



COUNTY OF SAN BENITO
BOARD OF SUPERVISORS

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October 9, 2007

The Honorable Harry Tobias
Presiding Judge San Benito County Superior Court

Dear Judge Tobias:

This is the San Benito County formal response to the Grand Jury Report issued July 31, 2007. Also incorporated for the convenience of the Grand Jury is the response by the Chief Probation Officer and County Sheriff.

This response fulfills Penal Code Section 933 that mandates a response to the Grand Jury Report within 90 days of the report.

Please extend our appreciation to the Grand Jury for their continued dedication and service to the community.

Sincerely,

Don Marcus, Chair
San Benito County Board of Supervisors

Attachment: San Benito County Response



SAN BENITO COUNTY SHERIFF'S OFFICE

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CURTIS J. HILL
SHERIFF-CORONER

September 5, 2007

TO: San Benito County Grand Jury
FROM: Curtis J. Hill, Sheriff/Coroner
RE: **2006 – 2007 Grand Jury Report and Response, County Jail**

The following is my response to the conclusions and recommendations of the Grand Jury:

1. Complete 2005 – 2006 Grand Jury recommendations of additional security cameras and installation of new control panel.

As Sheriff of San Benito County and pursuant to Penal Code 933.05.(a)(2)(b)(1), the recommendation has been implemented. The budgeted and approved security cameras were installed as well as the touch screen control panel in central control.

2. Properly install the electrical cord for the refrigerator in the Nurse's station.

Pursuant to Penal Code 933.05. (a)(2)(b)(1), the recommendation has been implemented. The refrigerator was moved next to the wall outlet.

3. Provide in-depth classification training to more staff in order to have personnel available 24/7 for this critically important bilingual function.

Pursuant to Penal Code 933.05.(a)(2)(b)(1), the recommendation has been implemented. During fiscal year 2006 – 2007, two additional Correctional Officers were sent to classification training. For fiscal year 2007- 2008, a new Correctional Officer position was approved by the County Board of Supervisors to be dedicated to the classification function.

4. Provide space at the Jail facility for education and life skills programming.

Pursuant to Penal Code 933.05.(a)(2)(b)(2), the recommendation has not been implemented. I am not clear as to this recommendation. If space is the context, I have adequate space for this type of programming.

MISSION STATEMENT

TO SERVE THE PUBLIC BY ESTABLISHING A PARTNERSHIP WITH THE COMMUNITY; TO PROTECT LIFE AND PROPERTY,
PREVENT CRIME AND SOLVE PROBLEMS

- 5. Increase the nursing staff at the Jail to provide coverage 24/7. This position could then be shared by both the Jail and Juvenile Hall which only has a nurse during four hour shifts.**

Pursuant to Penal Code 933.05.(a)(2)(b)(3), the recommendation requires further analysis. I do not feel an additional nursing staff is warranted at this time, however, I will initiate discussion with staff and the medical provider to determine if the recommendation of the Grand Jury has merit.

- 6. Replace wooden box in in-take area with a more secure, safe writing area.**

Pursuant to Penal Code 933.05.(a)(2)(b)(4), the recommendation will not be implemented. The pre booking area has been looked at for safety. I don't feel replacing the box is necessary.

**Board of Supervisors Response
to the Grand Jury Report on the County Jail
Issued July 31, 2007**

The Grand Jury report included six recommendations addressing the needs of the County Jail.

Recommendations

Grand Jury Recommendation 1:

"Complete 2005-2006 Grand Jury recommendation of additional security cameras and installation of new Control panel."

Board of Supervisors Response:

This recommendation has been implemented. Additional security cameras and new central control panel have been installed.

Grand Jury Recommendation 2:

"Properly install the electrical cord for the refrigerator in the Nurse's station."

Board of Supervisors Response:

Relocating the refrigerator next to the wall outlet has satisfied this recommendation.

Grand Jury Recommendation 3:

"Provide in-depth classification training to more staff in order to have personnel available 27/7 for this critically important bilingual function."

Board of Supervisors Response:

Board of Supervisors Response:

This recommendation has been implemented with classification training of two Correctional Officers during FY 2006-2007. Additionally, in the FRY 2007-2008

budget, the Board approved funding for one new Correctional Officer specifically assigned to classification.

Grand Jury Recommendation 4:

“Provide space at the Jail facility for education and life skills programming.”

Board of Supervisors Response:

This recommendation has not been implemented as the Sheriff has advised that the jail facility currently has adequate program space.

Grand Jury Recommendation 5:

“Increase the nursing staff at the Jail to provide coverage 24/7. This position could then be shared by both the Jail and Juvenile Hall which only has nursing during four hours a day.”

Board of Supervisors Response:

This recommendation will not be implemented this fiscal year. The Sheriff has advised that he will discuss this recommendation with his staff, he does not feel additional nursing staff is necessary at this time.

Grand Jury Recommendation 6:

“Replace wooden box in in-take area with a more secure, safe writing area.”

Board of Supervisors Response:

This recommendation will not be implemented. The Sheriff does not concur with this recommendation as a safety analysis

**Board of Supervisors Response
to the Grand Jury Report on the Juvenile Hall
Issued July 31, 2007**

Findings

The Grand Jury report included "observations, findings, and conclusions" with regard to the state of the juvenile hall facility.

The Board of Supervisors concurs with "observations, findings, and conclusions" with the exception of the following:

Paragraph 1: "The Juvenile Hall facility has the capacity to hold 28 detainees, and houses an average population of 15".

