



SANTA CRUZ COUNTY
Civil Grand Jury

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Diagnosing the Crisis in Behavioral Health

Underfunded, Understaffed & Overworked

Summary

The Grand Jury investigated the Santa Cruz County Behavioral Health Division (BHD) of the Health Services Agency to ascertain how well they were handling the additional demands on their services caused by the Covid Pandemic. It found the BHD to be seriously understaffed - as much as 30% - including management, clinicians and support staff. It also found many other problems, including inadequate crisis stabilization capacity, lack of step-down capability, and insufficient outreach to the Latino/a community, but the BHD cannot be expected to improve in these areas until it gets significantly more staff.

The statistics point to a disturbing reality. Santa Cruz has more homeless people per capita than anywhere else in California; some 2300 of our residents are without housing. An estimated 37% of the BHD's clients are homeless. About 67% of homeless residents experience chronic substance abuse, and 43% of BHD's substance use disorder clients are involved with the criminal justice system.

The Grand Jury urgently recommends increasing BHD's staffing to meet the overwhelming demand for mental health services in this county. It further recommends increasing the capacity of the crisis stabilization program and transitioning the Mobile Emergency Response Teams for adults and youth to 24/7 availability. It finally recommends improving service to marginalized populations, especially homeless people, those involved with the criminal justice system and the Latino/a community.

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Background

The United States has been in the midst of a mental health crisis since long before the Covid Pandemic, which has made it even worse.^{[1] [2]} Mental health struggles and rates of substance use disorder have been dramatically escalating for more than two years in Santa Cruz County.^[3] A longstanding shortage of mental health workers in the country, combined with the now increased demand for mental health services following the pandemic, has impacted all parts of the country, including Santa Cruz County. What makes the problem even more pressing here is Santa Cruz's distinction of having the highest number of homeless persons per capita in the state, along with a very high incidence of substance use disorder.^{[4] [5]}

The County's Behavioral Health Division (BHD) is the primary provider of mental health care for low income adults and children who lack private health care coverage. BHD is one of four divisions of the Health Services Agency, the others being Clinic Services, Environmental Health, and Public Health. BHD has four subdivisions: Adult Mental Health, Children's Mental Health, Substance Use Disorders, and Quality Improvement. BHD services are designed to address the most significant mental health needs of the County and to ensure services and access for all residents, with an emphasis and priority focus on serving individuals at highest risk for experiencing mental health service gaps and access barriers. This population includes individuals who are experiencing homelessness, those who do not speak English as their primary language, racial and ethnic minorities, low-income people and inmates being released from the county jails. Santa Cruz has continued to see increased community need for behavioral health services, especially for serving Spanish speaking residents and individuals experiencing homelessness.^[3]

The County has a complex network of preventive and mental health treatment options for adults and children. Approximately 34% of the services are provided directly by the County and 66% are provided by private contractors.^[6] Based on examination of their website,^[7] the BHD oversees many programs, including but not limited to the following:

- Two county mental health clinics, one in North and one in South County
- A Crisis Stabilization Program for adults and children
- A 16 bed Psychiatric Health Facility for adults
- Crisis response teams: Mobile Emergency Response Teams for Adults and Youth in North and South County, known as MERT and MERTY
- A mental health liaison program to local law enforcement
- Homeless support programs such as the Downtown Outreach Team
- A locally staffed 988 Suicide Crisis Line
- A 24 hour line for referrals to local mental health services
- Jail mental health program
- Residential step-down programs - sub acute and residential
- Case management services for severely mentally ill persons

BHD's annual budget to accomplish this diverse mission is over \$100 million, including both County money and State funding such as Medi-Cal.^{[8] [9]}

Scope and Methodology

The Grand Jury wanted to investigate how BHD was coping with the increased demand for mental health services resulting from the pandemic. Specific questions that the Jury addressed include the following:

- Is the County's Health Service Agency adequately staffed and resourced to address mental health problems in the County?
- If staffing is not adequate, what are the difficulties in recruiting, hiring, and retaining staff?
- Are the mental health facilities in the County adequate to address demand?
- Are services sufficient for other marginalized groups such as persons experiencing homelessness or those being released from jail?
- Are there some ethnic groups in our county who may underutilize these services?
- How do people know about and access mental health services?
- How long do people have to wait to receive these services?
- What are the challenges in providing mental health services in our community?

The Grand Jury interviewed key leaders and personnel in the mental health system. It attended monthly Mental Health Advisory Board meetings. It also reviewed important articles, including published reports from the County regarding mental health, mental health related documents found online, the mental health medical literature, and local newspaper articles regarding mental health.

Investigation

The Grand Jury began this investigation by examining documents that evaluated whether goals set by BHD for itself were met. It soon discovered that nearly all goals were not met, even those representing very small improvement. Of 14 goals in their *Integrative Behavioral Health Quality Improvement Work Plan, FY 2021-2022*, only two were met, and these were not directly related to service quality. Goals not met included access to services, response times to service requests and cultural responsiveness.^[10]

In March of this year, BHD released a draft of their *Mental Health Services Act (MHSA) FY 2023-2026 Three Year Plan* and *FY 2023-2024 Annual Update*.^[3] This plan includes results of the Community Program Planning Process, a structured method of soliciting community input to identify local needs and funding priorities for Behavioral Health. The results of this process are startling. The plan states, "Community members and providers alike shared concerns about staffing shortages throughout the county system of care, including psychiatrists, therapists, counselors, and specialty mental health case managers."

The report highlights the lack of enough beds in higher-level care facilities that can lead to people with serious mental illness repeatedly cycling through the system. Patients and families report delays in receiving needed services, or inability to find services when they need them.^[11] The report states that homeless people and those involved with the criminal justice system have unique needs and barriers, and experience long wait times to access BHD services. When looking at the county's Medi-Cal population, BHD serves a lower percentage of the eligible Latina/o residents than any other ethnic group. The major service gaps highlighted in this draft report became the focus of the Grand Jury's investigation.

While the scope of mental health care overseen by the county is commendable, the complexity of the system, with each program having its own eligibility requirements, makes understanding and accessing services difficult for patients, especially the marginalized people the County serves. Gaps in continuing care are particularly difficult for these vulnerable persons. Studies show that a delay in diagnosis, a delay in appropriate treatment, and a lack of continuity in care make achieving successful outcomes more difficult and increases the overall cost of mental health care.^{[12] [13] [14] [15]}

The Crisis in Behavioral Health Staffing

Currently the Santa Cruz County Behavioral Health Division has approximately a 30% staff vacancy rate. (See Table 1 below.) At the time of our investigation, 4 out of the 10 director positions were vacant, filled by interim employees who were performing the tasks of at least two positions.^[16] In response to this critically low staffing in senior management, the department hired a consultant to consider structural changes to the organization.^[17] There are vacancies at every level of staffing, including psychiatrists, psychiatric nurses, licensed mental health practitioners, and other direct service practitioners, especially bilingual staff. While the Grand Jury did not directly interview them, the contractors providing mental health services for the county are reported to also be struggling to fill open positions. Behavioral Health and Personnel staff point to limited pools of applicants for licensed mental health clinicians.^{[18] [19]} At the time of the investigation, despite holding all licensed mental health job classifications as open, there were no available candidates in the pipeline.^[18] The BHD is also suffering from lack of analyst positions which would allow them to analyze tracking data more efficiently, to evaluate contracts and to financially plan.^[20]

