

MINUTES – APPROVED
December 16, 2021

MENTAL HEALTH ADVISORY BOARD

October 21, 2021

3:00 p.m. – 5:00 p.m.

Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz, CA 95060

Microsoft Teams Meeting (916) 318-9542, Conference ID 630 071 512#

Present: Antonio Rivas, Catherine Willis, Hugh McCormick, Jennifer Wells-Kaup, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput

Absent: Erika Miranda-Bartlett

1. Public Comments
 - No public comments.

2. Board Member Announcements
 - Survey for retreat – Board members should complete as soon as possible.
 - Chair Xaloc Cabanes received the Santa Cruz County Probation Department Auxiliary Staff of the Year Award.

3. Approved meeting minutes for September 16, 2021.
Motion by Antonio Rivas to approve September 16, 2021 MHAB minutes. Second by Serg Kagno.

AYES: Antonio Rivas, Catherine Willis, Hugh McCormick, Jennifer Wells-Kaup, Laura Chatham, Serg Kagno, Valerie Webb, Supervisor Greg Caput

ABSTAIN: Xaloc Cabanes

ABSENT: Erika Miranda-Bartlett

4. Secretary's Report
 - Ethics Training – no one is overdue.
 - Other trainings – all trainings taken by Board members should be reported to the Secretary for tracking purposes.
 - Subcommittee meeting information (dates and who attended) should be submitted to Secretary for tracking purposes.

5. Standing Board of Supervisors (BOS) Report, Supervisor Greg Caput
 - Public meeting announcement: Department of Pesticide Regulation is conducting a public webinar to collect input on the design and development of a statewide system to provide notification in advance of pesticide application. It will be held on November 2nd, 9am-11:30am in English and November 3rd, 5:30pm–8pm in Spanish. For more information, visit www.cdpr.ca.gov. This is a concern for people that have residence near farmland.
 - Vacancy on the MHAB in the 5th District – MHAB Member in the district will send notices out in San Lorenzo Valley.
 - Per the County Health Department, the MHAB can go back to in-person meetings. Make plans to meet back in-person in January.

6. Behavioral Health Director's Report, Erik Riera
 - The Director's Report is on AB 118, which establishes a pilot program called C.R.I.S.E.S. Community Response Initiative to Strengthen Emergency Systems.
[Click here to view the Behavioral Health Director's Report.](#)

7. Presentation: MHSa Innovation Proposal for 2022-2027
 - Karen Kern, Adult Services Director
 - Joey Crottogini, HPHP Director
 - Dr. Robert Ratner, Housing for Health Medical Director
 - Cassandra Eslami, Director of Community Engagement
 - Cassandra Eslami, Director of Community Engagement
 - The proposal for the MHSa Innovation Project is open for public comment starting today which will go for 30 days through November 20th. All the information in the presentation can also be found on the Internet, www.santacruzhealth.org/MHSa along with a link to public comment where public comment can be submitted online, in person, over the phone or via email. The innovation project stems from stakeholder engagement process where we learn more about the needs of our consumers. The plan is to launch this project in April 2022 and anticipate this project will go for 5 years through the end of fiscal year 26/27.
 - Karen Kern, Adult Services Director
 - Goal is to design a stronger system of care for those people experiencing homelessness or with housing insecurity and provide all the things that they need, making sure that services are wrapped around the person.
 - 26% of the people who are unsheltered identified as being severely mentally ill. With the 2020 Point in Time Count, there's evidence that it's self-report for people and does not reflect the entire population of unsheltered adults. Clarification from Board Member Serg Kagno: The 2020 Point-In-Time Report was compiled from the 2019 Point-In-Time Count and Survey performed in Santa Cruz County.
 - Our housing continuum is under resourced, so even where there are efforts to help support people get into housing and health services, the diversity of housing options is very limited.
 - The immediate purpose in this innovations project is increasing access to mental health services to underserved groups. The long-term purpose is about promoting interagency and community collaboration related to mental health services or supports or outcomes.
 - For the first 2 years, the primary funding stream for this project is going to be through the SAMHSA grant, with a little bit of MHSa, and then years 3 through 5 is going to be funded through MHSa. As this model is being built, we will be looking at CALAIM and Medi-Cal reform for opportunities that can be used to sustain it ongoing.
 - The immediate response starting in year one is case management, housing navigation, and peer support; Street Behavioral Health Medicine, which includes medication assisted therapy; harm reduction and self-directed model, and then intensive support until clients are established and engaged with a stable system of care. The whole goal is to outreach to people who are experiencing homelessness, determine what their needs are, start figuring out how to connect them to those services that are going to meet their needs, and then transition them into those services, so they have a more stable setting.
 - The program is focusing on the city of Santa Cruz and Watsonville as people experiencing homelessness were primarily in those two cities.
 - Street Medicine is one of the strategies where Behavioral Health is going to partner with HPHP to provide field-based services, shelter support where

available and then also use Telehealth to connect people to services in clinics when they need something more than we're able to provide on a street.