Board of Supervisors Response:

Although the Juvenile Hall has the capacity to hold 28 detainees, the California Corrections Standards Authority's rated capacity is 20 detainees.

Paragraph 2: "In talking to staff, it was found that there is no heating system".

Board of Supervisors Response:

The Juvenile Hall does have a heating system.

Recommendations

Grand Jury Recommendation 1:

"Make necessary health and safety repairs related to the swamp cooler and heating and air conditioning."

Board of Supervisors Response:

The FY 2007-2008 adopted budget includes appropriations for repairs and maintenance of the swamp cooler. Staff has been instructed on the use of the heating system.

Grand Jury Recommendation 2:

"Complete a comprehensive analysis of maintenance needs for the facility and request funding on an ongoing basis to make repairs/replacement of equipment, including the walkie-talkies and the control panel."

Board of Supervisors Response:

An assessment of the building conditions at Juvenile Hall was completed in FY 2006-2007. The Board included \$458,500 in general fund resources for repairs / replacement / additions of equipment in the adopted 2007-2008 budget, which includes replacement of the control panel. This amount is in addition to the adopted general fund resources for the swamp cooler repair referenced above. The two-way radios were replaced in June 2007.

Grand Jury Recommendation 3:

"Provide an emergency generator for back-up power."

Board of Supervisors Response:

As discussed, appropriations have been included in the FY 2007-2008 adopted budget for Juvenile Hall facility needs.



San Benito County Probation Department

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Mary Covell
Acting Chief Probation Officer
Officer

Christine D. Armer
Assistant Chief Probation

AGENCY RESPONSE TO GRAND JURY FINDINGS

Grand Jury 2006 to 2007 Final Report

August 29, 2007

Name of Respondent: Christine Armer, Assistant Chief Probation Officer

Grand Jury Final Report Title: San Benito County Juvenile Hall

Agency agrees partially with the finding and below is the provided explanation:

The Juvenile Hall capacity is rated for a population of twenty. Over twenty is considered as over-crowded. The average daily population fluctuates.

The Public Works Department recently conducted an evaluation of the Juvenile Hall facility and their findings resulted in the appropriations of funds in Probations FY 2007/2008 budget to appropriately address this concern. The facility is currently slotted for receiving maintenance and equipment updates which includes painting, ventilation, back-up power, and a new control panel.

There is and has been a heating system at the Juvenile Hall facility.

There was a short time when the inside radios were missing and had to be replaced or needed new batteries. The wrong radios (outside radios to communicate with County Communications and Police) were inadvertently ordered and held-up the process. When the mistake was discovered, Probations Administrative Services Specialist

brought in her own personal radios for the staff to use. The problem was quickly solved and four new radios were ordered.

A screen-mesh was installed on the Juvenile Hall back fence due to safety concerns of minors and staff due to controversy surrounding a detained minor. The mesh was later removed and replaced with a more permeable one to enable staff to visually detect any unwanted intruders behind it. This was also done for safety purposes as not being able to distinguish if someone is behind the mesh is just as dangerous as having the staff and minors visible to the outside.

The Juvenile Hall is still in the hiring process to replace the transportation officer. At this time there are two female positions vacant. Any vacancies result in the transportation officer position becoming vacant since it is the only one that is not mandated.



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AGENCY RESPONSE TO GRAND JURY RECOMMENDATIONS

Grand Jury 2006 to 2007 Final Report

August 29, 2007

Name of Respondent: Christine Armer, Assistant Chief Probation Officer

Grand Jury Final Report Title: San Benito County Juvenile Hall

Response to Recommendation Numbers 1, 2 and 3.

1. There is and has been a functioning heating system at the Juvenile Hall facility. The staff person that was interviewed may not have been familiar with it. This was discussed at the June 2007, Juvenile Hall staff meeting, to ensure that all staff were familiar with the heating system. The swamp cooler will be evaluated during FY 2007/2008 and any necessary repairs will be made.

2. On April 20, 2007, the Assistant Director of Public Works met with the Interim Juvenile Hall Superintendent, a juvenile hall supervisor and the Assistant Chief Probation Officer to inspect the facility and compile a list of repairs. Following Public Works assessment, a prioritized list was established which included seventeen items as in need of repair. These findings resulted in the appropriation of funds in Probation's FY 2007/2008 budget to appropriately address these concerns. The facility is currently slotted for receiving maintenance and equipment updates which includes painting, ventilation, back-up power, and a new control panel. The radios were replaced on June 13, 2007.

3. As addressed in #2, the generator for back-up power will be pursued during fiscal year 2007/2008.

**Board of Supervisors Response
to the Grand Jury Report on Behavioral Health Department
Issued July 31, 2007**

The Grand Jury report included five (5) recommendations addressing the needs the San Benito County Behavioral Health Department (SBCBHD).

Recommendations

Grand Jury Recommendation 1:

“SBCBHD aggressively pursue additional staff on a priority basis using appropriate incentives if necessary”.

Board of Supervisors Response:

The County Board of Supervisors has approved a “Hard to Fill Position” program to address recruitment problems within certain county departments, including the SBCBHD. An evaluation of this program is on going with further development of bonuses and incentives to be presented to the Board of Supervisors if necessary.

Grand Jury Recommendation 2:

“SBCBHD updates its website to include comprehensive references and contact information for recognized organizations and programs that are known to be effective in the reduction and prevention of substance abuse and related problems”.

Board of Supervisors Response:

Improvements are being pursued to the Substance Abuse Program website.

