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 1st District	Valerie Webb Member 2nd District	Michael Neidig Co-Chair 3rd District	Antonio Rivas Member 4th District	Jennifer Wells Kaupp Member 5th District
Laura Chatham Member 1st District	Dean Shoji Kashino Member 2nd District	Hugh McCormick Member 3rd District	Celeste Gutierrez Member 4th District	Jeffrey Arlt Secretary 5th 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	• 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 July 20, 2023 and August 1, 2023 minutes** • 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 • 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.

X **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.

X **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.

X **AGREE**

__ **PARTIALLY DISAGREE**

__ **DISAGREE**

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

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.

X **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.

X **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.

X **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**

X **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.

X **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.

X **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.

X **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.

X **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.

X **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**

X **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**

X **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

_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:

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

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:

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)

_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:

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
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:

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
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:

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
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:

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

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:

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

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:

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

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:

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.

Carly Memoli: carly@appliedcrisistraining.com

- Project Director, Building Hope and Safety Santa Cruz
- President, Applied Crisis Training and Consulting, Inc.
- Suicide Prevention & Strategic Planning Consultant, Striving for Zero Learning Collaborative

ACT Applied Crisis Training and Consulting

Team Members:

Carly Memoli	Program Director
Benjamin Gray	Training Specialist
Devon Oksen	Training Specialist
Dutch James	Training & Systems Specialist
Gabe Ramos	Program Coordinator
Jill O'Neill	Program and Admin Coordinator

Gratitude and Acknowledgement

SAMHSA

Substance Abuse and Mental Health Services Administration

What's with the semicolon?

- Symbolizes where an author could have ended a sentence, but didn't.
- Represents a period of crisis or suicidal crisis where someone could have ended their life/story, but didn't. Something or someone helped them to continue.
- Reminds us and others that staying alive through a period of instability or hopelessness (and continuing the story) is possible.
- The triangle/delta symbol represents: 1) The possibility of change, and 2) Three key components of building a suicide safer community – robust and coordinated Prevention, Intervention, and Postvention efforts.

Please take of yourself, especially today

While we are all passionate about suicide prevention, today's conversation may be more activating than others we will have.

At any time, if you need to step away or take a break, please do so.

If you or someone you know needs support today…

988 SUICIDE & CRISIS LIFELINE

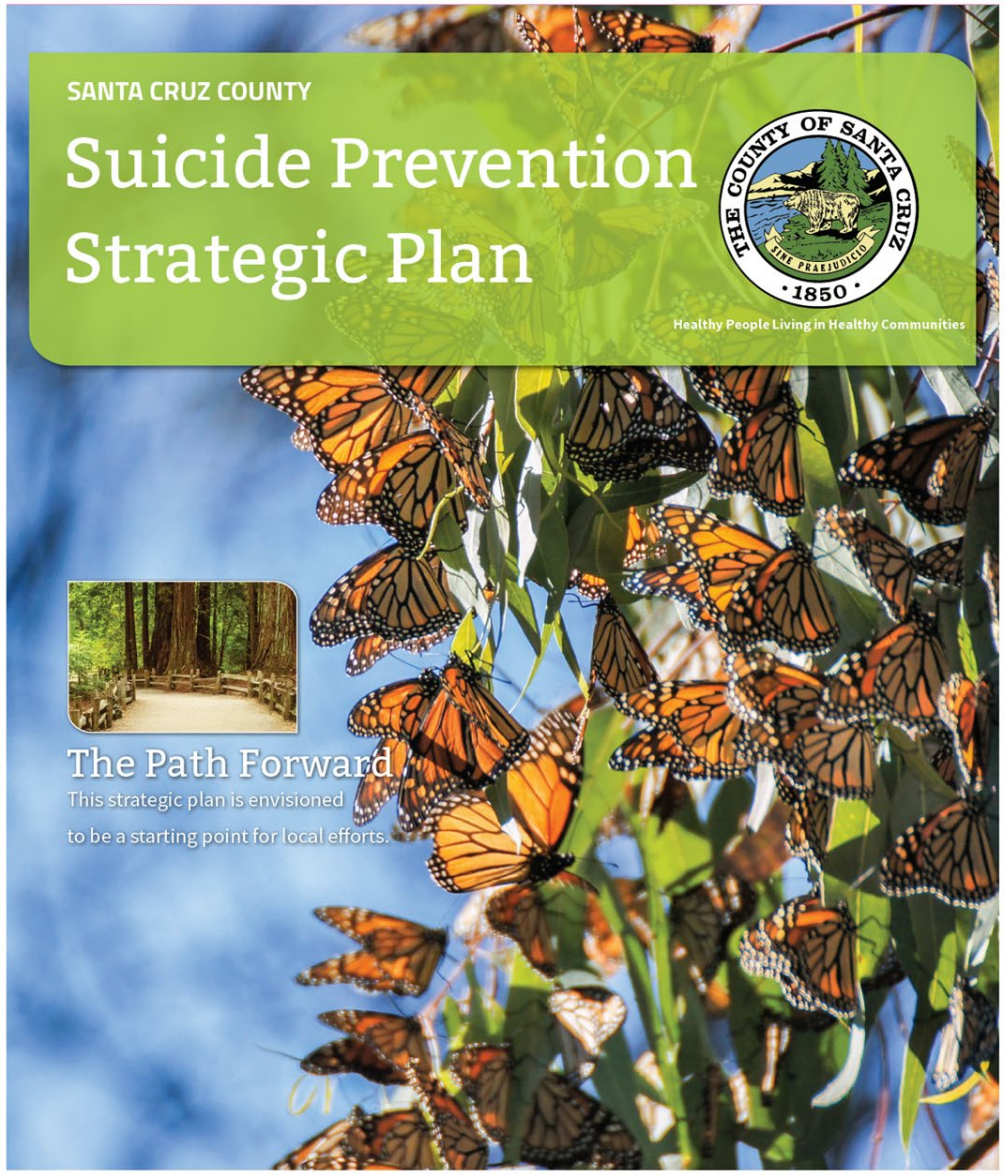
988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

NAMI Santa Cruz County
National Alliance on Mental Illness
Hope. Inclusion. Empowerment. Compassion. Fairness.

Help Line: (831) 427-8020
Línea de ayuda en español: (831) 205-7074

BUILDING HOPE AND SAFETY SANTA CRUZ: SAMHSA GRANT OVERVIEW

- History and Intent
- County, Community, and Program Partnerships
- Context, Timeline, and Implementation
- Primary Activities




SANTA CRUZ COUNTY


INTRODUCTION


GOALS


KEY INFORMANT SURVEY

STRATEGIC PLAN

Program Areas

PREVENTION | **INTERVENTION** | **POSTVENTION**

Essential Elements

- COMMUNICATION
- TRAINING
- DATA
- EVALUATION

SAMHSA COVID-19 Emergency Response for Suicide Prevention

SAMHSA
Substance Abuse and Mental Health Services Administration

Suicidal Crisis Path and Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention

"The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening." (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

www.FresnoCares.org

OVERVIEW

- Suicide Prevention and Intervention Training
- Suicide Risk Screening, Assessment, and Safety Planning – resources and recommendations
- Awareness of and Access to Resources
- Supports for Suicide Loss Survivors
- Local and Statewide Resources and Tools

Safe Support for Individuals and Families:

Domestic Violence
Sexual Assault
Human Trafficking
Healthy & Safe Relationships

1-888-900-4232

24-Hour Bilingual Crisis Line: Domestic Violence, Sexual Abuse and Human Trafficking

Programs Include:

- **Crisis Intervention Program**
- **Children and Youth Program**
- **Education and Community Outreach Program**
- **Emergency Shelter**
- **Technology Safety**
- **Teen Violence Programs**
- **Positive Solutions Program**

COMMON TERMS AND INFORMATION

Access Team: Evaluates all requests for non-emergency services for those not currently receiving services from County Mental Health or community mental health providers.

Adult Mental Health Services Program: Part of Santa Cruz County Health Services Agency, providing services to those with serious and persistent mental illnesses, ranging from transition age youth (18–25) to older adults (over 60).

Assessment: A mental health evaluation to determine an individual's mental health status and needs, including whether the individual qualifies for Santa Cruz County Behavioral Health Services.

Child and Adolescent Behavioral Health Services: Comprehensive, strengths-based, culturally and linguistically appropriate services for Medi-Cal eligible youth who have moderate to severe behavioral health needs.

Consumer: Term often used to refer to an individual receiving mental health services.

Crisis Stabilization Program (CSP): Provides crisis assessment, crisis intervention, and disposition planning for individuals experiencing a psychiatric emergency for both voluntary and involuntary individuals.

Inpatient Services: Services provided while an individual is hospitalized.

Patients' Rights Advocate/Ombuds: Protects the rights of all consumers of mental health services. Free and confidential. Call (831) 429-1913 or www.advocacy-inc.org.

Outpatient Services: Services that do not require hospitalization and/or are received while keeping current living arrangements.

Psychiatric Health Facility (PHF): A locked acute psychiatric inpatient program for people who are having a mental health emergency and need more intensive treatment and support.

Psychiatric Hold (5150/5585): Allows for involuntary evaluation and mental health treatment for up to 72 hours. May be mandated by a designated authority when an individual is determined to be a danger to themselves and/or others or gravely disabled due to a mental health issue.

Psychiatrist: A medical doctor with specialization in diagnosing and treating mental illnesses. Psychiatrists utilize therapy, medicine, and other modalities to treat patients.

