/21: 40 minutes,  
 9/16/21:62 minutes,  
 9/28/21 : 120 minutes. T

Total time spent on Reise hearings conducted: 3 hrs.  
 Ms. Davi Schill assisted client to file an appeal that occurred on 9/28/21 Time: 1.5 hrs,  
 Total hours spent on conducted Reise hearings:: 4.5 hours.

## PATIENTS' RIGHTS ADVOCATE PROGRAM

AUGUST 2021

1. Total number of unduplicated clients served this month: 17

Community based: 3

Facility based: 14

Number of clients represented at hearings:  
(Combined certification and Riese hearing representation)

1. Number of complaints addressed: 10

Dignity and respect 7<sup>th</sup> Avenue –ongoing and monitored (carried over from July 2021)

Request for assistance with filing a writ, Telecare- resolved

Assistance with transfer from facility-7<sup>th</sup> Avenue – ongoing (July 2021)

Assistance with Advocating for level change 7<sup>th</sup> Avenue (unresolved)

Financial concerns Willowbrook –ongoing and resolved (carried over from July 2021)

Request for assistance with locating birth parents- PHF (referred to Lawyers referral service.)

Protection of property-Telecare (Referred to Adult protective services and Senior legal Network)

Request to not be conserved -7<sup>th</sup> Avenue Center-(resolved /referred to the client's Public Defender)

Complaint about unfair treatment at the facility canteen- 7<sup>th</sup> Avenue Center (resolved)

Local Mental Health Advisory Board Meeting: A representative from Advocacy Inc. will attend Mental Advisory Board meeting beginning in September 2021.



Number of Abuse Reports: 4 resident to resident:

3 filed by the 7<sup>th</sup> Avenue Center  
1 Filed by Willow brook facility

6) No in-services provided during the month of August 2021.

7) The following facilities were monitored during the month of August, 2021

George monitored by phone contact: (all facilities are now monitored in person except for the Telecare facility)

(Phone contact only)

Telecare PHF  
Telecare CSP

(in person contact)

Willowbrook  
Wheelock Residential  
Telos  
Wheelock  
Front Street Residential  
Opal Cliffs  
Casa Pacifica  
El Dorado Center

MAA count for August 2021

George:

MAA Count for August 2021  
Monday, August 2, 2021-- 2 Persons  
Tuesday, August 3, 2021-- 7 persons  
Wednesday, August 4 2021 -2 persons  
Thursday, August 5, 2021—3 Persons  
Thursday, August 6, 2021—4 Persons  
Friday, August 7, 2021 -4 persons  
Monday, August 9, 2021—3 persons  
Tuesday, August 10, 2021—4 Persons

Wednesday, August 11, 2021—3 persons  
Thursday, August 12, 2021—1 person  
Friday, August 13, 2021—4 persons  
Monday, August 16, 2001 -PTO  
Tuesday, August 17, 2021 -8 persons  
Wednesday, August 18, 2021 -4 persons  
Thursday, August 19, 2021—3  
Friday, August 20, 2021 -3 persons  
Monday August 23, 2021—2 persons  
Tuesday August 24,2021 - 6 persons  
Wednesday August 25, 2021—Persons  
Thursday, August 26, 2021 -4 persons  
Friday, August 27, 2021 -3 persons  
Monday August 30, 2021 -1 person

Davi:

August 2, 2021 - 3 persons  
August 3, 2021—3 p ersons  
August 4, 2021 -4 Persons  
Augst 5, 2021 -- 3 Persons  
August 5, 2021 -5 persons  
August 6, 2021 - 2 persons  
August 6, 2021 - 5 persons  
August 9, 2021 - 1 persons  
August 17, 2021 - 2 persons  
August 18, 2021 -PTO  
August 19, 2021 -1 person  
August 20, 2021 -4 persons  
August 23, 2021 -2 persons  
August 24, 2021 -2 persons  
August 25, 2021 -PTO  
August 26, 2021 -3 persons  
August 27, 2021 -4 persons  
August 30, 2021 -2 Persons  
August 31, 2021 -3 persons

Respectfully submitted: George N. Carvalho, PRA

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

August, 2021

1. TOTAL NUMBER CERTIFIED	38
2. TOTAL NUMBER OF HEARINGS	38
3. TOTAL NUMBER OF CONTESTED HEARINGS	12
4. NO CONTEST PROBABLE CAUSE	26
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	9
10. NON-REGULARLY SCHEDULED HEARINGS	0

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

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

The following is an account of activity August 1, 2021 through August 31, 2021 associated with providing representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) who are facing Reise Hearings.

Total number of Reise petitions filed: 8  
Total number of Reise Hearings conducted: 8  
Total number of Reise Hearings lost: 8  
Total number of Reise Hearings won: 0  
Total number of Reise Hearings withdrawn: 0  
Hours spent on Reise Hearings Conducted:

- 1) 1.5
- 2) 1
- 3) 1.5
- 4) 1.75
- 5) 2
- 6) 1.5
- 7) 2
- 8) 1.75

- Please note that these numbers have been retrieved from memory and hearing notes.
- This advocate will strive to provide more accurate numbers in upcoming reports

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Hours spent on all Riese Hearings: 14

Cross Over clients: 0 (Clients in common with the Long Term Ombudsman program)

- Note of explanation: before the Covid pandemic hearing days were set for Tuesday and Friday every week however, this has changed in that the Certification review hearings have breached the confines of the set days. Now, the Patients' Rights Advocacy program can be called upon, generally with a 24 hour notice to provide hearing representation when called upon by the Telecare staff.