Grand Jury Recommendation 3:

“SBCBHD provide regular community mental health screening/case-review program on site at school locations to identify at-risk populations and that these cases remain active while school is out of session to focus on the prevention of stress-related behavioral health problems when school reconvenes”.

Board of Supervisors Response:

The SBCBHD is confident that at-risk youth are being adequately served both during normal school hours and when school is out of session. Clinical staff is assigned to deliver services on-site at ten (10) school campuses in the county.

Grand Jury Recommendation 4:

“SBCBHD increases its community outreach and awareness programs to encourage at-risk populations to avail themselves of services and remove the societal stigma of mental/behavioral health treatment”.

The Grand Jury further recommends, “...that improvements such as the proposed downtown walk-in center have reduced lead times and be put on a priority fast-track with aggressive stretch goals to insure that the benefits can be had at the earliest opportunity.”

Board of Supervisors Response:

On May 2007 the new Esperanza Drop in Center opened in downtown Hollister to more readily provide services to the public. The Department disseminate written educational and program contact information at the Head Start Program, Family Resource Center, Prospect Villa Senior Apartments, Jovanes de Antano Center to name just a few. Additionally, a Spanish-speaking clinician provider implements Outreach and Engagement efforts in the community.

The Department is required to provide evidence of Outreach and Engagement efforts to the State Department of Mental Health during on-site program reviews.

Grand Jury Recommendation 5:

“The Director, staff and public input establish measurable performance goals and program schedules and present the department’s results against those benchmarks to the public in a quarterly report.”

“The establishment of non-political, no-health care professional citizen/oversight/review group especially from the at-risk sectors to act as an interface between the Mental Health Advisory Board, consumers, citizens and the SBCBHD.”

Board of Supervisors Response:

The SBCBHD participates in multiple performance measurement exercises. Both the Mental Health and Substance Abuse Boards are comprised of a diverse cross section of the community including consumers and family members of consumers.

Furthermore, the SBCBHD participates in multiple program and fiscal audits performed by the State Department of Mental Health and the State Department of Alcohol and Drug Programs. The department reports regularly on department affairs that include performance measurement and goal attainment to its Advisory Boards and the Quality Assurance Committee. The departments "MHSA Implementation Progress Report" has been posted on the county's website since May 2007.

The existing Advisory Boards adequately provide for substantial community involvement and ensure the SBCBHD fulfills its mandated requirements spelled out in the California Welfare and Institutions Code.

2007 COUNTY BEHAVIORAL HEALTH DEPARTMENT
GRAND JURY REPORT RESPONSE

As per California Penal Code 933.03 The County of San Benito responds to the Grand Jury Report "Findings and Observations" as follows:

1. *Clinicians/Caseworker Staffing*

a) The Grand Jury expressed concern that the department from December 2005 to June 2006 (a 7 month period) was authorized 16.8 FTE Clinician /Case Worker positions (These are Mental Health positions) but was staffed during that 7 month period at 14.8 FTE's. The Grand Jury further asserts that the vacant positions had a deleterious effect on the delivery of quality services.

County Response:

The County would most assuredly prefer to have all positions filled by qualified staff at all times for benefit of consumers. It is important to note however, that a normal attrition rate in this highly trained profession will regularly produce vacancies, and the departmental staff is committed to ensure consumer needs are met as fully as possible within the resources available. Not all consumer needs are immediate or emergent in nature and can be accommodated in reasonable timeframes.

Licensed Mental Health Clinicians are defined as hard to recruit across California. The problem is further exacerbated by the fact that so few Licensed or State Registered Intern level Clinicians live in San Benito County. The county continues to hold to the standard of seeking licensed individuals or Masters Degree level interns to serve our clients. The County Human Resources Division has developed a strategy to address "hard to fill" positions. Part of that strategy has been adopted by the Board of Supervisors and has been implemented. The results of that effort have yet to be determined but the process is in place. Furthermore, additional strategies are under consideration including retention bonuses and additional compensation for advanced degrees. These strategies will be recommended if current practices are not successful.

b) The Grand Jury expressed concern that the department was allocated an increase of 6 FTE Clinical/Case Management positions as a result of Prop-63, the Mental Health Services Act (MHSA) and these positions were not filled in total in a timely manner.

County Response:

The Behavioral Health Department has undertaken an unprecedented effort to transform the service delivery system with the infusion of new funding from the MHSAs. In a relatively short time the department has done an exemplary job of filling MHSAs related positions as well as keeping pace with normal attrition.

The implementation of Proposition 63 and the process to hire additional staff can be chronicled as follows:

- The State Department of Mental Health (DMH) approved San Benito County's MHSAs, Community Services and Supports Plan for funding on June 14, 2006.
- MHSAs funding authorization was received 2 weeks prior to the close of the FY 2005-06. On June 30, 2006 requests for authorization to fill new positions were included with the submission of the department's FY 2006-07 budget.
- County Budget Hearings occurred on August 10, 11, 2006. Hiring of new allocated positions cannot commence until the County Board of Supervisors has adopted a final budget.
- Final Board of Supervisor approval of the FY 06-07 budget occurred in September 2006 providing authorization to fill the MHSAs positions. Between September, 2006 and August, 2007 the following positions have been filled:

- 1 MHSAs Administrator (Deputy Director)
- 1 MHSAs Administrator (Quality Improvement Supervisor)
- 6 MHSAs Caseworkers
- 1 MHSAs Office Assistant

The MHSAs funding plan also included other positions that provide the administrative and clerical support required by new MHSAs program expansions.

The County hired a total of 16 new staff from July 2006 to August 27, 2007.

