

NOTICE OF PUBLIC MEETING – County of Santa Cruz MENTAL HEALTH ADVISORY BOARD JUNE 16, 2022 + 3:00 PM-5:00 PM HEALTH SERVICES AGENCY 1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060 THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 549 399 093#

| Xaloc Cabanes | Valerie Webb | Michael Neidig | Serg Kagno | Jennifer Wells Kaupp |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Chair | Member | Member | Co-chair | Member |
| 1 st District | 2 nd District | 3 rd District | 4 th District | 5 th District |
| Laura Chatham | Maureen McCarty | Hugh McCormick | Antonio Rivas | Jeffrey Arlt |
| Member | Member | Member | Member | Secretary |
| 1 st District | 2 nd District | 3 rd District | 4 th District | 5 th District |

| Supervisor Greg Caput | Erik G. Riera |
|----------------------------|----------------------------|
| Board of Supervisor Member | Behavioral Health Director |

IMPORTANT INFORMATON 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: <u>Click here to join</u> <u>the meeting</u> or may participate by telephone by calling (831) 454-2222, Conference ID 549 399 093#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

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

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

AGENDA

3:00 Regular Business

- a. Roll Call / Introductions
- b. Public Comment (No action or discussion will be undertaken *today* on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)
- c. Board Member Announcements
- d. Approval of May 19, 2022 minutes*
- e. Adoption of AB361 Resolution Authorizing Teleconference Meetings*
- f. Secretary's Report

3:15 Standing Reports

- a. Board of Supervisors Report Supervisor Greg Caput
- b. Behavioral Health Director's Report Erik G. Riera, Behavioral Health Director
 - 1. MHSA Public Comment Lauren Fein, Program Manager
 - 2. Overview of Budget Adriana Bare, Senior Health Services Manager
- c. Committees
- <u>Standing</u>
 - 1. Budget Committee
 - 2. Ideal Crisis System
 - 3.Community/Publicity

Ad Hoc

- 4. Peer Support Certification
- 5.9-8-8
- d. Patients' Rights Report George Carvalho, Patients' Rights Advocate

4:45 New Business / Future Agenda Items

a. 2022 Data Notebook

5:00 Adjourn

Italicized items with * indicate action items for board approval.





MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

 Present:
 Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Xaloc Cabanes, Supervisor Greg Caput

 Excused:
 Valerie Webb

 Absent:
 Hugh McCormick

Staff: Cybele Lolley, Jane Batoon-Kurovski

- I. Roll Call Quorum present. Meeting called to order at 3:03 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
 - Suicide statistics 2018-2020 from CA Department of Public Health indicated that there are higher suicide rates in Santa Cruz County for individuals aged 45 and over. Also, there is a high rate for males about 2 to 1, overall firearms were used in about 25% of all suicide deaths in 2019, but this rate increases with white males. In 2019, approximately 65% of the suicide deaths of Santa Cruz County residents had a mental health problem, and 50% had alcohol and substance use problem. In 2019, approximately 47% of Santa Cruz County residents that died by suicide were in mental health treatment at the time of their death.
 - Nicholas Whitehead stated that he has experience with a family member go through numerous mental care institutions. He has been an advocate for a few local people needing care. He is requesting to have a conversation with George Carvalho regarding two principal concerns 1) Reise hearings – patient asks for alternate form of treatment and 2) County doesn't force treatment of individual to take medication.
- III. Board Member Announcement reminder to board members that email communications and conversations cannot take place if there is a quorum. Also, all correspondence should go to Staff Liaison for distribution to the Board.
- IV. Business / Action Items
 - A. Approve April 21, 2022 Minutes. Motion/Second: Antonio Rivas / Michael Neidig Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Xaloc Cabanes, Supervisor Greg Caput Excused: Valerie Webb Absent: Hugh McCormick Motion passed.
 - B. Adoption of Assembly Bill 361 Resolution Authorizing Teleconference Meetings Motion/Second: Laura Chatham / Maureen McCarty

Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Xaloc Cabanes, Supervisor Greg Caput Excused: Valerie Webb Absent: Hugh McCormick Motion passed.

