

Responses to the 2013-2014 Grand Jury Report

Every year, when the annual Santa Cruz County Grand Jury Report is published, designated agencies are requested to respond to the findings and recommendations of the report. These responses may agree, partially disagree, or disagree with the findings, and may indicate that recommendations have already been implemented, will be in the future, or will not be implemented, or that further analysis is required.

Comments may also be added to the responses. When a response agrees with a recommendation, further comments are optional. In case of complete or partial disagreement, or in response to recommendations for action, comments should be provided as part of the response.

For each report, the collected responses are published in a separate file on the [grand jury's section of the county's public website](#). Note: The responses are provided as received, and have not been edited, except for minimal formatting to make them appear correctly on this web page.

Report: [Proposition 63: Money for Mental Health: Are We Getting It Right in Santa Cruz?](#)

This report requested responses from the following:

1. Santa Cruz County Board of Supervisors: Finding 6; Recommendation 7
2. Santa Cruz County Health Services Agency: Findings 1-5; Recommendations 1-4, 6
3. Santa Cruz County Mental Health Advisory Board: Finding 4; Recommendation 5

Findings

- **Finding 1: Counselors and psychiatrists are not readily available for existing and potential mental health clients.**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera):
Disagree

Based on the County's last review of its current data (last quarter of the fiscal year), the average wait period for clients seeing a psychiatrist post hospitalization was 2.9 days for adults and 6 days for children. The EQRO standard for this is that clients should be seen within 7 days of hospital discharge.

For new clients requesting services, the average wait period for adults was 11 days, and the average wait period for children was 10 days. The EQRO standard for this measure is 10-days.

The County has placed significant emphasis on recruiting Psychiatrists and filling vacant clinician positions. The County is also planning to add capacity for rapid psychiatry evaluations for the Mobile Crisis Team, and is currently developing a new program for individuals with a mild to moderate mental illness which will also have its own dedicated psychiatry capacity.

- **Finding 2: The lack of implementation of electronic health records (EHR) hampers mental health service to clients.**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera):
Partially Disagree

The County currently has an Electronic Health record which is utilized by both clinicians, nurse practitioners and psychiatrists called Elysium. Elysium is connected to the County Health Information Exchange and is used to support information exchange across different provider groups.

The County is entering into a contract, pending Board of Supervisors Approval, to replace the current Electronic Health Record with a new system that will have significantly enhanced features over the current system. This new system will be available to County staff and also contracted provider staff in the community.

- **Finding 3: Quantitative evaluation of the success of Prop 63 programs is extremely challenging without the implementation of an EHR.**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera):
Disagree

The County does collect quantitative data of the Proposition 63 programs through its annual contracting process with providers. The most recent MHSA Program and Expenditure Report, submitted on April 23, 2014 has the County quantitative data reports on each of the MHSA funded programs.

The County is enhancing the qualitative review of programs by establishing client level outcomes tools to be used across all programs and services with the implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) to establish a set of measures to monitor client outcomes and develop a process for improving program performance and measuring the effectiveness of programs across the system of care. These will also be incorporated into the new electronic health record to allow for a robust set of qualitative measures. The CANS is being rolled

out in children's services beginning in August 2014 and the ANSA will be used starting October 2014.

- **Finding 4: The apparent lapses of direct communication between the Advisory Board, HSA, and the Board of Supervisors impedes the Advisory Board's goals of effective advocacy for clients and advising HSA concerning Prop 63 funded mental health programs.**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera):
Disagree

The Mental Health Advisory Board will be providing a response to this area. However, the County disagrees with the finding listed in the report.

The County has reviewed the attendance logs for the last 19 Mental Health Advisory Board meetings. For the last 19 meetings:

1. The County has been represented at all 19 meetings by at least one staff member from HSA.
2. There were only 4 meetings where one staff member from HSA attended. For 3 of the 4 meetings the staff member representing HSA was the Director of Behavioral Health. The 4th meeting was attended by the Director's designee.
3. The remaining 15 meetings were represented by at least 2 staff from HSA:
 - a. 8 meetings were attended by 2 staff from HSA
 - b. 6 meetings were attended by 3 staff from HSA
 - c. 1 meeting was attended by 4 staff from HSA

- Response from Santa Cruz County Mental Health Advisory Board: **no response**

- **Finding 5: The mandated stakeholder meetings are not successfully attracting participation by county residents.**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera):
Partially Disagree

The last public forum held in May 2014 to review the MHSA 3-year plan had over 80 people in attendance. A survey was administered to those attending, and there were 50 respondents. Of the respondents, 32% indicated they were consumers, 18% indicated they were family members, and 2% indicated they were members of the general public.