New Hires - July 2006 – August 2007		
1. Juan Adorno	Sub Abuse Counselor	9/5/06
2. Trudy Willadson	MH Clinician	10/23/06
3. Patricia Ayers	Assistant Director	11/13/06
4. Soledad Muir	Sub Abuse Counselor	12/4/06
5. Esmeralda Sanchez	Secretary II	12/4/06

6. Yolanda Beltran	Office Assistant II	1/2/07
7. Rudy Sonne	Case Manager II	1/8/07
8. Lupita Guzman	Case Manager I	4/2/07
9. April Greig	Office Assistant II	4/2/07
10. Phylcia Mattos	Vocational Assistant	4/2/07
11. Corina DeLeon	Vocational Assistant	4/2/07
12. Lynda Yoshikawa	Quality Improvement Supervisor	5/14/07
13. Chio Saetern	Peer Mentor	6/4/07
14. Laurie Ellison	MH Nurse	1/9/07
15. Amanda Silva	MH Nurse	8/15/07
16. Jesus Rivera	Peer Mentor	8/27/07

2. Substance Abuse

- a) The Grand Jury was critical of the website for the Behavioral Department and specifically cited that the website "contains no links, contacts, or specific information concerning the availability of programs or aid for people with substance abuse."

County Response:

While the improvement of all county web sites is a goal across all county departments, and is being pursued as funding availability permits, it is unlikely that anyone who seeks to contact the Behavioral Health Department to receive information about substance abuse treatment would be significantly hampered from doing so. The department's phone number (including toll free), department location address and a direct link to the Director's e-mail address are noted on the site.

When the Substance Abuse Program merged with the Mental Health Department in March of 2006, the immediate priority was to eliminate the old incorrect contact information and to get the new and correct contact information listed on the website.

The Behavioral Health Department has addressed the Grand Jury issue with updates to the department's web site including listing additional information on available substance abuse treatment programs both within the department as well as other treatment and recovery support resources offered in the community.

3. At-Risk Children, Youth and Young Adult Populations

- a) The Grand Jury was critical of the variance in average outpatient clinician caseloads from an average caseload per clinician of 38.14 clients during the school year to 26.9 during the summer when school is

not in session. The Grand Jury noted that it was doubtful that the mental health issues that initiate service involvement for school age clients “go away when school is not in session.” The Grand Jury recommended that the Behavioral Health Department “provide regular screening/case review programs on site at school locations and that cases remain active while school is out of session.”

County Response:

The Grand Jury is correct in that clinician’s caseload averages decrease when school is not in session. The County disagrees with the conclusion that the caseload decrease when schools are out is an indicator that the Behavioral Health Department is deficient in case finding and in assuring accessibility to service.

No one entitled to service, and willing to accept service is denied access due to the school summer break. Children/youth that continue to need/require treatment and who are willing to be involved in treatment during the summer break are never denied services. Accessibility to services does not change because of the summer break.

The Grand Jury recommendation will not be implemented, as it is not warranted or reasonable.

Services focused on children/youth comprise a large percentage of the clinic caseload. Historically this results from the fact that service growth is directly correlated to the categorical funding streams available to support specific services. Until recently (pre MHSA) the majority of available new funding streams have been directed to serve children/youth.

It is important to note that all of outpatient services are dependent on the client’s voluntary participation.

A much larger portion of children/youth referrals for service are generated or influenced by school staff (counselors, teachers, administrators) as compared to the children/youth or their parents/guardians independently seeking services of their own accord.

Sometimes children/youth do not exhibit the same degree of mental health problems at home as at school where the child is in an environment of peer pressures, more frequent and intensified social interactions and academic expectations and performance anxiety. This is particularly the case with transient disorders that may be environmentally influenced as opposed to a serious chronic mental illness. Often parents and children/youth don’t see the necessity to continue treatment when school is not in session due to

stabilization of symptoms and also the pressure and motivation to be in treatment is removed as the referring entities (school staff) are not present.

Fortunately early mental health treatment interventions with children/youth can prevent chronic and insidious mental illness. People do recover from mental health problems and may not have a life long need to be in treatment. Child/Youth caseloads do ebb and flow as acuity subsides, remission occurs and stressors decrease.

Behavioral Health Department staff deserves much credit for the building of the child/youth treatment services over the past 6 years. During this time an unprecedented level of clinical staff have delivered school based services (mental health counseling on campus). Clinical staff is assigned to deliver services on-site at 11 campuses in the County and some campuses with special education classroom projects implemented have multiple clinicians assigned at those schools. These special education class projects are supported through the use of grant funds and MediCal revenues to fund programs that are targeted specifically for those children with severe and persistent mental illness.

The following is a list school based MH Clinician assignments:

San Benito High School – 2 Mental Health Clinicians Assigned
Marguerite Maze Middle School – 1 Mental Health Clinician Assigned
Rancho San Justo Middle School – 1 Mental Health Clinician Assigned
Sunnyslope School - 1 Mental Health Clinician Assigned
Calaveras School - 1 Mental Health Clinician Assigned
RO Hardin Education - 2 Mental Health Clinician Assigned
Gabilan Hills School - 1 Mental Health Clinician Assigned
Spring Grove School - 1 Mental Health Clinician Assigned
Cerra Vista - 1 Mental Health Clinician Assigned
Pinnacles Court and Community School - 1 Mental Health Clinician Assigned
Santa Ana/San Andreas Alternative School - 1 Mental Health Clinician Assigned

4. Community Outreach

- a) The Grand Jury expressed criticism about the present location of the main clinic as being isolated from the city/county and the amount of time that taken to open the new Drop-In Center (The Esperanza Center).

