



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

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

AUGUST 17, 2023 ♦ 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOMS 206-207 SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 633 220 968#

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

Felipe Hernandez Board of Supervisor Member	
Tiffany Cantrell-Warren Behavioral Health Director	Karen Kern Behavioral Health Deputy Director
Stella Peuse – Youth Representative	

**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
 MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. Individuals interested in joining virtually may [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 633 220 968#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

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

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

MENTAL HEALTH ADVISORY BOARD AGENDA

ID	Time	3:00 Regular Business
1	15 Min	<ul style="list-style-type: none"> • 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 • <i>Approval of July 20, 2023 and August 1, 2023 minutes*</i> • Secretary's Report
		3:15 Presentation
2	40 Min	Building Hope & Safety Santa Cruz Grant and Suicide Prevention Activities Carly Memoli, Program Director – Applied Crisis Training and Consulting, Inc.
		3:55 Standing Reports
3	10 Min	Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
4	15 Min	Board of Supervisors Report – Supervisor Felipe Hernandez
5	15 Min	Behavioral Health Report – Tiffany Cantrell-Warren, Director of Behavioral Health <ul style="list-style-type: none"> • Close Public Comment for MHSA Innovation Project
6	20 Min	Ad Hoc Committees – Discuss committees for the upcoming year. Committee suggestions: Site Visit, Peer Support, Budget, Publicity/Community Engagement, Roadmap to Ideal Crisis System
		4:55 Future Agenda Items
		5:00 Adjourn

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

**NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
 SEPTEMBER 21, 2023 ♦ 3:00 PM – 5:00 PM
 HEALTH SERVICES AGENCY
 1400 EMELINE AVENUE, BLDG K, ROOMS 206-207
 SANTA CRUZ, CA 95060**



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

JULY 20, 2023 ♦ 3:00 PM - 5:00 PM

1400 EMELINE AVENUE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams was unavailable for this meeting due to technical issues.

Present: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham,
Michael Neidig, Valerie Webb, Xaloc Cabanes, Stella Peuse
Excused: Celeste Gutierrez, Hugh McCormick, Supervisor Felipe Hernandez
Staff: Karen Kern, James Russell, Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:13 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
 - Perry Spencer inviting all to attend the Vet Art Pop Up 2 Peace Arts Café in Santa Cruz on August 4th, Cooper Street, 2:30pm-9pm.
 - Q.Z. – former MHCAN client who was voted out of MHCAN by entire staff for taking notes. He mentioned the public is no longer allowed to attend meetings, the kitchen has been closed 3-4 months, Shadow Speaking program where participants get paid is over, video project where clients can make money also no longer available. Due to loss of funding, two staff members were laid off. Q.Z. also said security guard who works at Emeline doesn't want to be assigned there due to drugs, alcohol, sex, and fights.
- III. Board Member Announcements
 - The Sweeps letter will be part of the Written Correspondence at the August 8th Board of Supervisors meeting.
 - Sober Center building - starting to set up on Water Street across from jail.
 - Stephen Busath stepped down from the board due to other commitments.
- IV. Business / Action Items
 - A. Approve June 15, 2023 Minutes
Motion/Second: Antonio Rivas / Michael Neidig
Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Absent: Celeste Gutierrez, Hugh McCormick, Supervisor Hernandez
Motion passed.
 - B. Approve June 16, 2023 Minutes
Motion/Second: Valerie Webb / Antonio Rivas
Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Absent: Celeste Gutierrez, Hugh McCormick, Supervisor Hernandez
Motion passed.

- C. Approve to add a meeting in November, and no meeting in December.
Motion/Second: Michael Neidig / Laura Chatham
Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Absent: Celeste Gutierrez, Hugh McCormick, Supervisor Hernandez
Motion passed.
- D. Vote Michael Neidig as the Co-Chair for the upcoming year.
Motion/Second: Antonio Rivas / Jennifer Wells Kaupp
Ayes: Antonio Rivas, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Valerie Webb, Xaloc Cabanes
Abstain: Michael Neidig
Absent: Celeste Gutierrez, Hugh McCormick, Supervisor Hernandez
Motion passed.

V. Reports

A. Secretary's Report

- Training – Laura and Jeffrey have completed their 2 training courses for the year. Xaloc has completed one training.
- Ethics Training – Celeste and Jennifer are due to take the Ethics training.
- Attendance – Hugh has 4 excused absences, 1 unexcused, and another absence for today. Based on the bylaws, he may be released from the board.

B. Behavioral Health Report – Karen Kern, Behavioral Health Deputy Director

- MHSA Innovation Project for Crisis Now – attended the June 27th Board of Supervisors meeting to do a presentation and the Board voted 5 to 0 to move forward with the project. The MHSA Innovation Project formal public comment period is open from July 15 to August 17th.

Public Comments:

1. Antonio Rivas – requests specific information on what will be done in the programs in Watsonville.

2. Jennifer Wells Kaupp – asked how much due diligence was done before choosing RI International and asked how they were chosen.

Karen Kern response: MHSOAC wanted CA counties to adopt the Crisis Now model. MHSOAC approached all 58 CA counties, and they retained RI International for that process.

3. Laura Chatham – stated that the main problem the grand jury found regarding the inability to hire people was not addressed. Page 23 of Crisis Now is a plan to make a plan. One of the categories is Workforce and nowhere in the plan do they ask about how hiring can be improved. Laura requests that the program by Ben Adam Clymer be considered instead.

