County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division

Salud Mental y Tratamiento del Uso de Sustancias

NOTICE OF PUBLIC MEETING
BEHAVIORAL HEALTH ADVISORY BOARD
OCTOBER 16, 2025, 3:00 PM-5:00 PM
1400 EMELINE AVENUE, CONFERENCE ROOMS 206-207, SANTA CRUZ
THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR CALL (831)454-2222, CONFERENCE 875 664 181#

Xaloc Cabanes Chair 1st District	Valerie Webb Member 2nd District	Michael Neidig Co-Chair 3rd District	Antonio Rivas Member 4th District	Jennifer Wells Kaupp Member 5th District
Kaelin Wagnermarsh Member 1st District	Dean Shoji Kashino Member 2nd District	Hugh McCormick Member 3rd District	Rachel Montoya Member 4th District	Jeffrey Arlt Secretary 5th District

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Director, County Behavioral Health	Meg Yarnell Deputy Director, County Behavioral Health

Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference Rooms 206-207, Santa Cruz. Individuals may click here to Join the meeting now or may participate by telephone by calling (831)454-2222, Conference ID 875 664 181#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Behavioral Health Advisory Board website.

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

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

BEHAVIORAL HEALTH ADVISORY BOARD AGENDA

ID	Time	Regular Business
1	3:00-3:15	• Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • *Approval of September 18, 2025 minutes** • Secretary's Report
		Standing Reports
2	3:15-3:25	September Patients' Rights Reports – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	3:25-3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35-3:45	Behavioral Health Director's Report – Meg Yarnell, Behavioral Health Deputy Director BHSA Update – Amy Rhoades, Health Services Manager/BHSA Coordinator
5	3:45-4:15	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:15-4:30	Beebe Report Ad Hoc Committee Update – Mike, Hugh, Kaelin, Jeff, Dean
		New Agenda Items
7	4:30-4:55	*2025 Data Notebook – review of responses and vote to submit**
		Future Agenda Items
8	4:55-5:00	• Review of Grand Jury Report • 988 Ad Hoc Committee
	5:00	**Adjourn**

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

NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:
NOVEMBER 20, 2025, 3:00 PM – 5:00 PM
1400 EMELINE, ROOMS 206-207, SANTA CRUZ

County of Santa Cruz

HEALTH SERVICES AGENCY

BEHAVIORAL HEALTH DIVISION

MINUTES – Draft

Salud Mental y Tratamiento del Uso de Sustancias

BEHAVIORAL HEALTH ADVISORY BOARD

SEPTEMBER 18, 2025, 3:00 PM - 5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ 95060

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 692 928 216#

Present:	Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh, Michael Neidig, Rachel Montoya, Xaloc Cabanes, Supervisor Kimberly De Serpa
Absent:	Jennifer Wells Kaupp, Valerie Webb
Staff:	Meg Yarnell, Brenda Campbell, Amy Rhoades, Jane Batoon-Kurovski

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I. Roll Call – Quorum present. Meeting called to order at 3:04 p.m. by Chair Xaloc Cabanes.

II. Public Comment – 1 addressed the BHAB via Microsoft Teams.
1 addressed the BHAB in the conference room.

III. Board Member Announcements

1. Strategic Plan Survey 2026-2032 has section on BH - request survey be made available to clients who participate in programs sponsored by the county to get their point of view.
2. This month is Suicide Prevention Month and prevention of substance use.
3. BH division and CEO office working with MHCAN board regarding the closure of MHCAN.
4. New Behavioral Health Advisory Board member: Rachel Montoya

IV. Approve August 21, 2025 Minutes

Motion / Second: Dean Kashino / Antonio Rivas

Ayes: Rivas, Kashino, McCormick, Arlt, Wagnermarsh, Neidig, Cabanes, De Serpa

Nayes: None

Abstain: Montoya

Result: Approved

V. Secretary's Report

- September is Suicide Prevention and SUDS Month
- 09/20 11am-2pm: Assemblymember Gail Pellerin hosting Care Fair at 701 Ocean Street
- CalBHBC training on October 17-18 in Burlingame and Zoom
- Crisis Jam every Wednesday morning at 9 am on YouTube
- BHAB has 2 TAY vacancies ages 16-25

VI. Patient's Rights Report – George Carvalho, Advocate

August report was provided. George attended the meeting.

- New children's facility: minors will have rights to reach out to Advocacy, Inc. to make regular visits. No arrangement or contract for reimbursement has been made.
- Reaching out to Jimmy Panetta's office regarding executive orders doing away with Housing First Initiatives and how that might affect Santa Cruz County.
- Submitted inquiry on the county website asking for direction on how providers can navigate the system in the current new environment. Haven't received response yet.

- One facility put up information for ICE agents informing who to contact, etc. Good idea for all contracted facilities.
- Ann Butler sold Front Street, Inc. to Pacific Care, LLC.
- Reached out to 7th Avenue to get information on any changes regarding hirings, policies and procedures, etc. Confirmed same as before.

VII. Board of Supervisors Report – Supervisor Kimberly De Serpa

- Gail Pellerin's CARE Fair on Saturday at 701 Ocean Street parking lot. Folks in the 28th District that are being honored include Michael Beebe, Beverly Henninger, Amelio Ruvalcaba, Debra Sloss.
- Children's Crisis Center – will have bilingual staff, multicultural staff. 60 staff will be hired for the new facility.

VIII. Behavioral Health Director's Report – Meg Yarnell, BH Adults Services Director

- Announcement: Meg Yarnell is the new Deputy Director of Behavioral Health effective September 29, 2025.
- Hope Forward | Esperanza Adelante Youth Crisis Center ribbon cutting held on September 17th. Services are anticipated to commence December 2025.
- Adult Behavioral Health Highlight – CARE Program
  Hired Adrian Bernard, MH Client Specialist to support/provide services for CARE clients. Additional details about CARE: 14 of the 18 petitions referred to BH, 9 are active CARE participants, and 5 were dismissed.
- Children's Behavioral Health (CBH) Highlight
  CBH team was recognized for developing Key Message Statement: "Children's Behavioral Health is an essential access point for behavioral health services in Santa Cruz County, ensuring youth and families are connected to an appropriate level of care. 100% of youth/caregivers who call asking for help get support to connect to the services they need. 98% of youth who qualify for our services receive an appointment within 10 days."
- SUDS Highlights
  The Camp in Scotts Valley was recently Drug Medi-Cal certified for 71 adult residential beds as well as outpatient service provision. Those services will be available in November 2025. This expansion will allow to have on demand treatment available for every level of care for the first time in Santa Cruz County's history of Drug Medi-Cal. Currently have on demand treatment available for youth at all levels of care.

CARE Presentation – Meg Yarnell, BH Adults Director and Brenda Campbell, Forensics Services Program Manager

- Purpose is to transform the Medicaid system to a more equitable and integrated person-centered system, focusing on vulnerable people, which is the core of the justice initiative. The justice initiative is closing the gaps for people leaving the jail without insurance or care coordination, getting the folks that are in custody connected to Medi-Cal earlier.
- Objectives of Providing Services Prior to Release: increase Medi-Cal coverage, improve access, improve coordination and communication, increase investments, improve connections, provide intervention and reduce post-release acute care utilizations.
- Covered Pre-Release Services within 90 days of release: Reentry case management services; physical and behavioral health clinical consultation services through telehealth or in-person; lab and radiology services; medications

and medication administration; medications for addiction treatment (MAT) including counseling; and services provided by community health workers with lived experience.

- Pre- and Post- Release Care Management to Support Re-Entry
  - Enhanced Care Management (ECM) – working with the Sheriff's Office and NaphCare to figure out how to do the ECM.
  - BH Linkages – will have a pilot on a small population in the jail to link them to BH services. Working on a tool for the jail to use to show what level of care they should go to.
  - Warm Handoff Requirement – share transitional care plan and conduct a pre-release care management meeting.
- The initiative is working in Santa Cruz through Medi-Cal enrollment; target services; behavioral health coordination, Enhanced Care Management (ECM) and Reentry planning.
- Partners include Santa Cruz County Sheriff's Office, NaphCare, Central CA Alliance for Health, Department of Probation, Encompass and Front Street.

IX. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh

Jail Site Visit summary:

- Problem for inmates is lack of places for them to go after being released from jail. No step-down program to go to due to no programs or maximum capacity. Incompetent to Stand Trial – can't stabilize someone until they hear from the court. New jail facility is needed. Planned to section off area for high needs individuals who have BH issues.
- Impression that NaphCare is doing better than WellPath. Goal is to develop the house across the street into a center with representatives from other agencies so when person is released, they walk across the street and get plugged into the system. They are using Telepsych as they are having trouble getting health providers.
- 1500 bookings per year since the Sobering Center. About 80% of inmates are on some type of medication and 40-60% of them are on psychotropic meds.
- Next site visit – 7th Avenue on October 15th, 12-1pm. Telecare site visit will be held in November and Rountree site visit will be held in December.