STIGMA

Stigmas are negative assumptions that society or a person has about something. Examples of mental health stigmas include the idea that everyone with mental health issues is dangerous or that they are not reliable or responsible when being considered for a job or housing. Stigmas can discourage individuals from seeking help and jeopardize participation in ongoing treatment, support, or recovery. Fortunately, there are many ways to reduce stigmas and replace them with compassion and empathy. These ways include:

- ☐ **Thinking and talking about mental health** along a spectrum that includes everyone.
- ☐ **Encouraging individuals to seek help,** recognizing that everyone needs support sometimes.
- ☐ **Making it easy** for someone to reach out for or get help.
- ☐ **Using person-centered language** like "a person with schizophrenia" rather than "a schizophrenic." A person is not a diagnosis.
- ☐ **Promoting and supporting** those who are willing to speak about their experiences.
- ☐ **Supporting accurate representations** of mental health and mental illness, such as in the media.
- ☐ **Getting involved in legislation, advocacy, and activism** that challenges stigma and protects the rights, welfare, and dignity of those with lived mental health experiences.

Therapist/Psychologist: Licensed professionals who specialize in the treatment of mental illnesses. Therapists and psychologists do not prescribe medication.

Rehabilitation: Services to improve, maintain, or restore an individual's ability to thrive and function. May include life skills, symptom management, and personal and social skills.

Therapy: An intervention that focuses on symptom reduction to improve everyday wellbeing. Delivered individually, to families, or in group settings.

CRISIS WARNING SIGNS

Mental health crises can manifest in different ways for each person and vary across age groups. While individuals may want help, it can be difficult to ask or know how to get it. However, there are some common warning signs that may indicate someone needs help. If you observe any of the following—especially if they are new behaviors—don't be afraid to speak up.

▸ Adults

- ☐ Talking about wanting to die
- ☐ Excessive worrying or fear
- ☐ Giving away possessions
- ☐ Extreme mood changes
- ☐ Difficulty concentrating
- ☐ Changes in sleep habits
- ☐ Avoiding friends/social activities

▸ Youth

- ☐ Changes in school performance
- ☐ Frequent outbursts
- ☐ Excessive worry or anxiety, such as fighting to avoid bed or school
- ☐ Giving away personal belongings
- ☐ Neglecting personal hygiene
- ☐ Disengaging from activities

www.suicideispreventable.org

FEEDBACK/CORRECTIONS

Email suicideprevention@santacruzcounty.us

Information and resources provided herein verified as of September 2022. This guide not intended as legal or medical advice or treatment.

Design by Dori Ward, dorigraphics.com

SANTA CRUZ COUNTY MENTAL HEALTH POCKET GUIDE

Local resources for community members who may be experiencing mental health crises or challenges

ACT Applied Crisis Training and Consulting

COUNTY OF SANTA CRUZ Behavioral Health Services FOR CHILDREN & ADULTS

Additional resources and more information available at: 211santacruzcounty.org/ and

santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth.aspx

DOMESTIC VIOLENCE RESOURCES

Monarch Services—Bilingual Services
Support services for survivors of domestic violence and crisis counseling, including one-on-one sessions.

Call **(831) 722-4532** for 24/7 bilingual crisis line. Learn more at **monarchscc.org**

UCSC CARE—Campus Advocacy Resources and Education
UCSC student support and resources for survivors of sexual assault, dating/domestic violence, and stalking. CARE is confidential and does not share information with anyone without explicit permission.

Call **(831) 502-2273** or **email care@ucsc.edu.** Request form available at **care.ucsc.edu.**

Walnut Avenue Family and Women's Center
Support for families and survivors of domestic violence, including advocacy, information, support groups, emergency accommodation, and more.

Call **(831) 426-3062** to make an appointment. If in immediate need of help call **(866) 2MY ALLY (269-2559).** See **www.wafwc.org** for more information.

National Domestic Violence Hotline
Advocates are available 24/7 to discuss a relationship and help determine if it might be abusive.

Call **(800) 799-SAFE (7233),** text **"Start"** to **88788,** or chat online at **thehotline.org.**

CONFIDENTIALITY AND ANONYMITY
Community resources may offer support confidentially or anonymously. Confidential means the service provider you receive help from collects your information and acts to protect any identifiable information. Anonymous means no personal or identifying information is collected at all.

MENTAL HEALTH SUPPORT AND COUNSELING/SUPPORT GROUPS

COUNSELING—INDIVIDUAL AND FAMILY SUPPORT

Family Service Agency of the Central Coast (FSA)
Provides counseling, suicide prevention services, and support groups to residents of the Central Coast.

In Santa Cruz call: **(831) 423-9444 x200**
In Soquel and South County call:
(831) 346-6767 x200
Learn more at **fsa-cc.org**

Cabrillo College
Available to Cabrillo Students, Student Health Services provides crisis support, short term counseling, and referrals to community help.

Call **(831) 479-6435** or email **healthservices@cabrillo.edu** to schedule an appointment.
cabrillo.edu/student-health-services

East Cliff Family Health Center
Serves the primary health care needs of men, women, and children regardless of economic status. Offers primary care, pediatric services, mental health education, health coverage enrollment, food access programs, and more.

Call **(831) 427-3500** to make an appointment.

Lighthouse Counseling
A program provided by Janus of Santa Cruz that provides affordable therapy services for individuals, couples, and families.

Call **(831) 462-1060** (English & Spanish) for more information, or see **janussc.org/lighthouse-counseling/**

Salvation Army Santa Cruz Community Center
Provides a variety of services including pantry, lunches for the unhoused, clothing, and recovery programs for substance abuse.

Call **(831) 426-8365.**

Beacon Health Options
Psychiatric consultation, psychological and neurophsychological testing, and outpatient drug therapy monitoring.

Call toll-free 24/7 **(855) 765-9700.**

Pajaro Valley Prevention and Student Assistance, Inc.
Resources for families of PVUSD, offering counseling, substance use disorder services, mental health services, and family supportive services.

See **www.pvpsa.org,** call **(831) 728-6445,** or email **admin@pvpsa.org.**

Shine a Light Counseling Center
Nonprofit committed to providing affordable therapy, Shine a Light offers sliding scale options and accepts Medi-Cal and victim compensation payments.

Request an appointment at **shinealight.info** or call **(831) 996-1222.**

Salud Para La Gente
Salud provides a variety of healthcare services including behavioral health and general healthcare.

Call **(831) 728-0222** for appointment availability. Find out more at **splg.org.**

PEER COUNSELING—SUPPORT GROUP

NAMI—National Alliance on Mental Illness
Affordable and accessible behavioral and mental health services, community advocacy, and peer support groups.

Leave a message at **(831) 427-8020.** One of NAMI's trained volunteers will return the call and assist in locating appropriate resources. Learn more at **namiscc.org.**

If you or someone you know is experiencing a mental health crisis, please reach out for support:

- Call **988** or **(800) 273-8255** to speak to a trained counselor 24/7
- Go to the nearest hospital emergency room
- Call **911** for emergency services
- Contact Trevor Lifeline for LGBTQ individuals at **(866) 488-7386**
- Reach out to the Trans Lifeline at **(800) 565-8860**
- Call the Veterans Crisis Line at **(800) 273-8255**

If you are not in immediate danger but require crisis support, reach out to the 24/7 Santa Cruz Behavioral Health Services hotline at **(800) 952-2335** who will assess for hospitalization in a psychiatric crisis. Santa Cruz Behavioral Health Services provides:

- **Walk in Crisis Services: (800) 952-2335**
  Crisis assessment and intervention services for adults and children.
- **Mobile Emergency Response Team:** MERT responds to sites to stabilize and support adults and children experiencing mental health crises.
- **Mental Health Liaison:** Mental health clinicians who support individuals interacting with law enforcement.
- **Crisis Stabilization: (831) 600-2800**
  Crisis assessment, intervention, and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources.
- **Psychiatric Health Facility: (831) 600-2800**
  Locked 1-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. 24-hour treatment and care.

County Participation and Resources
California's Suicide Prevention Plan 2020-2025

Download the plan here:

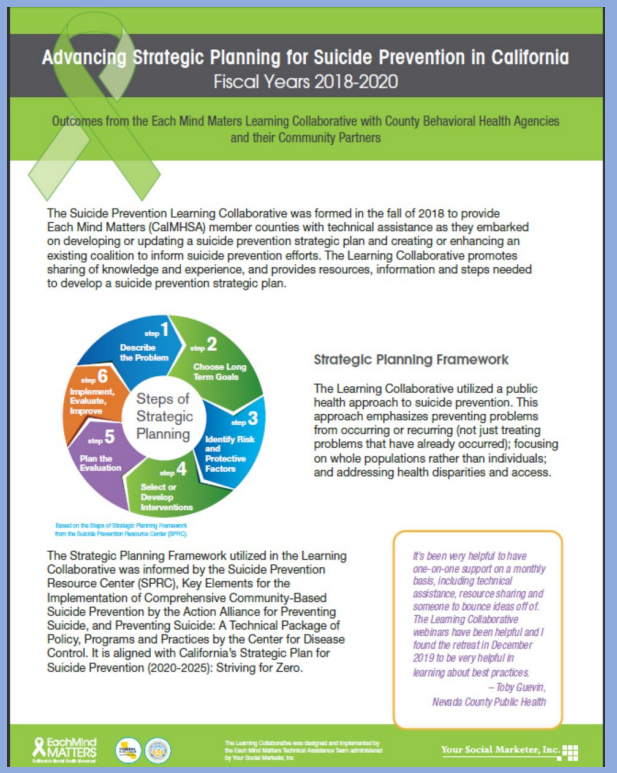
https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