Recruitment Status unfilled	(Multiple Items)	
		26%
Unfilled positions	FTE	% Vacant
Access and Crisis	11.00	31%
Adult Mental Health	17.30	27%
Behavioral Health Administration	2.65	25%
BH Support	5.00	18%
Children's Mental Health	14.30	24%
Quality Improvement	1.75	11%
Specialty Mental Health - FQHC	14.25	31%
Substance Use Disorder	8.00	29%
Grand Total	74.25	26%

Table 1. Behavioral Health Vacancy Rate on March 15, 2023.^[21]

Critically low staffing levels have had a negative impact on access to and quality of treatment across many programs. From interviews the Grand Jury learned that the Crisis teams—the Mobile Emergency Response Team (MERT) and the Mobile Emergency Response Team for Youth (MERTY)—are frequently understaffed by as much as 50% and are unable to expand to weekend coverage due to lack of staffing despite having the funding to expand.^{[22] [23]} Year over year Quality Improvement reports reference low staffing as the reason for not meeting performance goals.^{[24] [25] [26] [27]} Staff shortages are also impacting contractors' ability to meet contracted goals. Telecare, the contractor that runs the only Crisis Stabilization Unit Program in the county, has frequently had to close for admissions due to staff shortages. These closures cause recurring diversions to local hospital emergency rooms.^[28]

Also, the vacancies in BH administration have created a lack of clarity about contract oversight. Multiple interviewees (all high level managers) did not know who was responsible for oversight of each contract.^{[29] [30] [31] [32] [33] [34] [35] [36]} This may be due to temporary staffing in these positions or unfamiliarity with the oversight hierarchy.

In response to the serious behavioral health staffing shortage at the state level, Governor Newsom and the State Legislature have recently passed large initiatives focusing on more funding and more streamlined funding for mental health support.^[37] But factors specific to Santa Cruz County heighten the staffing crisis:

- The extremely high cost of living, especially housing,^[38]
- Increased competition with both private and public mental health providers and hospitals,

- Competition with wealthier local counties,
- Lower salaries
- The difficulty of the work, and
- The large homeless population which makes delivering mental health treatment very challenging.^{[39] [40] [41] [42]}

In our investigation, multiple interviewees also pointed to Santa Cruz County's hiring practices and lower salaries as a barrier to their ability to be competitive in the job market. Some noted that it takes as long as two months between the interview and the final hire. These practices are outdated and out of alignment with current hiring practices. They pointed to the need for more automated application processes and more responsiveness in updating hiring classifications to suit a younger workforce that wants more flexibility.^{[43] [44] [45] [46] [47]}

County Personnel Department

Despite these issues, the County Personnel Department does not recognize a staffing shortage in Behavioral Health^[48] and maintains that Behavioral Health salaries are locally competitive by pointing out that Santa Cruz County behavioral health salaries are average in comparison to six other Bay Area counties.^[49] The closest county where workers can comfortably commute is Santa Clara, where in 2020, they paid Sr. Mental Health Specialists \$10,000 more per year.^[49] The Personnel Department does not regularly conduct competitive analysis of salaries, only as needed or prior to negotiations with the union.^[50] In trying to verify the hiring practices, the Grand Jury was told that the Personnel Department does not collect key human resources data by department such as Time to Hire, Acceptance Rates, Turnover Rates, and Retention Rates. They only collect data for the county as a whole, so they have very little means for analysis of their practices by department. Data collection about hiring is left to each department. What they did report is that "a typical process could be 30-90 days".^[50]

While some hiring incentives have been introduced for psychiatrists, psychiatric nurse practitioners, and physicians and medical directors, currently there are no incentives for licensed mental health practitioners such as Licensed Clinical Social Workers (LCSW) and Marriage, Family and Child Counseling (MFCC).^[51] Santa Clara County, on the other hand, has a \$5,000 signing bonus, loan repayment, workforce tuition, and public service loan forgiveness for open MFCC and LCSW positions.^{[40] [52] [53]}

Recruitment and retention is also a problem.^{[19] [54] [55]} It is difficult to recruit and retain people in a county with the second highest housing costs in the nation without commensurate salaries. The University of California, Santa Cruz does not offer Master's degree programs in psychology or social work. San Jose State University and Cal State University at Monterey Bay are the nearest universities to offer these degrees. Interviewees pointed to the need to develop connections to these university programs such as internships or stipends to strengthen the professional pipeline for licensed and unlicensed mental health clinicians in Santa Cruz County.^[56]

The Crisis in Crisis Stabilization

Crisis stabilization services are needed for people who are experiencing an acute mental health crisis. These services assess a patient's mental health status, providing the initial steps in diagnosis, treatment, and determination of their mental health needs. While MERT and MERTY can provide some screening assessments in the field,^[57]^[58] this initial evaluation is meant to be provided by the Crisis Stabilization Program (CSP), which is located at the Psychiatric Healthcare Facility or PHF. Some call this portion of the PHF the Crisis Stabilization Unit. A patient may stay up to 24 hours in the CSP^[59] which is considered an outpatient setting. Since an overnight stay is not allowed, patients are considered to be in chairs and not beds. If a patient is deemed to not be gravely disabled or a threat to themselves or others, they can be discharged to outpatient care. Otherwise they remain on a mental health hold, which is also known as a 5150 for adults and a 5585 for minors.^[60] This is an involuntary 72 hour mental health hospitalization, which for adults could take place at our PHF if beds are available. The County's CSP and PHF are currently operated by Telecare, a company that is based in Alameda and has been treating mental illness since 1965.^[61]



Figure 1 The Psychiatric Healthcare Facility.^[62]

Santa Cruz County is the primary provider of mental health crisis stabilization services for all adults and children, regardless of payor class.^[63] Unfortunately, the demand for acute crisis services often exceeds the capacity of the current 12 chair CSP and 16 bed PHF.^[64] The capacity of the CSP/PHF is dependent on two factors, the number of chairs/beds that they have and the staffing that they have available to treat patients in

crisis.^{[65] [66] [67] [68]} Since the facility often lacks the capacity to take new patients, patients are diverted to the Emergency Department or ED of local hospitals. In 2022 the average number of CSP patients at the Dominican ED was 29.1 per month, and it was 8.8 per month at the Watsonville ED.^[69] Patients may have to wait up to 24 hours in the ED to be evaluated.^[70] This evaluation can be performed by MERT or MERTY.^{[71] [72]} However, currently these teams are only available from 8am to 5pm on Monday through Friday. As previously noted, efforts to expand their availability have been hampered by staffing shortages.^{[22] [23]} Outside of those hours the hospitals must rely on their own resources to assess the patient. If the patient cannot be released for outpatient mental health follow-up, the arrangement for a 5150 or 5585 psychiatric inpatient stay becomes the responsibility of the hospital.^{[73] [74]} This placement can take days and is generally outside of our county, since our PHF is often full.^[75] According to the nonprofit Treatment Advocacy Center our current 16 bed PHF falls far short of the number of beds needed to serve this county's population. They estimated that 50 beds are needed per 100,000 population,^[76] which means that for the county's population of about 270,000, there should be about 135 beds, vastly more than are actually available. Even considering the County's current efforts to treat patients in the least restrictive environment possible,^[77] more beds are needed.