X. Review and discussion of Mike Beebe's Report

- Goal is to identify additional sources of funding. Preliminary work is trying to identify the scope and scale of the services that need to be funded. Getting preliminary information and the goal is to identify additional sources of funding and cost savings.

XI. New Agenda Items

1. Data Notebook – this year's focus is on Wellness Centers. Discussion and review of report responses to be held next month.

XII. Future Agenda Items – MHCAN update, social media presence, Sheriff's Office to share their challenges and what is needed at the jail.

XIII. Adjournment

Meeting adjourned at 4:52 p.m.

Summary
This is a September 2025, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reise Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that was lost.

Patients' Rights Advocate Report

September 2025

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7th Avenue Center

On September 24, 2025, I received a call from a resident from the 7th Avenue Center. She stated that her fear around the prescribed medication as well as her desire to exercise the right to challenge the conservatorship. My client provided verbal permission to speak with both her conservator and public defender. The conservator was convinced that given the severity of the symptoms that the medication is warranted despite the potentially serious side effects of which the conservator was knowledgeable

Also spoke with the Public Defender, who despite her client's expressed desire and even though she was approaching the time that the client would be legally eligible, declined to file for a rehearing stating that she had limited time and resources to do so. The Public Defender urged me to speak to my client about engaging in her treatment plan, some of which includes taking the medication as prescribed.

Telecare PHF

On September 15, 2025, I received a call from a newly admitted patient to the Psychiatric facility. He seemed distressed by continual hospitalization and requested a visit from the PRA to advise him of his rights. I inquired about the length of the hospitalization and informed him of his rights under a 5250 hold, and generally about the format of the hearing, as well as his appeal rights. Lastly, I informed him that we may likely meet the following day if he continues as a patient at the PHF. The client was discharged from the PHF before the face-to-face interview.

Dominican Hospital ED

(AB2275)

On September 19,2025, I received a call from the psychiatric social worker about a minor held at the emergency department stating that this minor may be placed on a second 5150 hold and therefore eligible for the patients' rights provisions of California Assembly Bill 275. I returned the call engaged in a brief discussion with the social worker about the details of AB 2275 including the patients' right of habeas corpus and the right of judicial review. I also requested access to the client if the minor remains at the ED for another 24 hours. Within 24 hours this writer received a call from the social worker who informed me that the patient was discharged to a long-term mental health facility.

Opal Cliffs

On September 8, 2025, this writer received a report of resident-to-resident abuse. Specifically, one client hit another in response to verbal abuse. Ms. Schill contacted the staff and was informed that the reported victim pressed charges. Case number obtained from staff. Staff reported that the alleged perpetrator was removed from the facility.

Reise and Certification Review Hearings

September 2025

1. TOTAL NUMBER CERTIFIED	30
2. TOTAL NUMBER OF HEARINGS	24
3. TOTAL NUMBER OF CONTESTED HEARINGS	14
4. NO CONTEST PROBABLE CAUSE	10
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	
7. DISCHARGED BEFORE HEARING	6
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	10
10. NON-REGULARLY SCHEDULED HEARINGS	

Ombudsman Program & Patient Advocate Program shared 0 clients in this month

(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled at Telecare (Santa Cruz Psychiatric Health Facility)

Reise Hearings. /Capacity Hearings

Total number of Riese petitions filed by the Telecare treating psychiatrist: 6
Total number of Riese Hearings conducted: 4
Total number of Riese Hearings lost: 4
Total number of Riese Hearings won: 0
Total number of Riese Hearings withdrawn: 2
Hours spent on conducted hearing representation: 2
Hours spent on hearings not conducted: .5
Hours spent on all Reise hearings: 2.5
Reise appeal: 0

Respectfully Submitted: Davi Schill, George Carvalho, PRA

Behavioral Health Services Act Integrated Plan and Transition Updates

October 16, 2025

BHSA Planning Timeline

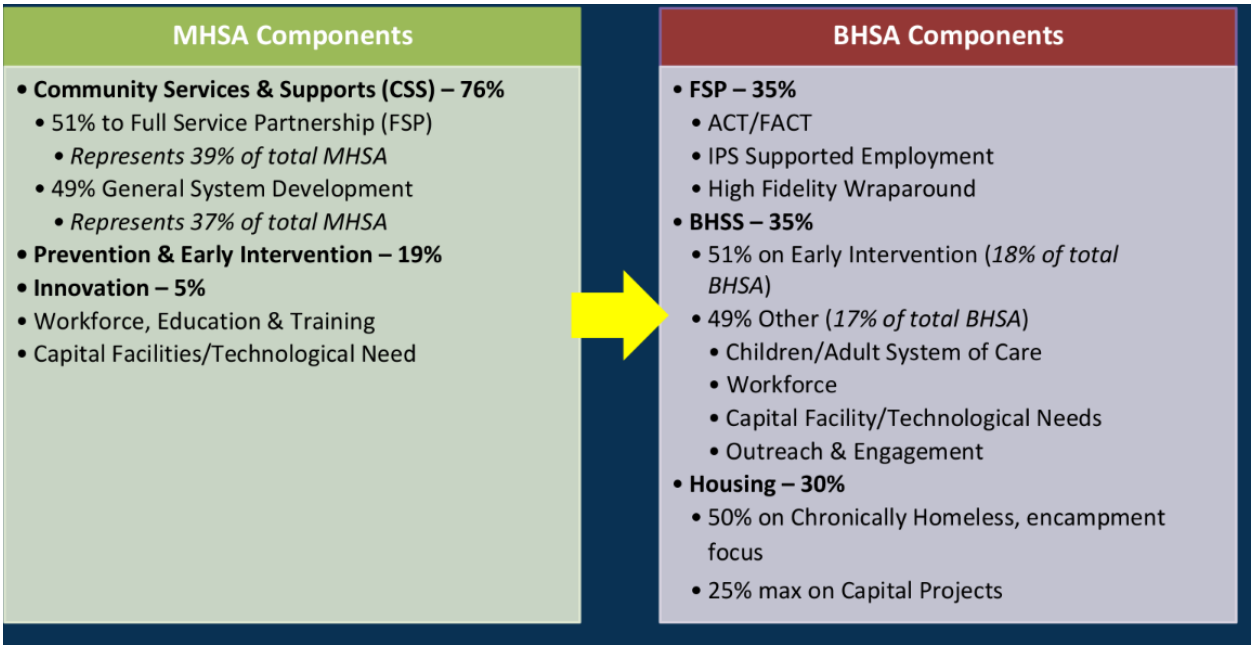
- **October 2025** – CPP Consultant contract approval and signatures
- **October 30-November 21, 2025** – CPP process begins. Focus groups, Community forums, surveys, KII to gather feedback and input about BH services. Data from the CHA/CHIP, Master Document of Aging, and new data from our CPP process will be used to develop our 3-year priorities.
- **January 31, 2026** – Draft IP done and ready for BH admin review.
- **February 2-6, 2026** – BH admin review.
- **February 9-13, 2026** – Final edits to IP draft.
- **February 19, 2026** – Open draft IP for 30-day public comment BHAB
- **March 19, 2026** – Public comment is closed
- **March 20, 2026** – Internal BH team reviews comments and incorporate into draft plan.
- **March 23-27, 2026** – CEO time to review, provide additional feedback to BH, approve plan.
- **March 30, 2026** – BH internal team make any final edits from admin.
- **March 31, 2026** – Draft IP is due to DHCS. This draft MUST include a letter from the CEO approving the draft IP, including the exemption and transfer requests.
- **April 1-April 30, 2026** – DHCS reviews draft and provides feedback to county.
- **May 1-8, 2026** – BH team reviews DHCS feedback and edits the plan.
- **May 12, 2026** – Submit IP and board memo to HSA Admin.
- **June 23, 2026** – Present to BOS and get approval.
- **June 30, 2026** – Final Due! County BOS approval is required for submission by June 30.
- **July 1, 2026** – BHSA begins!

Community Planning Process:

- Focus groups and community forums will be held in the first three weeks of November.
- Survey will be sent out to collect feedback about BHSA 3-year plan.

- Key Informant Interview (KII) with BHAB member?
- Focus group with BHAB?

Fiscal:



- Reviewing All BH Services and Contracts to determine which to keep and which will end due to new funding requirements.
- Internal decisions about ending programs have not been made, but it is clear there will be changes and/or funding shifts.

Integrated Plan Sections:

Plan Components	Progress Updates
General Information	Done.
County BH System Overview	In Progress. • Collecting information about current BH programs and services from the whole department.
Statewide BH Goals	In progress: • Population data analysis is complete. • Working on cross analysis with BH programs.
Community Planning Process	In progress: • Survey and focus group questions draft is complete.