James Russell response: RII fits with what is happening at the state level. CAHOOTS is not in tune with recent mandates coming down from the State. RII has a workforce of 60% lived experience or peers, and a big part of their curriculum is how to incorporate peer support within our model. This package provides different capabilities with folks that have experiences with behavioral health, intervention folks that can potentially be EMT's and be certified peers. The county is not bound to any one model.

Karen Kern response: Part of the Innovation requirements is providing evaluations, to understand if the interventions or the programming that is put out there is working. Karen said the County is trying to develop programming that can be sustained with funding that is available and this is partly why the state can dictate what can be done. This is not a workforce project; the project is about providing crisis services. The workforce is a part of this project where EMT's, unlicensed people that have experience providing behavioral health support or crisis support, and peer support can grow exponentially in Santa Cruz County. The goal is to move away from the

traditional license clinician model which is difficult to recruit/hire and move into this model that pulls in different types of staff.

4. Dr. Kashino – stated that he commented on the annual MHSA update, and it is a hard report to read, 168 pages with a lot of acronyms. He recommends a definition section for future reports to make it easier to read. Dr. Kashino also stated that although RI International is more expensive than the other program, if it maximizes the funds the county gets, then it may be a win overall.

C. Ad Hoc Committees

The Ad Hoc Committees discussion was moved to a later time on the agenda. As a result, the board did not have enough time for a discussion.

D. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

June report was provided. George attended the meeting.

- Issues are more intricate and involve coordination with other agencies such as APS.
- There is a decrease of reports in residential facilities.
- George provided clarification regarding the use of medication. Under LPS – every individual in the mental health system is deemed competent and has a right to receive informed consent (what is meds for, long/short term side effects, reasonable alternatives for meds, etc.). Doctors provide the information and if clients don't want to hear it and refuse meds, then the doctor has another recourse through Capacity Hearing. If a person is deemed by a judge not to have capacity, then they can have authority to medicate over their objections.

VI. New Agenda Items

1. Grand Jury Report Review and Discussion

The Board discussed and answered the questions in the Grand Jury Report packet. Due to time constraints of the meeting, the board decided they will attend the Board of Supervisors meeting to provide their comments during Public Comments, instead of providing a written response/explanation.

2. Co-Chair Vacancy – Michael Neidig volunteered to be the Co-Chair for the upcoming year. See Section IV.D to see the outcome of the votes.
3. Change meeting schedule – the Board approved to add a meeting in November and remove the December meeting. See Section IV.C to see the outcome of the votes.
4. Change agenda format – The board agreed that presenters will be on the agenda immediately after regular business, before the standing reports so they do not have to wait until the second hour of the meeting to give their presentations.

VII. Future Agenda Items – none discussed.

VIII. Adjournment

Meeting adjourned at 5:05 p.m.



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD – SPECIAL MEETING

AUGUST 1, 2023 ♦ 3:00 PM - 4:30 PM

1400 EMELINE AVENUE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams Meeting (831) 454-2222, Conference 650 945 397#

Present: Celeste Gutierrez, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Michael Neidig, Xaloc Cabanes
Excused: Laura Chatham, Valerie Webb, Supervisor Felipe Hernandez
Absent: Antonio Rivas (joined virtually at 4:17pm)
Staff: Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:05 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
 1. Richard Gallo
 - Stated he is not happy with the Innovation plan as it is not client, family driven. He said it was a county driven document without input from the community. There is no mention of individuals participating from the SMI community and their families. Richard said the CPP process was not followed in the Innovation plan.
 - The Oversight Commission is taking a step back on retraining people on the purpose of MHSA and what the responsibilities are. Richard said the Oversight Commission has not transformed our mental health system the way it is supposed to be done. The two populations they neglected are peer support/peer services and the SMI unhoused community. Richard said he will ask the Oversight Commission, unless the County revises it after public comments, to reject the Innovation plan.
 - On August 22nd, SB326 will be reviewed and there will be a rally in Sacramento. Richard stated they will take away a billion dollars to use strictly for housing. He said a peer community is needed to educate our state elected officials.
- III. Board Member Announcements
 - Confirmation that Jeffrey Arlt is still a MHAB member, as the agenda stated a vacancy in District 5.
- IV. Special Business – Responses to the Grand Jury Report
The Mental Health Advisory Board reviewed each question in the packet, and all members agreed to submit it as discussed (see attached Grand Jury Report).
- V. Adjournment
Meeting adjourned at 5:05 p.m.



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

Mental Health Advisory Board

to Respond by September 11, 2023

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

Diagnosing the Crisis in Behavioral Health Underfunded, Understaffed & Overworked

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

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

Please follow the instructions below when preparing your response.

Instructions for Respondents

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

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

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

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

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

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

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

Findings

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

[Empty response explanation box]

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

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

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

AGREE

PARTIALLY DISAGREE

DISAGREE

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

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

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

- AGREE
- PARTIALLY DISAGREE
- DISAGREE

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

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

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

- AGREE
- PARTIALLY DISAGREE
- DISAGREE

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

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

Recommendations

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

—

HAS BEEN IMPLEMENTED – summarize what has been done

—

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

X

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

—

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

These and other strategies are being looked at. The time frame does not seem to allow for meaningful action to take place.

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

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

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

Required response explanation, summary, and timeframe:

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

ADDITIONAL INFORMATION:

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