- V. Reports
 - A. Secretary's Report
 - 1. Ethics Training the Co-chair provided reminders to the board members who are due to take the training.
 - 2. Attendance reminder to the Board that 3 unexcused absences result in separation from the Board.
 - 3. Committees Serg and Jeffrey will be creating a form for committees to complete which will include the date when committees met, who attended, etc.
 - 4. Reminder from the last retreat Board members are required to attend two outside trainings per year.
 - B. Board of Supervisor's Report Supervisor Greg Caput
 - 1. Pajaro River June 8th is the final day for people in the flood zone to vote on property assessment, average is about \$200 per residential unit.
 - 2. Discussion on the renovation of the Freedom campus is moving along, which will have a sleeping facility for youth facing mental health crisis.
 - 3. Watsonville Hospital update \$15 million short on keeping it open. \$45 million committed to purchasing the hospital. Deadline is August 31, 2022.
 - 4. Senior Center in Live Oak given 6 months to move out as Live Oak School wants to build affordable housing for teachers only.
 - C. Review of Grievance Process Cybele Lolley, Quality Improvement Director QI Director Cybele Lolley provided an overview of the County BH Grievance and Appeal Practices. Her presentation included a summary of grievance and appeal protections; the timeframes and responsiveness for complaints/grievances, Notice of Adverse Benefit Determination (NOABD) Appeals and the monitoring of grievances and appeals. <u>Click</u> <u>here to view the presentation and access links to resources.</u>
 - D. Committee Updates
 - 1. Standing Committees
 - a. Budget Jeff and Laura still exploring WIC5604.2. Maureen volunteered to join the budget committee.
 - b. Ideal Crisis System selected two goals and created purpose document. Committee waiting to hear from James Russell to inform them how the MHAB can support behavioral health. Meetings are on the second Friday of the month.
 - c. Community/Publicity Marlize and Valerie identified their goal is to provide a clear path of communication and would need to find a stable outlet. Strategy is to identify various groups that have not received resources and also recommends a social media account, such as Instagram. Meetings will be on the first Friday of the month.
 - 2. Ad Hoc Committees
 - a. Peer Support Certification no new updates.
 - b. 988 goal is to increase the public awareness of the 988 services and make regular recommendations to the Board of Supervisors for expansion of 988 related services and actively support Andrea Tolaio and James Russell.
 - E. Patients' Rights Report George Carvalho, Patients' Rights Advocate
 - March and April reports were provided for this meeting.
- VI. Adjournment Meeting adjourned at 5:00 p.m.

Mental Health Advisory Board

Budget presentation Thursday, June 16th, 2022

Content:

- New Santa Cruz County Budget website
 - Strategic Plan
 - Department Budgets
 - Budget and Operational Plan
 - Budget Dashboards
 - Budget Details
 - Personnel Details
 - Transparency Portal
 - OPENGOV
- Resource Links

New Santa Cruz County Budget website

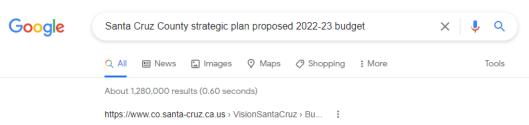
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Google