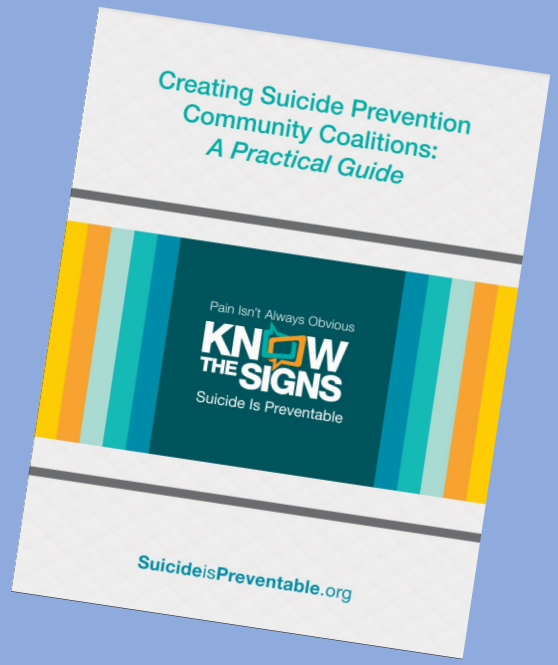
Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline 1-**888-682-9454

Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention





Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

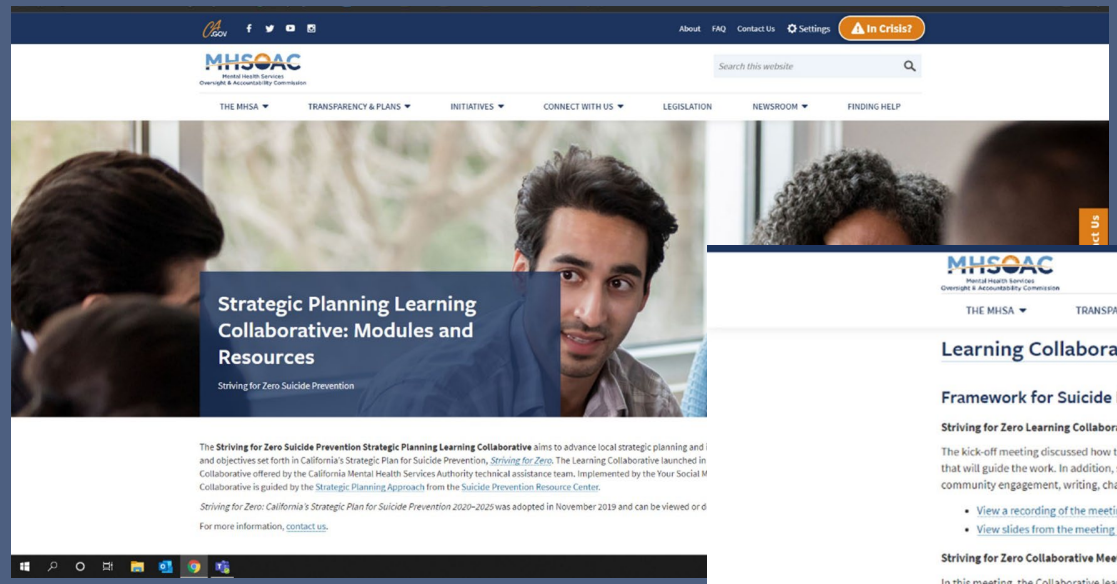
Striving for Zero Learning Collaborative

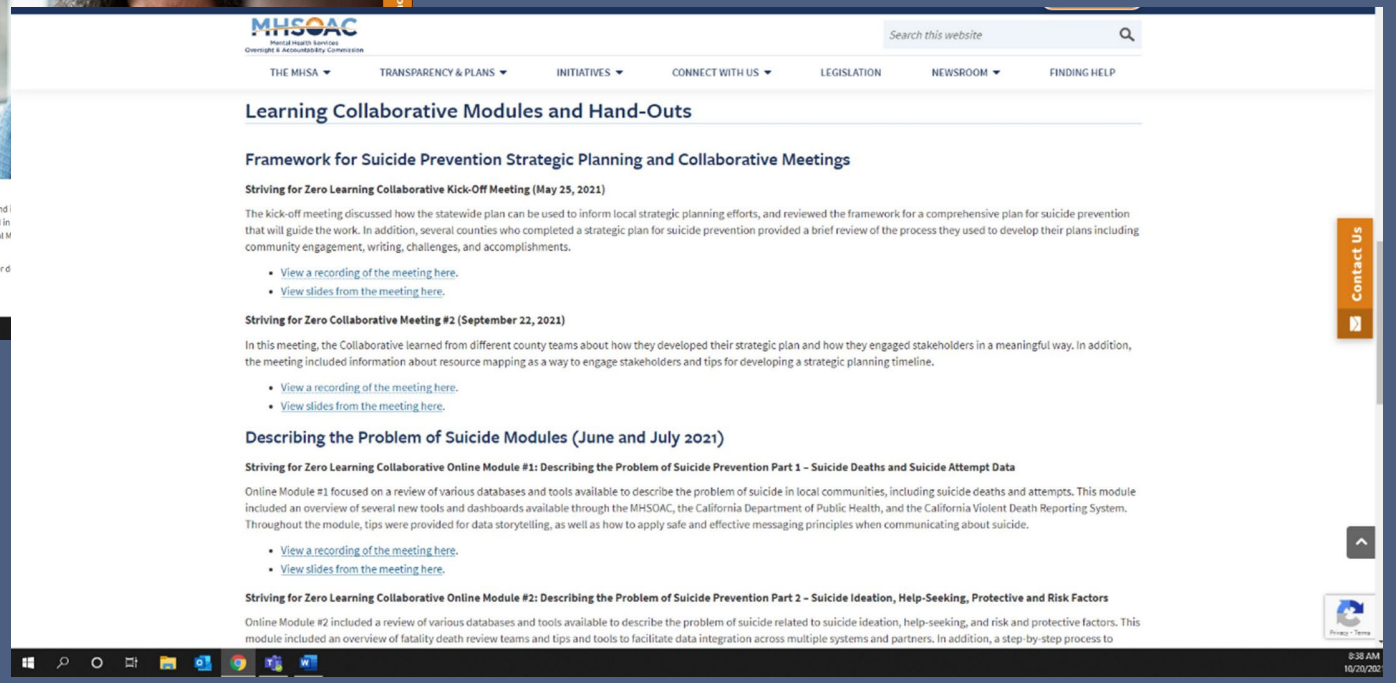
- Resource for Santa Cruz (and other counties) to plan, implement, evaluate, and grow suicide prevention, intervention, and postvention efforts.

- Direct assistance from team of subject matter and strategic planning experts for key areas (e.g. develop a youth-focused action plan or workgroup for suicide prevention efforts in our County)

- All-County modules and meetings on specific topics (e.g. supports after a suicide attempt); sharing best practices, successful models, and navigating challenges.

Striving for Zero Learning Collaborative Resource Page





safeTALK

Suicide Alertness for Everyone:
8 trainings provided through grant period

safeTALK is a half-day interactive training in suicide alertness that...

- Teaches participants to identify people at risk of suicide and connect them with life-saving intervention resources
- Is widely used by both professionals and the general public—over 50,000 people attend yearly
- Is open to everyone 15 years old or older

Applied Suicide Intervention Skill Training Workshops:
8 provided throughout grant period

ASIST is a highly rated, two-day, in person, interactive workshop in suicide intervention skills.
It…
Teaches participants to identify people at risk of suicide and intervene to help them stay safe

Offers something to every participant, no matter how experienced

Is widely used by both professionals and the general public—over 120,000 attend yearly

Is open to anyone 16 years old or older

Includes: trainer presentations, audiovisuals, discussions, simulations and practice

MENTAL HEALTH FIRST AID® USA

3 options:

In-person, Full day
Blended In-person: Partial day (w/self-paced pre-work)
Blended Virtual: Partial day on Zoom (w/self-paced pre-work)

Full-day Adult Mental Health First Aid Training: 3 Workshops provided throughout the grant period.

"It really gives the skills you need to identify — and ultimately help — someone in need."