The occupied ED bed negatively impacts the hospital's ED, which is already very busy dealing with patients who do not have a mental health related emergency.^[78] Patients brought into the ED by law enforcement require continuous supervision by an officer to protect against violence or possible escape until a mental health assessment. This practice not only ties up an ED bed but also pulls law enforcement away from other critical duties. Also, the patient's assessment, diagnosis, and treatment is delayed when they are diverted to an ED.

Issues with the Psychiatric Healthcare Facility

The current PHF is a free standing facility and is therefore limited to 16 beds to be eligible for Medi-Cal and Medicare reimbursement for services.^{[65] [79]} Also, since there has not been a separate unit for children or youths needing crisis support, up to four of the 12 CSP chairs at the PHF have been held for youths under 18.^[80] However, patients under 18 who need inpatient psychiatric treatment must ultimately be placed in a facility outside of our county, since our current PHF is for adults only.

The County has acquired a building in Live Oak and plans to open a PHF specifically for children and youths, which will include 8 CSP chairs and 16 inpatient beds, by late 2024 or early 2025.^{[81] [82] [83] [84] [85]} Unfortunately, starting on July 1, 2023, patients under 18 will no longer be accepted at the current PHF for CSP services.^{[86] [87]} While this will free up four chairs in the current CSP, which are presently reserved for patients under 18 years of age, the BHD says that the total number of chairs at the adult CSP will remain 12. To minimize the potential 18 month gap in youth crisis care, the BHD is trying to open a temporary four chair CSP for children and youths by the fall of 2023.^[88]

Due to ongoing issues at the PHF currently run by Telecare, the County sent out a request for proposal or RFP to see if there are other vendors who could run the current adult CSP/PHF programs. While about a dozen groups received information about the

RFP, as of the March 2023 Mental Health Advisory Board meeting, only one group had responded to the RFP. Some in the Health Service Agency feel that many groups did not submit a proposal due to the staffing challenges in this county.^[41]^[89] To support crisis services, in February of this year the County increased payment to Telecare, because they have had to increase their wages to attract and retain clinical staff.^[90] Since that time, the percentage of time that the CSP is on diversion to the hospital ED has been falling.^[91] In the final quarter of 2022 the percentage of time on diversion for children was 86.7%, and for adults it was 44%. During February through April of 2023 this has dropped to 50.3% for children and 11.8% for adults.^[91] Presumably, this means that the diversion rate is also falling. However, other factors could be involved in this trend, such as seasonal variation, which may affect the demand for crisis services.

The Impact of High Cost Beneficiaries

The FY 2021-2022 Medi-Cal Specialty Behavioral Health External Quality Review revealed that Santa Cruz County has three times the number of mental health High Cost Beneficiaries (HCBs) than the state average for calendar years 2018 through 2020.^[92] This review defined a HCB as a Medi-Cal patient who has approved treatment claims of \$30,000 or more in one year.^[92] There are many possible reasons for this. High cost of care typically occurs when a beneficiary repeatedly requires intensive treatment. This may result from failure to provide timely appropriate care, especially step-down care, discussed later in this report.^[92] Furthermore, HCBs occupy treatment slots and may cause a cascading effect on other beneficiaries, who in turn cannot receive sufficient care. This places them at risk of becoming a high utilizer themselves.^[92]

External auditors found through their analysis of our Medi-Cal Specialty Mental Health plan billing and claims data that our county's Medi-Cal beneficiaries received more crisis stabilization and intervention services than the statewide average. The auditors postulated that this was in part due to the "robust" crisis stabilization and intervention services that the County of Santa Cruz provides compared to other counties.^[93] However, it was also reported that the County pays for the transfer of a patient from our CSP to an out-of-county inpatient psychiatric facility and pays 100% of the cost for that care for a Medi-Cal beneficiary. Since the County does not receive the Federal match for any Medi-Cal out-of-county care, the shortage of in-patient psychiatric beds in this county financially hurts the County.^[76]^[94] It is not clear if the high cost of crisis stabilization and intervention services is due to the "robust" services provided by the County, to the number of patients sent out of the county for treatment, or to other factors.

Watsonville Behavioral Health Center

In spite of the severe staffing issues and the lack of crisis stabilization in the County noted above, and in addition to the planned Live Oak facility, there is some really good news. Encompass Community Services has just been awarded more than \$9 million in state funds that will support continued development of a new South County mental health facility, called the Sí Se Puede Behavioral Health Center. Encompass Community

Services is the county's largest community-based behavioral health and human services provider. It offers counseling, substance use recovery, and housing for mental health patients.^[95]

Groundbreaking will commence in 2023 and the new facility will include seven new residential substance-use disorder treatment beds specifically for the 18-25 year old age group, and 30 residential treatment beds in total. There will also be 106 annual outpatient treatment slots available and the center will have capacity to serve an estimated 1,300 community members annually. Encompass has also partnered with nonprofit developer MidPen Housing to include a 72-unit affordable housing development on the forthcoming health campus.^[96]

Continuing Care or “Step-Down”

Behavioral Health's FY 2021-2022 Quality Management Plan^[97] outlines significant capability to support patients leaving mental health care either as an outpatient or from an inpatient psychiatric facility. Their Assertive Community Treatment Team provides intensive, wrap-around case management services for patients who are returning to the community from locked psychiatric care. The goal is to support their psychiatric stabilization, successful transition back into the community, increase independent living skills and decrease the need for locked care.^[98] BHD works with Encompass which runs the El Dorado Center (EDC), a community-based, short-term treatment program for individuals who may be stepping down from locked care.

An intensive, structured residential program, EDC is an unlocked, home-like environment facilitating the healing process in preparation for transitioning back to community living. Staff provide individual and group counseling, crisis intervention, structured activities, community outings, and assistance with independent living skills and connecting to the community.^[99] Encompass's funding from the County was recently increased by \$1.7 million to a total of \$9.4 million.^[100] (This is separate from the funding for the new Watsonville facility described above, and is in addition to Behavioral Health funding.) As well as the El Dorado Center, Encompass runs programs for anyone diagnosed with mental illness, including treatment, counseling, emergency shelter, case management, outreach and education, permanent supportive housing, and transitional housing.^[95]

In spite of the description in the Quality Management Plan and the collaboration with Encompass, some of the interviewees noted the lack of step-down facilities, and the consequent need for BHD to repeat treatment because the patient relapses.^{[101][102][103]} Behavioral Health's Draft Three Year Plan notes that for people with serious mental illness, a lack of enough beds in higher-level care facilities can lead to a “revolving door of insecurity, including jail and street life.”^[3] The chronic and severe shortage of in-patient psychiatric capacity has been described above.^[76] Some patients are sent to other California counties, which, as noted previously, is expensive.^[102] Others are released from in-patient psychiatric care with no follow-up care.^{[101][104]}

Mental Health and Homelessness

BHD's clients come from low income people, and about 37% of them are homeless.^[105] Santa Cruz has a high rate of homeless individuals, at about 0.8% of the population.^{[4] [106] [107]} There were 2,167 people unhoused in Santa Cruz County in 2019 and 2,299 people unhoused in 2022.^{[5] [108]} Nationally, 26% of homeless people self-identify as severely mentally ill.^[109] Locally, 67% are experiencing chronic substance abuse.^[110] Just being homeless is associated with declines in mental and physical health. Homeless persons experience high rates of HIV infection, tuberculosis, and other conditions as well as the mental illness and SUD that contributed to their homelessness. A homeless person may enter mental health treatment, but have nowhere to live upon completion if an inpatient, or during treatment if an outpatient.