Q Santa Cruz County strategic plan proposed 2022-23 budget X

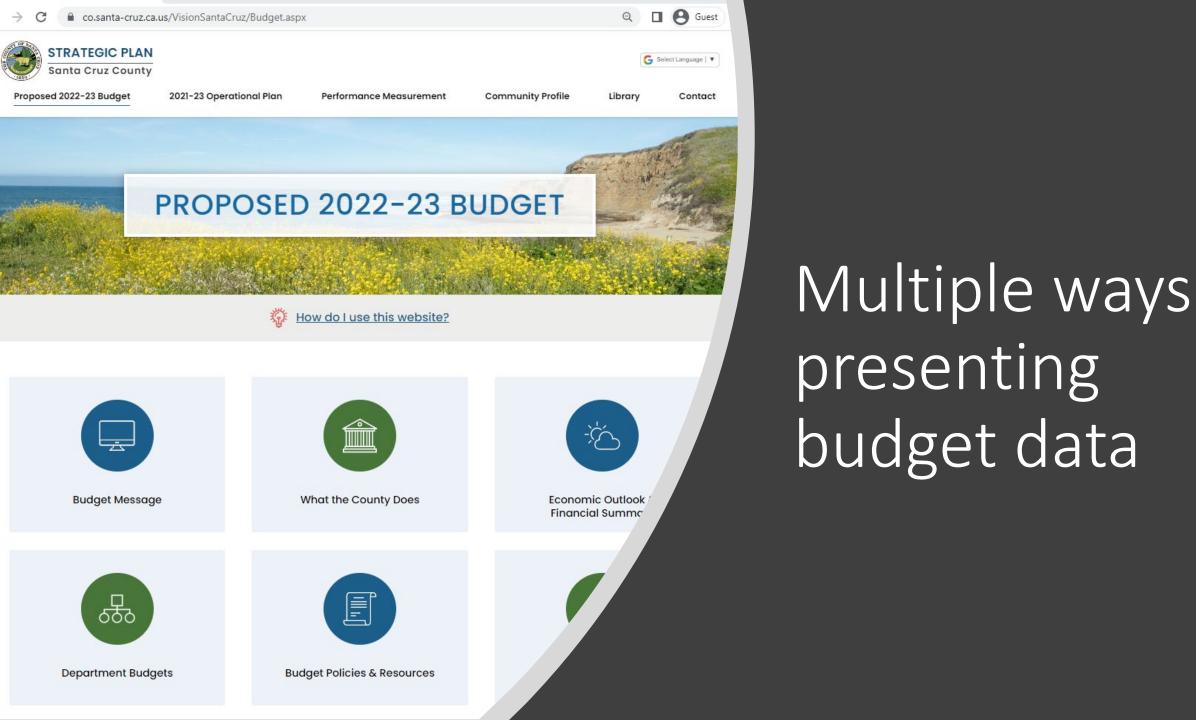
Google Search

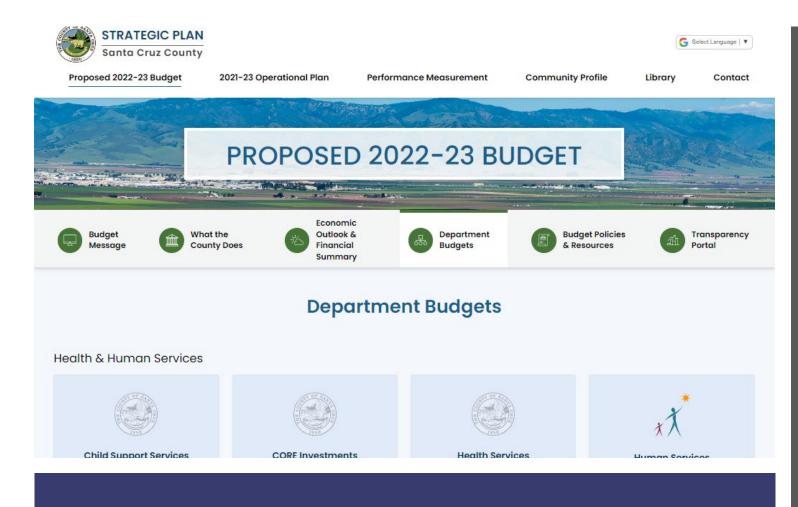
I'm Feeling Lucky



PROPOSED 2022-23 BUDGET - Santa Cruz County

Proposed 2022-23 Budget · Budget Message · What the County Does · Economic Outlook & Financial Summary · Department Budgets · Budget Policies & Resources.





Department Budgets

Includes narrative and descriptive detail, goals and emerging issues, as well as charts and figures

Budget and Operational Plan

- Can be mined by:
- Divisions,
- Services (BH has 10 service areas)
- And displays:
- Service Overview
- Operational Objectives
- Detail information



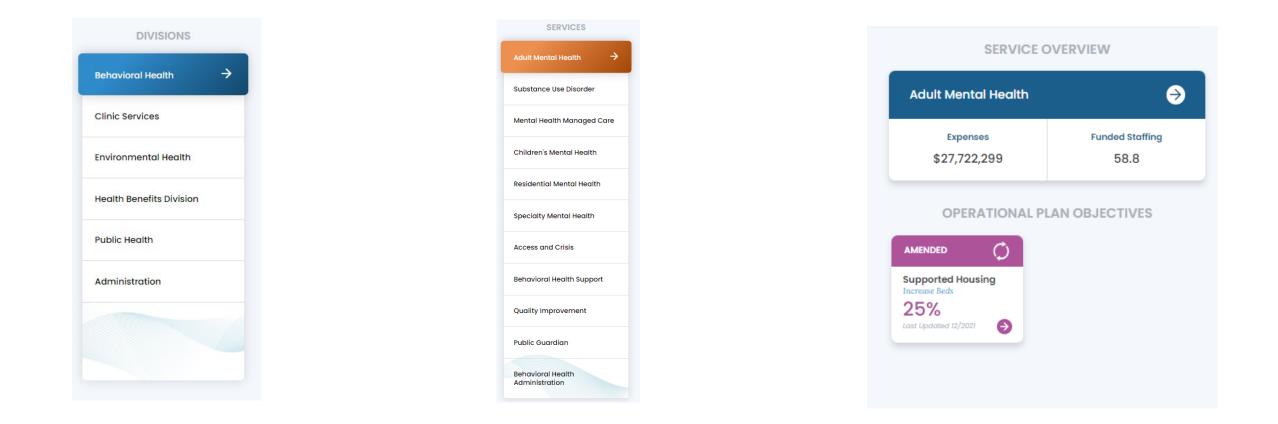
Mission Statement

To promote and ensure a healthy community and environment by providing education, outreach, and comprehensive health services in an inclusive and accessible manner.

