



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

FEBRUARY 17, 2022 ♦ 3:00 PM-5:00 PM

MICROSOFT TEAMS MEETING

NO IN-PERSON MEETING LOCATION

THE PUBLIC MAY JOIN THE MEETING BY CALLING (916) 318-9542, CONFERENCE ID 258 498 311#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Vacant 3 rd District	Serg Kagno Secretary 4 th District	Jennifer Wells Kaupp Member 5 th District
Laura Chatham Member 1 st District	Catherine Willis Member 2 nd District	Hugh McCormick Member 3 rd District	Antonio Rivas Member 4 th District	Jeffrey Arlt Member 5 th 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 utilizing Microsoft Teams Teleconferencing. There will be no in-person meeting location. [Click here to join the meeting](#) or participate by telephone by calling (916) 318-9542, Conference ID 258 498 311#. 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 January 20, 2022 minutes**
- e. Secretary's Report

3:15 Standing Reports

- a. Board of Supervisors Report – Supervisor Greg Caput
- b. Committee Updates
 1. MHSA 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
- c. Patient's Rights Reports – George Carvalho

3:45 Presentation

Roadmap to the Ideal Crisis System, Dr. Kenneth Minkoff

4:30 New Business / Future Agenda Items

- a. 988 Subcommittee – development, implementation, and support
- b. Additional one-hour monthly meeting to address special, urgent, or requested MHAB related topics
- c. Consider adopting the Assembly Bill 361 authorizing Teleconference Meetings

5:00 Adjourn

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

**MENTAL HEALTH
ADVISORY BOARD RETREAT
FRIDAY, MARCH 11, 2022
10:00 AM – 3:00 PM
MICROSOFT TEAMS MEETING
TELEPHONE CALL-IN NUMBER
(916) 318-9542
CONFERENCE ID # - TO BE ANNOUNCED**

**NEXT REGULAR MENTAL HEALTH
ADVISORY BOARD MEETING IS ON:
MARCH 17, 2021
3:00 PM – 5:00 PM
MICROSOFT TEAMS MEETING
TELEPHONE CALL-IN NUMBER
(916) 318-9542
CONFERENCE ID # - TO BE ANNOUNCED**

MINUTES - DRAFT

MENTAL HEALTH ADVISORY BOARD

January 20, 2022

3:00 p.m. – 5:00 p.m.

Microsoft Teams Meeting (916) 318-9542, Conference ID 621 545 626#

Present: Antonio Rivas, Catherine Willis, Hugh McCormick, Jeffrey Arlt, Jennifer Wells-Kaupp, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

Absent: 0

1. Public Comments

- Dr. John Mackenzie – psychiatric nurse and clinical program manager for telepsychiatry at Dignity Health/Common Spirit Health and a former MHAB member for Solano County. Noted that he does not represent Dominican Hospital, however, wanted to make the Board aware that they are reaching out to try to expand services, more access to appropriate acute and ongoing Behavioral health services for the hospital.
- Andrea Tolaio - new Program Director for Family Service Agency Suicide Prevention Services and working on the 988 project for the Central Coast.

2. Board Member Announcements

- Jeffrey Arlt, new Mental Health Advisory Board Member for the 5th District.
- February 17th MHAB Meeting - Dr. Minkoff, will do a presentation on the “Roadmap to the Ideal Crisis System.” It is an evaluation of all crisis services and finding the gaps in the system.

3. Approved meeting minutes for December 16, 2021

Motion by Serg Kagno to approve the December 16, 2021 MHAB minutes. Second by Laura Chatham.

AYES: Hugh McCormick, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

NAYS: 0

ABSENT (not present during vote): Antonio Rivas, Catherine Willis, Jeffrey Arlt, Jennifer Wells Kaupp

4. Secretary’s Report

- Reminder on Board member attendance – allowed to miss four meetings per year, or two unexcused absences (unexcused means no contact with someone on the Board).
- Reminder on trainings - agreed at the last retreat that Board members should attend two outside trainings that relate to the Board’s mission and goals.

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

- Currently waiting for money to come in from FEMA. Hoping to have federal and state money to run all the programs during the pandemic and to repay some of the money that was used out of the reserve.
- Possible strike coming up with SEIU. Monday will be an all-day session with the mediator and SEIU representatives to try to come up with an agreement.
- 38-acre park in South County will be an all-natural park. It will include grass instead of artificial turf, gravel and dirt instead of pavement for parking. May have 2 full size soccer/football fields; smaller area of acreage for kids. 19 acres of it would be protected.

Fairgrounds crew and farmers from the Ag Commission will have a living farm. The purchase agreement is a lease with an option to buy. Currently have about \$500K of the \$2.2 million.

- Status of the West Marine facility – currently cleaning up areas and fixing some electrical problems and carpeting problems. Timeline of completion would be about a year from now.
- Watsonville Hospital update – currently have \$10 million of the \$40 million. Looks like Kaiser, Sutter and Dominican would be interested in giving money as Watsonville Hospital will not turn away folks at the emergency room regardless of insurance.

6. Closing Public Comment on the 2022-2027 MHSA Innovation Plan - Healing the Streets
Cassandra Eslami, Director of Community Engagement

- Presentation provided in October. Recently awarded a \$3 million SAMHSA federal grant to serve people who are experiencing co-occurring issues of serious mental illness and substance use disorders and are also experiencing homelessness. The plan is to pilot these services in the cities of Santa Cruz and Watsonville.
 - Board Member Comment (Serg Kagno): I think it is amazing what you're doing for outreach for those not in any sort of services and I hope that we can continue growing in different ways and find those different groups that are not accessing behavioral health services and keep filling the gaps that we find throughout the system so thank you for all the work you have put into this. I look forward to hearing the outcomes or supporting it in any way I can.
 - Board Member Comment (Jeffrey Arlt): Thanks to Karen, Cassandra, Joey, Dr. Ratner for this important work they do for their expertise; a lot has been accomplished in these last 18 months alone and the awareness of the growing need in this area. I would say that to our board and others that our job is to spread the word on these services and to work to establish them as part of a system of care in Santa Cruz. Seeing if this program will work and groups like the Mental Health Advisory Board would play the role in helping to create ongoing services to our community, so again thank you all for your hard work.
 - Board Member Comment (Xaloc Cabanes): As a community, we are extremely fortunate to have the leadership that we have, I think that right now people in visible positions providing support for community are being targeted in horrible ways and so I am just so much more thankful of how hard it is to provide support to our community and that the perseverance is there to do so and I hope that you and your team have a moment to really feel accomplished on this. Thank you so much.