The County will be initiating a planned strategic planning process in the fall to further refine and solicit recommendations on the adult and children's system

of care, and is planning separate sessions in North and South County, 2 sessions per region for a total of 4 public sessions and is anticipating broader representation and participation at these meetings.

- **Finding 6: Five vacancies on the 11member Advisory Board left it ineffective for months during our investigation.**

- Response from the Santa Cruz County Board of Supervisors: **Partially disagree**

There have been several vacancies throughout the 13-14 fiscal year but there was only one month in which there were five (5) vacancies. The number of vacancies for each month are as follows:

July 2013:	3
August 2013:	3
September 2013:	3
October 2013:	3
November 2013:	3
December 2013:	3
January 2014:	3
February 2014:	3
March 2014:	4
April 2014:	5
May 2014:	3
June 2014:	3
July 2014:	3

Recommendations

- **Recommendation 1: HSA should improve client access to mental health services by increasing available counseling hours for psychologists and psychiatrists at the Emeline facility. (F1)**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera): **Has been implemented**

The County has filled additional vacancies in psychiatry and recruitment efforts are continuous to fill additional psychiatry positions that were created as part of the County's budget submission to create a mobile crisis team (which will add 1 additional psychiatrist to Mobile Crisis and the Access Team) and up to 5 additional FTE psychiatrists as part of a new outpatient program being established this year to provide services to individuals with a mild to moderate

mental illness. The County is adding a full-time Psychologist and 5 additional Mental Health Client Specialists to provide mobile crisis services, and will be increasing staff support for the Santa Cruz Police Department to 1 FTE, and adding a .5 FTE to work with the Sheriff's Office. In addition, the County has funded a full-time case manager position to work with the Downtown Accountability Program and is adding up to 5 additional full-time Sr. Mental Health Client Specialists as part of a outpatient mental health program expansion beginning in October 2014.

- **Recommendation 2: HSA should use Electronic Health Records (EHR) for all mental and medical health services. (F2)**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera): **Has been implemented**

The County currently utilizes an electronic health record for clinical and psychiatry services through Elysium. All progress notes and medications are recorded in Elysium. The County is presenting a contract to the Board of Supervisors in August 2014 for a new integrated electronic health record and billing system which will provide an enhanced product for not only County Staff but also contracted providers in the community.

- **Recommendation 3: HSA should use EHR to perform quantitative evaluations of program effectiveness. (F2, F3)**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera): **Requires further analysis**

The County already collects quantitative data for all of its programs and services funded with Proposition 63 funding.

The County is planning to enhance the qualitative evaluation of all programs in conjunction with a new Electronic Health Record which will be used by both County operated programs as well as contracted provider organizations, and the implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) to establish a set of measures to monitor client outcomes and develop a process for improving program performance and measuring the effectiveness of programs across the system of care. The CANS is being rolled out in children's services beginning in August 2014 and the ANSA will be used starting October 2014.

- **Recommendation 4: HSA should regularly attend the Mental Health Advisory Board meetings and should respond directly to the concerns raised. (F4)**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera): **Has been implemented**

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- **Recommendation 5: The Mental Health Advisory Board should quickly and clearly communicate to HSA all issues that come before the Board. (F4)**

- Response from Santa Cruz County Mental Health Advisory Board: **no response**

- **Recommendation 6: HSA should publicize mental health programs and promote them in a way that will educate and engage the larger community. (F5)**

- Response from Santa Cruz County Health Services Agency (Erik G. Riera): **Has been implemented**

HSA does publicize mental health programs and provides education and engagement with the larger community through the County website, a monthly newsletter, "We are Serious about Mental Health and Recovery", public speaking engagements, public forums such as the recent MHSA forum in May with over 80 participants, and 4 additional community forums planned for the fall of 2014.

- **Recommendation 7: The Board of Supervisors should fill all Advisory Board vacancies in a timely manner. (F6)**

- Response from the Santa Cruz County Board of Supervisors: **Has not been implemented but will be implemented in the future.**

The Board will continue to make every effort to fill advisory board vacancies with qualified representatives as expeditiously as possible. By ordinance, County advisory board vacancies have specific criteria their representatives must meet

to be appointed. It can be difficult to find community members willing to serve that also meet both the categorical and district criteria. In the instance of the Mental Health Advisory Board, the Board of Supervisors has taken action to fill the three seats that were vacant as of July 2014. On August 5, 2014, the Board appointed a representative to fill a vacant seat, bringing the number of vacancies on the Mental Health Advisory Board down to two.

Commendations

- **Commendation 1: The Grand Jury commends HSA for working to provide services in the face of changing requirements, multi-year budget cuts, and evolving mental health treatment and prevention practices.**
- **Commendation 2: The Grand Jury commends the MHCAN peer-led respite center for its success in helping clients avoid crises and support each other to help maintain good mental health.**