Department Budget Overview

The Health Services Agency's budget makes important investments in improving community health, including working to save Watsonville Hospital, increasing the number of local beds available to serve children and adults in crisis, creating a Health Equity Office to improve results for the most burdened in our County, elevating readiness to respond to future health pandemics, and collaborating on health and housing issues for our communities most vulnerable residents.

| Total Expenses | Total Revenues | General Fund Contribution | Funded Staffing | Website |
|---------------------|---------------------|---------------------------|--------------------|-----------------|
| \$236,500,446 | \$222,909,339 | \$12,771,716 | 757.9 | Health Services |
| (+13%) ¹ | (+12%) ¹ | (+31%) ² | (+3%) ³ | |



Budget and Operational Plan: Filters

 Once a Division is selected, the corresponding Service Areas will display in the middle column and the selected Service Overview will display on the right.

Budget Operational Plan: Service Area Detail Sample

| DIVISIONS | SERVICE | | | Clos | | |
|--------------------------|--|---|-----------------|--|---|----------------------------|
| Behavioral Health 🔶 | | | Adult Mer | ntal Health | | |
| Clinic Services | | SERVICES | | | EMERGING ISSUE | s |
| Environmental Health | inclusive of psych | y Mental Health outp notherapy, case mai | nagement, | Project, Healir | on of Adult Mental Hea ng the Streets", a collat avioral Health, Clinics, | oorative effort |
| Health Benefits Division | occupational therapy and medication support to individuals with serious mental illness. Contract service providers also offer intensive residential treatment, long term residential care, permanent supported housing and peer-run support services. Revenues for Behavioral Health are budgeted within the Administration service. | | | Health to integrate services to support the needs of to unhoused in the community. Evaluating Assisted Outpatient Treatment Program (AOT, Laura's Law), which could provide community- based, assisted AOT to a small population of individuals who meet strict legal criteria and who - co | | |
| Public Health | | | | | | |
| Administration | | | | | ir mental illness – are cess community men | |
| | Expenses | Revenues | Funded Staffing | Main Funding Source | Primary Clients | Strategic Pl Focus Are |
| | \$27,722,299 (+41%) | \$132,784 (+221%) | 58.8 (+4%) | State/Federal | Public Clients | Comprehen: Health & Saf |

- Description of the Service area
- A list of Emerging Issues
- Expenses, Revenues and Staffing for this service area, including % change form previous year
- Main funding source, and focus area

Highlight: Access and Crisis

| | | SERVICE | E Clo | | |
|---|---|--|--|--|---|
| | | Access o | ınd Crisis | | |
| | SERVICES | | | EMERGING ISSUE | s |
| and in-person of those seeking ur provide behavio and level of care members seekin and substance u Crisis is required and manages th | dated walk-in crisis e ommunity based crisi gent behavioral healt ral health psychosoci e assessments for con ig specialty mental he use disorder treatmen to provide timely acc he Access hotline. Rev h are budgeted within ervice. | is response for chcare. Clinicians al assessments nmunity ealth treatment t. Access and cess to services, enues for | of Healthcare (CCMU) grant Facilities Finan Abuse and Me (SAMHSA) gra Ensuring indiv locations and the Access for the State. Using the Mot and telehealt | obile crisis services thre Services (DHCS) Crisis a grant from the Cali ince Authority (CHFFA) antal Health Services A int iduals can access services and new providers in the comm r All initiative and new pile Emergency Respon the valuations to reduce by Departments from p | s Care Mobile Units fornia Health and a Substance dministration vices at other nunity as part of requirements from nse Team (MERT) e hospital strain in |
| Expenses | Revenues | Funded Staffing | Main Funding Source | Primary Clients | Strategic Plan Focus Area |
| \$5,870,052 (+63%) | \$- (0%) | 41 (+5%) | State/Federal | Public Clients | Comprehensive Health & Safety |



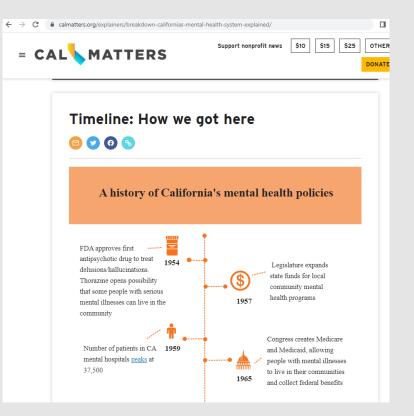
Highlight: Mental Health Managed Care

| | SERVICE | | | | Close 🗙 |
|---|--|-----------------|---|--------------------|----------------------------------|
| | Mental Health N | | | e | |
| | SERVICES | | | EMERGING ISSUE | S |
| services for Med Psychiatric hosp transportation. R | Evaluates and manages Specialty Mental Health services for Medi-Cal beneficiaries inclusive of Psychiatric hospitalizations and emergency transportation. Revenues for Behavioral Health are budgeted within the Administration service. | | Evaluating opportunities to mitigate continued state mandated rate increases in hospitalization costs and locked care costs and to mitigate use of out of area services. | | alization costs and |
| Expenses | Revenues | Funded Staffing | Main Funding Source | Primary Clients | Strategic Plan Focus Area |
| \$18,228,059 (+5%) | \$5,873,707 (0%) | 0 (0%) | State/Federal | Public Clients | Comprehensive Health & Safety |
| | | | | | |