7. Standing Reports

a. MHSA Advisory Committee

- No report.

b. Site Visit Program Ad Hoc Committee

- No report.
- Due to the Omicron surge at the jail, visits are limited. Will continue to request for a tour of jail.
- Wellpath, the mental health provider at the jail, is willing to do a presentation for the MHAB in the future.

- c. Budget Committee
 - No report.
 - d. Community Engagement Committee
 - No report.
 - e. Law Enforcement and Mental Health Ad Hoc Committee
 - February 17, 2022 Meeting - Roadmap to the Ideal Crisis System Presentation with Dr. Kenneth Minkoff. Dr. Minkoff is a professor from Harvard and a psychiatrist, and will do a condensed presentation about the roadmap. The roadmap refers to different services that are crisis services, not just behavioral health.
8. Patients' Rights Reports – by George Carvalho, Patients' Rights Advocate
- Submitted the Reise Hearings report only. The December Patients' Rights Advocate Report will be forwarded and distributed to the Board after the meeting.

9. New Business

- a. Letter of support regarding Oversight Committee of Sheriff's Office
- Background information: The state made it possible for any County to institute oversight for their Sheriff's Office either through an independent auditor or create a board, which would have accountability and oversight. The BOS had it on their agenda at the last meeting and they agreed to an independent auditor instead of having a board. The letter states that the MHAB is in support of an oversight board and includes a request for having representation on that board of either lived experience with mental health, a family member or professionals who know Mental Health.

Motion by Antonio Rivas to approve the letter as amended, adding youth representation on the oversight board, and adding Supervisor Caput's signature. Second by Jennifer Wells Kaupp.

AYES: Antonio Rivas, Catherine Willis, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
NAYS: 0

- b. 2021 Data Notebook
- Correction on question #14 about demographics on the Board. Currently indicates that Hispanic and White are represented, but African American is also represented.

Motion by Serg Kagno to accept the 2021 Data Notebook with the correction of question #14 to include the demographic of African American. Second by Valerie Webb.

AYES: Antonio Rivas, Catherine Willis, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
NAYS: 0

c. 2021 Biennial Report

Motion by Antonio Rivas to submit the Biennial Report to the Board of Supervisors. Second by Valerie Webb.

AYES: Antonio Rivas, Catherine Willis, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

NAYS: 0

Motion to adjourn made by Hugh McCormick. Second by Antonio Rivas. Meeting adjourned at 4:47p.m.

Patients' Rights Advocate Report

January 2022

Total complaints: 18

Record number 13611

Carried over from record number: 13587

1/4/2022 Placed call to community member at 0942 hrs. And left a message requesting a return call back to my office.

1/5/2022 This writer spoke with community member and advocate for clients. He informed me that the hearing was moved to January 11, 2022, and that his friend and my client will not contest the conservatorship.

No further action required

" Yes, hi, good afternoon, Mr. Carvalho. My name is (...) my phone number is (...) I'm calling you from Las Vegas Nevada I'm calling regarding my son (...). He's in Santa Cruz County jail. He was arrested before Christmas with a broken leg, and he was told that they would look at it and take care of it before Christmas. I have not been able to find him, they entered his information wrong, and it shows up now and made there he's been there the whole time. He did call me today told me that he is sitting on his bunk with a broken leg nobody's looked at it. He's in severe pain and I called the medical department at Santa Cruz County jail, and they said they were not allowed to forward. ..."

Record Number: 13612

1/10/2022 This writer placed a call back to a community member to determine whether I can be of any further assistance to her at this time. She informed me that she did speak with a facility staff person and that this informed her that her son's need will be attended to. The community member has doubts that this was accomplished. Her son is not a recipient of mental health services. So, there is little that I could do to advocate on her son's behalf. This writer referred her to the Jail team of the Local Mental Health Advisory board

This record will be carried over to February 2022.

Record Number: 13614

1/5/2022 " This is (...) m my phone number is (...) I have an independent living aide because I have a mental disability and I get Services from Stark Regional Center. Her number please ca because I won't answer unknown numbers is (...) and her name is C I S S I with the County project. I live in (...). I'm pregnant. I'm receiving snap benefits Cal-Win through Santa Cruz. I was just on the phone on hold for hours with the medical office hours, which is hard for my mental disability extremely impossible, and they still will not fix the address.

1/5/2022 placed a call to independent living aid at 0928 hrs. However, this writer received a recorded message that the phone number dialed was unallocated.

No action until and unless contacted by community member.

Record Number: 13615

1/5/2022 " Hi, there. My name is (...) and my phone number is (...) I was calling because there's two things right now. I was wondering if I could talk to you about whether there's a patient's right thing that can happen with fire alarm screen too loud because they won't do anything about it and when they do i it's so loud that it hurts your ears. Even if you're in the back corner of your apartment with the doors closed as far away from the noise as possible and I've watched it the hallway. When that thing was going and major dizzy so loud and you can't think and you're in pain

1/5/2022 Placed call Ms. Lana at 0936 hrs.' and left the following number for the California Rural Legal Aid: 1-800-337-0690

1/10/22 Placed call requesting a call back regarding the referral to CRLA (1645 hrs.)

1/5/2022 Placed call Ms. Lana at 0936 hrs.' and left the following number for the California Rural Legal Aid: 1-800-337-0690

1/10/22 Placed call requesting a call back regarding the referral to CRLA (1645 hrs.)

This record will be carried over to February 2022

Record Number: 13624

1/5/2022

This is (...) I haven't written you. I just got your letter a month ago. I've called this is the second time. I can't stand it here anymore last night. I have been assaulted and if all of July 900 times. So, using me like a lollipop. I do not like it. They have gotten Children out of and bills and I'm Royalty. My mother is Queen Elizabeth. My real name is Princess Alexandra. I'm using my sister's name to complete her you can reach her at (...) I have no access to a phone they have my phone might be busy. ..."

1/10/2022 This writer placed a call to conserved client placed out of county at 1633 hrs. This writer received the following message: The person that I am trying to reach does not have the voice mail set up...goodbye.