Being homeless is a full time job; just getting food, shelter, bathroom access, medical and dental care, and access to whatever limited services local government or non-profit organizations provide is all consuming.^{[104] [111] [112] [113] [114] [115]} A person needs secure housing before they can be expected to take an active role in dealing with their mental health. There is a huge need for permanent supportive housing. In their Draft Three Year Plan, BHD reports that "some of those with the least financial resources are those who need services the most."^[116] They identify "unhoused populations" among their service gaps.^[117]

Continuing Care for Inmates Being Released from Jail

Some 43% of BHD substance use patients are involved with the criminal justice system.^[105] About 40% of jail inmates have been diagnosed with mental illness.^{[118] [118]} The jail provides some discharge care for released inmates^[119] and may coordinate with BHD if the inmate was formerly a patient of theirs.^[120] The 6 - 7 month wait for a bed in the state mental health system means an inmate needing in-patient care is out of luck.^[121] The Public Defender's Office runs some programs to help inmates get the services they need. They also coordinate with BHD, but the effort is severely underfunded.^{[122] [123]} In their Draft Three Year Plan, BHD identifies "Incarcerated or formerly incarcerated people with mental health needs" among their service gaps.^[117] They further state that there is a lack of coordination with other county systems, such as law enforcement or the jail, and a lack of warm handoff to outpatient providers and ensuring a sufficient amount of medication until a pharmacy is open. This is in spite of the "mental health liaison program to local law enforcement" and "Jail mental health program" they claim on their website. (A warm handoff means that jail staff introduces the inmate to the outpatient provider rather than just providing a referral.^[3]) A lack of warm handoff to therapists, outpatient providers, and ensuring sufficient medications can pose challenges to clients' continuity of care.

This year's Civil Grand Jury is also investigating Santa Cruz County's jails.^[124] The report describes the high recidivism rate - around 60% - for individuals released from jail. Released inmates with mental illness or SUD have much higher recidivism rates than those without these diagnoses. Many released inmates get in trouble with the law again and go right back into the criminal justice system because that is the only easy

option for them. Anti recidivism programs do work, but are underfunded and inadequate. The Jail report goes on to recommend increased funding for anti recidivism programs, including increasing funding for Behavioral Health to support released inmates.

Latino/a Utilization of Mental Health Services

Populations of lower socioeconomic status have been found to have a higher incidence of mental health disorders.^{[125] [126]} Latinos/as in South County Santa Cruz have experienced mental health problems due to lower incomes, housing uncertainty, documentation status, language barriers, and cultural differences.^[127] Nevertheless, according to Medi-Cal data, the percentage of Latinos/as in Santa Cruz County seeking mental health services is less than any other ethnic group^[128] and lower than the state average for this ethnic population.^{[129] [130]} There are probably multiple factors involved, but historically, investment in South County has been less than in North County. South County previously used a converted building with no private space for treatment. However, an outpatient building for mental health services in Watsonville was opened in 2018.^[131] The new Sí Se Puede Behavioral Health Center in Watsonville, described earlier in this report, will make the distribution of mental health facilities across the County more equitable.

Outreach to the Latino/a community has historically been less successful than to other populations.^{[132] [133]} While outreach efforts have improved for South County in the recent past, there is still more that could be done. The limited availability of bilingual and bicultural services is the main issue.^{[134] [135] [136] [137]} Cultural competency, as well as language, is important in encouraging people to seek and undergo needed mental health treatment.

Currently, the County provides an increase in pay of \$1.00 per hour for Level One bilingual services and \$1.35 per hour for Level Two bilingual services.^[138] Level One is the ability to converse in the second language and to translate English into the second language. Level Two is the ability to converse in the second language, to read the second language, to translate the second language orally into English, and to write in the second language.^[139] At the present time this bilingual pay differential is only available for Spanish.^[140] Unfortunately, in spite of this pay incentive, the County has a shortage of practitioners who are bilingual Spanish speakers. To complicate matters, some of the farmworkers are indigenous immigrants from southern Mexico. A number of them speak an indigenous language, Mixteco, which is different from Spanish. The Grand Jury understands that covering all languages is impossible but more qualified interpreters are needed. In North County homelessness plays a big role in the services needed, while in South county the focus is more likely to be on youths and families.^{[141] [142]} Understanding the family unit is important in providing mental health services, especially in South county. This emphasizes the importance of bicultural awareness beyond bilingual services.

Conclusion

The longstanding and serious staffing shortage at the Behavioral Health Division is a contributing factor to all the issues discussed in this report, such as lack of step-down capability, services for marginalized groups including homeless persons, those involved with the criminal justice system and racial minorities. Until the staffing level is significantly improved, expecting improved service in any of these areas is unreasonable. The Grand Jury typically recommends an increase in funding when an agency has more responsibilities than budget, even while understanding that if there were funding available to increase the budget, this would already have been done. In this case, however, not only are County residents not getting adequate mental health services, the cost to the County is also higher because patients sometimes need to repeat treatment.

Findings

Findings about the Staffing Shortage

- F1.** The chronic understaffing in the Behavioral Health Division (BHD) and their contractors is negatively impacting the department's ability to meet goals and to provide services in a timely and effective manner.
- F2.** The County Personnel Department has been slow to respond to the chronic understaffing in the Behavioral Health Division. It has not put measures into place to speed up the hiring process or to create competitive salaries and incentives for the non-medical personnel who staff the BHD positions. Nor have they created connections with nearby universities to groom a clinical workforce. This causes unnecessary delays in hiring mental health professionals.
- F3.** Both the Personnel Department and the Behavioral Health Division do not have enough analysts to allow an adequate review of their programs and systems, including analyzing the County's hiring process. This makes it difficult for them to improve services.

Findings about the Crisis Stabilization Program

- F4.** The Crisis Stabilization Program (CSP) has been diverting patients experiencing a mental health crisis to hospital emergency departments too frequently, delaying diagnosis, delaying treatment, and placing an extra burden on the emergency departments, which are already overcrowded. The emergency departments then become responsible for finding an inpatient facility for patients who cannot be safely discharged to outpatient care, which further stretches limited resources.
- F5.** The limited hours that the Mobile Emergency Response Team and Mobile Emergency Response Team for Youth operate interfere with a timely assessment of patients in a mental health crisis, negatively impacting patient care.

- F6.** An inadequate number of beds at the Psychiatric Healthcare Facility (PHF) results in the practice of sending patients out of county, which negatively impacts the patient's care, and is expensive for the Behavioral Health Division.
- F7.** The County plans to close the current Crisis Stabilization Program (CSP) to patients under 18 after June 30, 2023, and the new CSP/PHF in Live Oak will not be open until late 2024 or early 2025 compromising crisis care to minors for 18 months or more.