County Response:

Relocation of the main clinic is not a financially feasible option. Consumer needs are accommodated in several ways including local transit service and

case management staff can and do provide client transportation to the clinic when situations warrant that level of assistance. Mandated transportation is also available for our Substance Abuse Programs, Perinatal Program clients (pregnant or drug using mothers) as the County has a van available providing this transportation on a regular basis.

The Esperanza Center opened on May 10, 2007. A total of 6 months was consumed to complete this large and complex project from the start of the lease agreement on November 7, 2006.

Funds to enter into a lease agreement and to begin remodeling were included in the County FY 2006-07 budget approved by the Board of Supervisors in September 2006.

On November 7, 2006 negotiations for acquisition of the Esperanza Center site were completed and the lease approved. That agreement specified the landlord's responsibility to complete tenant improvements prior to our occupancy of the building. The building required extensive cleanup and refurbishing.

After the basic tenant improvement work was completed, phone and computer wiring was installed, as well as DSL lines for the linkage to our Telemedicine equipment. Concurrently, furnishings were selected and purchased. This project was complex as the center was designed to offer an alternative to traditional office setting. Kitchen equipment and recreational equipment was sourced and purchased. Other detail work involved hiring and training of new staff for the center, as well as refining the program designs that would be implemented at the center.

The State Department of Mental Health attended the Esperanza Center open house on May 10 and they were extremely complimentary of the project. The California Institute of Mental Health (CIMH) asked that that San Benito County Behavioral Health participate in a statewide training on MHSA programs by providing a presentation on the Esperanza Center. This recognition is quite gratifying to the staff and the Department.

b) The Grand Jury identified that "there was no listing in the San Benito County ATT/SBC telephone book white pages under mental health, however there is a good, eye catching listing in the yellow pages."

County Response:

In the ATT/SBC telephone book the department is listed in the yellow pages and in the white pages along with every other County department under the heading of San Benito County. There are a total of 5 different pages in the ATT/SBC phonebook listing department numbers.

In addition to the yellow pages listing and the white pages listings, the department's phone listings can be found on 3 additional pages under other headings in the yellow pages. This accommodation was made to ensure phone number accessibility because of the possibility that individuals may look under such headings as Drug and Alcohol Treatment rather than Substance Abuse Services for example.

- c) The Grand Jury expressed concern that that the department should increase community outreach efforts, and recommended that future improvements such as the walk in center be put on priority fast track to insure benefits can be had at the earliest opportunity.

County Response:

The Department engages in numerous outreach efforts and no funding is currently available to increase this effort at this time. The County Behavioral Health Department recognizes and supports that reduction of stigma for individuals seeking treatment for mental health and substance abuse disorders is crucial to ensuring that members of our community are encouraged and supported in their access to treatment. The Department understands that hard to reach populations require access to education about symptom recognition, treatment options and normalization of the need to request treatment for mental health and substance abuse disorders.

The Behavioral Health Department continues to distribute educational information through information booths set up at Health Fairs, the County Fair and various other community events occurring throughout the year. Outreach and Engagement efforts also include visits targeted to reach hard-to-engage populations at the migrant labor camps and the homeless shelter. Department staff also disseminate written educational and program contact information at the Head Start Program, Family Resource Center, Prospect Villa Senior Apartments, Jovanes de Antano Senior Center, etc.

In the past two years new Outreach and Engagement program efforts were implemented as part of our MHSA related service expansion at Esperanza Drop in Center and the Jovanes de Antano Senior Center.

A mental health clinician provides on-site consultation and ongoing program activities at the center. Additionally a Spanish speaking private clinician provider implements Outreach and Engagement efforts at the Center, specifically targeting the monolingual Spanish speaking population. Both clinician providers assigned to the project also do home visits required by homebound seniors whenever the meals on wheels program staff has identified a person that may require and accept a visit from Behavioral Health.

The Jovanes de Antano/San Benito County Behavioral Health project was recently identified as an example of an exemplary practice by APS Healthcare, the contractor chosen by the State Department of Mental Health to complete their federally mandated independent evaluation of all California Counties Managed Care Mental Health Systems.

Another Behavioral Health Department Outreach and Engagement project was recently made possible by the opening of a seasonal Homeless Shelter in San Benito County. A staff clinician to visit the shelter to promote opportunities for homeless individuals to discuss mental health and substance abuse issues and to provide information on how to receive ongoing services.

The Behavioral Health Department submits quarterly reports identifying the numbers of contacts made through the Outreach and Engagement initiatives to the State Department of Mental Health.

The following quarterly report data was submitted to the State DMH for FY 2006-07:

June 06 to September 06 – 28 Children, 9 Youth, 147 Adults,
37 Older Adults

October 06 to December 06 - 12 Children, 53 Youth, 55 Adults,
39 Older Adults

January 07 to March 07 - 9 Children, 6 Youth, 84 Adults,
95 Older Adults

April 07 to June 07 - 1000 Children, 2 Youth, 126 Adults,
72 Older Adults

The Behavioral Health Department is also required to present evidence of Outreach and Engagement efforts to the State DMH during on-site program reviews that occur every 2 years. The accepted form of evidence is a documentation file of event agendas, event announcements, sign-in sheets or other forms of documentation to identify where Outreach and Engagement efforts have taken place.