1/24/2022 This writer placed another call to the above number. However, this writer received the same message on 1/10/222

This record will be carried over to February 2022

Record Number: 13625

1/6/2022 Spoke with client's aunt who resides in another state. She reported to this writer that her niece called her last night crying informing her that she has been in the CSP for over two days and that there is no social distancing. The aunt informed me that she would be better off in jail.

1/6/2022 placed a call to Karen Richard regarding the lack of social distancing at the CSP. Left a message requesting a call back to my office (1004)

1/6/2022 This writer placed a call to client at the CSP. She informed me that she has:

She stated also that he hates being at the CSP and has been so for over two days. She also stated that she feels target another patient. This patient tries to crawl onto her chair. (1050)

1/6/2022 Placed call to Dr. Weinstein and advocated for client to be released emphasizing her willingness to seek mental health treatment and the fact that she has a supportive ex-fiancé.

On this date this writer spoke to Dr. Weinstein and advocated on my client's behalf stressing how difficult it is for my client to be at the CSP. The client was discharged the same evening as reported to this writer by Dr. Weinstein.

No further action required

Record Number: 13629 Resident to resident abuse: Front Street Residential

1/6/2022 Staff observed (...) walking toward (...) (...) wrapped his arm around shoulder and under arm and locked his hands in that position. (...) was caught off guard and pushed Karl away. Sergio put his fist up and postured at Karl. Karl started jumping up and down with his fists up. Both individuals walked away.

1/7/2022 Attempted to contact staff by phone proved unsuccessful. This writer will attempt to speak with clients this afternoon. (1100 hrs.)

1/12/2022 this writer received the following message from Mercedes of front street residential. The phone message came in at 1459 hrs."

Hi George, this is Mercedes. I'm Karina (...) mentioned that you wanted to check in with Sergio. I have them here on site. If you want to give us a call back maybe, we can schedule something we can also email me

1/15. This writer met with each client by streaming services. Neither wished to press charges and both people felt safe to live at the facility despite this altercation. They will agree to disagree without physical confrontation

No further action required

Record Number 13630

1/3- Community member called, (phone:), regarding her sister (...), who is currently residing at John Muir behavioral Health in Concord. Client is not associated with SCMH and has private insurance. Telecare was full and that is why the client was sent to Concord. She states that the facility wants to discharge her back home to the caller's house, but the caller does not believe she can handle her. Client was not living with her before hospitalization she was living on street. I suggested she call and speak with Social Worker at facility. I also gave her the number for the PRA in Contra Costa County and reminded her that as advocates we work for the clients wishes, so PRA may not be able to speak with her,

1/24/2022 This writer placed a call to the following number 831-600-6679. Chris was not in a place where she could talk but would be available in 20 minutes. The initial situation is resolving, and the sister has been placed in a memory care unit in San Jose. The referral was partially successful in that Bernedette the PRA for contra costa county did respond to her and offered to help.

No further action required

Record Number: 13631

1/10/2022 received the following message from this community member:

My name (...). My number is (...) I have a kind of an urgent problem. If you could call me back, I'd really appreciate it just talking to you before I pick what Hospital or emergency room top go to, but I need somebody to help me when I go to the emergency room. Please, if you could call me back. My number is (...). It's about 240 on Monday the 10th. My name is (...) my birthdate is (...)

1/10/2022 This writer spoke with this community member twice on this date. Once at 1500 hrs. and once at 1600 hrs. She may or may not be a recipient of mental health from (...) She has been informed that she is being fired as a patient from that organization due to her language. I asked my client to sign a release of information so that I may speak with her social worker ... My client will return a call back to my office when this is accomplished.

Further action will be taken when the client contacts this writer; Record carried over to February 2022.

Record Number: 13634 –Resident to resident abuse: Front Street Residential

1/11/2022 In the late evening, staff received a call from a resident, Resident's voice sounded blurry, but staff was able to hear the words, "threatened with bodily harm." When I asked for details, the respond responded, "I told you already," and hung up. On 01/10/22 at approximately 3pm Krina and myself went into the room of the two residents' room to discuss her report. Resident told staff, that her roommate threatened to cause bodily harm." The other resident was present in the room and responded, "She keeps saying, "Fuck you bitch in a loud tone." The resident then began discussing roommate's personal

medical issues in front of peer in a negative way. I explained to this resident that I overheard her negative comment she made towards her peer yesterday while posting some signs near the room. Staff provided her with feedback as that being seen as harassment now since she continues to do this. The resident stated. "I don't care." and proceeded to discuss her roommate's medical issues negatively. Karina acknowledged the fact that they are having difficulties around each other and offered the resident a room change. This resident turned this option down and began talking about the negative qualities of the roommate she would have if she switched room. Both residents were informed that this issue would be forwarded to the Ombudsman. Sharon became upset and yelled to staff, "That's not your job, I will tell him.!"

1/12/2022 Placed call to Ms. Moreno's Cell number to arrange to speak with client this morning. (0850 hrs.)

1/13/2022 I spoke with client and reviewed my role in meeting with her at the facility as well as her alleged harassment with her roommate. This resident informed me that she will keep the peace and will work with staff if issues arise that annoy or frustrate.

No further action required

Record Number: 13637

1/11/2022 This writer spoke with a client this afternoon. He is due to go to court in a couple of weeks. He is told that he is unable to attend in person but can stream via Zoom. It is important to my client that he attends this hearing in person. I received permission to speak with Ms. Kelly Perry about this issue cell phone: (...)

1/11/2022 This writer placed a call to Ms. Perry at this time (1511) requesting a return call back to my office

1/12/2022 This writer received the following response from Ms. Perry at 1715 hrs.:

" Oh, hey, George, it's Kelly from public guardian's happy new year to you too. I just got your message about (...) over at (...) and I'm assuming that's because I talked to him today about his upcoming court hearing and what I told him to me was if he wants to attend court that we just must keep in mind that. That's totally fine, that's his right unless the court says otherwise because of the Corona virus. That's what I told Anthony so last year when corner viruses really bad the court had just zoom. So, I just gave him the heads up that that could be a possibility that the court would order just only resume visits appearances and then I also informed him that his attorney. ..."

1/12/2022 Placed call to client to inform him of the information that I obtained from his conservator (1325 hrs.) I relayed the information to my client. He will reach out to his Public Defender today.

No further action required

Record Number: 13638

Hi George, this is (...) It my family and I have been trying to get a hold of you. Unfortunately, we have not been able to get through to find out anything about my brother or speak with the social worker. If you

could please call me back, I would really appreciate it. We're very concerned, not necessarily that we need to get him out of there, but that we need to know an update my number is 831-331-6604 please call me back."