First Lady
Michelle Obama
MHFA Trained

Counseling on Access to Lethal Means

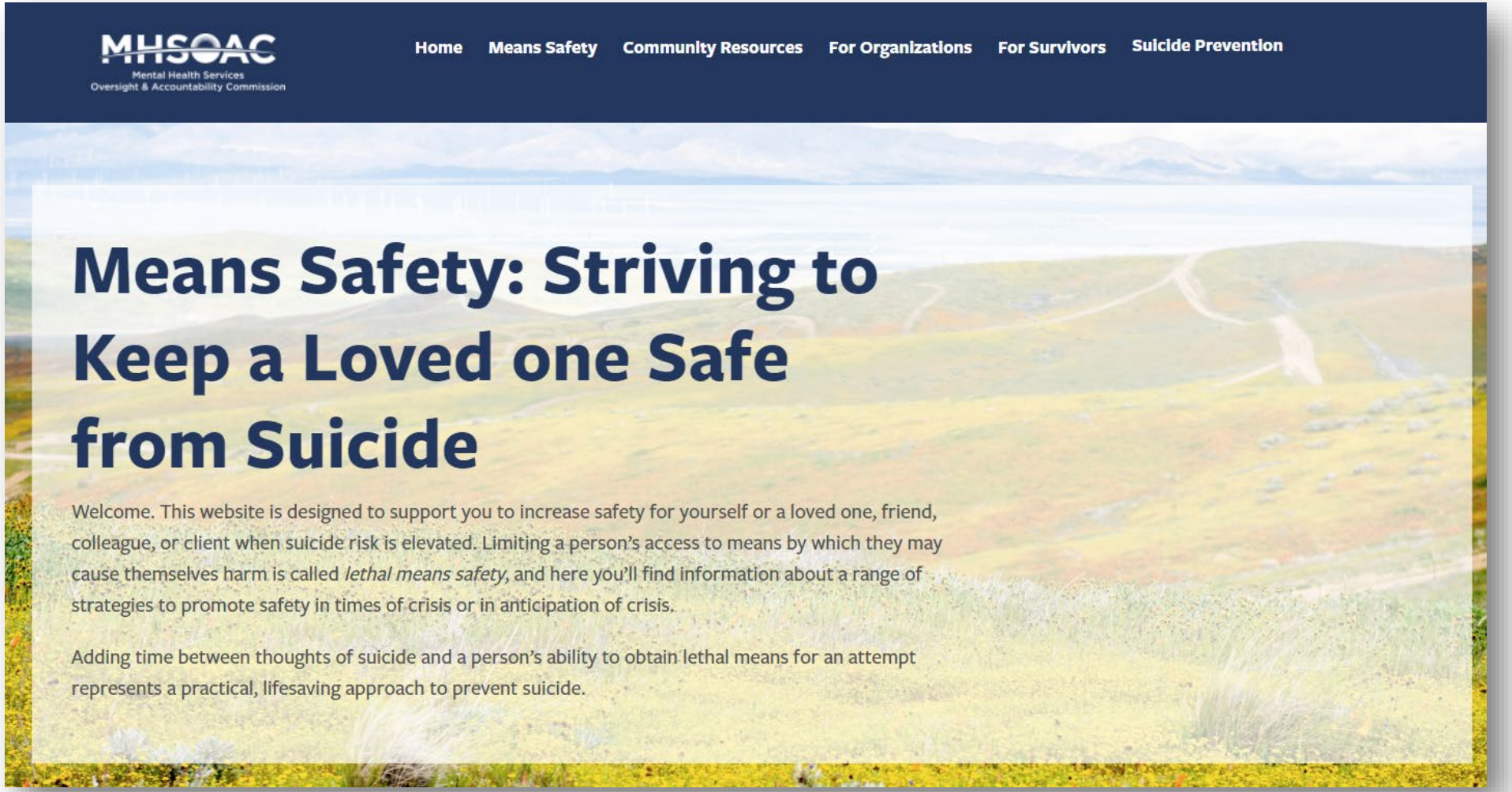
- 6 provided throughout the grant period
- Can be completed independently online
- Live courses also facilitated locally, with interactive elements and a focus on local and state resources
- Through this course, participants learn the value of means counseling and means safety strategies, as well as the skills to address this with clients or those at-risk.
- Handouts for this course include the following:
  - The Basics of Firearms
  - What Clients and Families Need to Know
  - Clients Who Need Lethal Means Counseling
  - Firearms Laws Relevant to Lethal Means Counseling
  - What Clinicians Can Do

Striving for Safety:

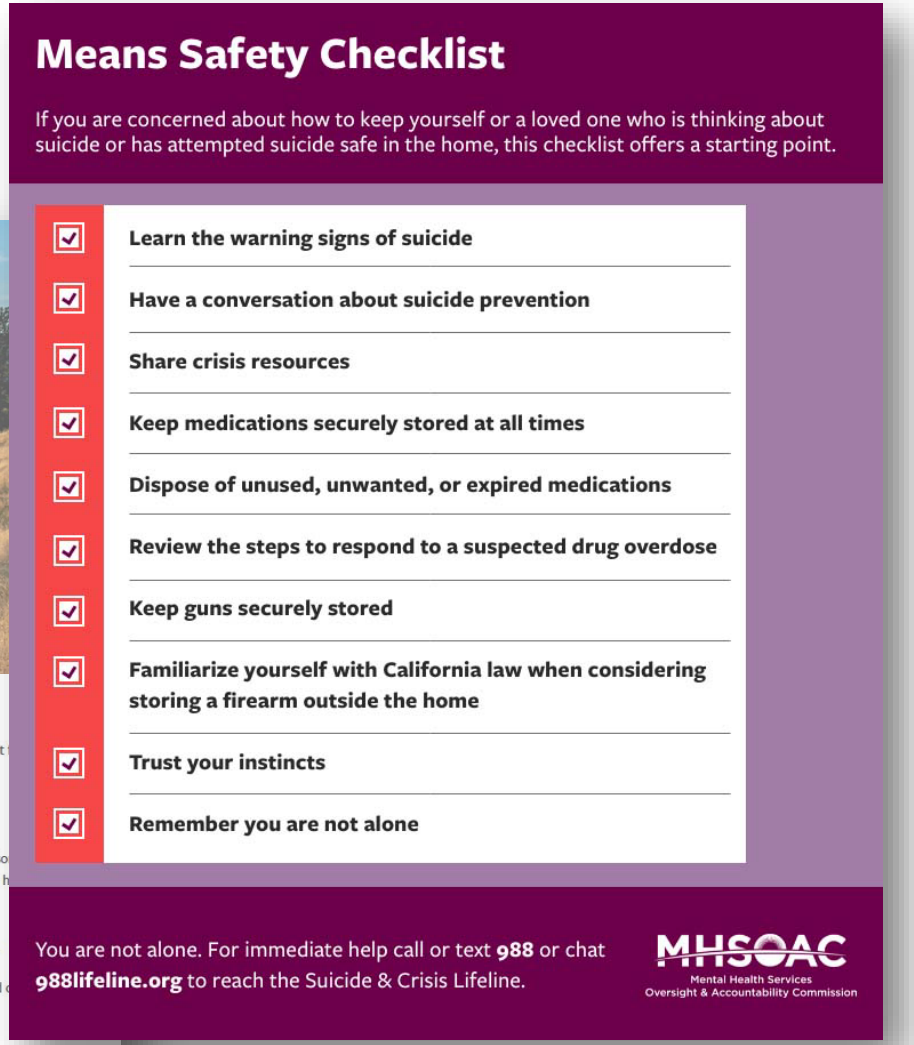
A Resource for Community Members and Professionals
(currently in soft launch)

Mental Health Services Oversight and Accountability Commission: www.strivingforsafety.org