	• Demographics form is complete. • Making contact with key partners to introduce this process and need for their participation.
Comment Period and Public Hearing	Not started.
County BH Services Care Continuum	Completed. This section states that BH will focus on continuum of care models.
County Provider Monitoring and Oversight	In progress. • Review of county contracts and services provided.
BHSA Fund Programs	In progress. • Working with internal staff to learn more about the current MHSA programs and services, so we can properly realign funding. • Need to complete CPP before completing this section.
Workforce Strategy	In progress. • Working with personnel.
Budget and Prudent Reserve	In progress.
Plan Approval and Compliance	Not Started. • Marni approved first. • CEO approves draft IP. • BOS approves final IP.

SANTA CRUZ COUNTY
Civil Grand Jury

701 Ocean Street, Room 318-I
Santa Cruz, CA 95060
(831) 454-2099
grandjury@scgrandjury.org

County Behavioral Health Services – A State of Mind

Focus. Fund. Save.

Summary

The Grand Jury's investigation of the Behavioral Health Division (BHD) showed poor or non-existent metrics on BHD programs and services displayed on County web portals. Serious gaps in addressing South County health care needs were also found. This report highlights the above facts and provides the recommendations to address them.

Recommendations include:

- **Transparency Overhaul:** Improve reporting of program outcomes and costs to enable program evaluation and enhance public transparency.
- **Enhanced Case Management:** Increase emphasis on enhanced case management services which will reduce long term health care costs.
- **Local Care Focus:** Reduce costly out-of-county inpatient transfers by investing in local resources.
- **South County Investment:** Address socioeconomic disparities in South County to improve overall health outcomes.

The Grand Jury believes that these approaches will improve outcomes for residents through increased and better targeted mental health services. Improving behavioral health services will create a healthier and more vibrant South County.

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Background

The Grand Jury is charged with investigating the budget of one or more of the Santa Cruz County departments. The Grand Jury decided to investigate the budget of the Health Services Agency (HSA). Within that organization, the Behavioral Health Division which provides services to address mental health, substance use disorders as well as other public health programs, has the largest single budget. Therefore, HSA's Behavioral Health Division became the focus of the Grand Jury's investigation.

Santa Cruz County Behavioral Health Division struggles to meet the mental health needs of our community. It has neither the fiscal means nor staff resources to adequately do so.

The 2022-2023 Grand Jury report, *Diagnosing the Crisis in Behavioral Health*, stated: "Santa Cruz has more homeless people per capita than anywhere else in California." At the time of the 2022-2023 report publication:

> *Some 2,300 of our residents were without housing. An estimated 37% of the Behavioral Health Services clients were homeless. About 67% of homeless residents were experiencing chronic substance abuse, and 43% of Behavioral Health Services substance use disorder clients were involved with the criminal justice system.*[1] [2]

The Behavioral Health External Quality Review (EQR) revealed that Santa Cruz County has three times the number of behavioral health high-cost beneficiaries (HCB) when compared to the state average for calendar years 2018 through 2020. HCBs are identified as those with approved claims of more than $30,000 in a year.[3]

In addition to this challenge, there are fiscal barriers to providing the various types of services and the volume of services our community needs. The fiscal year 2023-2024 budgeted expenses for BHD are 54.9% of the HSA total expense budget of $259 million. To put this figure in perspective, only 22% of this same HSA budget is allocated for medical clinical services by County health clinics.[4] Even with the size of the BHD budget, the need outstrips fiscal resources.

According to the Grand Jury report from 2022-2023, *Diagnosing the Crisis in Mental Health*, the staff vacancy rate in the Behavioral Health Division was 30%.[5] The report stated that the hard-to-fill positions within BHD included psychiatrists, psychiatric nurses, licensed mental health practitioners, and other direct service practitioners–especially bilingual staff.[6] [7] This year's interviewees indicated that challenges in filling vacancies continue to exist.

All of the above statistics point to a disturbing reality: Santa Cruz County's Behavioral Health Services, relative to other California counties, is charged with providing mental health services to a substantial, high-need population that the County does not have the resources to adequately address.

Scope and Methodology

The objective of this investigation is to determine which of the many County behavioral health programs are the most effective. The approach is to examine treatment results and the costs associated with each program. Specific topics the Grand Jury investigated include:

Performance Measurement

- Identifying funding sources of the BHD programs.
- Identifying the number of patients being treated, programs serving these patients, and the volume of service provided.
- Evaluating data that can be used to determine the value of specific programs.
- Identifying the number of high-cost beneficiaries and the percentage of the HSA resources consumed treating these patients.
- Analyzing quantitative data of patients transferred out of the county for treatment and their associated costs.
- Ensuring that interested residents can find all the above information easily from County websites.

Programs

- Determining the number of programs in place that are “preventative” in nature and the percentage of the HSA budget being allocated to these programs.
- Analyzing the correlation of socioeconomic indicators on healthcare outcomes.

Patient Profiles

- Determining if high-cost beneficiaries are being tracked and provided case management services.

The sources of information gathered for this report include:

- Interviews with HSA staff as well as outside public health experts.
- Program data collected and reported by Santa Cruz County BHD.
- Program data collected and reported by other government entities, both state and federal.
- Budget data for Santa Cruz County and other government entities, including data posted on the California Health and Human Services (CalHHS) website.
- Review of relevant articles, published reports, newspaper articles, and documents found online regarding mental health.
- Attendance at monthly Mental Health Advisory Board meetings.

Investigation

The Grand Jury conducted an in-depth investigation of mental health issues in our county. This investigation discusses in detail core issues that the Jury has identified as needing to be addressed in order to meet our community's growing mental health needs. The Grand Jury believes that if the mental health program issues can be effectively addressed, then the social issues raised by this Grand Jury report and other Grand Jury reports can also be alleviated.

Lack of Data Transparency and Program Effectiveness

Currently, data as presented to the public does not help to allocate the agency's resources to the most effective program and to populations with the highest need for mental health services. The following are specific areas where there is a lack of data transparency:

- **County of Santa Cruz Finance Data:** Santa Cruz County's website has made tremendous strides in improving financial transparency through the OpenGov Website which allows the public to view County budgets.[8] However, it does not provide the functionality that would allow users to filter down to financial information by individual programs and therefore is not usable for that purpose by the general public.[9]

  There are no instructions targeted to the layperson on how to use the website or interpret the financial data. As an example, it is hard to find the exact funding amount the County receives from the Mental Health Services Act, (MHSA) Prop 63.[10] It is not clear where the MHSA funding is embedded among the various State Funding sources the County receives.[11]

  The 2017-2018 Grand Jury report *Data-Driven Budgeting – New Ways To Get Better Results* stated, "A budget document is more meaningful to the general public when it correlates spending priorities to the public value of services. The County's comparative interactive budget tool, while publicly accessible, does not include performance measures or provide a broader performance data dashboard tool that County departments can leverage." Budgeting based on performance data is known as "performance budgeting."[12]

- **Diverse Sources:** Funding sources include Medi-Cal, California Mental Health Services Act funds, and County General Fund contributions. Budget and individual program analyses are challenging due to the mix of funding streams.[9]
- **Services Provided by External Providers:** Independent health providers such as hospitals and urgent care medical facilities provide services to patients also being served by the County. Data collected by these external providers is not necessarily available to the County BHD. Missing data can skew the calculation of performance metrics.[13]
- **High-Cost Beneficiaries Root Cause Analysis:** None of the officials interviewed could provide a satisfactory answer regarding why Santa Cruz

County ranks so high among California counties in the number of high-cost beneficiary patients. No data was available to the Grand Jury for high-cost beneficiaries by zip code.[14] [15] The BHD does not have enough staff to do a root cause analysis.[6] [7]

County and State Reporting: The HSA data collection required to comply with mandated county and state requirements does not measure the outcome. As an example, the data collected may be by the number of people served by a program. This does not include the number of rehospitalizations or improvements in industry- accepted scores like the Adult Needs and Strengths Assessment (ANSA).[16]