5. Measurements and Management

- a) The Grand Jury asserts, “It is difficult for a non-clinician to measure the effectiveness of the County Mental Health Program.” The Grand Jury further asserts that “SBCBHD has not established, nor do they regularly report, publicly available measurement matrices at the local level.” The Grand Jury also stated that in their interview with the Director” he did

not present any measurable goals.” The Grand Jury recommends that the director, staff and public establish measurable performance goals and program schedules and prepare a quarterly report.

County Response:

The County does not agree with the Grand Jury’s conclusions. Both the Mental Health and Substance Abuse Boards which are comprised of membership of a diverse cross section of the community, including consumer and family members of consumer’s receive regular reporting on a variety of performance indicators from which to measure Behavioral Health Department performance.

The Behavioral Health Department has also formed Cultural Competency and Quality leadership Committees with representation from consumers, family members, providers of other human services in the community and the faith based community. The Culturally Competency and Quality Leadership Committees are active participants in review and discussion of progress towards department objectives identified in the Behavioral Health Departments State DMH required Cultural Competency and Quality Improvement Plans.

The Grand Jury recommendations will not be implemented as it is already an implemented practice. The Behavioral Health Department places a high value on stakeholder input as the principle element to guide policy and program decisions.

There are many performance measurements of operations completed throughout the year. State and Federal requirements as well as internally driven initiatives evaluate the satisfaction of clients with services.

Oversight is several ways including annually in required program and fiscal audits of both Mental Health and Substance Abuse by the State Department of Mental Health (DMH) and the State Department of Alcohol and Drug Programs (ADP). These audits/reviews focus on many areas that measure fulfillment of program goals/requirements/performance. Whenever a program review from the State DMH, State Department of Alcohol and Drug Programs, or other review entity occurs final reports of review results are shared with the Mental Health and Substance Abuse Boards. The general public is welcome to attend Mental Health Board and Substance Abuse Board meetings where these reports are presented.

The measurement of the success of treatment particularly in the area of mental illness is inherently difficult. There are no lab tests or x-rays that offer visible proof of when a mental illness is successfully treated and cured. The measure of effective mental health treatment is for the most part reliant on subjective report of the absence of, or degree of emotional and psychological distress that an individual experiences.

For these reasons the mental health treatment field in particular has struggled in offering scientific proof of effectiveness of treatment. Because of the difficulty in determining quantifiable outcomes, mental health performance outcomes measurement has become a specialty area of research.

One of the most widely recognized and easiest to understand methods of measuring mental health treatment is through performance outcomes evaluations that utilize the measurement of client report on a variety of treatment satisfaction and quality of life measurement indicators. For this reason the Behavioral Health Department administers Consumer Perception Surveys every 6 months. Every 6 months for a 2 week period the Behavioral Health Department is required to offer every consumer who arrives for service a Consumer Perception Survey. Surveys are tailored to address specific age groups (Children/Caregivers, Transition Age Youth, Adults and Older Adults).

The completed surveys are sent to the State DMH for processing into summarized reports reflecting quantifiable measurement for each of the surveys outcome indicators (information designed to be elicited by each question). The processed survey information is also broken out to detail summarized results for each categorical age group surveyed. Summarized survey results are also batched by region to show survey result trends compared by geographical regions, such as the Bay Area Region, Statewide County comparisons and County specific breakout of the summary information are also produced. The general public is welcome to attend Mental Health Board and Substance Abuse Board meetings where these reports are presented.

The Department annually implements a similar Consumer Perception Survey process targeting both Mental Health and Substance Abuse services consumers. This added evaluation is prepared because the State DMH release of processed outcome survey results is slow. Additionally the Behavioral Health Department can tailor its own surveys to address measurement of specific performance areas of interest as the need arises.

All State DMH produced and Behavioral Health Department produced Consumer Survey results are distributed to the Mental Health and Substance Abuse Boards for review and discussion. Trends are analyzed and the opportunity for input from the boards can assist in making program resource, policy and budget decisions. These meetings are open for public attendance and agendas are publicly posted prior to each meeting.

Annually the Behavioral Health Department receives a review by an independent review organization contracted by the State DMH. The review is conducted in response to Medicaid Managed Care regulations mandating that the Department of Mental Health provide an annual external quality review of the

quality, outcomes, timeliness of services, and access to services provided by the County Mental Health Plan.

The review requirements are complex and for the most part data driven. A team of reviewers conduct an on-site review process. Data reflecting a variety of service delivery areas are reviewed and analyzed, including comparisons over time for the purpose of trend analysis. Part of the review process involves staff interviews as well as the conducting of consumer focus groups.

The Behavioral Department annually establishes “Strategic Initiatives.” In FY 06-07 the Behavioral Health Department established the following Strategic Initiatives:

1. Expand mental health services to underserved and unnerved populations with serious mental illness
2. Improve access to mental health services to older adults through outreach activities and community based services
3. Transform the mental health system by offering services in community-based services
4. Develop a Full Service Partnership model for a select group of individuals to provide, “whatever it takes” to meet their individual services and supports plans.

Additionally the State DMH requires the Behavioral Health Department to submit annually a “Cultural Competency Plan” and “Quality Improvement Plan”. Both plans have requirements that the Behavioral Health Department identify Objectives for the coming year. The State DMH requires the Behavioral Health Department to submit annual reporting of progress on objectives identified in its “Cultural Competency and “Quality Improvement Plans” as a component of submitting the annual updated plans. Progress on objectives identified in both plans is presented for discussion at Quality Leadership and Cultural Competency Committee meetings. These committees meet on a quarterly basis and all meetings are open to the public.