1/13/22 This writer attempted to speak with client. I advised him that he would need to sign a release of information for staff to communicate with his family. This writer was not convinced that he would follow through on this recommendation, which is his right.

1/13/2022 This writer returned a call to Ms. Woods. We had a brief discussion. I informed her of my attempts to speak with my client. I advised her to give one-way information to the Social Worker.

No further action required

Record Number: 13639

1/12/2022 Ms. Coca contacted our office about her frustration and inability to contact her conservator on this date

1/12/2022 This writer returned a call back to my client at 1346hrs. I was able to access a staff person at (1348 hrs.)

1/13/2022 This writer received this message on today's date:

" Yes, George, it's me, listen again. I just want to tell you that. I am desperate to get out of here and I really don't want to go to abort and Caroline. I really want to know why I kept hearing there is something wrong with that. I agreed to go to a board and care. but no, I really don't want to I just want to get out of here and so I'll talk to you later can you please give me a call back. I'll call you when you're in the office, yes, my cell phone number is (...) and I'm going to wait and see if they get me out here, if they don't get me out of here. I wanted to see if you could I will try to get me out of here because you know what I don't want to wait that long I really. ..."

1/13/2. This writer placed a call to the public defender. He informed me that the client has not been placed on a permanent conservatorship, but on a temporary conservatorship. Also, my client filed a writ with Santa Clara County and then withdrew this writ. He was unable to tell me whether she was still eligible to file another writ on this issue.

01/13/22. This writer spoke with Ms. Van lee, the client's conservator (phone: 408-755-7635). She stated that the conservatorship would be dropped in a couple of weeks as soon as placement can be found.

This record will be carried over to February 20222

Record number: 13644

1/14/2022 This writer received the following message while driving to a facility:

Hello, George. This is (...). I'm at behavioral health in Santa Cruz right now on a 72 hour hold by the police. Anyway, and if you could please help me when you can because of the police.

1/14/2022 This writer returned call at 1510 hrs. If I understood my client correctly, she believes that her rights were violated took the word of her son about her behavior without proof. I attempted to explain that police can use information from a family member to decide whether a person should be placed on a hold. Then she stated that I don't want to help her although her rights have been violated. This writer then attempted to explain the process and to coach her on to obtain information from the staff. At this point she yelled over my words and accused this writer of not wanting to help her. I could not get her attention and she continued to escalate. At this point the writer discontinued the conversation. I will attempt to speak with her on Tuesday.

1/24/2022 Client placed call to my office during the weekend period. She was difficult to understand except for a plea for help. She had CRH last Tuesday and did not prevail. This writer placed a call to her this am (1009 hrs.)

1/24/2022 My client was able to listen to information about filing a writ but stated that she would not be able to remember all the information. This writer obtained permission to speak with her social worker and left a message with social work staff

No further action is required.

Record Number: 13465

01/18/2022 This writer received the following message on Monday, January 17, 2022:

" Hi George Guevara. Hello. This is (...) Can you please give me a call back thank you bye."

1/18/22 This writer returned a call to client. He had questions about attending a conservatorship hearing in his county. He informed me that he is in contact with the Public Defender for his county. I referred him to this person.

1/24/2022 This writer returned call this resident of 7th Avenue center. He feels that he is not prescribed the correct medication to be successful. My client has given me permission to speak with his conservator, Ms. Dorothy Mcconahay (sp) phone 805-781-5845. Client is a resident of San Louis Obispo County (1054 hrs.)

1/24/2022 On this date place a call to my client's conservator. (1500 hrs.) This writer placed a call to the following number: 805-781-5845 requesting a call back from the client's conservator 1506 hrs.)

1/27/2022 This writer attempted to contact client's conservator at (1018) however she was not available and the voice mail full

This record will be carried over to February 2022

Record Number: 13653

01/20/2022 Received a call that was referred to through the California Disability rights. Client requests a call back from a Patients' Rights Advocate. This writer spoke at length with the caller. She is a resident of

(...), has been 6 months conserved and been a resident of 7th avenue center for 1-2 months. She has given me permission to speak with conservator and public defender. The phone number for the public defender is: 650-572-3900 and the name of her conservator is Vanessa

1/24/2022 This writer placed a call to 7th Avenue to obtain full information on Fatima's name (1354 hrs.). The conservator's name is Vanessa Osuna phone: 650-454-9422.

1/27/2022 On this date this writer placed a call to Vanessa Osuna regarding the client's stated to be out of the facility phone: 650-454-9422 (0946 hrs.)

1/27/2022 This writer received a return call back from Ms. Osuna. She informed me that the client had been living in the community but had been decompensating for several years. The client has a daughter that is concerned and involved. Client will not be eligible for a hearing on her conservatorship until April 2022.

This record will be carried over to February 2022

Record Number: 13659

Hi, George. This is (...), you knew me before Georgia my sister took me to puff and I wasn't even symptomatic she made a mistake, I'd asked if she could take me there some time or is it doing well. I've called them. I love my sister, she just made a mistake, she shouldn't listen. My instructions very well

1/27/2022 On this date this writer placed a return call back to my client.

1/27/2022 This writer placed a call to client at 1005 hrs. Client was not available. This writer left a voice message requesting a return call Hi, Mr. Carvalho this is (...), patient of Doctor Webber and Doctor Azizi, I'm hoping to get a little bit more information on the writ of habeaus Corpus. Anything would help and hopefully a return call today would be appreciated. The front desk should be able to know if you reach out to me and wanted to thank you for your help. So far for him to hear from you."

1/31/2022 This writer placed a return call to my client a t (1039 hrs.) however, he was busy speaking with his doctor. This writer will call later today.

This record will be carried over to February 2022

Record Number: 13665

Hi, Mr. Carvalho this is (...), patient of Doctor Webber and Doctor Azizi, I'm hoping to get a little bit more information on the writ of habeaus Corpus. Anything would help and hopefully a return call today would be appreciated. The front desk should be able to know if you reach out to me and wanted to thank you for your help. So far for him to hear from you."

1/31/2022 This writer placed a return call to my client a t (1039 hrs.) however, he was busy speaking with his doctor. This writer will call later today.

1/3/122 This writer returned the call to the client. However, he already filed the writ and subsequently revoked. The facility faxed a copy of the signed revocation to my office

No further action required

ADVOCACY INC.