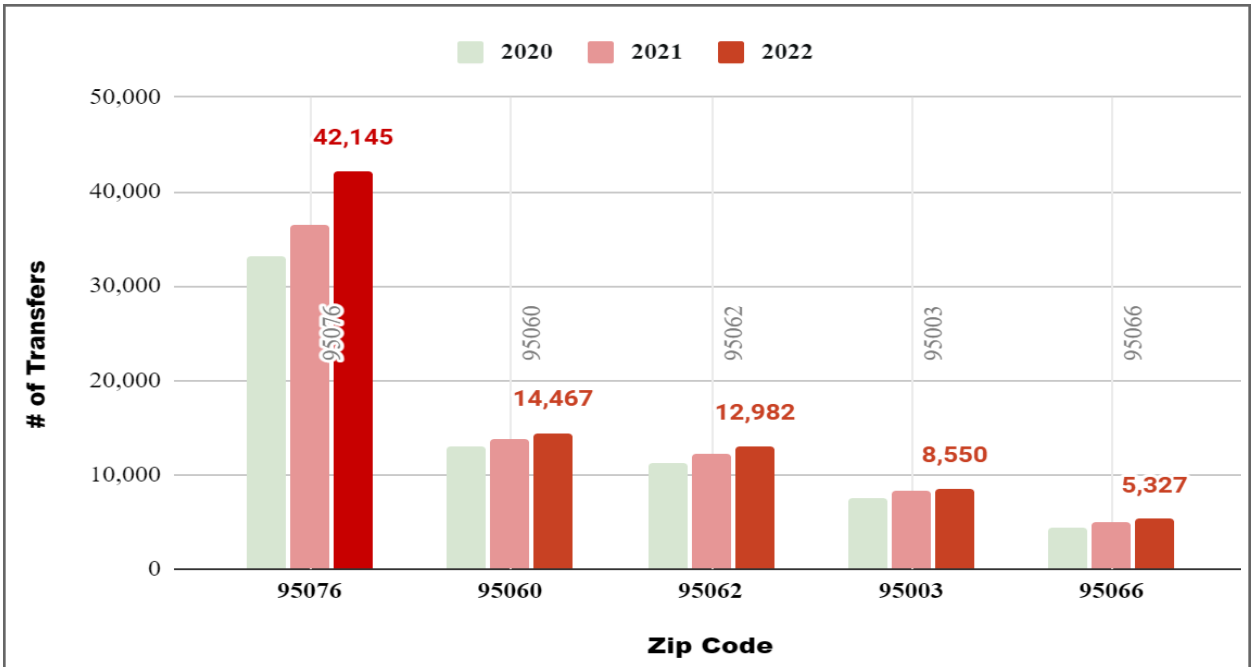
Metrics Gap: Public access to County contract provider program metrics is limited. Key programs like the Janus Withdrawal Program[17] and County Volunteer Center's services[18] lack publicly available performance measurements. This makes evaluation of contract-provided program services challenging.

Out-of-County Transfers

The Grand Jury was motivated to look into out-of-county (OOC) transfers based on interviewees indicating that this was an example of where costs could potentially be saved.[19] The Grand Jury was interested in knowing how many such transfers occur and the cost of such transfers.

Patients are transferred to OOC hospitals when Santa Cruz County is at capacity and has no beds for its patients or does not have available treatment services. Figure 1 below shows the number of times Santa Cruz County patients were transferred to OOC hospitals for inpatient, emergency, or ambulatory surgery treatment. This data from California Health and Human Services (CalHHS) shows the distribution of patient transfers sorted by zip codes over the past three years.

Figure 1 below shows that the zip code of 95076 had the highest number of patient transfers outside the county for the previous 3 years. This indicates that almost 40% of all the transfers occur from one zip code - 95076. For context, Figure 2 below shows the zip codes within Santa Cruz County.



Total transfers for the entire Santa Cruz County	Yr 2020 94,707	Yr 2021 101,562	Yr 2022 109,840

Figure 1: Patient Discharges to Hospitals Outside of the County (Top five zip codes).[20]

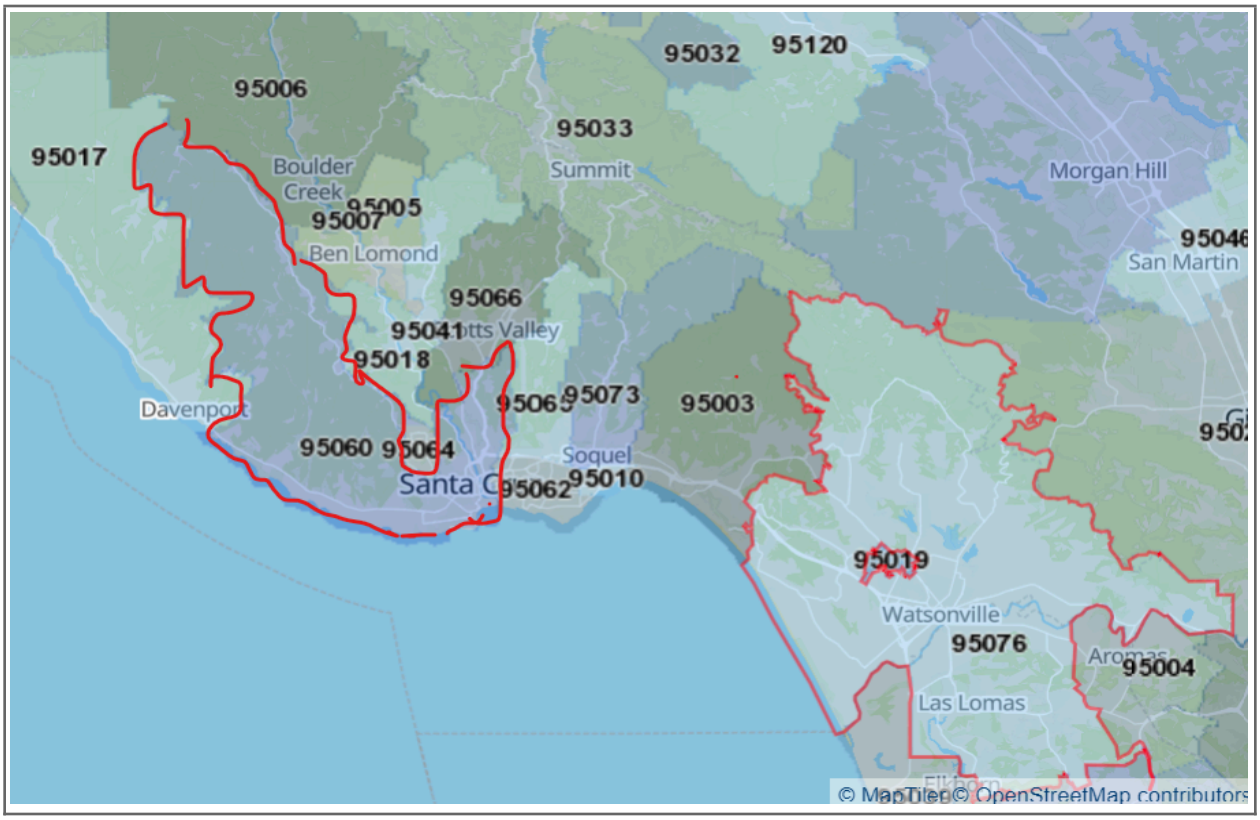


Figure 2: Zip codes within Santa Cruz County, showing cities.[21]

How Much Do These Transfers cost?

The County pays 100% of the cost for the care when Santa Cruz County HSA patients are transferred to an out-of-county inpatient facility. The County does not receive the Federal match for any Medi-Cal out-of-county inpatient care. This is in contrast to health care services provided within the county where the Federal funds match 50% of the Medi-Cal expenses.[22]

Figure 3 below shows the cost of out-of-county transfers or “Outside Hospital Expenses” in the County HSA Budget for years 2020-2022.

Data

	2020-21 Actual	2021-22 Actual	2022-23 Adopted Budget	2022-23 Estimated Actuals
Outside Hospital Expense	$ 16,568,173	$ 20,759,402	$ 17,679,129	$ 18,846,400
Outside Expense Medical Care	3,985,277	3,495,324	4,294,350	4,294,350
Outside Physicians	255,881	255,561	400,000	400,000
Total	$ 20,809,332	$ 24,510,287	$ 22,373,479	$ 23,540,750

Figure 3: Derived from Santa Cruz County FY 2023-24 Financial Summary[23]

The high number of out-of-county transfers takes away funding from healthcare services like mental health and addiction treatment. The relative lack of inpatient health care services especially impacts the residents of 95076, as shown by these statistics. Increased inpatient facilities would reduce out-of-county transfers and associated costs to the county.

The passing of Measure N,[24] a $116M bond initiative for Watsonville Community Hospital, may allow for better healthcare facilities in the 95076 zip code in the coming years. It may not stem the flow of patients needing emergency services in the short term.

Prevention and Social Determinants of Health

Continuing to build more facilities and providing more healthcare is a stopgap solution.

Recent action has been taken by the BoS and the County HSD to improve the situation in the form of a $500,000 CORE Funding allocation for South County Prevention Services. The County has opened a South Government Services Center, in part for the delivery of these critical services for South County residents.[25] [26] [27]

Prevention is the only way to reduce long term health care costs.[28] Health care activities must include not only treatment of existing health conditions, but also promote health and prevention services that create healthier communities.

The Grand Jury decided to look at social determinants of health (SDOH) as advocated for by the Centers for Disease Control and Prevention (CDC).[29] SDOH are the conditions in the environments where people are born, live, learn, work, play, worship,

and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[30] The SDOH is a more accurate indicator of health outcomes than either genetic factors or access to healthcare services.[31] [32] [33] [34] This means that things like a person's income level, education, and neighborhood environment have a larger impact on their health than the medical treatment they receive.

To look into the possible drivers of these indicators, the Grand Jury looked at Healthy Places Index® (HPI) data and Mental Health Index (MHI) data across zip codes of Santa Cruz County.