Highlight: Residential Mental Health

| | SERVICE | | | | Close 🗙 |
|--|--|-----------------|---|--------------------|--|
| | | Residential M | 1ental Health | | |
| | SERVICES | | | EMERGING ISSUES | ; |
| programs inclus Facilities and Rel responsibility of of these services for Behavioral He | Provides residential mental health treatment programs inclusive of Locked Care, Skill Nursing Facilities and Rehabilitation programs under the responsibility of County MH continuum. The majority of these services are located out of county. Revenues for Behavioral Health are budgeted within the Administration service. | | Evaluating opportunities to mitigate continued state mandated rate increases in hospitalization costs and locked care costs and to mitigate use of out of area services. Providing resources and additional expertise for aging populations with complex medical conditions. | | ization costs and e of out of area expertise for aging |
| Expenses | Revenues | Funded Staffing | Main Funding Source | Primary Clients | Strategic Plan Focus Area |
| \$11,171,148 (+5%) | \$- (0%) | 0 (0%) | State/Federal | Public Clients | Operational Excellence |

CAL MATTERS: California's Mental Health Timeline infographic

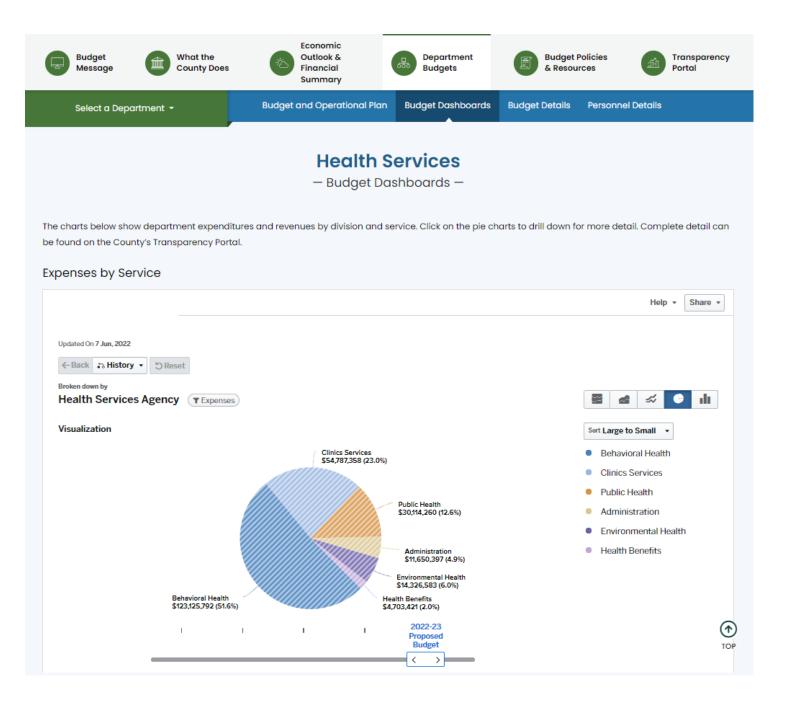


https://infogram.com/mentalhealth-timeline-a-history-ofcalifornias-mental-healthpolicies-1h984wwloj8v4p3

Outstanding visual summary describing major events that shape Mental Health in California today

Budget Dashboards

- Expenses by Service
 - Pie chart multi year slide at bottom
 - Can be filtered by area
- Expenses and Revenues over time
 - In multiple formats



Budget Details

• Expenditure grid by Category, filtered by division, service area or funds.

• Top level categories:

- Services and Supplies: service contracts
- Salaries and Employee Benefits: county staff
- Other Charges: mostly locked and residential care
- Other Financing Uses: Offset
- Intrafund Transfers: Partnerships with other departments and FQHC revenue



The charts below provide the department line-item detail, including explanation of major changes. Use the Division and Service filters to see more detail.