The following are a sample of some of the objectives that the Behavioral Health Department identified in its Cultural Competency and Quality Improvement plans for FY 2006-07:

A. Ensure SBCBH Service Delivery Capacity

The SBCBH QI (Quality Improvement) program shall, on an annual basis, monitor services to assure service delivery capacity in the following areas:

1. **Utilization of Services** – Review and analyze reports from the Kingsview Anasazi program (i.e., Report MHS130) and utilization of data from the CA DMH Client Services Information system (CSI), as available. The data will include the current number of clients served each fiscal year and the types and geographic distribution of mental health services delivered within the delivery system. Data will be analyzed by age, gender, ethnicity, and diagnosis; it will be compared to the goals set by the QIC (Quality Improvement Committee) for service utilization.

2. **Service Capacity** – Staff productivity will be evaluated via productivity reports generated by the Kingsview Anasazi program. Managers/Supervisors will receive periodic reports to assure service capacity.

These issues will also be evaluated to ensure that the cultural and linguistic needs of consumers are met.

B. Monitor Accessibility of Services

The SBCBH QI program shall monitor accessibility of services in accordance with statewide standards and the following local goals:

1. **Timeliness of routine mental health appointments** – The goal for routine appointments is no more than sixty (60) working days between the initial request and the intake appointment. This indicator will be measured by analyzing a random sample of new requests for services from the Access Log. This data will be reviewed quarterly.
2. **Timeliness of services for urgent or emergent conditions during regular clinic hours** – The goal for urgent or emergent conditions is no more than one (1) elapsed hour from the initial request until an actual staff response is provided. In the case of requests for authorization by a provider, an authorization decision is rendered within one (1) hour. This indicator will be measured by analyzing a random sample of urgent or emergent requests for services from the Crisis Log. This data will be reviewed quarterly.
3. **Access to after-hours services** – The goal for access to after-hours care is no more than two (2) elapsed hours between the request for service and the actual face-to-face evaluation/intervention contact for emergency situations. Inpatient hospitalizations do not require authorization for services for the first 24 hours of admission for an emergency condition. Requests for authorization for urgent specialty mental health services will receive an authorization decision within one (1) hour. Non-emergency requests shall be referred for planned services during normal clinic hours. This indicator will be measured by analyzing a random sample of after hours requests for services from the Crisis Log and/or the Access Log, as well as the answering service's faxed reports of calls received. Data will be reviewed quarterly.
4. **Responsiveness of the 24-hour, toll-free telephone number** – During non-business hours, the answering service will answer the crisis line immediately and link urgent and/or emergent calls to the on-call mental health staff person. If required, an interpreter and/or the Universal Language Line will be utilized. This indicator will be measured by conducting random test calls to the toll-free number. Six timed test calls will be made: four calls per year in English and two calls per year in Spanish. This data will be reviewed twice per year, after the test calls have been conducted.

5. **Provision of culturally and linguistically appropriate services** – SBCBH strives to assure that the cultural and linguistic needs of consumers are met in all of the above situations. This indicator will be measured by random review of the Access Log and/or the Crisis Log, as well as the results of test calls. The focus of these reviews is to determine if a successful and appropriate response was provided which adequately addressed the consumer's cultural and linguistic needs. In addition, requests for the need for interpreters will be reviewed (via the Access Log) to assure that staff are aware of the need for an interpreter and that clients received services in their preferred language, whenever feasible. This information will be reviewed quarterly.
6. **Increasing client access** – SBCBH will endeavor to improve client access to mental health services through the following goals:
 - Increase the number of Latino clients served by one percent (1%) each year.
 - Increase the number of children served in the schools by one percent (1%) each year.

C. Monitor Client Satisfaction

The QI program shall monitor beneficiary satisfaction via the following modes of review:

1. **Client Survey** – Using the DMH Performance Outcomes and Quality Improvement (POQI) instruments in threshold languages, clients and family members will be surveyed annually to determine their perception of services. This indicator will be measured by annual review and analysis of at least a two week sample. Survey administration methodology will meet the requirements outlined by the CA DMH. This data will be reviewed two times per fiscal year, after the results of the POQI surveys have been released by DMH.
2. **Youth and/or family satisfaction according to statewide standards** – Utilization of the DMH POQI YSS (Youth Satisfaction Survey) and YSS-F measurement instruments assures the use of instruments that are accepted statewide as the basis for satisfaction surveys. The YSS and YSS-F will be collected from youth ages 12 and older and the children's families. Survey administration methodology will meet the requirements outlined by the CA DMH. This data will be reviewed two times per fiscal year.
3. **Beneficiary grievances, appeals, and fair hearings** – All processed beneficiary grievances, expedited appeals, standard appeals, and fair hearings will be reviewed at QIC (Quality Improvement Committee) meetings. Monitoring shall be accomplished by ongoing review of the Complaint/Grievance Log for adherence to timelines for response. In addition, the nature of complaints and resolutions will be reviewed to determine if significant trends occur that may influence the need for policy changes or other system-level issues. This review will include an analysis of any trends in cultural issues addressed by our clients. This information will be reviewed quarterly, as available.