Healthy Places Index®

A project of the Public Health Alliance of Southern California, the Healthy Places Index® (HPI), is a powerful data and policy platform created to advance health equity through open and accessible data.[35] This index maps data on social conditions that drive health such as education, job opportunities, healthcare access, and clean air and water. Higher numbers are indicative of better healthy community conditions compared to the rest of the California zip codes.

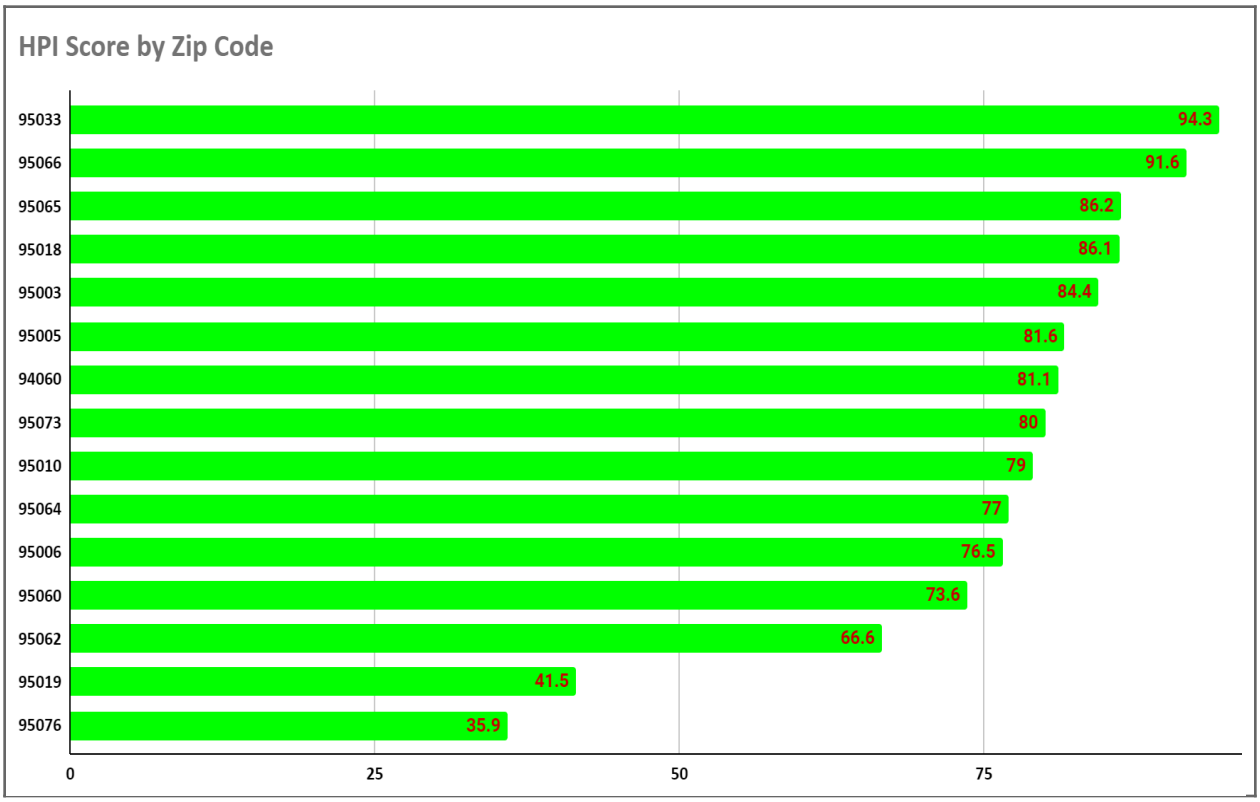


Figure 4: A comparison of HPI Scores for all zip codes in Santa Cruz County.[36]

Figure 4 above shows that the South County zip codes 95019 and 95076 have the lowest HPI scores within Santa Cruz county. These South County zip codes lag far behind the rest of the County zip codes on socioeconomic indicators for healthy living. This contributes to increased South County healthcare costs.

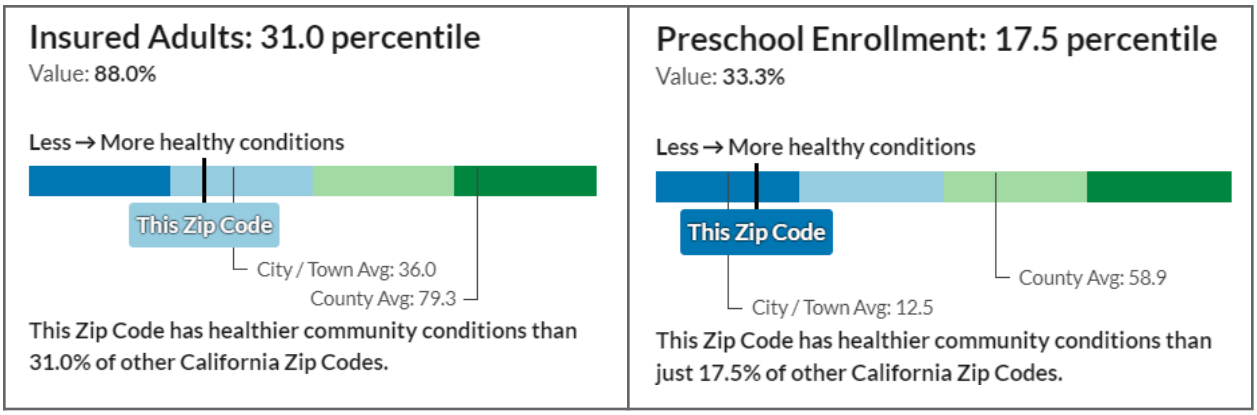


Figure 5: Examples of two socioeconomic indicators in zip code 95076[37]

Figure 5 above shows that even though 88% of adults residing in 95076 are insured, its percentile ranking is only 31% compared to other California zip codes. This indicates the effectiveness of being "insured." Being insured by itself does not guarantee better health outcomes if the health services are poor or not available in the area. This is the case for 95076.[38] [39] The same is true for Preschool Enrollment indicating a very low enrollment compared to other zip codes.

California Proposition 1 (2024) is intended to address the socioeconomic indicators related to homelessness. This funding may eventually alleviate the housing, overcrowding and affordability issues in the 95076 zip code, reducing the incidence of mental health cases, hence improving general health outcomes.[40]

Mental Health Index

The Mental Health Index developed by Conduent Healthy Communities Institute and part of the SocioNeeds Index® Suite, is a measure of the SDOH correlated with self-reported poor mental health. It identifies areas of high need within the community, requiring targeted interventions.[41] The MHI for the zip code 95076 has a rank of 5 indicating "High Need" with respect to socioeconomic indicators Homelessness, Unemployment, Healthcare Access, and Single Parent Household.[42] [43]

In summary, both HPI Index and Mental Health Index of 95076 reveal poor socioeconomic conditions compared to the rest of Santa Cruz County, calling for urgent attention to address these issues and reduce health care costs.

Case Management Programs

Case Management programs provide comprehensive care to patients with complex needs. Santa Cruz County implements this type of program as Santa Cruz Enhanced Care Management.[44]

Santa Cruz County Care Management Background

Santa Cruz County participated in a California pilot program called the Whole Person Care program, which started in 2016 and ended in 2021. It was a grant-funded program to provide case management services to Medi-Cal patients that met multiple needs

criteria.[45] There is evidence that case management programs such as Whole Person reduce costs and provide better outcomes for clients.[46] Based on this success, the Whole Person Program has been rolled out as Enhanced Care Management (ECM) starting in January 2022. The ECM program allows the providers to charge Medi-Cal for these services.

Managed Care Services Provided

The Enhanced Care Management programs focus on high-cost beneficiaries requiring high touch service with multiple needs, including mental health services.[47] The ECM programs provide each client with a lead case manager and each has a community health worker to assess needs. Health services are provided at County clinics. Services include assisting with housing and food needs in addition to mental and physical health support.[48]

Step-down programs manage the transition of clients from treatment to independent living. These programs often involve therapy, skills training, and medication management, all designed to help people transition back into the community successfully. These programs provide connection to both physical and behavioral health services. Managed care services are greatly enhanced with the availability of step-down programs. This will ensure there is a continuous glide path to wellness. Currently the County step-down services are severely limited. For example, ECM is offered as a new benefit to people released from incarceration as of January 2024.[49] [50]

Challenges of Meeting the Demand for Managed Care Services

Currently, ECM is reaching only 0.5% of the eligible ECM residents of Santa Cruz County.[51] There are 300-400 ECM clients currently enrolled countywide. The county has five different ECM programs at present. All of them have waiting lists.[52]

A major obstacle to expanding these services is the BHD job vacancy rate of up to 30%.[6] Additional case managers are needed to meet the patient demand. Case managers with the required experience and licensure are difficult to recruit and these positions often go unfilled for long periods of time. Providing additional services would have a negligible budget impact because these services are covered by Medi-Cal. The additional services provided by newly-hired case managers will be self-funding and therefore increased services will have negligible budget impact.