Line-Item Detail



| Current Budget FY 2021-22 \$93,234,775 \$93,551,113 \$32,772,628 | | Proposed Budget FY 2022-23 \$114,202,069 \$103,771,274 | |
|--|-----------------------------|---|---|
| \$93,551,113 | | | \$20,967,294 \$10,220,161 |
| | \$99,705,113 | \$103,771,274 | \$10,220,161 |
| ¢22 772 620 | | | Q10,220,101 |
| 332,772,020 | \$33,434,644 | \$38,581,267 | \$5,808,639 |
| \$11,428,159 | \$11,428,159 | \$2,988,019 | (\$8,440,140) |
| \$196,211 | \$652,675 | \$918,873 | \$722,662 |
| (\$22,126,637) | (\$21,996,957) | (\$23,961,056) | (\$1,834,419) |
| \$209,056,249 | \$213,996,561 | \$236,500,446 | \$27,444,197 |
| | \$196,211 (\$22,126,637) | \$196,211 \$652,675 (\$22,126,637) (\$21,996,957) | \$196,211 \$652,675 \$918,873 (\$22,126,637) (\$21,996,957) (\$23,961,056) |

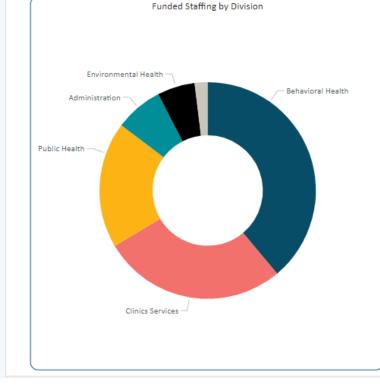
Personnel Details

 Staffing totals in Full Time Equivalents (FTE) by division and year over year comparison

 Job Classification detail by division, with staffing change totals

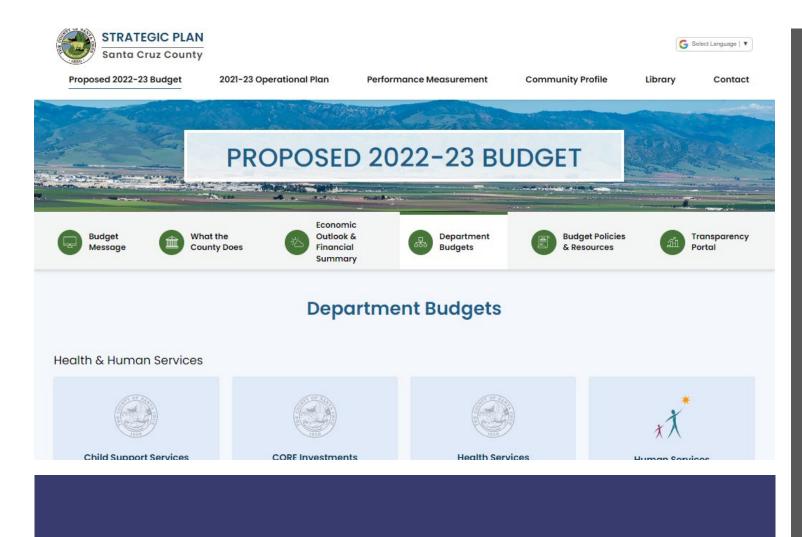
Economic **Budget Policies** Department Budget Outlook & What the Transparen Message County Does Budgets & Resources Portal Financial Summary Budget Details Personnel Details Budget and Operational Plan Budget Dashboards Select a Department -**Health Services** - Personnel Details -

The chart below provides the department personnel detail by division, service, and classification.



| Funded Staffing b ^{.Drillon} Rows 오 속수고 ↓ 다 자 [| | | | | |
|---|-------------------------------|--------------------|---------------------------|--|--|
| - | 2021-22 | 2022-23 | | | |
| Division | Funded Staffing (Adjusted) | Funded Staffing | Funded Staffing Change | | |
| Behavioral Health | 283.05 | 293.05 | 10.00 | | |
| Clinics Services | 202.86 | 210.85 | 7.99 | | |
| Public Health | 140.79 | 143.60 | 2.81 | | |
| Administration | 51.20 | 54.40 | 3.20 | | |
| Environmental Health | 40.00 | 42.00 | 2.00 | | |
| Health Benefits | 15.00 | 14.00 | -1.00 | | |
| Total | 732.90 | 757.90 | 25.00 | | |

| Funded S | Staffing by Job Classi | ification | |
|--------------------------------|-------------------------------|--------------------|---------------------------|
| | 2021-22 | 2 | 022-23 |
| Classification | Funded Staffing (Adjusted) | Funded Staffing | Funded Staffing Change |
| SR MH CLIENT SPEC I | 89.40 | 92.80 | 3.40 |
| MEDICAL ASSISTANT | 64.00 | 64.00 | 0.00 |
| MH CLIENT SPEC I | 56.50 | 57.00 | 0.50 |
| OFFICE ASSISTANT III | 26.00 | 27.00 | 1.00 |
| ADMIN AIDE | 24.00 | 25.00 | 1.00 |
| MH SUPVG CLIENT SPEC | 23.00 | 25.00 | 2.00 |
| PUB HLTH NURSE II | 18.60 | 17.60 | -1.00 |
| MEDICAL BILLING TECH | 17.00 | 17.00 | 0.00 |
| SR DEPTLADMIN ANALYST Total | 16.00 732.90 | 16.00 757.90 | 0.00 25.00 |