4. **Requests to change practitioners/providers** – Annually, patterns of client requests to change practitioners/providers will be reviewed by the QIC. Measurement will be accomplished by review of QIC minutes summarizing activities of the Access Team and through annual review of the Change of Provider Request forms.
5. **Informing providers of satisfaction survey results** – The results of client and family satisfaction surveys are routinely shared with providers. Monitoring will be accomplished by review of the results of the POQI surveys as related to consumers who have received services from contract specialty mental health service providers. Survey results will be shared with staff, providers, the Mental Health Board, and the Children's System of Care Policy Committee. This information is distributed on an annual basis and in the form of cumulative summaries to protect the confidentiality of consumers and their families. This process will be reviewed annually.
6. **Cultural sensitivity** – In conducting review in the above areas, analysis will occur to determine if cultural issues may have influenced results. Surveys will be provided in English and also in Spanish, San Benito County's threshold language. The results of the POQI surveys are analyzed to determine if at least seventy-five percent (75%) of Spanish speaking clients had access to written information in their primary language. This process will be reviewed annually.

D. Monitor the Service Delivery System

The QI (Quality Improvement) program shall monitor the SBCBH service delivery system to accomplish the following:

1. **Safety and Effectiveness of Medication Practices** – Annually, meaningful issues for assessment and evaluation, including safety and effectiveness of medication practices and other clinical issues are identified. Medication monitoring activities will be accomplished via review of at least ten (10) percent of cases involving prescribed medications. These reviews will be conducted by a person licensed to prescribe or dispense medications. In addition, peer review of cases receiving clinical and case management services will occur at QIC meetings. An analysis of the peer reviews will occur to identify significant clinical issues and trends.
2. **Identify Meaningful Clinical Issues** – Quarterly, meaningful clinical issues will be identified and evaluated. Appropriate interventions will be implemented when a risk of poor quality care is identified. Monitoring will be accomplished via review of QIC minutes for satisfactory resolutions in the areas of grievances, medication monitoring, and peer chart review cases where plans of correction are requested. Re-occurring quality of care issues are discussed in staff meetings and at the QIC to address concerns in a timely manner.
3. **Implement and Maintain Efficient Work Flow Standards** – Office work flow

standards will be implemented and maintained to efficiently and consistently serve clients from first contact through discharge. Work flow processes will be documented in flowcharts and implemented through policies and procedures. Monitoring will be conducted through annual review of work flow processes and procedures.

- 4. Assess Performance** – Quantitative measures will be identified to assess performance and identify areas for improvement, including the Performance Improvement Projects and other QI activities. For example, BH Director reviews data on revenue loss reports; productivity reports; and late service plan reports. These areas will be measured through the quarterly review of the timeliness of assessments and service plans, completeness of charts, consumer surveys, and productivity reports. The results of these reviews will dictate areas to prioritize for improvement.
- 5. Support Stakeholder Involvement** – Staff, providers, consumers, and family members review the evaluation data to help identify barriers to improvement. As members of the QLC (Quality Leadership Committee), providers, consumers, and family members help to evaluate summarized data. This ongoing analysis provides important information for identifying barriers and successes toward improving administrative and clinical services. In addition, the MHSA Steering Committee provides input on access and barriers to services. Measurement will be accomplished via review of QIC and QLC minutes, and will occur annually.
- 6. Conduct Frequent Peer Reviews** – SBCBH will evaluate the quality of the service delivery by conducting six (6) peer reviews every quarter. Reviews will be conducted by staff during staff meetings. Issues and trends found during these reviews will be addressed quarterly at the QIC meetings.

It should also be noted that the Behavioral Health Department annually submits to the State ADP a Substance Abuse Crime Prevention Act Plan (better known as Proposition -36) with very specific projected program outcome goals. Annually the progress toward achieving Proposition - 36 program goals are evaluated by the Behavioral Health Department and the outcomes are presented to the Substance Abuse Board and a Proposition - 36 Steering Committee consisting of a Superior Court Judge, District Attorney, Regional Parole Supervisor, Chief Probation Officer, Chair of the Substance Abuse Advisory Board and Behavioral Health staff.

Recently the Behavioral Health Department implemented an initiative to further expand public access to Behavioral Health Department information on achievement with goals completion through public posting of the MHSA Implementation Progress Report.

Public comment regarding the report was invited and information made available in the report as well as in purchased advertisement in the Freelance

inviting public comment and providing contact information to submit public input.

A public hearing was also conducted to allow the opportunity for the general public and the Mental Health Advisory Board to provide comment on the MHSA Implementation Progress Report. The MHSA project implementation is undeniably the largest system change initiative to occur in County Mental Health systems throughout the State. The successful implementation of the MHSA is perhaps currently one of the Behavioral Health Departments most challenging and important goals to fulfill.

The aforementioned examples demonstrate that the Behavioral Health Department does identify objectives and shares evaluation results of progress with State Oversight entities and local committees representative of a diverse cross section of community stakeholders.

- b) The Grand Jury recommends the establishment of a citizen's oversight/review Committee to monitor the interaction of SBCBHD with the community, to suggest improvements in operations, or bring concerns directly to SBCBHD."

County Response:

The Grand Jury Recommendation will not be implemented, as it is duplicative and unwarranted.

The County is served by both a Mental Health Board and Substance Abuse Board. These boards fulfill all of the duties that the Grand Jury has described as a "Citizen's Review Committee". In fact, the Mental Health Board is mandated by statute to be convened in every California County and to consist of specific members representing consumers and family members as well as general public and mental health professionals. The Substance Abuse Advisory Board's membership is also a diverse representation of interested citizens of the community.

The duties fulfilled by the Mental Health Board can be referenced in the California Welfare and Institutions Code section 560.2 and the required membership representation can be referenced in section 5604.

The duties of the Substance Abuse Board and the required membership representation can be found in the State Department of Alcohol and Drug Programs, "Alcohol and/or other Drug Program Certification Standards" section 18015, Community Advisory Board.