BHD is not currently using outcome-based metrics. Doing so will enable them to provide more effective services. Interviews indicated that patients are not typically surveyed for their functional skills and needs (such as done by ANSA). It is important to survey patients at intake, periodically during their time in the program and then finally when they leave the program. Interviewees also mentioned they had considered such surveys but didn't have the direction or scope to do so.[53] [54] [55] The RAND corporation had identified parameters for these surveys in its 2018 report.[56]

Despite the potential benefits of Managed Care Services in providing services for our most vulnerable Santa Cruz County residents with the help they need, the challenges with recruiting and funding make our ideal outcomes difficult to achieve.

Conclusion

Santa Cruz has more homeless people per capita than anywhere else in California. A majority of these homeless residents are in need of behavioral health services. Compounding the problem is that the County's general budget is limited. Santa Cruz County is also an expensive place to live and therefore recruitment of health care providers is a challenge. Given these facts, Santa Cruz County is facing an uphill battle to provide adequate Behavioral Health Services both in terms of dollars and not having enough personnel. The Behavioral Health Services owes it to taxpayers to rigorously apply outcome-based metrics to determine which programs give the biggest bang for the buck.

The Grand Jury's preliminary analysis of regional service levels indicates South County residents have limited access to healthcare and lag other areas in socioeconomic indicators. Programs that improve socioeconomic indicators in South County will reduce behavioral healthcare and mental services costs in the long run.

Findings

The Grand Jury wishes to acknowledge the fiscal limitations of Santa Cruz County. The findings and recommendations of this report are made with these fiscal restrictions in mind.

Findings on Lack of Data Transparency

F1. The County budget website lacks HSA Financial data visible to the public to ensure transparency of programs and funding efficacy.

F2. The County has limited staff to analyze the data for identifying trends which would allow focusing resources more effectively.

Findings on Out-of-County Transfers and 95076 Zip Code

F3. Zip code data can pinpoint areas of "High Need," which can direct data-driven funding for better health outcomes and give a better "Return on Investment."

F4. The 95076 zip code has an extraordinarily high number of patient transfers to outside the county compared to other zip codes of Santa Cruz county. This indicates a major lack of healthcare facilities and services to serve the community.

F5. A study of socioeconomic indicators of the 95076 zip code, compared to other zip codes of Santa Cruz county, reveal a dire need to improve the following:

- Homelessness
- Low Preschool Enrollment
- Poor Health Care Access
- Unemployment
- Support for Single Parent Households

Findings about Case Management

F6. The ECM programs are currently at capacity and have waiting lists. More providers are needed to expand the program further to transition more residents to independent living.

F7. Though there is evidence that managed care programs like ECM are effective, lack of data leaves doubt in the public's mind. Data supporting the success rate of ECM programs would ensure stronger public support.

Recommendations

R1. The Grand Jury recommends that Behavioral Health Services, in collaboration with the Chief Administrative Office Staff (CAO), provide a plan to report program performance on County websites. This plan should include data necessary to evaluate the effectiveness of each behavioral health program, including outcome-based metrics, patient feedback for each program, number of patients served, and financial details like budgeted expenses and revenue sources by program. This plan should be published by December 31, 2024. (F1, F2, F3)

R2. The Grand Jury recommends that the Board of Supervisors direct the CAO to implement performance budgeting of Behavioral Health Services over the next two-year budget cycle. This was also recommended by the 2017-2018 Grand Jury. The BoS should take this action by December 31, 2024. (F1)

R3. The Grand Jury recommends that because the 95076 zip code is the area of most need, Behavioral Health Division's Enhanced Care Management programs should focus efforts on identifying and case managing clients in this area by December 31, 2024. (F3, F4, F5, F6, F7)

R4. The Grand Jury recommends that Behavioral Health Services, County Office of Education, and the Board of Supervisors develop and publish a plan, with measurable outcomes, that focuses on improving socioeconomic indicators in the 95076 zip code by December 31, 2024. (F3, F4, F5)

R5. The Grand Jury recommends that Behavioral Health Services and the Board of Supervisors include an outcome-based evaluation of contracted services through a summary report that is publicly available. This should be done for all new and renewed contracts by December 31, 2024. (F1, F2, F4, F5, F7)

Commendations

C1. County Behavioral Health Services are to be commended for their dedicated service to the community. They provide compassionate care with limited resources, all while being understaffed. Given the Behavioral Health Services high job vacancy rate, existing resource providers continue to provide exemplary services.

Required Responses

Respondent	*Findings*	*Recommendations*	*Respond Within/ Respond By*
Santa Cruz County Board of Supervisors	F1–F7	R1–R5	90 Days September 9, 2024
Santa Cruz County Superintendent of Schools	F3–F5	R4	60 Days August 12, 2024

Invited Responses

Respondent	*Findings*	*Recommendations*	*Respond Within/ Respond By*
Santa Cruz County Behavioral Health Services Director	F1–F7	R1–R5	90 Days September 9, 2024
Santa Cruz County Chief Administrative Officer	F1	R1	90 Days September 9, 2024

Definitions

- **BHD:** Behavioral Health Division
- **CAO:** Chief Administrative Office - County Administrative Office supervises County departments and functions and is responsible for the County budget, strategic management initiatives, communications, legislative advocacy, intergovernmental relations, and emergency operations, as well as management of the Board of Supervisors' meeting agendas and records
- **CCHA:** California Central Coast Alliance for Health - Serve the Medi-Cal Managed Care for Santa Cruz County.[47]
- **CDC:** Centers for Disease Control and Prevention
- **ECM:** Enhanced Care Management - Statewide Medi-Cal benefit available to eligible members with complex needs, including:
  - Access to a single Lead Care Manager who provides comprehensive care management and coordinates their health and health-related care and services.
  - Connections to the quality care they need, no matter where members seek care—at the doctor, the dentist, with a social worker, or at a community center.[47]
- **EQR:** External Quality Review - an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services by Behavioral Health Concepts, Inc.[57]

- **HCB:** High-cost beneficiary - Identified as those with approved claims of more than $30,000 in a year
- **HSA:** Health Services Agency
- **MHI:** Mental Health Index - a measure of social determinants and health factors correlated with self-reported poor mental health[41]
- **Performance Budgeting**: A performance budget is one that reflects both the input of resources and the output of services for each unit of an organization
- **SDOH:** Social determinants of health - Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life[31]

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SANTA CRUZ COUNTY GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

Responses to 2023-2024 Grand Jury Report "County Behavioral Health Services - A State of Mind"

Caitlin Smith <Caitlin.Smith@santacruzcountyca.gov> Tue, Sep 3, 2024 at 1:54 PM

Good Afternoon,

Please see attached for responses to the 2023-2024 Grand Jury Report titled “County Behavioral Health Services – A State of Mind” from the Santa Cruz County Board of Supervisors and the Santa Cruz County Superintendent of Schools which were approved by the Board of Supervisors on August 27, 2024.

Best,

Caitlin C. Smith

County Supervisors’ Analyst

Santa Cruz County Board of Supervisors

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831-454-2200 main

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

please use: boardofsupervisors@santacruzcountyca.gov

3 attachments

Cover Letter County Behavioral Health Services-A State of Mind.pdf
198K

Board of Supervisors Response - County Behavioral Health Services - A State of Mind.pdf
500K

Superintendent Response-County Behavioral Health - A State of Mind.pdf
261K

County of Santa Cruz

BOARD OF SUPERVISORS

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FIRST DISTRICT	SECOND DISTRICT	THIRD DISTRICT	FOURTH DISTRICT	FIFTH DISTRICT

August 30, 2024

The Honorable Katherine Hansen
Santa Cruz Courthouse
701 Ocean Street
Santa Cruz, CA 95060

RE: Response to the 2023-2024 Grand Jury Report "County Behavioral Health Services – A State of Mind"

Dear Judge Hansen,

The purpose of this letter is to formally transmit the Santa Cruz County Board of Supervisors' and the Santa Cruz County Superintendent of Schools responses to the 2023-2024 Grand Jury Report "County Behavioral Health Services – A State of Mind."

Sincerely,

JUSTIN CUMMINGS, Chair
Santa Cruz County Board of Supervisors

JC:cs
Attachments

CC: Clerk of the Board
Santa Cruz County Grand Jury

The 2023–2024 Santa Cruz County Civil Grand Jury

Requires the

Santa Cruz County Board of Supervisors

to Respond by September 9, 2024

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

County Behavioral Health Services – A State of Mind

Focus. Fund. Save.

Responses are **required** from elected officials, elected agency or department heads, and elected boards, councils, and committees which are investigated by the Grand Jury. The California Penal Code (PC) §933(c) requires you to respond as specified below and to keep your response on file.

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 August 27,2024 **.**

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

   The Honorable Katherine Hansen, Grand Jury Supervising Judge Katherine.Hansen@santacruzcourt.org **and**

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

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

Findings

F1. The County budget website lacks HSA Financial data visible to the public to ensure transparency of programs and funding efficacy.