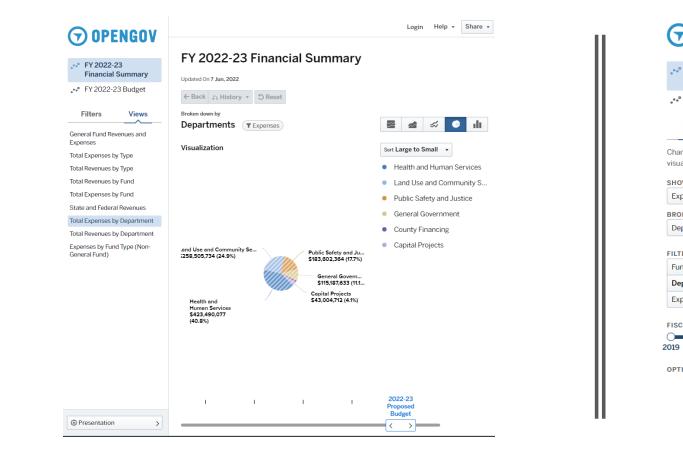


Transparency Portal

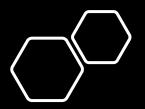
Financial Summary powered by OPENGOV.

Includes different filters and views to drill down Division Budgets

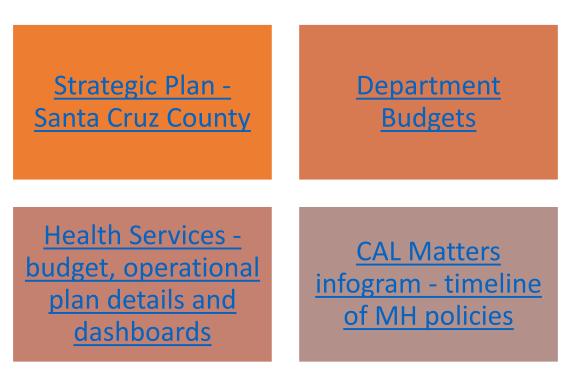
OPENGOV: Ability to display data in different types of graphs, with source data tables



| | | | | Login He | p • Share • |
|--|--|----------------|----------------|-------------------|---------------|
| OPENGOV FY 2022-23 Financial Summary | Health and Human Services \$423,440,077 (40.8%) | \$43,004,712 | (4.1%) | | |
| •• FY 2022-23 Budget | | | | | |
| Filters Views | | | 2 | 022-23 | |
| visualization automatically. | 1 1 | I | P | roposed Budget | |
| Expenses • | | | < | | |
| BROKEN DOWN BY Departments • | Data | | | | |
| FILTERED BY AII> Funds | Expand All | 2018-19 Actual | 2019-20 Actual | 2020-21 Actual | 2021-22 Estim |
| Departments > | Health and Human Services | \$296,374,538 | \$335,942,717 | \$394,197,518 | \$ 4 |
| Expense Type > | Land Use and Community Service | 162,012,966 | 162,894,037 | 205,743,854 | 19 |
| FISCAL YEAR | Public Safety and Justice | 143,754,585 | 155,874,431 | 156,356,449 | 18 |
| 2019 2023 | General Government | 71,886,750 | 78,125,191 | 72,719,978 | ę |
| OPTIONS | ▶ County Financing | 7,273,067 | 8,085,082 | 7,221,984 | 14 |
| | Capital Projects | 22,520,274 | 19,236,882 | 13,317,092 | 6 |
| | Total | \$ 703,822,180 | \$ 760,158,341 | \$849,556,875 | \$ 1,0 |
| | 4 | | | | ۱. |



Links to websites mentioned in this presentation:



<u>OPENGOV -</u> <u>Financial Summary</u> Patients' Rights Advocate Report

May 2022

Name of the facility: Telecare

Telecare:

Right to access to medical records

Name of facility: Telecare

On May 2, 2022, the Patients' rights program received a phone call from a client that disputed the information in his chart while a patient was at the Telecare facility. The caller was advised about his right to obtain his medical information, the process as to how obtain this information as well the process of submitting information that disagrees with the treating physician. No further action required on the Part of the Patients' Rights Advocate unless contacted by the client

Telecare:

Right to receive treatment in the least restrictive environment.

On May 23, 2022, this writer responded to several phone calls placed by this client. Our client complained that the transfer to a lower-level care was hindered by Covid restrictions. This writer returned a call to the Telecare facility and was informed that this person was no longer a patient at the Telecare facility. No further action is required on the part of the Patients' Rights Advocate.