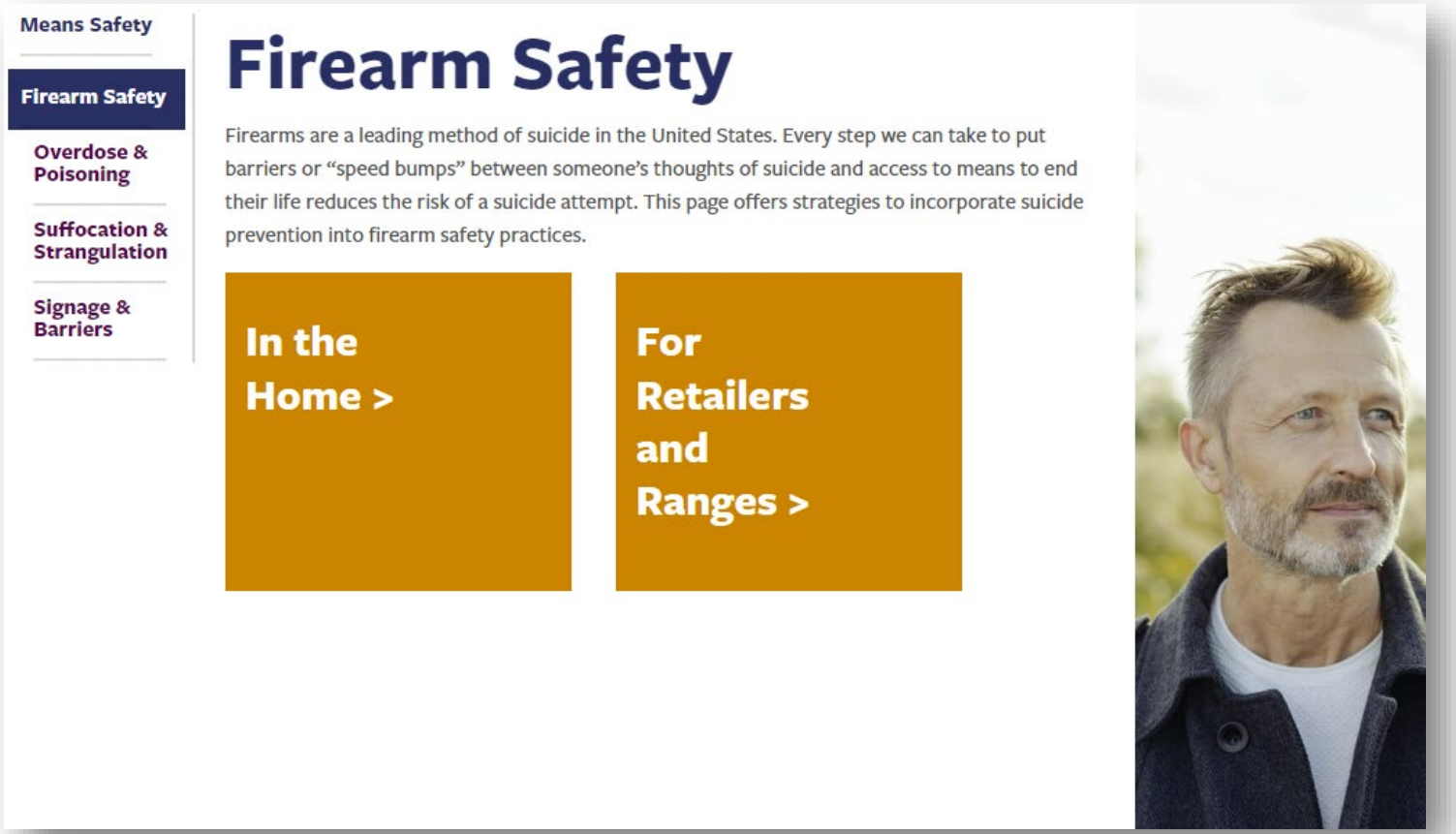
StrivingForSafety.org



StrivingForSafety.org



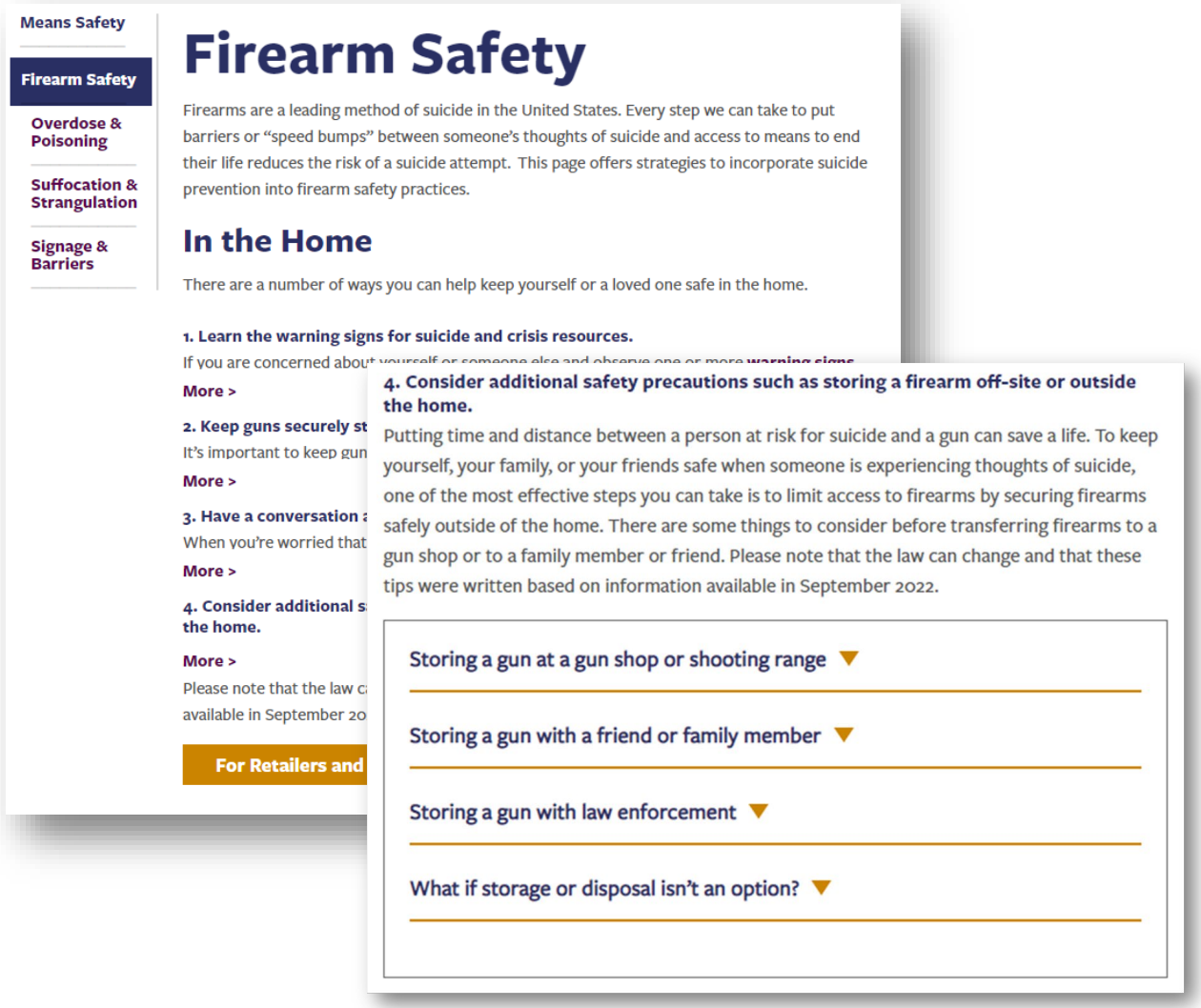
Striving for Safety: Firearms



Striving for Safety: Firearms (In the Home)

Informs community members about steps to prevent suicide including:

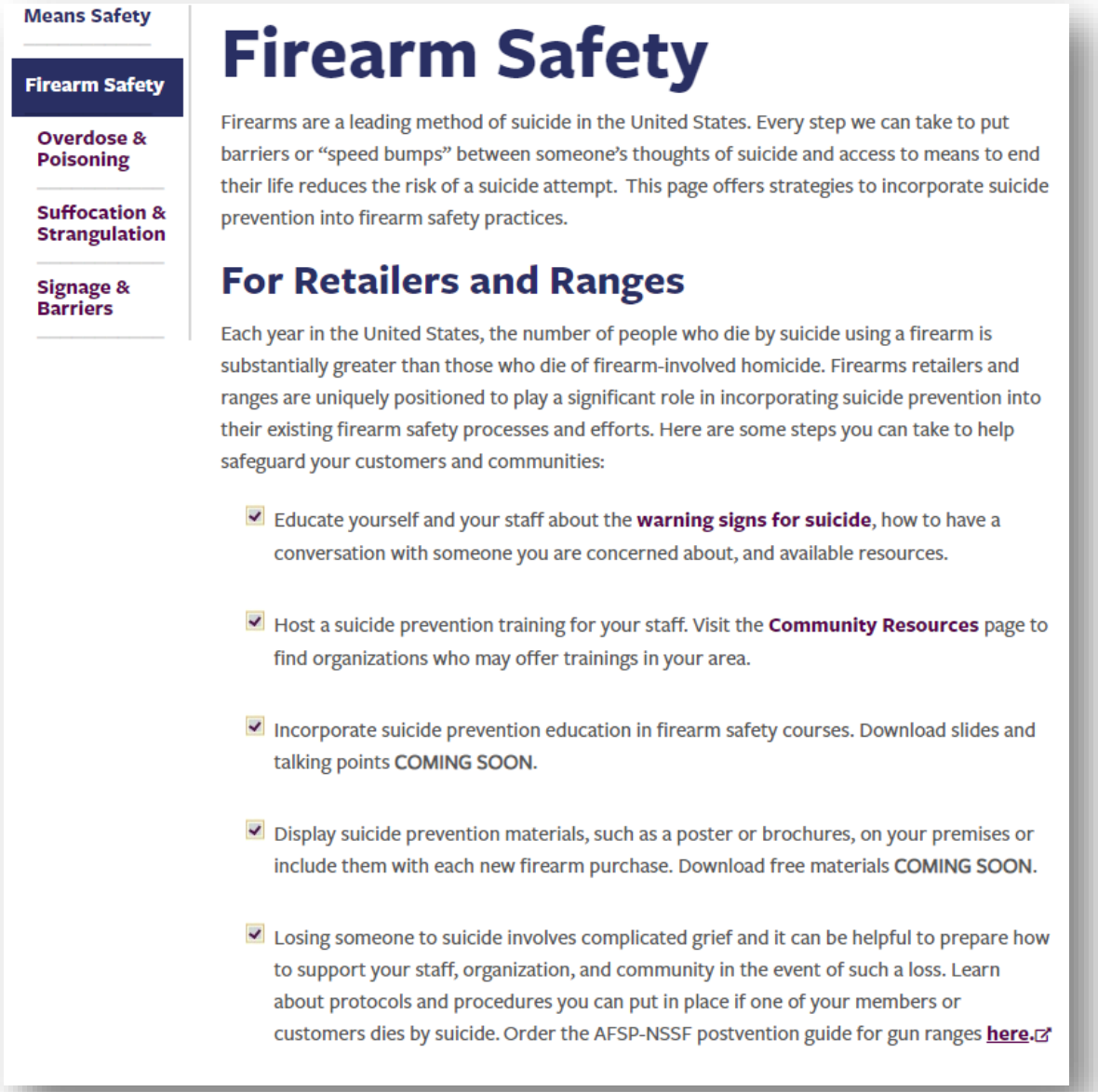
- Awareness and tools conversation
- Suggestions for safe storage
- Importance and strategies for storage outside of home



Striving for Safety: Firearms (Ranges and Retailers)

Provides recommendations for ranges and retailers:

- Promote suicide prevention (required by law to post NSPL)
- Offer trainings on suicide prevention
- Implement safe storage efforts
- Incorporate suicide prevention if firearm safety courses
- Resources for postvention guide