TELECARE CLIENT AND REISE HEARING/PATIENTS' RIGHTS REPORT

Third Quarter

1. TOTAL NUMBER CERTIFIED	26
2. TOTAL NUMBER OF HEARINGS	26
3. TOTAL NUMBER OF CONTESTED HEARINGS	9
4. NO CONTEST PROBABLE CAUSE	17
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	6
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 January 1, 2022, through January 31, 2022.

Total number of Riese petitions filed: 6

Total number of Riese Hearings conducted: 5

Total number of Riese Hearings lost: 5

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 10 minutes

Hours spent on Riese Hearings Conducted: 2 hours and 45 minutes

Hours spent on all Riese Hearings: 2 hours and 55 minutes

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

- One Riese Hearing appeal

ROADMAP TO THE IDEAL CRISIS SYSTEM

Group for the Advancement of Psychiatry
Committee on Psychiatry and the Community
April 2021

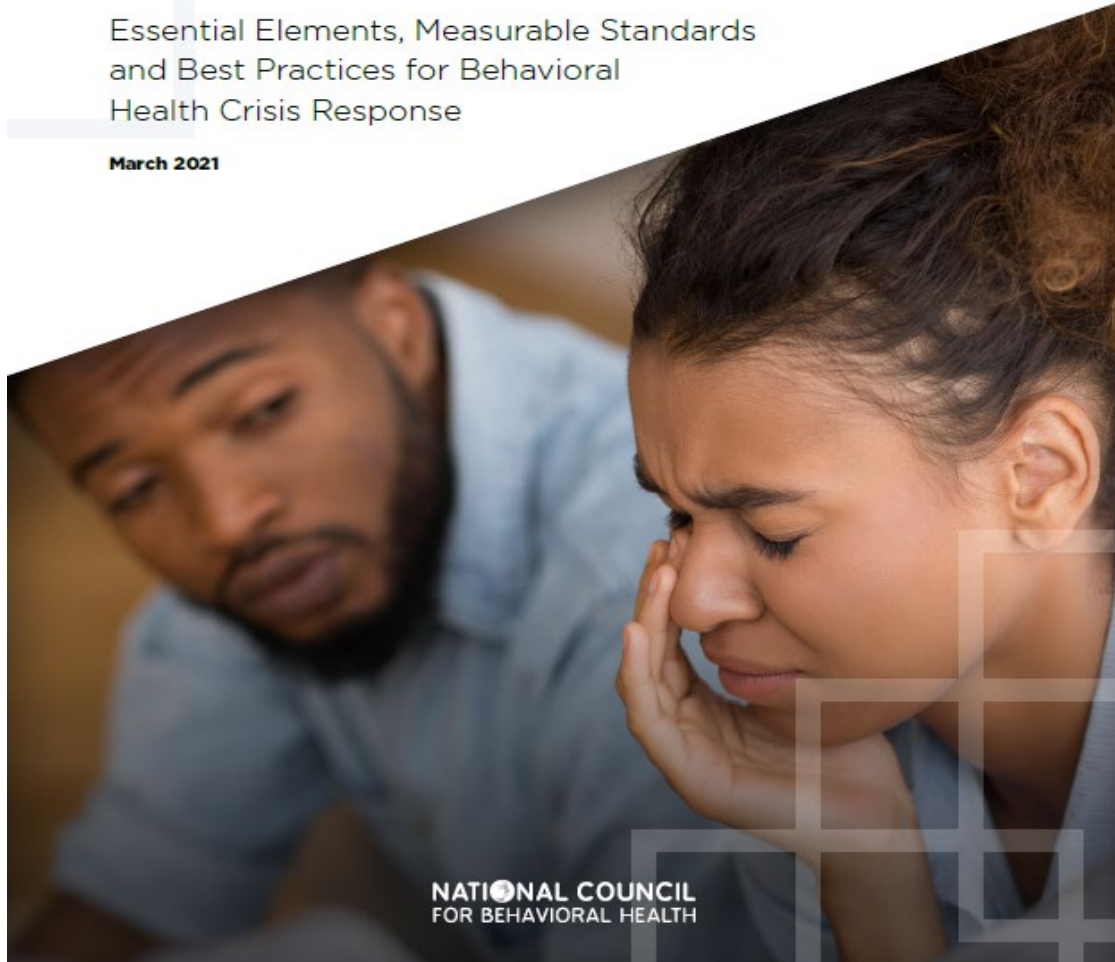


GROUP for the
ADVANCEMENT of
PSYCHIATRY

ROADMAP TO THE IDEAL CRISIS SYSTEM

Essential Elements, Measurable Standards
and Best Practices for Behavioral
Health Crisis Response

March 2021



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

A report of the Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry

Jacqueline Maus Feldman MD co-chair
Ken Minkoff, MD co-chair



GROUP for the
ADVANCEMENT of
PSYCHIATRY

Published by the National Council for Behavioral Health

Vision

-Every individual/family in every community in the U.S. will have access to a continuum of best practice BH crisis services that are welcoming, person-centered, recovery-oriented, and continuous.

-An excellent Behavioral Health Crisis System is an essential community service, just like police, fire and emergency medical services (EMS).

-Every community should expect a highly effective BH crisis response system to meet the needs of its population.

-A BH crisis system is more than a single crisis program.

It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.

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Guiding Principles and Values of an Ideal Crisis System

Ideal BH Crisis Systems are:

Based on a shared set of values.

Welcoming and engaging, customer-centered, hopeful, safe, compassionate, empowering, recovery-oriented, trauma informed, and culturally appropriate.

Accountable for all people and populations

Designed for the expectation of complexity

MH and SUD, plus I/DD, health, housing, criminal justice, child/adult protection, etc.

Designed to be clinically effective and cost effective

Able to use value-based involuntary intervention - only when necessary

Organized to share and use data for continuous improvement



READING THE REPORT

The report begins with an organizing framework that describes how to build an ideal crisis system that is “person-centered” and “customer-oriented”, inclusive of a foundational set of values and operational principles. (Link to Framework, Values, and Principles Chapter).

The report delineates how implementation of successful systems requires three interacting design elements, along with measurable indicators for the components of each. These three interacting design elements provide the structure for the three major sections of this report.

- Section I: Accountability and Finance
- Section II: Crisis Continuum: Basic Array of Capacities and Services
- Section III: Basic Clinical Practice



READING THE REPORT

The following provides a brief introduction to these three sections, along with key takeaways from each.