Finding about High Cost Beneficiaries

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

Finding about the new Watsonville facility

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

Findings about Step-Down, Homelessness, and Jail Inmates

- F10.** The lack of step-down care for patients completing both inpatient and outpatient treatment often results in patients relapsing and needing retreatment, which is bad for the patient and increases costs for the Behavioral Health Division.
- F11.** The high rate of homelessness and Substance Use Disorder in the County results in the Behavioral Health Division's clients that are especially demanding and difficult to treat.
- F12.** The Behavioral Health Division is insufficiently funded and staffed to provide adequate step-down care for their patients, many of whom are homeless, and/or recently released from jail, and thus have a need for support.

Findings about services to Latino/as

- F13.** Outreach to the Latino/a community is insufficient because of the lack of bilingual and bicultural staff contributing to disproportionate underutilization of mental health services within the Latino/a community.
- F14.** The current pay differential for bilingual staff is insufficient to attract and retain suitably qualified staff making adequate outreach to the Latino/a community difficult.

Recommendations

Recommendations about the Staffing Shortage

- R1.** Competitive salaries and hiring incentives should be put in place for all vacant Behavioral Health Division (BHD) positions that don't already have them. The BHD should consider the salaries and hiring incentives offered by Santa Clara County as a guide - such as hiring bonuses, loan repayment, public service loan repayment, and workforce tuition. The Personnel Department must plan for increases in salary and incentives by the end of 2023 with the goal of including them in the next budget cycle. (F1, F2, F8)
- R2.** The County Personnel Department should plan to do an analysis of the hiring process for BHD positions and put measures into place to reduce the time it takes to hire by at least half. They should streamline the process and make use of up to date automated processes by the end of 2023. (F1, F2, F3)
- R3.** The County Personnel Department should institute an annual competitive analysis for all open BHD positions that includes consideration of the extraordinarily high cost of living in Santa Cruz, benefits and incentives. This should be completed by the end of 2023. (F2, F3)
- R4.** The County Personnel Department should develop connections and internships with nearby universities that have Psychology and Social Work programs to groom a clinical workforce. A plan for this should be completed by the end of 2023. (F1, F2)

Recommendations about the Crisis Stabilization Program

- R5.** To eliminate the frequent offloading of the Behavioral Health Division (BHD) clients to local hospital emergency departments, the Board of Supervisors and BHD should evaluate ways to increase the number of Crisis Stabilization Program chairs and psychiatric beds available, which may include planning for another adult Psychiatric Healthcare Facility. This evaluation and planning process should be completed by the end of 2023. (F5, F7)
- R6.** The Behavioral Health Division should improve the services provided by the Mobile Emergency Response Team and the Mobile Emergency Response Team for Youth by improving staffing and expanding coverage to 24/7. This should be completed by the end of 2023. (F6)
- R7.** The Behavioral Health Division should ensure that there is a smooth transition plan and back up plan for the treatment of children and youths from the current Crisis Stabilization Program to the planned new facility in Live Oak other than diverting them to emergency departments. This should be completed by September 30, 2023. (F8)

Recommendation about Step-Down, Homelessness, and Jail Inmates

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

Recommendations about Latino/a Utilization of Mental Health Services

- R9.** The Behavioral Health Division should continue to improve bilingual/bicultural outreach to the Latino/a population, including whether any language besides Spanish reaches the threshold to warrant offering the bilingual pay differential. Improvements should be in place by the end of 2023. (F13, F14)
- R10.** The Behavioral Health Division should review the recruitment and retention of bilingual staff, including an increase to the current bilingual pay differential, in an effort to improve bilingual services. This should be completed by the end of 2023. (F13, F14)

Commendations

- C1.** The Grand Jury commends the Behavioral Health Division for development of a Psychiatric Healthcare Facility for children and youths which will provide much needed mental health services for this population.
- C2.** The Grand Jury commends the Behavioral Health Division's efforts to develop a wide range of crisis care services that are not routinely offered in similar sized counties, including Mobile Emergency Response Teams for adults and youth, a Crisis Services Program, and a Psychiatric Health Facility.

Required Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Board of Supervisors	F1 – F14	R1 – R10	90 Days September 11, 2023

Invited Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Carlos Palacios, County Administrative Officer	F1 – F14	R1 – R10	90 Days September 11, 2023
Mental Health Advisory Board	F1 – F14	R1 – R10	90 Days September 11, 2023
Tiffany Cantrell-Warren, Director, Behavioral Health Division	F1 – F14	R1 – R10	90 Days September 11, 2023
Monica Morales, Director, Health Services Agency	F1 – F14	R1 – R10	90 Days September 11, 2023
Ajita Patel, Santa Cruz County Director of Personnel	F1 – F3	R1 – R4	90 Days September 11, 2023

Definitions

- **5150:** A 72 hour involuntary psychiatric hospitalization for adults.
- **5585:** A 72 hour involuntary psychiatric hospitalization for minors.
- **BoS:** Board of Supervisors
- **BHD:** Behavioral Health Division
- **CSP:** Crisis Stabilization Program
- **ED:** Emergency Department
- **HCB:** High Cost Beneficiary
- **HSA:** Health Services Agency
- **MERT:** Mobile Emergency Response Team
- **MERTY:** Mobile Emergency Response Team for Youths
- **MHPEQR:** Mental Health Plan External Quality Review
- **PHF:** Psychiatric Healthcare Facility
- **RFP:** Request for Proposal
- **SCC:** Santa Cruz County
- **Step-Down:** The transition from locked to unlocked psychiatric care.
- **SUD:** Substance Use Disorder

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Websites

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San Luis Obispo County <http://www.slocounty.ca.gov/site4.aspx>

Site Visits

Mental Health Advisory Board Meetings



SANTA CRUZ
COUNTY
GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

Response to 2022-2023 Report "Diagnosing the Crisis in Behavioral Health"

Caitlin Smith <Caitlin.Smith@santacruzcountyca.gov>

Wed, Sep 20, 2023 at 9:23 AM

Good Morning,

Please see attached for responses to the 2022-2023 Grand Jury Report titled "Diagnosing the Crisis in Behavioral Health" from the Santa Cruz County Board of Supervisors which was approved at the Board of Supervisors meeting on September 12, 2023.

Best,

Caitlin C. Smith

County Supervisors' Analyst

Santa Cruz County Board of Supervisors

701 Ocean Street, Room 500

Santa Cruz, CA 95060

831-454-2200 main

831-454-3516 direct

caitlin.smith@santacruzcountyca.gov

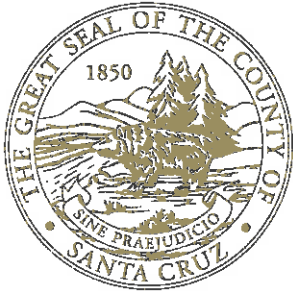
To email all five members of the Board of Supervisors at once,

please use: boardofsupervisors@santacruzcountyca.gov



Board of Supervisors Response to Grand Jury Report Diagnosing the Crisis in Behavioral Health.pdf

316K



County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069
(831) 454-2200 • FAX: (831) 454-3262 TDD/TTY - Call 711

MANU KOENIG
FIRST DISTRICT

ZACH FRIEND
SECOND DISTRICT

JUSTIN CUMMINGS
THIRD DISTRICT

FELIPE HERNANDEZ
FOURTH DISTRICT

BRUCE MCPHERSON
FIFTH DISTRICT

September 18, 2023

The Honorable Syda Cogliati
Santa Cruz Courthouse
701 Ocean Street
Santa Cruz, CA 95060

**RE: Response to the 2022-2023 Grand Jury Report "Diagnosing the
Crisis in Behavioral Health"**

Dear Judge Cogliati:

The purpose of this letter is to formally transmit the responses of the Santa Cruz County Board of Supervisors to the 2022-2023 Grand Jury Report "Diagnosing the Crisis in Behavioral Health".