Means Safety

Firearm Safety

Overdose & Poisoning

Suffocation & Strangulation

Signage & Barriers

Firearm Safety

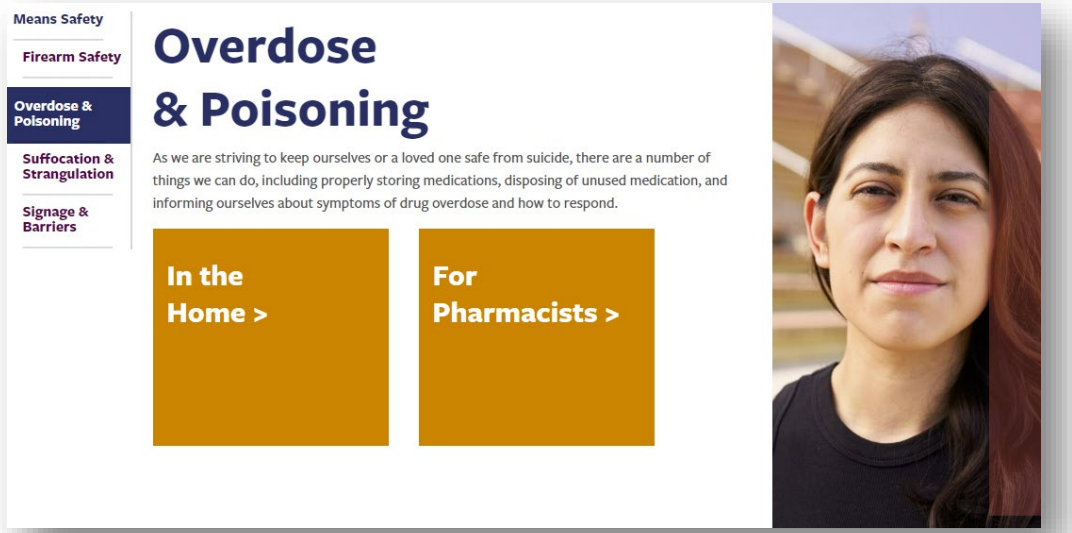
Firearms are a leading method of suicide in the United States. Every step we can take to put barriers or "speed bumps" between someone's thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. This page offers strategies to incorporate suicide prevention into firearm safety practices.

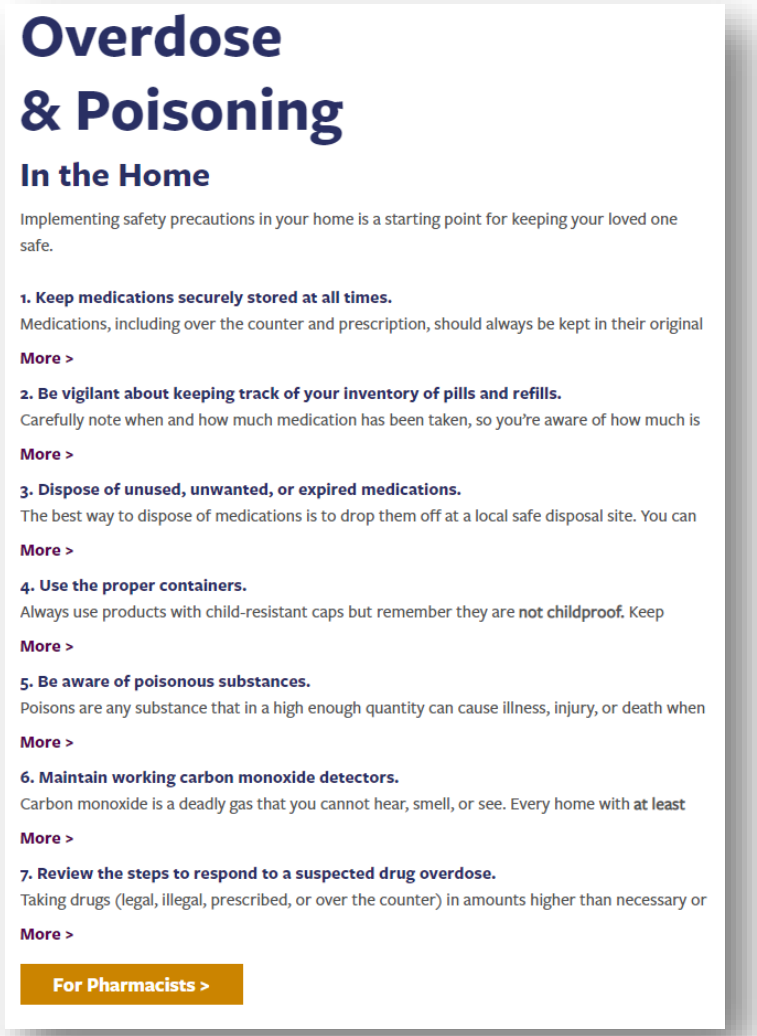
For Retailers and Ranges

Each year in the United States, the number of people who die by suicide using a firearm is substantially greater than those who die of firearm-involved homicide. Firearms retailers and ranges are uniquely positioned to play a significant role in incorporating suicide prevention into their existing firearm safety processes and efforts. Here are some steps you can take to help safeguard your customers and communities:

- ☑ Educate yourself and your staff about the **warning signs for suicide**, how to have a conversation with someone you are concerned about, and available resources.
- ☑ Host a suicide prevention training for your staff. Visit the **Community Resources** page to find organizations who may offer trainings in your area.
- ☑ Incorporate suicide prevention education in firearm safety courses. Download slides and talking points **COMING SOON**.
- ☑ Display suicide prevention materials, such as a poster or brochures, on your premises or include them with each new firearm purchase. Download free materials **COMING SOON**.
- ☑ Losing someone to suicide involves complicated grief and it can be helpful to prepare how to support your staff, organization, and community in the event of such a loss. Learn about protocols and procedures you can put in place if one of your members or customers dies by suicide. Order the AFSP-NSSF postvention guide for gun ranges **here.**

Striving for Safety: Overdose





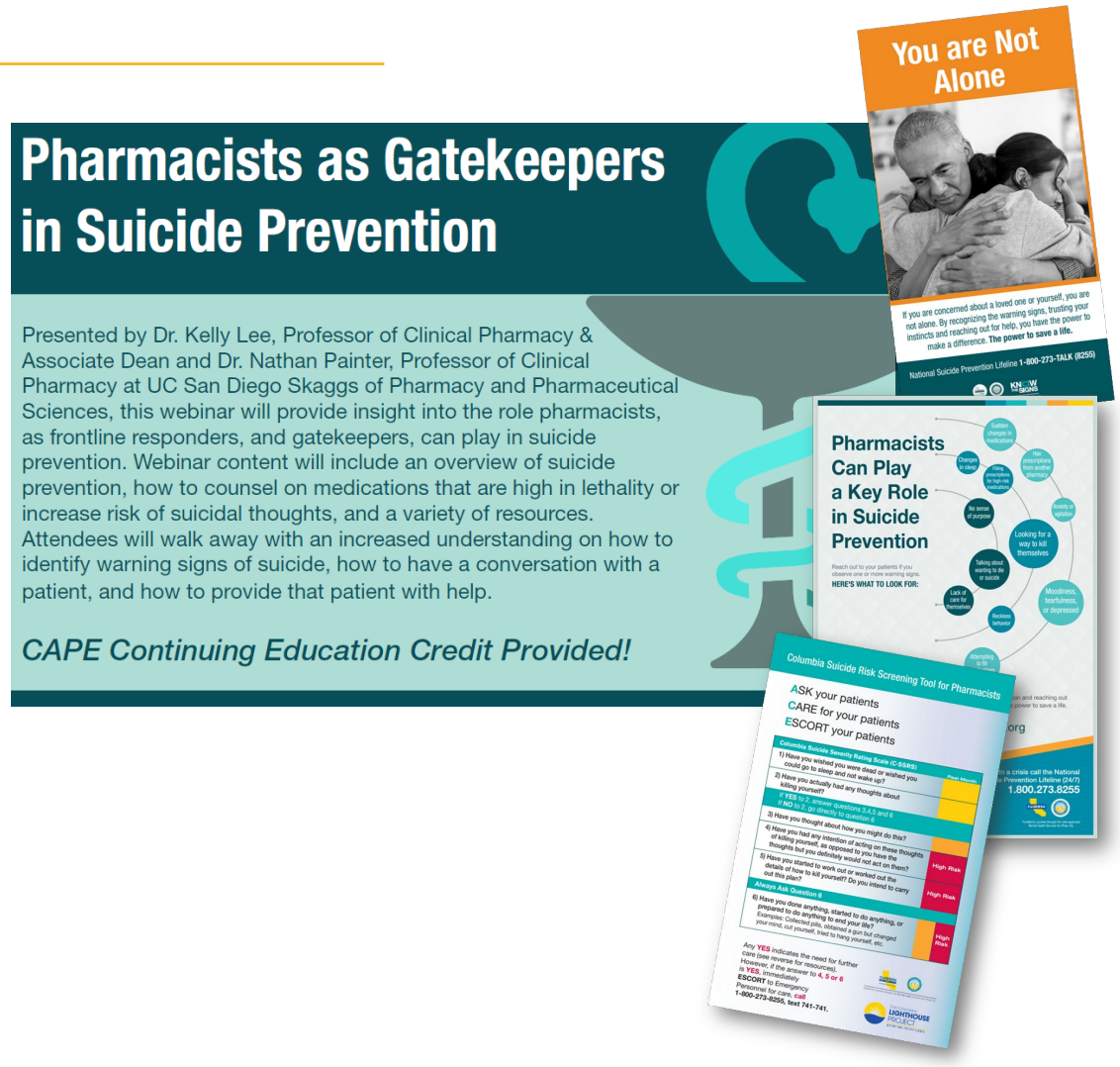
Informs community members about steps to prevent suicide including:

- Awareness and tools for conversation
- Steps for safe storage
- Safe disposal

Training for Pharmacists

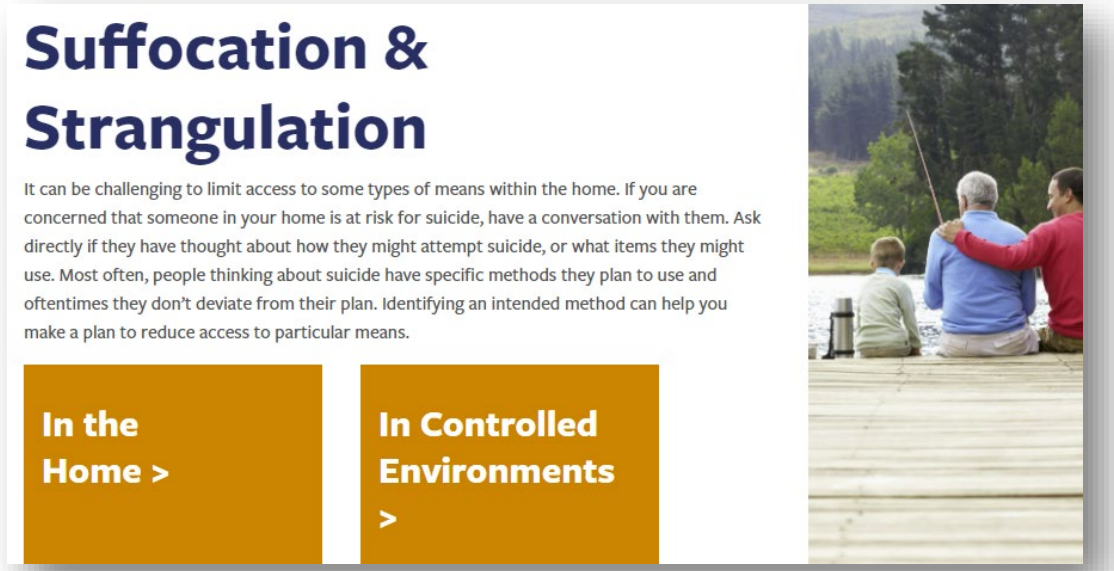
One-hour training for pharmacists, available for free:

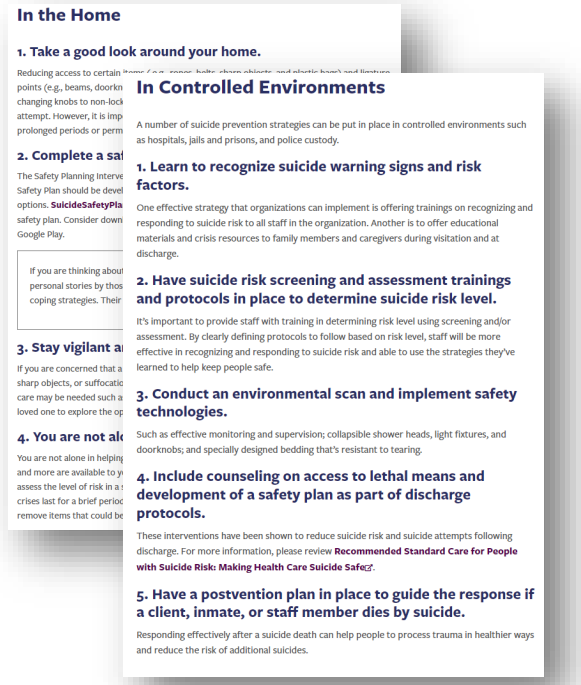
- Provides general information on recognizing suicide risk
- Reviews screening protocols using C-SSRS
- Provides opportunity to request hard copy of materials



To register, visit: http://www.yoursocialmarketer.com/pharmacist-gatekeepers/

Striving for Safety: Suffocation and Strangulation





Informs community members and professionals:

- Steps to reduce risk in home
- When to seek higher level of care
- Emphasizes general prevention
- Resources for controlled environments

National Commission on Correctional Health Care, Suicide Prevention Portal

This website details requirements for a comprehensive, multipronged suicide prevention and intervention program in various settings: Jails, Prisons, Juvenile Facilities, Mental Health Services and Opioid Treatment Programs.

www.ncchc.org/

Striving for Safety: Signage and Barriers

Provides information, toolkits, and research related to implementation of safety barriers at various sites:

- Bridge and overpass barriers
- Parking structures
- Railway efforts
- Signage (examples)

Suicide Risk Assessment & Safety Planning: Required Training

Using evidence-based tools (Columbia Scale and Stanley & Brown Safety Plan) within a system of care and community, to achieve better safety outcomes.

Start time: 9:00 a.m.
End time: 5:00 p.m.
Lunch break: 12:15 p.m. - 1:15 p.m.

Cost: Free (supported through Building Hope and Safety Santa Cruz)

Register here for one date:
forms.office.com/r/YSYnqxwuyB

NOVEMBER 4
SANTA CRUZ CIVIC

NOVEMBER 15
TWIN LAKES (APTOS)

DECEMBER 2 9:00-5:00
WATSONVILLE CIVIC

JANUARY 9, 2023
VIRTUAL 9:00-5:00

Learning Objectives

Participants will:

- Be able to state the importance of collaboration with a person-at-risk in the course of intervention.
- Report increased familiarity with local prevention, intervention, and postvention supports and resources, as well as how to connect someone with these.
- Report improved confidence and effectiveness utilizing the C-SSRS screener and assessment tools during clinical assessment and client interactions.
- Report increased knowledge of how to utilize the Stanley & Brown Safety Plan tool in conducting an effective intervention and disposition.
- Identify useful tools and resources for consistent debriefing and for addressing vicarious traumatization and compassion fatigue.
- Report increased knowledge of resources for those affected by suicide death.
- Report being prepared to connect those affected by suicide death with resources or care.

Please note: Providers must disclose, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.

Full-day Custom Training:

Risk Assessment and Safety Planning with the Columbia Suicide Severity Rating Scale (C-SSRS) and Stanley-Brown Safety Plan

4 Workshops (3 in-person, 1 virtually)

“It’s about saving lives and directing limited resources to the people who actually need them.”

- Dr. Kelly Posner Gerstenhaber, Founder and Director

For information on the substantial evidence supporting the Columbia Protocol, visit this site to access a Supporting Evidence document:
https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/

Striving for Zero: California Strategic Plan

STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties

Local and Regional Objectives

Objective 8f Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports. Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk. Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions. Build capacity and sustainability for suicide prevention training across systems using train-the-trainer models or evidence-based online trainings.

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Objective 8g Screen people seen in health, mental health, and substance use disorder care settings for suicide risk and deliver best practices in suicide risk assessment and management to those who screen positive for risk. Such settings include state and local correctional facilities.

- Suicide screenings can follow positive results on other screening tools. For example, screening specific to suicide risk should follow positive screens for depression, anxiety, trauma, physical pain, and problem alcohol, drug use, and eating. Comprehensive suicide risk assessments follow screening.
- The Joint Commission recommended the use of screening and assessment tools that include the following: Ask Suicide Screening Toolkit (ASQ) by the National Institute of Mental Health; the Columbia—Suicide Severity Rating Scale (C-SSRS) Triage Version; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; Suicide Behavioral Questionnaire Revised; Scale for Suicidal Ideation-Worst; and the Beck Scale for Suicide Ideation.[29]

Objective 8h Integrate best practices in suicide risk assessment and management in health, mental health, and substance use disorder care settings and workflows. Create uniform policies and procedures to make screening, assessments, and decision-making routine. Clarify billing methods for services.

Objective 8i Deliver training to key action partners for conducting suicide screening in community-based settings when a person is identified as exhibiting warnings signs or communicating a desire to die. The Columbia-Suicide Severity Rating Scale has been adapted to meet the needs of diverse settings and populations and can be accessed for free here: http://cssrs.columbia.edu/.

C-SSRS: What is it?

- The Columbia Suicide Severity Rating Scale is a measurement tool designed to identify and measure suicide risk.
  - Presence of suicidal ideation (thoughts about suicide)
  - Intensity of those thoughts
  - History of suicidal behavior (attempts, preparatory bx)

- A handful of specific questions for each area help develop a sense of the client's current risk level

How do we use these?

- Clearly and directly asking the questions from the assessment tool helps us get a picture of suicide risk.
- Simply asking these questions can help you and the person.
- Responses can help with treatment recommendations.
- Responses can be used to develop a safety plan and identify where more support is needed.
- Fidelity, Empathy, Curiosity, and Directness can help ground us in being successful in our use of these tools.