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Section I: Accountability And Finance

- An ideal behavioral health crisis system must have both a mechanism to finance and implement a comprehensive continuum of crisis services and a mechanism to ensure oversight, accountability, and quality of the performance of that continuum.
- This section defines the concept of an **Accountable Entity**, which is a structure and a mechanism for allocating responsibility and accountability that holds the behavioral health crisis system accountable to the community for meeting performance standards and the needs of the population. There are numerous different models of these structures.



FINANCING



FLOW AND THROUGHPUT



ELIGIBILITY (ALL-PAYER)



COMPREHENSIVE CLIENT TRACKING DATA SYSTEM



GEOGRAPHIC ACCESS AND NETWORK ADEQUACY



FORMAL ASSESSMENT OF CUSTOMER SATISFACTION



QUALITY METRICS



STANDARDIZED UTILIZATION MANAGEMENT AND LEVEL OF CARE DETERMINATION



PERFORMANCE INCENTIVES



RELATIONSHIP TO THE REST OF THE SERVICE SYSTEM

Section I: Accountability And Finance – Key Takeaways

There is an entity accountable for behavioral health crisis system performance for everyone and for the full continuum of system capacities, components and best practices.

There is a behavioral health crisis system coordinator and a formal community collaboration of funders, behavioral health providers, first responders, human service systems and service recipients.

There is a stated goal that each person and family will receive an effective, satisfactory response every time.

Geographic access is commensurate with that for EMS.

Multiple payers collaborate so that there is universal eligibility and access.

Section I: Accountability And Finance – Key Takeaways

There are multiple strategies for successfully financing community behavioral health crisis systems.

Service capacity of all components is commensurate to population need.

Individual services rates and overall funding are adequate to cover the cost of the services.

There is a mechanism for tracking customers, customer experience and performance.

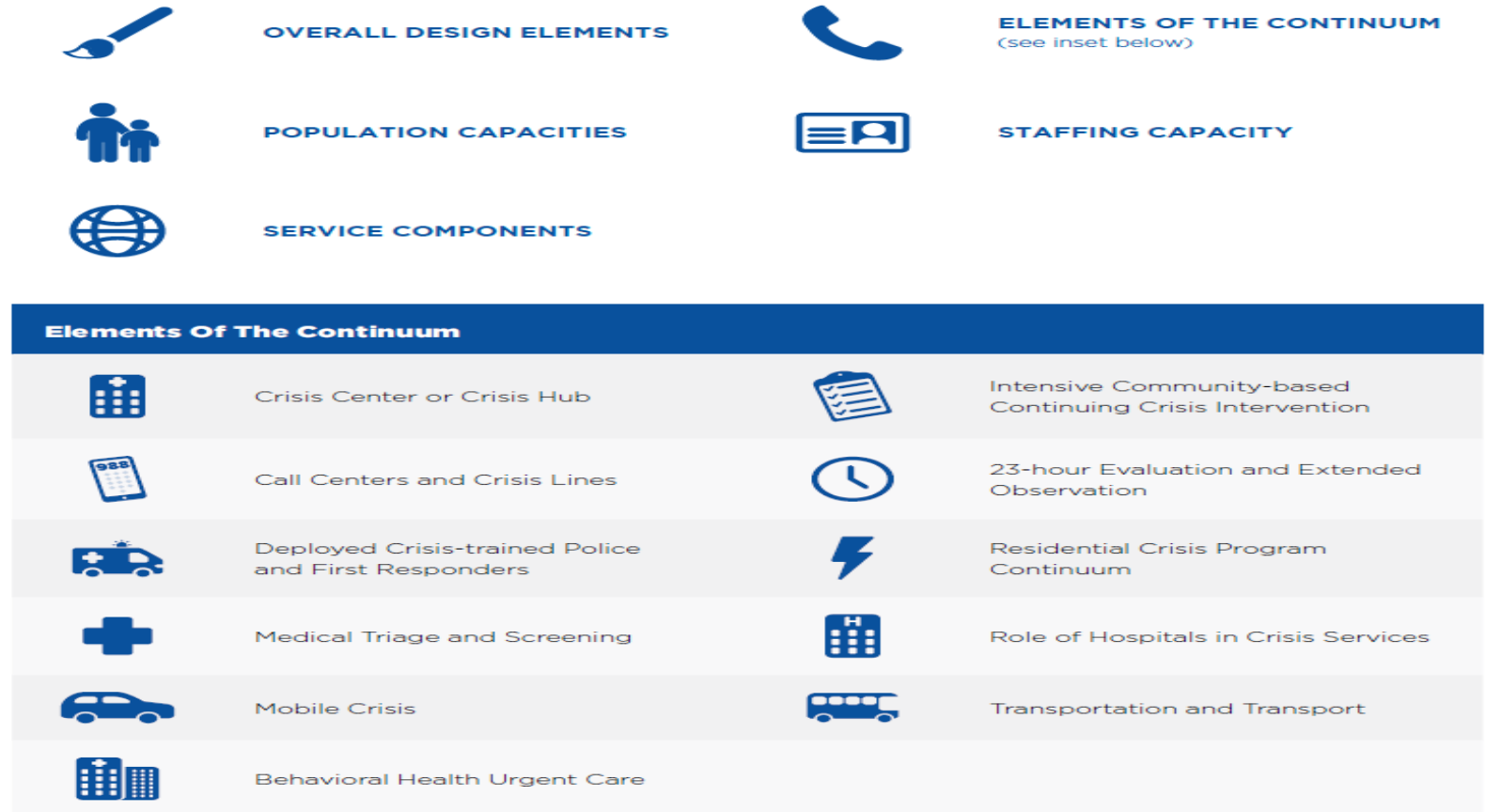
There are shared data for performance improvement.

Quality standards are identified, formalized, measured and continuously monitored

Section II: Crisis Continuum: Basic Array Of Capacities And Services

An ideal behavioral health crisis system has:

- comprehensive array of service capacities,
 - a continuum of service components
 - adequate multi-disciplinary staffing
- to meet the needs of all segments of the population.



Section II: Crisis Continuum: Basic Array Of Capacities And Services

The system has welcoming and safe access for all populations, all levels of acuity and for those who are both voluntary and involuntary.

Family members and other natural supports, first responders and community service providers are priority customers and partners.