__ AGREE

__ PARTIALLY DISAGREE

_X_ DISAGREE

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

The award-winning County budget website (Proposed Health Services Agency 2024-25 Budget) contains financial data viewable in several different ways; by revenue/ expenditure type, division, and service. A service is defined as an operational unit within a department aimed at accomplishing a major governmental purpose or supporting the Operational Plan. The operational plan, a collection of objectives: measurable, time-bound, and inclusive tests of change that reflect the County's major work towards creating a healthy, safe, more affordable community, links budget appropriations to each service and is available on the County website. A PDF of the County Proposed 2024-25 Budget in Brief is also available.

F2. The County has limited staff to analyze the data for identifying trends which would allow focusing resources more effectively.

__ **AGREE**

_X_ **PARTIALLY DISAGREE**

__ **DISAGREE**

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

The County has Analysts and other qualified staff with skills and tools necessary to analyze data, trends, and form recommendations to effectively allocate limited resources. Not all data is accessible to the County, but data sharing initiatives are advancing within County departments, which have the potential to improve resource allocation efficiencies, as well as advance care coordination, inform decision-making, and improve service delivery outcomes.

A significant number of population health reports and analysis can be found online at the Health Services Agency Website: Population Health Data (santacruzhealth.org)

F3. Zip code data can pinpoint areas of “High Need,” which can direct data-driven funding for better health outcomes and give a better “Return on Investment.”

__ **AGREE**

_X_ **PARTIALLY DISAGREE**

__ **DISAGREE**

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

Zip code data can pinpoint areas of “High Need,” which can direct data-driven funding for better health outcomes and give a better “Return on Investment”, The BHD is responsible for the administration of the Specialty Mental Health and Drug Medi-Cal Health Plans and the provision of care to Medi-Cal beneficiaries who meet health criteria, based on individual need, under these health plans. Often, these beneficiaries are living with life-long diagnoses and improvement is measured by maintenance or improvement in functioning and self-reported metrics.

F4. The 95076 zip code has an extraordinarily high number of patient transfers to outside the county compared to other zip codes of Santa Cruz county. This indicates a major lack of healthcare facilities and services to serve the community.

__ **AGREE**

_X_ **PARTIALLY DISAGREE**

__ **DISAGREE**

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

The County is committed to retaining the existing health care facilities and services that support all County residents, including 95076 zip code residents, and has committed to expanding the availability of facilities and services. The County has made significant investments with its community partners to purchase and keep open Watsonville Community Hospital and has recently purchased a building to establish an in-County youth crisis stabilization facility. In addition, the County relocated services at Westridge, increasing accessibility to South County.

If the finding is only related to Behavioral Health transfers, then the data referenced in the Grand Jury report is too broad, as that data appears to include all patient transfers for any health need, not only behavioral health, regardless of insurance provider. The County is responsible for the payment of hospital services only for patient transfers for inpatient psychiatry for Medi-Cal beneficiaries.

Due to Federal legislation, inpatient psychiatric facilities that are not attached to an acute care hospital are capped at 16 beds. As a result, Santa Cruz County has only one inpatient psychiatric health facility (also known as the PHF) of 16 beds located at 2250 Soquel Ave, Santa Cruz. The County Specialty Mental Health Plan contracts with Telecare to deliver the health services in that facility.

If this finding is regarding lack of healthcare facilities and services to Medi-Cal beneficiaries, the responsibility and the data is held by the Medi-Cal Managed Care Plans (MCPs). In Santa Cruz County, the MCPs are the Central California Alliance for Health (CCAH) and Kaiser Permanente, which are accountable to the State of California's Department of Health Care Services (DHCS) for maintaining network adequacy requirements.

If this finding is regarding lack of healthcare facilities and services to private insurance members, the responsibility and the data is held by the Managed Care Plans (MCPs). There are many MCPs that provide health care coverage for Santa Cruz County residents, such as Anthem, Blue Shield, Kaiser Permanente, and others. The non-Medi-Cal MCPs are accountable to the State of California's Department of Managed Health Care (DMHC) for maintaining network adequacy requirements.

F5. A study of socioeconomic indicators of the 95076 zip code, compared to other zip codes of Santa Cruz county, reveal a dire need to improve the following:
Homelessness
Low Preschool Enrollment
Poor Health Care Access
Unemployment
Support for Single Parent Households

_X_ AGREE

__ PARTIALLY DISAGREE

__ DISAGREE

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

Santa Cruz County's DataShareSCC provides dozens of indicators related to community health and well-being. https://www.datasharescc.org/
The data shows similar findings. The Public Health Division-led Community Health Assessment (CHA) will be published in August 2024, and preliminary results also show findings that concur.

F6. The ECM programs are currently at capacity and have waiting lists. More providers are needed to expand the program further to transition more residents to independent living.

__ **AGREE**

__ **PARTIALLY DISAGREE**

_X_ **DISAGREE**

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

The County does not have data on waiting lists or patient need for the Enhanced Care Management (ECM) program. The Enhanced Care Management is a Medi-Cal entitlement that is the responsibility of the Medi-Cal Managed Care Plans (MCPs) and administered through the MCPs. In Santa Cruz County, there are two Medi-Cal MCPs – Central California Alliance for Health (CCAH) and Kaiser Permanente. Those organizations are responsible for the ECM programs, not the County. The County Health Services Agency is merely one of many contractors to CCAH to provide the ECM program to some Medi-Cal beneficiaries. The waitlist information would be the responsibility of the MCPs.

F7. Though there is evidence that managed care programs like ECM are effective, lack of data leaves doubt in the public's mind. Data supporting the success rate of ECM programs would ensure stronger public support.

__ **AGREE**

__ **PARTIALLY DISAGREE**

_X_ **DISAGREE**

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

The County does not have data on the effectiveness of the Enhanced Care Management (ECM) program at this time. The Enhanced Care Management is a Medi-Cal entitlement that is the responsibility of the Medi-Cal Managed Care Plans (MCPs) and administered through the MCPs. In Santa Cruz County there are two Medi-Cal MCPs – Central California Alliance for Health (CCAH) and Kaiser Permanente. Those organizations are responsible for the ECM programs, not the County. The County Health Services Agency is merely one of many contractors to CCAH to provide the ECM program to some Medi-Cal beneficiaries. Effectiveness information would be the responsibility of the MCPs.

Recommendations

R1. The Grand Jury recommends that Behavioral Health Services, in collaboration with the Chief Administrative Office Staff (CAO), provide a plan to report program performance on County websites. This plan should include data necessary to evaluate the effectiveness of each behavioral health program, including outcome-based metrics, patient feedback for each program, number of patients served, and financial details like budgeted expenses and revenue sources by program. This plan should be published by December 31, 2024. (F1, F2, F3)

_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 County Health Services Agency and its Behavioral Health Division (BHD) publish the External Quality Review Organization (EQRO) Reports for the Mental Health Plan and Drug Medi-Cal Plan's quality performance on the Behavioral Health website (Medi-Cal Specialty Behavioral Health External Quality Review- MHP and Medi-Cal Specialty Behavioral Health External Quality Review- DMC-ODS). This is a state-administered network adequacy and quality audit of County BHD that is conducted by an external organization, independent of the County of Santa Cruz and BHD.

The County budget website links expenditure and revenue appropriations to each service. A service is defined as an operational unit within a department aimed at accomplishing a major governmental purpose or supporting the Operational Plan. The Behavioral Health Division of the Health Services Agency has seven services that can be explored at this link (Health Services Agency Proposed 2024-25 Budget).

Beginning in Fall 2024 through Spring 2025, a Public Health Division-led Community Health Improvement Plan (CHIP) will be developed using a community engagement framework (MAPP 2.0), based on the CHA findings. If the community engaged process finds 95076 zip code and associated indicators to be a priority to include in the CHIP, elements of this recommendation may appear in the CHIP in mid-2025.

R2. The Grand Jury recommends that the Board of Supervisors direct the CAO to implement performance budgeting of Behavioral Health Services over the next two-year budget cycle. This was also recommended by the 2017-2018 Grand Jury. The BoS should take this action by December 31, 2024. (F1)

_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 County budget website links applicable operational objectives that contain measurable and time-bound tests of change to budget appropriations at the service level. A service is defined as an operational unit within a department aimed at accomplishing a major governmental purpose or supporting the Operational Plan. The Operational Plan is renewed every two years while the Budget is adopted annually. The Health Service Agency's Budget and linked operational objectives can be found at this link: Health Services Agency Proposed 2024-25 Budget.

Few counties are linking their operational efforts to their budgets in this way. In 2022, the California State Association of Counties (CSAC) awarded Santa Cruz County a Challenge Award recognizing the innovation in integrating the plans.