Goals of Effective Interactions/Interventions

- Identify and **boost protective factors** (where possible)
- Identify and **minimize risk factors** (where possible)
- Provide the person with individualized care and support
- Identify environmental, personal, and other **variables** that can boost or threaten safety (e.g. managing access to means for suicide).
- Start the process of **de-escalation and stabilization**
- Lower and determine the level of risk of the individual.
- **Appropriately triage** the response to the identified risk (guide safety plan recommendations)
- **Effective documentation** for continuity of care

Risk & Protective Factors

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
☐	Actual suicide attempt	☐	☐ Hopelessness
☐	Interrupted attempt	☐	☐ Major depressive episode
☐	Aborted or Self-Interrupted attempt	☐	☐ Mixed affective episode (e.g. Bipolar)
☐	Other preparatory acts to kill self	☐	☐ Command hallucinations to hurt self
☐	Self-injurious behavior ***without*** suicidal intent	☐	☐ Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			☐ Substance abuse or dependence
☐	Wish to be dead		☐ Agitation or severe anxiety
☐	Suicidal thoughts		☐ Perceived burden on family or others
☐	Suicidal thoughts with method (but without specific plan or intent to act)		☐ Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
☐	Suicidal intent (without specific plan)		☐ Homicidal ideation
☐	Suicidal intent with specific plan		☐ Aggressive behavior towards others
Activating Events (Recent)			☐ Method for suicide available (gun, pills, etc.)
☐	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		☐ Refuses or feels unable to agree to safety plan
Describe:			☐ Sexual abuse (lifetime)
			☐ Family history of suicide (lifetime)
☐	Pending incarceration or homelessness		**Protective Factors (Recent)**
☐	Current or pending isolation or feeling alone		☐ Identifies reasons for living
Treatment History			☐ Responsibility to family or others; living with family
☐	Previous psychiatric diagnoses and treatments		☐ Supportive social network or family
☐	Hopeless or dissatisfied with treatment		☐ Fear of death or dying due to pain and suffering
☐	Non-compliant with treatment		☐ Belief that suicide is immoral; high spirituality
☐	Not receiving treatment		☐ Engaged in work or school
Individual Risk Factors			**Individual Protective Factors**
☐			☐
☐			☐
☐			☐

Notes:

Screening Tools for Suicide Risk

Columbia Suicide Severity Rating Scale Screener version with triage guidance

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

988 SUICIDE & CRISIS LIFELINE

Any YES indicates that someone should seek behavioral healthcare.

However, if the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

Online Options:

- On-line training module available through the Center for Practice Innovation (CPI) here. Files for this training are also available for integration into internal Learning Management Systems by contacting the Lightouse Project team here.

- Watch a webinar on your own schedule by going to the Project's YouTube channel and selecting an archived webinar (less than 60 minutes).

- Download unlimited training videos to view or share for group training.
  - Training is available in over 30 languages and there is no limit on the number of downloads.
  - For English language training on the full and screener scales click on this link, and then click on the "download" button in the upper-right corner to download it to your desktop (do not try to watch the video within the dropbox it will end early). A video training on just the shorter C-SSRS screener is also available if by clicking on this link.
  - For training in other languages look in this folder, select the language you desire and download the training by clicking on the "download" button in the upper righthand corner.

Note:
Specialized training and certification are available and required for use of the C-SSRS in research and clinical trials. Click here for more information.

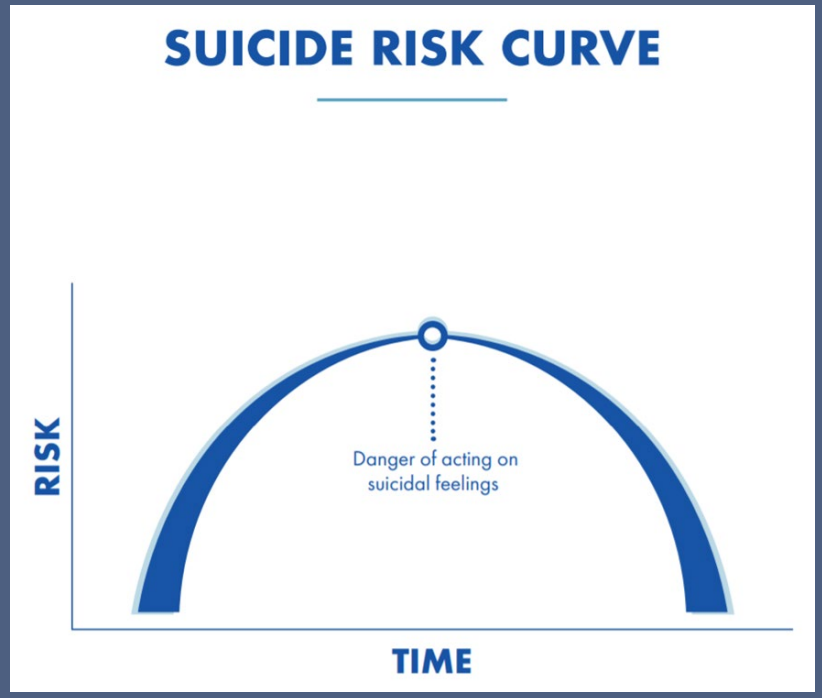
Training Considerations

Use of the Columbia protocol does not require prior knowledge or training; however, training is shown to be helpful for individual, organization, and community-wide use.

Trainings are not setting specific. Choose the method that works best for you or your group.

Why? Means Safety and the Suicide Risk Curve

Most periods of suicide crisis are fairly short in duration. By putting time and space between a person and lethal means, a lethal attempt is less likely



Suicide risk fluctuates over time

Risk is greater when:*

- Thoughts are more frequent
- Thoughts are of longer duration
- Thoughts are less controllable
- Few deterrents to acting on thoughts
- Stopping the pain is the “reason”

-Suicide Risk Curve by Barbara Stanley, PhD and Gregory Brown, PhD
https://suicidesafetyplan.com/

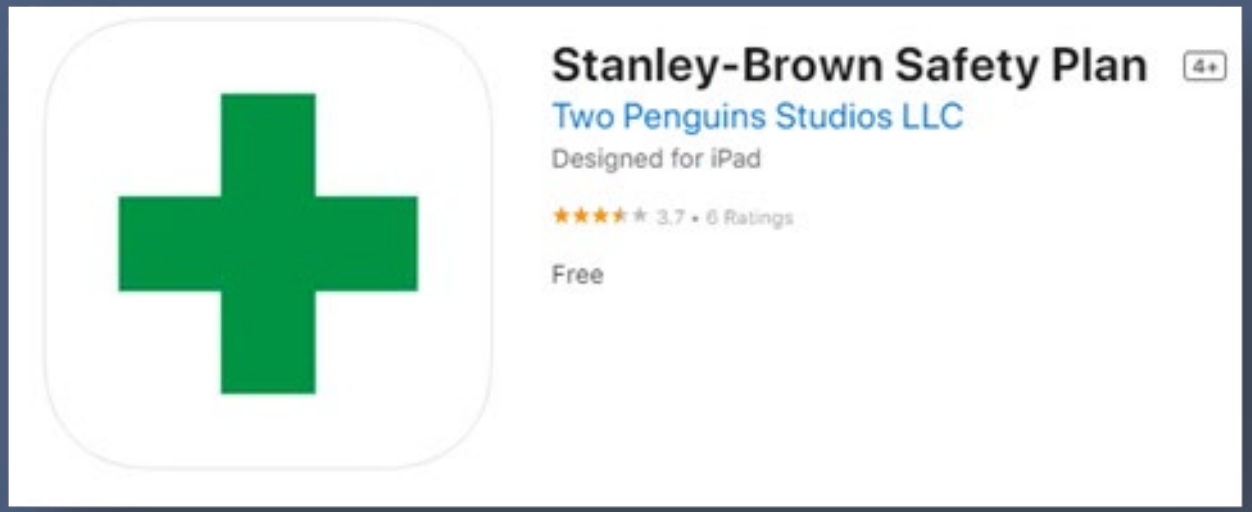
Stanley-Brown Safety Plan

Stanley-Brown Safety Plan

https://suicidesafetyplan.com/

- Brief, collaborative intervention
- Conversation and cooperation between clinician and the suicidal individual
- Goal and purpose – help those who have or are experiencing a suicidal crisis to:
  - ✓ Mitigate acute risk for suicidal behaviors
  - ✓ Access appropriate coping strategies
  - ✓ Identify and engage appropriate professional and personal resources

…all with the goal of decreasing the risk of suicidal behavior



STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact : _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone : _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

Stanley-Brown
Safety Planning Intervention

More than a checklist: Steps to Safety Planning

1. Conduct a risk assessment and obtain a description of a recent suicidal crisis to identify warning signs and how risk increases and decreases over time.

2. Review the Suicide Risk Curve and describe how the individual's suicidal crisis corresponds to the risk curve.

3. Provide a rationale for a safety plan – to support during and after a crisis and to identify coping strategies and resources before a crisis to better manage the future crisis and allow time to pass without engaging suicidal behavior.

4. Describe the Development of a Safety Plan as a collaborative process between the clinician and the individual.

More than a checklist: Steps to Safety Planning

5. Complete the steps of the Safety Plan. (More to come on this…)

6. Explain How To Use the Safety Plan once it has been developed.

5. Discuss the Details of the Safety Plan: Discuss the location of the Safety Plan, who to share it with, the likelihood of its use and potential barriers. Confirm shared understanding.

6. Conduct a Follow-up Review of the Safety Plan to determine if it was helpful and needs revision.

Steps of the Stanley-Brown Safety Plan:

1: Recognize warning signs of an impending or worsening suicidal crisis

2: Employ internal coping strategies

3: Utilize social contacts as a means of distraction from suicidal thoughts

4: Contact family members or friends who may help to resolve the crisis

5: Contact mental health professionals or agencies

6: Make the environment safer by reducing the potential use of lethal means

7: Identify reasons for living (optional)

Support for Survivors of Suicide Loss

"Postvention is prevention for the next generation."

Edwin Schneidman Ph.D. (1972)

Gratitude and Acknowledgement

- Evaluation Takeaways
- Next Steps & Continuing Activities

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