Crisis response begins as early as possible, well before 911 (or 988) and continues until stability is regained.

There is capacity for sharing information, managing flow and keeping track of people through the continuum.

There is a service continuum for all ages and people of all cultural backgrounds.

All services respond to the expectation of comorbidity and complexity.

Section II: Crisis Continuum: Basic Array Of Capacities And Services

Welcome all individuals with active substance use in all settings in the continuum.

Medical screening is widely available and is not burdensome.

There is a full continuum of crisis components, including a crisis call center, mobile crisis, walk-in urgent care, secure crisis center, 23-hour observation, residential crisis services, hospitalization and intensive crisis outpatient services.

Telehealth is provided for needed services not available in the local community.

Program components are adequately staffed by multidisciplinary teams, including peer support providers.

There is clinical/medical supervision, consultation and leadership available commensurate with provisions for emergency medical care.

Section III: Basic Clinical Practice

An ideal behavioral health crisis system has guidelines for utilization of the best clinical practices for crisis intervention with associated processes for practice improvement and developing workforce competency.



**CORE COMPETENCIES FOR
ENGAGEMENT, ASSESSMENT
AND INTERVENTION**



**POPULATION-SPECIFIC
CLINICAL BEST PRACTICES**



**SCREENING AND
INTERVENTION TO PROMOTE
SAFETY**



**COLLABORATION,
COORDINATION AND
CONTINUITY OF CARE**



**PRACTICE GUIDELINES
FOR INTERVENTION AND
TREATMENT**

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Section III: Basic Clinical Practice

The system has expectations of universal competencies based on values. Welcoming, hope and safety come first.

Engagement and information sharing with collaterals is an essential competency.

Staff must know how to develop and utilize advance directives and crisis plans.

Essential competencies include formal suicide and violence risk screening and intervention.

“No force first” is a required standard of practice.

Risk screening guidelines for medical and substance use disorder (SUD)-related issues must facilitate rather than inhibit access to behavioral health crisis care.

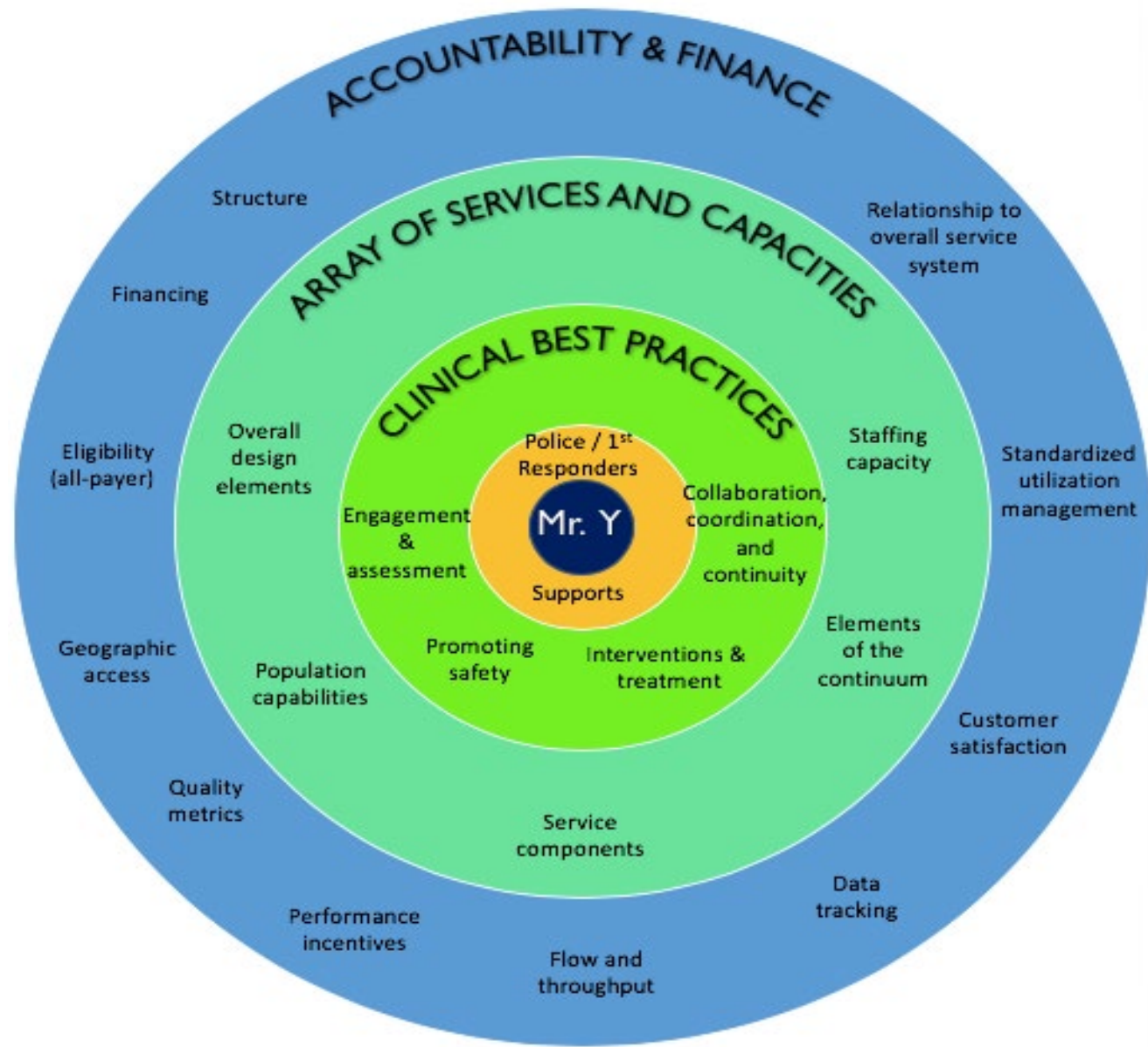
Section III: Basic Clinical Practice Continued

Utilizing peer support in all crisis settings is a priority.

Behavioral health crisis settings can initiate medication-assisted treatment (MAT) for SUD.

Formal practice guidelines for the full array of ages and populations, including integrated treatment for mental health, SUD, cognitive and medical issues.

Utilize best practices for crisis intervention, like critical time intervention, to promote successful continuity and transition planning.