R3. The Grand Jury recommends that because the 95076 zip code is the area of most need, Behavioral Health Division's Enhanced Care Management programs should focus efforts on identifying and case managing clients in this area by December 31, 2024. (F3, F4, F5, F6, F7)

__ **HAS BEEN IMPLEMENTED –** summarize what has been done

_X_ **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:

Enhanced Care Management (ECM) is a Medi-Cal entitlement that is the responsibility of the Medi-Cal Managed Care Plans (MCPs) and administered through the MCPs. In Santa Cruz County there are two Medi-Cal MCPs – Central California Alliance for Health (CCAH) and Kaiser Permanente. Those organizations are responsible for the ECM programs, not the County. The County Health Services Agency is merely one of many contractors to CCAH to provide the ECM program to some Medi-Cal beneficiaries.

The Behavioral Health Division will begin offering ECM services to all Adult Specialty Mental Health beneficiaries regardless of zip code, through HSA's ECM contract with the Central California Alliance for Health, by December 2024. The County BHD will offer ECM to all Specialty Mental Health beneficiaries based on the population priorities outlined by ECM requirements, as such staff will ensure an equity lens is at the forefront of the work.

R4. The Grand Jury recommends that Behavioral Health Services, County Office of Education, and the Board of Supervisors develop and publish a plan, with measurable outcomes, that focuses on improving socioeconomic indicators in the 95076 zip code by December 31, 2024. (F3, F4, F5)

__ **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)

_X_ **WILL NOT BE IMPLEMENTED –** explain why

Required response explanation, summary, and timeframe:

Beginning in Fall 2024 through Spring 2025, a Public Health Division-led Community Health Improvement Plan (CHIP) will be developed using a community engagement framework (MAPP 2.0), based on the CHA findings. If the community engaged process finds 95076 zip code and associated indicators to be a priority to include in the CHIP, elements of this recommendation may appear in the CHIP in mid-2025. The 2018-23 Community Health Improvement Plan (CHIP)can be viewed on the DataShare Santa Cruz County website (datasharescc.org).

R5. The Grand Jury recommends that Behavioral Health Services and the Board of Supervisors include an outcome-based evaluation of contracted services through a summary report that is publicly available. This should be done for all new and renewed contracts by December 31, 2024. (F1, F2, F4, 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)

_X_ **WILL NOT BE IMPLEMENTED –** explain why

Required response explanation, summary, and timeframe:

Behavioral Health Contractors utilize best practices, which are backed by scientific research conducted in controlled setting. Behavioral Health contracts have evaluation metrics, many of which it is the mechanism in which contractors are paid for the service.

While allocating the significant time and resources necessary to design and implement a system-wide outcomes evaluation is not possible at this time, Santa Cruz County's DataShareSCC provides dozens of indicators related to community health and well-being (datasharescc.org). Additionally, the Public Health Division-led Community Health Assessment (CHA) will be published in August 2024, and there are overlapping elements that should contribute to a broader understanding.

SANTA CRUZ COUNTY GRAND JURY

Grand Jury <jgrandjury@scgrandjury.org>

Response to Civil Grand Jury Response

Faris Sabbah <fsabbah@santacruzcoe.org> Mon, Aug 12, 2024 at 8:00 AM
To: Katherine.Hansen@santacruzcourt.org, grandjury@scgrandjury.org
Cc: Nick Ibarra <nibarra@santacruzcoe.org>

Dear Judge Hansen and Members of the Santa Cruz County Civil Grand Jury,

Please find attached my response to the Civil Grand Jury report of June 11, 2024, entitled "County Behavioral Health Services – A State of Mind." As required under California Penal Code §933(c), my response addresses all findings and recommendations assigned to me in the report.

I would also like to express my gratitude for the hard work and dedication of the members of the 2023-24 Civil Grand Jury. Thank you for your commitment to improving our county.

Should you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,
Dr. Faris Sabbah
Santa Cruz County Superintendent of Schools

DR.FARIS SABBAH
SUPERINTENDENT OF SCHOOLS

Dr. Faris Sabbah
County Superintendent of Schools
(831) 466-5900 | fsabbah@santacruzcoe.org
www.santacruzcoe.org
400 Encinal St. Santa Cruz, CA 95060
pronouns: he, him, his

Santa Cruz County Office of Education
www.santacruzcoe.org

2024-7bR HSA SoS Required Response Request - COMPLETED.pdf
444K

The 2023–2024 Santa Cruz County Civil Grand Jury

Requires the

Santa Cruz County Superintendent of Schools

to Respond by August 12, 2024

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

County Behavioral Health Services – A State of Mind

Focus. Fund. Save.

Responses are **required** from elected officials, elected agency or department heads, and elected boards, councils, and committees which are investigated by the Grand Jury. The California Penal Code (PC) §933(c) requires you to respond as specified below and to keep your response on file.

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

    The Honorable Katherine Hansen, Grand Jury Supervising Judge
    Katherine.Hansen@santacruzcourt.org **and**

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

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

Findings

F3. Zip code data can pinpoint areas of “High Need,” which can direct data-driven funding for better health outcomes and give a better “Return on Investment.”

__ **AGREE**

X **PARTIALLY DISAGREE**

__ **DISAGREE**

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

ZIP Code data is an important indicator of need as part of a holistic assessment of community health. However, in isolation it can be insufficiently granular or comprehensive to be used to direct funding decisions – even where that degree of flexibility exists in health funding disbursement, which in many cases it does not. Instead, ZIP Code data should be used alongside other indicators of community health as part of a comprehensive analysis. Within the school community for example, districtwide and school-site data sources are often as or more relevant to funding decisions as ZIP Code data. Census tract data provides another important, and more granular, geographic lens. It is also essential to note that eligibility for health services is generally based on individual need, regardless of ZIP Code within Santa Cruz County. This is not to say there is no place for ZIP Code based data; it can help to target outreach campaigns, and, in the context of other data, serves as an important indicator of progress addressing health inequities.

F4. The 95076 zip code has an extraordinarily high number of patient transfers to outside the county compared to other zip codes of Santa Cruz county. This indicates a major lack of healthcare facilities and services to serve the community.

__ **AGREE**

X **PARTIALLY DISAGREE**

__ **DISAGREE**

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

This finding does not directly relate to programs or data under the purview of the Santa Cruz County Superintendent of Schools or the Santa Cruz County Office of Education (COE). We anticipate a more detailed response from the Health Services Agency (HSA), and would generally defer to the HSA's expertise on this matter. However, a review of the Civil Grand Jury's analysis in support of this finding raises several concerns. For instance, it does not appear that the Civil Grand Jury analysis adjusted for the population of each ZIP Code while performing its analysis. While these irregularities call into question the specifics of the analysis, it is the position of the Santa Cruz County Superintendent of Schools that the conclusion of this finding is directionally accurate: the 95076 ZIP Code requires focused attention to continue improving health care facilities and resources. Continuing to expand access to healthcare facilities and services in South Santa Cruz County is a key priority for the COE as part of a broad coalition of partners, including through the school-based wellness initiatives through which we are expanding students' access to mental health support to address any level of need. The Pediatric Health Work Group, of which the COE is a member, is one focal point for this work as it relates to youth in our community. The Pediatric Health Work Group has identified disparities in BMI and other health indicators that point to persistent health inequities disproportionately affecting youth in the 95076 ZIP Code. In response, the COE convened work groups of educators and topical experts in Spring 2024 to assess how schools can work more closely with families and health providers to share actionable information and best practices – whether in classrooms and cafeterias, or at home. We anticipate a report based on these findings will be released in Fall 2024.

F5. A study of socioeconomic indicators of the 95076 zip code, compared to other zip codes of Santa Cruz county, reveal a dire need to improve the following:
Homelessness
Low Preschool Enrollment
Poor Health Care Access
Unemployment
Support for Single Parent Households

X **AGREE**

__ **PARTIALLY DISAGREE**

__ **DISAGREE**

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

Recommendations

R4. The Grand Jury recommends that Behavioral Health Services, County Office of Education, and the Board of Supervisors develop and publish a plan, with measurable outcomes, that focuses on improving socioeconomic indicators in the 95076 zip code by December 31, 2024. (F3, F4, F5)

__	**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)
X	**WILL NOT BE IMPLEMENTED –** explain why

Required response explanation, summary, and timeframe:

After consulting with the partners referenced by the Civil Grand Jury, it is the determination of the Santa Cruz County Superintendent of Schools that it would not be an efficient or effective use of resources to produce an entirely new plan in this timeframe that is focused exclusively on the 95076 ZIP Code. Such a plan would overlap significantly with numerous existing plans and processes. These include the Community Health Improvement Plan which is set to begin this fall, as well as the Santa Cruz County Health Service Agency's 2025 Strategic Plan and in some respects the Collective of Results and Evidence-based (CORE) Investments funding model. In addition, the COE is working closely with regional partners through the Central Coast K-16 Collaborative to address long-standing social and economic inequities in higher education and workforce participation through creation of classroom to career pathways in fields including health, computer science and education. The COE would reconsider participation in the plan proposed by the Civil Grand Jury should a need for it emerge from a community-led process tied to more targeted, evidence-based outcomes.