Sincerely,

ZACH FRIEND, Chair
Board of Supervisors

ZF: cs
Attachment

CC: Clerk of the Board
Santa Cruz County Grand Jury



**The 2022–2023 Santa Cruz County Civil Grand Jury
Requires the**

Santa Cruz County Board of Supervisors

to Respond by September 11, 2023

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

**Diagnosing the Crisis in Behavioral Health
Underfunded, Understaffed & Overworked**

Responses are **required** from elected officials, elected agency or department heads, and elected boards, councils, and committees which are investigated by the Grand Jury. You are required to respond and to make your response available to the public by the California Penal Code [\(PC\) §933\(c\)](#).

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

Please follow the instructions below when preparing your response.

Instructions for Respondents

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

1. **For the Findings, mark one of the following responses with an “X” and provide the required additional information:**
 - a. **AGREE with the Finding**, or
 - b. **PARTIALLY DISAGREE with the Finding** – specify the portion of the Finding that is disputed and include an explanation of the reasons why, or
 - c. **DISAGREE with the Finding** – provide an explanation of the reasons why.
2. **For the Recommendations, mark one of the following actions with an “X” and provide the required additional information:**
 - a. **HAS BEEN IMPLEMENTED** – provide a summary of the action taken, or
 - b. **HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – provide a timeframe or expected date for completion, or
 - c. **REQUIRES FURTHER ANALYSIS** – provide an explanation, scope, and parameters of an analysis to be completed within six months, or
 - d. **WILL NOT BE IMPLEMENTED** – provide an explanation of why it is not warranted or not reasonable.
3. **Please confirm the date on which you approved the assigned responses:**

We approved these responses in a regular public meeting as shown
in our minutes dated September 12, 2023.

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

The Honorable Judge Syda Cogliati Syda.Cogliati@santacruzcourt.org and

The Santa Cruz County Grand Jury grandjury@scgrandjury.org.

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

Findings

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

The vacancy rate for administrative and clinical positions in the Behavioral Health Division (BHD) has an adverse impact on our ability to meet goals and provide services in a timely manner.

However, BHD made a number of hires in the past 18 months to fill vacancies. With 288 funded positions in FY 2022-23, BHD hired 45 new employees and made 62 promotions between January 2022 and June 2023. This data reflects positive efforts amidst numerous challenges that were either not included or not examined as part of the Grand Jury's report.

A longstanding shortage of mental health workers in the country, compliance with Civil Service Rules, standard employee churn, nature of the work, and specific recruitment challenges given Santa Cruz County's challenging cost of living and lack of available housing all impact the County's recruitment efforts. Furthermore, the global COVID-19 pandemic profoundly impacted labor markets in ways economists are still striving to understand, leading to unprecedented circumstances such as record quit rates across all job sectors.

As outlined below, the County had taken and continues to take numerous and specific efforts to increase the number of new hires while reducing recruitment times. Regrettably, these efforts were either not examined or not included in the Grand Jury's report.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

In fall 2021, the County Personnel Department and Health Services Agency (HSA) created the HSA Recruitment and Retention Committee. The purpose of the committee was to achieve measurable improvements in recruitment and retention of difficult-to recruit-classifications.

As a result, the County created three dedicated positions to support the various functions of HSA's recruitment and hiring process, resulting in strengthened partnerships with the Health Improvement Partnership and local colleges and universities (Cabrillo College, UCSC, CSUMB) and internal process changes intended to expand recruitment efforts, accelerate time-to-hire durations and reduce vacancies. These tools included: management training; procedural improvements around application review, examinations, interviews and reference checks; conducting continuous recruitments and modifying Civil Service Codes to eliminate undue delays, which were approved by the Board of Supervisors on June 27, 2023.

There is a national shortage of health care workers including behavioral health workers. This problem preceded but was exacerbated by the COVID-19 pandemic. A 2018 paper by the Healthforce Center at the University of California, San Francisco found that the gap between supply and demand for behavioral health workers was wide was predicted to grow larger.¹

¹ <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/California%E2%80%99s%20Current%20and%20Future%20Behavioral%20Health%20Workforce.pdf>

The pandemic only exacerbated these issues. The 2022 “State of the Workforce Report”²² by the Santa Cruz County Workforce Development Board found health care in general to be a rapidly growing field, accounting for 28 percent of all County job growth between 2010-2019. But the growing demand for workers was significantly undermined during the pandemic when, the report found, 30 percent of all health care workers either quit or were laid off during the pandemic. While focusing on private sector providers, the report documented high turnover and early retirements, and forecasted industrywide difficulties in replacing these workers. There is no reason to believe BHD is immune from these national, State and local forces, and the Workforce Development Board’s findings are in line with the Grand Jury’s findings.

The County operates under a Limited Civil Service System. While this system does not give us the same flexibility enjoyed by the private sector when it comes to hiring practices, it does serve important public policy goals – ensuring fair, equitable and uniform procedures to hire the best-qualified individuals. These requirements include public advertisement of job openings, identification of minimum qualifications, competitive examinations and candidate rankings, all of which expand time-to-hire and may create higher baseline vacancy rates.

Furthermore, during 2021 Service Employees International Union (SEIU) negotiations, a committee consisting of representatives from the County Personnel Department, BHD and SEIU was created to expand the Mental Health Client Specialist series, improve compensation for specific skillsets, and create a career ladder to improve the County’s ability to recruit and retain candidates. Additionally, all BHD classifications received a 6% pay increase in 2022 along with improved benefits.

Taken together, the Board of Supervisors believes these efforts demonstrate the County’s recognition of the importance of these issues to the community. Prior to the commencement of the Grand Jury’s investigation, our response was significant and focused on addressing issues later identified in the Grand Jury’s report.

²² <https://workforcescc.com/wp-content/uploads/2022/05/Santa-Cruz-County-SoW-Final-2022.pdf>

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

As noted above, the County added staff to assist with HSA recruitment. This team made a number of improvements to recruitment and hiring processes.