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Tools to Help Implementation

Ten Steps for Communities

Ten Steps for System Leaders and Advocates

Six examples of successful crisis system local implementation

Community Behavioral Health Crisis System Report Card *-An instrument to assist communities to assess their current status on each of the elements of an “ideal crisis system,” and to help prioritize next steps.*

10 STEPS FOR COMMUNITIES

- 1. Identify and convene community partners:** Identify community stakeholders and potential partners who are interested in, or have a stake in, behavioral health crisis services within your community and develop a voluntary ad-hoc group for initial discussions. Remember to engage stakeholders and funding partners that represent the whole community, not just those who are indigent or funded by Medicaid. Behavioral health crisis systems are an essential community service for everyone.
- 2. Read and process relevant sections of the report:** Share this report with those stakeholders and ask them to read the Executive Summary and the Introduction. Have the stakeholders identify aspects of the report most relevant to them over a few sessions and have them present sections of the report to the group as a whole.
- 3. Develop a local vision:** Have the stakeholders develop an initial vision for an ideal behavioral health crisis system in your community. Do not be discouraged if you are far from that goal right now. Every community with an improved behavioral health crisis system had to start at the beginning and make progress over time.
- 4. Disseminate the vision:** Write down this vision with some initial action steps and actively share it with others.
- 5. Accountable entity:** Identify one or more entities that may serve as the accountable entity within your community. It could be county leadership, city leadership, a managed care organization or an existing community collaborative addressing jail diversion or suicide prevention.



6. **Planning and implementation team:** Identify a team of people to meet regularly on an ongoing basis to begin to plan the ideal behavioral health crisis system. This could be a new group under the accountable entity or a component of an existing collaboration. Do not hesitate to seek consultation or outside facilitation if needed at this step or any point along the way.
7. **Baseline self-assessment:** Using the measurable criteria in the report, rating each item from 1-5, have the planning team rate the current status of your behavioral health crisis system. No matter what you find, give yourselves a round of applause. See the Report Card to help organize this step. Use the Report Card as well to track your progress over time.
8. **Early wins:** Identify three to five improvement opportunities that the team can address early on, within available capacity and resources. Develop and implement a collaborative plan to begin to make progress in small steps on each item. Give yourselves another round of applause for making progress.
9. **Data and financing:** At the same time, members of the planning team begin to gather clinical and cost data on current system performance and identify potential local, state and federal funding opportunities. Do not worry that your initial data are not perfect or if you do not find all the funding you will eventually need. Every community makes progress in steps with slow improvement in data using initial seed funds to attract further funding as the vision of the crisis system takes shape.
10. **Comprehensive plan:** Keep meeting and working together. Over a period of time, using the data you have gathered, with consultation if needed, use this report for guidance to develop a comprehensive, collaborative plan for the design of an ideal behavioral health crisis system for your community. Identify a step-by-step approach so multiple partners can begin to work together to make progress over a period of year

10 STEPS FOR SYSTEM LEADERS AND ADVOCATES

- 1. Establish, articulate and communicate a systemwide vision of ideal behavioral health crisis systems for all:** The core of this vision is that behavioral health crisis systems are an essential community service that should be at least on par with the responsiveness of emergency and urgent medical care - every person gets the right response every time. Incorporate core values in the vision: welcoming, hopeful, trauma-informed, recovery-oriented, integrated and designed with the goal of eliminating disparities in response for those who are most vulnerable and marginalized.
- 2. Develop an implementation plan:** As part of the vision, articulate a 10-year plan for working collaboratively with all system intermediaries, funders and communities to make step-by-step progress toward achieving universal progress. Remember that implementing universal 911 response systems took a decade or more.
- 3. Disseminate this report as a guiding document:** Highlight the essential elements of the system and encourage development of a system-wide conversation to adopt the vision. Essential elements that might be highlighted for purposes of conversation include local accountability (accountable entities), all-payer financing, system performance metrics, crisis continuum (e.g., call center, mobile crisis, urgent care, crisis center, various types of crisis residential programs, intensive community crisis intervention), response to all ages and population groups, clinical/medical leadership, peer support and best practices for crisis intervention.
- 4. Perform baseline self-assessment:** Encourage communities to come together to perform a systemwide baseline assessment of the current behavioral health crisis system, using the Report Card to track progress across the system over the course of the 10-year plan.
- 5. Identify performance metrics:** Using this report, convene system stakeholders to identify the most important quality metrics for behavioral health crisis system performance that all system intermediaries should be accountable to achieve.



6. **Award planning and implementation grants:** Develop a process to award community crisis collaboratives grants (possibly matching grants) for planning and implementation. This can begin with a few pilot communities, then slowly disseminated to the whole system. Continually measure progress in all communities across the system, rewarding small steps forward over time.
7. **Create a framework for identifying and empowering accountable entities:** Identify mechanisms for regional and local accountability for crisis system performance. These could be based on regional intermediary system structures and/or on existing templates for delineating community accountability for EMS.
8. **Require all-funder participation:** Require all private and public behavioral health funders to contribute appropriately to the funding of the community behavioral health crisis system that serves the people covered by or affected by their funding. This includes all types of insurance plans.
9. **Require coverage of and adequate rates for all elements of the crisis continuum:** Identify clear definitions of the various components and services in the behavioral health crisis continuum and require that Medicaid and other funders reimburse for those services (e.g. urgent care centers, crisis centers, residential crisis services, mobile crisis, intensive community crisis intervention) at rates that at least cover costs. Medical urgent care and emergency services do not operate at a loss; neither should commensurate behavioral health crisis services.
10. **Incorporate best practice standards into system regulations:** This report provides guidance for regulations that address items such as no force first, advance directives, medical screening, integrated response to individuals with co-occurring mental health/substance use disorder and behavioral health/intellectual and developmental disabilities and so on.



Certified Community Behavioral Health Center (CCBHC)

*Great Potential Financing and Delivery Platform for the
Ideal Crisis System*

CCBHC Increases the Availability of Crisis Response

100% of CCBHCs offer crisis response services, with **51%** of them having newly added crisis services as a result of certification.

Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization

Common crisis response activities include:

- Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff (17%)
- Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
- Behavioral health provider co-responds with police/EMS (e.g. clinician or peer embedded with first responders) (38%)
- Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (36%)
- Coordinates with hospitals/emergency departments to support diversion from EDs and inpatient (78%)



Full Report https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

Executive Summary https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031221_GAP_Crisis-Report_ExecutiveSummary-final.pdf?daf=375ateTbd56