Name of facility: Fronts Street residential

Front Street residential

Right to be free from harm

On May 17, 2022, this writer received a report from the facility about an incident of hitting and bullying on the part of the roommate. This writer spoke with the client by phone. The client seemed fearful of the roommate. She informed me that the staff were willing to provide a room change. However, this room changed did not occur due to Covid restrictions. Our client at this writing is now willing to remain in the room but is willing to contact staff should any other incidents occur. We will continue to monitor the situation and this issue will be carried forward to next month.

Name of facility: 7th Avenue Center

Right: The right to be free from Harm: Resident-resident

On May 2,2022 this writer received a phone message from the 7th Avenue Center about resident-to-resident abuse: Two males fought each other briefly before staff intervened. No serious injury reported. The alleged victim has been informed of his right to contact local law enforcement but declined to do so. This writer met with the alleged victim. This writer did not witness any bruises or swelling. The resident did not raise any concerns or questions during our meeting

7th Avenue Center

Right to be from Harm: Resident-to resident

On May 4, 2022, this writer received phone message from the 7th Avenue Center stating that a staff member witnessed a male resident touching a female resident inappropriately. Staff question female resident who stated that she was afraid of the male resident and wanted to contact law enforcement. Client was interviewed by a Santa Cruz deputy, and she was assigned a case number. The alleged perpetrator was transferred from the facility and returned to home county. This writer placed a phone call to the conservator and as of this writing the conservator has not returned my call. The issue will be carried forward until June 2022.

7th Avenue Center

Right to prompt medical treatment.

On May 5, 2022, this writer received a phone call from a resident of the 7th Avenue Center. She informed me that facility Staff persons are not taking the reported medical concerns seriously. This writer met with the resident at the facility the following day and attempted to obtain permission to speak with nursing staff about her medical concerns. This writer will continue to reach out to the resident in hopes of establishing a rapport with this person.

7th Avenue Center

Right to be free from harm

On May 23, 2022, this writer received a phone message from the facility regarding a pushing incident that occurred on May 21, 2022, between two male residents. The facility did not fax a written report to this writer. Both emails, phone calls and an in-person meeting have not been successful in obtaining the written report. Nevertheless, I met with the resident informally, without full knowledge of the alleged incident. The resident could not provide any information. This writer spoke briefly with the resident's conservator; client was advised of his right to contact local law enforcement, according to the conservator but declined to do so

7th Avenue Center

Right to access to property

This writer received a phone call from a resident of the 7th Avenue center on May 13, 2022. This resident is concerned that her property is not safely stored in her county of origin. This writer received permission to speak with her conservator. This writer placed a call to the resident's conservator who informed me that the property is indeed secure and that she will communicate with the resident again about this issue. The note will be carried over to June 2022 to follow with this resident

7th Avenue Center

Right to be free from Harm

On May 12, 2022, this writer received a phone message from the 7th Avenue Center reporting resident to resident abuse that involved two males in a physical altercation. The alleged perpetrator struck the other male without provocation. The alleged perpetrator was returned to his county of origin. Staff said the victim did not wish to exercise his right to contact local law enforcement and did not agree to speak with this writer. This writer has not been able to speak with the conservator but will continue to place calls. Will also, reach out to resident during my weekly monitoring activities.

ADVOCACY INC.

TELECARE CLIENT CERTIFICATION AND REISE HEARING/PATIENTS' RIGHTS REPORT

May 2022

Fourth Quarter

| 1. TOTAL NUMBER CERTIFIED | 46 |
|--|----|
| 2. TOTAL NUMBER OF HEARINGS | 41 |
| 3. TOTAL NUMBER OF CONTESTED HEARINGS | 15 |
| 4. NO CONTEST PROBABLE CAUSE | 26 |
| 5. CONTESTED NO PROBABLE CAUSE | 6 |
| 6. VOLUNTARY BEFORE CERTIFICATION HEARING | 0 |
| 7. DISCHARGED BEFORE HEARING | 5 |
| 8. WRITS | 0 |
| 9. CONTESTED PROBABLE CAUSE | 9 |
| 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 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 are scheduled throughout the week to accommodate legal requirements that hearings must occur no later than one week of hospitalization.

The number of hearings providing representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) who are facing Reise Hearings.

Total number of Riese petitions filed: 6

Total number of Riese Hearings conducted: 4

Total number of Riese Hearings lost: 4

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 2

Hours spent on Riese Hearings Conducted: 2 hours and 15 minutes

Hours spent on all Riese Hearings cancelled or withdrawn: 50 minutes

Total amount of time spent on all hearings: 3 hours and 55 minutes

Respectfully submitted,

George N. Carvalho, PRA (Patient Rights Advocate)