While we do not accept that the County has not sufficiently budgeted enough staff to provide “adequate” reviews of departmental program and systems, we recognize that the recruitment challenges outlined above can impact a department’s abilities to conduct these analyses. However, County services including services offered by BHD are constantly being reviewed and assessed, and changes through continuous process improvement are common. In recent years, for example, BHD has expanded available substance use disorder beds in the County, secured funding for a Children’s Crisis Stabilization Center, established mental health liaisons to work with local law enforcement, established Mobile Emergency Response Teams for adults and youth, is overseeing expanded jail mental health services, implemented Whole Person Care and is implementing further changes through California Advancing and Innovating Medi-Cal (CalAIM). These examples represent a segment of improvements made during the last few years.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

While staffed by a third-party vendor, the CSP has also experienced staffing challenges that adversely impacted staffing ratios. Furthermore, capacity in that program is limited, sometimes leaving local hospitals as the only treatment option for those experiencing a mental health crisis.

Since October 2022, steps have been taken to mitigate this issue. By June 30, 2023, diversion of adults decreased from 19% to 6%, and diversion of children decreased from 70% to 21%. As referenced above, BHD is developing a Children's Crisis Stabilization Center including an eight-bed all youth Crisis Stabilization Unit and 16-bed all youth crisis residential program.

On August 22, 2023, the Board of Supervisors approved new two-year agreements with Telecare to operate the CSP and Psychiatric Health Facility. The total value of these contracts is \$34.8 million.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

The Mobile Emergency Response Team (MERT) and the Mobile Emergency Response Team for Youth (MERTY) are part of the overall crisis continuum and were not designed to be the sole source for crisis response and transportation in Santa Cruz County. BHD provides a range of services and programs to the community and has numerous avenues for response, including Mental Health Liaisons, Walk-In Crisis services at both of our Emeline and Freedom campuses, and assessment access available 24 hours/day, seven-days-a-week at the CSP. BHD also operates a 24-hour Behavioral Health Services hotline.

To meet increased community needs, the County is currently developing a mobile crisis response based on the Crisis Now model to bring 24/7/365 mobile crisis response to the community. The Crisis Now model utilizes peers and mental health professionals, rather than law enforcement, as the first responders to most mental health crises. The County anticipates operating 24/7/365 mobile crisis response by July 1, 2025.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

While the PHF services and inpatient care out of county are expensive levels of care, it's possible that increasing services at lower levels of care, including residential and partial hospitalization, may reduce the need for additional PHF beds. As noted above, BHD is planning Crisis Now, a crisis continuum project funded by Mental Health Services Act (MHSA) Innovations. One of the goals is to understand how sufficient services at all levels of care might improve patient care and outcomes as well as reduce costs to the system.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

The County's contractor requested, and the County agreed, to no longer admit patients under 18 to the CSP as of July 1, 2023. This was the result of months of negotiations. Considering the design of the physical building and the staffing ratios, admitting one youth into the CSP would remove the capacity of four chairs for adults, which diverted more adults to the emergency departments. Now that the CSP is no longer accepting patients under age 18, the admission of one adult to the CSP removes the capacity of only one chair and other chairs are available for adults up to a total of 12 chairs. Demand for CSP services is higher for the adult population than the youth population. This option, while not ideal, has the least negative impact to the crisis continuum. The County is working closely with a community provider and a local health system on an interim solution for youth CSP. The County has procured a building and is developing a youth only CSP with eight chairs and Crisis Residential with 16 beds to open by July 2025.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

As noted in the report, external auditors found that our County's Med-Cal beneficiaries received more crisis stabilization and intervention services than the statewide average and postulated that it was due in part to more "robust" services than other counties. There is currently insufficient information to understand whether expanding our continuum of care at lower levels to divert beneficiaries from crisis and support them on a recovery path might reduce the need for higher cost services.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

The new Si Se Puede expansion will increase capacity. However, it will not completely close the gap.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

The continuum of care has gaps that adversely impact sufficient step-down capacity and also treatment capacity to intervene and support care to prevent crisis.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

While the County lacks a strong and affordable recovery path for those who enter treatment, insufficient housing is the main barrier.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

BHD's budget for FY 2023-24 exceeds \$134 million, a 65 percent increase compared to five years ago and more than any division in any department in the County. This commitment reflects the Board's emphasis on mental health in our community. We recognize that even at these funding levels, gaps in the continuum of care remain. Community mental health remains a priority of this Board, and we will continue to look for opportunities to expand services given the funding challenges faced by the County.

As every Grand Jury learns, the County faces structural challenges that make it difficult to compete and compare with other Bay Area counties. These include the County receiving only 13 cents from every property tax dollar, giving Board members difficult choices on how to divide scarce resources, particularly when the County must provide hometown services for half the County population living in unincorporated areas. Despite these challenges, the Board recognizes the importance of and need for adequate step-down care for patients.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

BHD provides bilingual mental health services with bicultural staff in both Santa Cruz and Watsonville clinics for adults and children. BHD also contracts with numerous bilingual community-based providers to provide outreach and treatment services. BHD has done and will continue to do targeted recruitment toward potential candidates who are bilingual and bicultural to expand staffing and outreach to the Latino/a community.

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

There is insufficient data to make a correlation between differential pay and staff recruitment and retention. However, the County offers services in a broad range of languages, including Mixteco, though Spanish is our threshold language. BHD has done and will continue to do targeted recruitment toward potential candidates who are bilingual and bicultural to expand staffing and outreach to the Latino/a community.

Recommendations

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

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

Required response explanation, summary, and timeframe:

As noted above, the County increased pay for behavioral health workers, and programs such as Public Service Loan Forgiveness are open to all public employees.

Financial comparisons between Santa Cruz County and Santa Clara County – home of Silicon Valley, the greatest economic engine of the century – are unproductive and unrealistic. Santa Clara County has the second largest total property tax allocation and uses these higher tax dollars to serve the third smallest unincorporated population (4% of their entire county), resulting in California's highest per capital property tax allocation (over \$10,000 per unincorporated resident). Alternatively, Santa Cruz County has one of the lowest per capital property tax rates (under \$500) as its lower tax dollars are spread to directly serve 50% of the population that lives in the unincorporated area.

Furthermore, the connection between salary and local recruitment challenges has not been demonstrated. Between January 1, 2023 and June 30, 2023, of the 159 employees who left HSA, six stated their reason for leaving was salary.

Nonetheless, the County will continue to explore opportunities to improve our recruitment and retention efforts.

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

HAS BEEN IMPLEMENTED – summarize what has been done

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

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

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As noted above, the County Personnel Department and HSA created a Recruitment and Retention Committee to evaluate the hiring process, resulting in numerous improvements. However, the County is limited by Civil Service Rules and external factors such as job market shortages. Time will tell whether these improvements can meet the benchmarks set forth by the Grand Jury.

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

HAS BEEN IMPLEMENTED – summarize what has been done

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

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

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

The County analyzes employee classifications during the collective bargaining process with each bargaining unit.

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

x HAS BEEN IMPLEMENTED – summarize what has been done

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

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

— WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

The HSA Recruitment and Retention Committee continues to build connections with the local university and colleges such as UCSC, Cabrillo College, CSUMB, San Jose State, Heald College, etc. The County Personnel Department has attended more than a half dozen career fairs at local educational institutions in 2023 alone.

Another effort recently launched is through the County Strategic Recruitment Partner Program. This group has representatives from various County departments, including the Health Services Agency, which collaborate to identify and develop recruitment strategies to attract and retain a diverse County workforce. The role of the partners includes recruiting departmental representatives to attend events, generate interest in the work, and help build the talent pipeline. Events where County representatives maintain a presence include industry specific job fairs, networking opportunities, schools, and community events.

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

HAS BEEN IMPLEMENTED – summarize what has been done

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

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

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As part of BHD’s three-year MHSA Innovation project, the County will be undergoing a full assessment of the crisis continuum, including capacity needs at the Crisis Stabilization Program. While this project is targeting a start in fall 2023, the assessment will likely not be complete until fall 2024.

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

—

HAS BEEN IMPLEMENTED – summarize what has been done

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

—

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

—

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As part of BHD’s three-year MHSA Innovation project, the County will be implementing the Crisis Now model starting in fall 2023. The goal of this implementation is to expand mobile crisis services over the next two years – first to weekends, then evenings, and finally overnight. This phased approach will allow the County time to fully staff the team, which will be comprised of a mix of licensed clinicians, peers and behavior specialists, by July 2025.

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

HAS BEEN IMPLEMENTED – summarize what has been done

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

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

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

BHD has been working with community providers and a local health system for the past four months to develop an interim crisis receiving solution for youth. The options are complicated and require several layers of oversight and regulations, and we are working through these to determine the best and most expedient option. Research and planning for an interim crisis receiving solution for youth is a daily task in BHD leadership. BHD anticipates announcing a solution in July 2024 and will continue to provide monthly updates to the Crisis Continuum stakeholders, composed of hospital emergency departments, law enforcement agencies, and CSP providers.

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

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

Required response explanation, summary, and timeframe:

BHD is currently in the middle of implementing the new rates and services under CalAIM. In the next 12 months, the County will have a better understanding of the revenue generated to reinvest in much needed services. The Board will learn more about these efforts by fall 2024.

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

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

Required response explanation, summary, and timeframe:

BHD performs a population assessment per the California Department of Health Care Services Mental Health Plan (MHP) guidelines and analyzes the behavioral health needs of the County population inclusive of language and cultural supports. Based on that assessment, the County's threshold non-English language continues to be Spanish. The County serves other language needs through several interpretation services, including offering interpretation for indigenous languages like Mixteco.

Nonetheless, prevention and education activities continue to be needed that target the Latino/a community. The County will continue to explore grant opportunities that can help expand these services in our community.

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

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

Required response explanation, summary, and timeframe:

The 2021 SEIU negotiations neither raised nor resulted in any changes to the bilingual pay differential. The County will continue to review the recruitment and retention of bilingual staff and make improvements that are data driven.



SANTA CRUZ
COUNTY
GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

2023. 6cl Non-compliant response received

Jane Batoon-Kurovski <Jane.Batoon-Kurovski@santacruzcountyca.gov>
To: "grandjury@scgrandjury.org" <grandjury@scgrandjury.org>
Cc: Xaloc Cabanes <xaloc@aol.com>

Fri, Nov 17, 2023 at 10:35 AM

Good morning Santa Cruz County Civil Grand Jury,

Attached please find the updated Mental Health Advisory Board packet responses. Please confirm you received this email.

Thank you,



Jane Batoon-Kurovski | Administrative Aide
Administration | Behavioral Health Division
Santa Cruz County Health Services Agency
1400 Emeline Avenue, Santa Cruz, CA 95060

Email: Jane.Batoon-Kurovski@santacruzcountyca.gov
Phone: (831) 454-4611 | Fax: (831) 454-4663
Web: www.santacruzhealth.org



2023-6cl_BHD_MHAB_Packet responses FINAL2.pdf
307K



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

Mental Health Advisory Board

to Respond by September 11, 2023

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

Diagnosing the Crisis in Behavioral Health Underfunded, Understaffed & Overworked

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

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

Please follow the instructions below when preparing your response.

Instructions for Respondents

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

1. ***For the Findings, mark one of the following responses with an “X” and provide the required additional information:***
 - a. **AGREE with the Finding**, or
 - b. **PARTIALLY DISAGREE with the Finding** – specify the portion of the Finding that is disputed and include an explanation of the reasons why, or
 - c. **DISAGREE with the Finding** – provide an explanation of the reasons why.
2. ***For the Recommendations, mark one of the following actions with an “X” and provide the required additional information:***
 - a. **HAS BEEN IMPLEMENTED** – provide a summary of the action taken, or
 - b. **HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – provide a timeframe or expected date for completion, or
 - c. **REQUIRES FURTHER ANALYSIS** – provide an explanation, scope, and parameters of an analysis to be completed within six months, or
 - d. **WILL NOT BE IMPLEMENTED** – provide an explanation of why it is not warranted or not reasonable.
3. ***Please confirm the date on which you approved the assigned responses:***

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

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

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

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

Findings

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

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

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

[Empty response explanation box]

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

- AGREE
- PARTIALLY DISAGREE
- DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

Recommendations

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

HAS BEEN IMPLEMENTED – summarize what has been done

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

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

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

These and other strategies are being looked at, to be completed by the end of the fiscal year, June 2024.

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

Funding for MERT/MERTY requires different deliverables. Funding is needed to expand services to 24/7. Please specify the improvements of staff. We recommend increasing staff and integrating peer support and coordinating with school wellness centers and youth programs, to be completed by the end of the fiscal year, June 2024.

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

ADDITIONAL INFORMATION:

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



SANTA CRUZ
COUNTY
GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

2023.6ei Invited response to Grand Jury report was due on Sept. 11, 2023

Monica Morales <Monica.Morales@santacruzcountyca.gov>

Wed, Oct 4, 2023 at 5:22 PM

To: "grandjury@scgrandjury.org" <grandjury@scgrandjury.org>

Cc: Courtney Odell <Courtney.Odell@santacruzcountyca.gov>, Mary Chavez <Mary.Chavez@santacruzcountyca.gov>, Maite Arce <Maite.Arce@santacruzcountyca.gov>, Caitlin Smith <Caitlin.Smith@santacruzcountyca.gov>, Tiffany Cantrell-Warren <Tiffany.Cantrell-Warren@santacruzcountyca.gov>

Hello Kimberly,

The response from the Board of Supervisors on the Grand Jury's report: Diagnosing the Crisis in Behavioral Health, serves as the official response from the Health Services Agency.

Thank you,

Monica Morales

Health Services Agency Director



SANTA CRUZ
COUNTY
GRAND JURY

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Cc: Courtney Odell <Courtney.Odell@santacruzcountyca.gov>, Mary Chavez <Mary.Chavez@santacruzcountyca.gov>, Maite Arce <Maite.Arce@santacruzcountyca.gov>, Caitlin Smith <Caitlin.Smith@santacruzcountyca.gov>, Tiffany Cantrell-Warren <Tiffany.Cantrell-Warren@santacruzcountyca.gov>

Hello Kimberly,

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Thank you,

Monica Morales

Health Services Agency Director



SANTA CRUZ
COUNTY
GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

2023.6fi invited response to Grand Jury report was due on Sept 11, 2023

Ajita Patel <Ajita.Patel@santacruzcountyca.gov>
To: "grandjury@scgrandjury.org" <grandjury@scgrandjury.org>

Wed, Oct 4, 2023 at 2:25 PM

Thank you so much for the opportunity. Any responses I had were included in the Countywide report.

Ajita Patel

Personnel Director

County of Santa Cruz

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