- The program includes case management, peer support and direct psychiatric care. 100 people will be served annually, but for the first two years, 300 unduplicated people will be served.
- The program will promote interagency case conferencing/ triage, so this model for example, will have a weekly huddle for any of the service providers that might be involved with the clients in this program, and use a universally accepted referral process and a Community Information Exchange (CIE) for data exchange.
- Joey Crottogini, Homeless Persons Health Project (HPHP) Director
 - HPHP is part of the Clinics Division of the Health Services Agency. The division has public health nurses and mental health client specialists that go out to do Street Medicine because people in general, regardless of homelessness status, might not want to go to a clinic, so the best way to reach out to them is to just meet them exactly where they're at, and it's low barrier harm reduction approach to providing high quality care. It has always been called outreach, but when you start attaching healthcare professionals and medical providers, it turns into what is called Street Medicine as we are adding behavioral health supports and services to a mobile van.
 - We have a 23-foot van which acts as the base for a lot of services. The van itself has an exam room inside so patients can be seen privately and do a number of procedures, including intakes for different types of behavioral health care services.
 - Within the Street Medicine team, MAT (Medication Assisted Treatment) is provided so people are screened for substance use disorder and alternative medications are provided to individuals to get off of opioids.
 - Goal is to have different staffing for the Street Medicine team within the Clinics division and attach a behavioral health component. If we're able to meet people where they're at instead of having them come to the clinic and go out and do the follow up work with them (the assessments, the intakes, the medication management), it is going to be a huge pathway for that individual to get high quality care, stability in their lives and hopefully access to other services like permanent supportive housing.
- Dr. Robert Ratner, Housing for Health Medical Director
 - The Housing for Health Division is part of the Human Services Department and is relatively a new division in the County. One of our responsibilities is to service staff to something called the Continuum of Care and is a term that comes from the federal government. The Housing and Urban Development Department requires communities to put together collective groups of people working on the issue of housing and homelessness to try to prevent people from losing their homes and helping people get back into housing. Our staff is responsible for trying to bring together those federal housing related programs and resources in a coordinated way, called Smart Path Coordinated Entry System.
 - The County is far below where we want to be in terms of shelter capacity due to funding and locations. Other interventions include Rapid Rehousing, where we give someone services and time limited subsidies to help them get back into housing. For a lot of people that we're serving with this grant, they're going to benefit from permanent supportive housing, ongoing housing subsidies and services for as long as people need it.
 - Discussions include ensuring that outreach teams have more direct access to shelter beds and more information about available shelter. The goal is to really partner with these programs, Behavioral Health and HPHP, so that when shelter beds become available, there's a way to make direct referrals, and there's better communication.

- Housing for Health Division is continuing to partner with Behavioral Health to create new housing opportunities. Our division often gets some funding from the state that's related to housing and addressing homelessness. We can create more recovery, resident's homes, more support housing opportunities.
- A lot of our housing providers are not as familiar with how to help people struggling with behavioral health, mental health substance use issues so having these teams to go out and provide, either physical or mental health or substance use services for people who are in a shelter is a huge benefit to the folks who run shelters. It also helps our shelter system be more open to taking people that often get rejected by traditional shelter providers to have these extra supports and education and training.
- We are the agency responsible for the homeless management information system, which is a database that we're required to manage under the Continuum of Care, tracking our efforts to help people move from experiencing homelessness to being back into a home as quickly as possible.

[Click here to view the MHSA Innovation Project Presentation.](#)

8. Standing Reports

- a. MHSA Advisory Committee (Members: Erika Miranda-Bartlett, Antonio Rivas)
 - No report.
- b. Site Visit Program Ad Hoc Committee – (Members: Serg Kagno, Hugh McCormick, Valerie Webb)
 - Last Patient's Rights Report included more detailed information. Working with Advocacy Inc. to do client satisfaction surveys.
- c. Budget Committee
 - Budget update as provided by BH Director: Funding is doing well. There are some increases in funding, particularly in MHSA funds. Some monies have been set aside for large projects such as the Adult Crisis Residential Program, and a grant that is going in the end of this month for a Children's Crisis Residential Program and moving the Children Crisis Stabilization Program, but there will be some additional funds to look at separate from those set aside. Several grants have been received totaling about \$8 million, in addition to another grant award from the CA Department of Public Health for suicide prevention. Total funding for suicide prevention work is up to \$1 million and as a result, in a position to implement our County suicide prevention plan.
- d. Community Engagement Committee – (Members: Valerie Webb, Catherine Willis, Laura Chatham)
 - Did not meet this month.
- e. Law Enforcement and Mental Health Ad Hoc Committee (Members: Hugh McCormick, Serg Kagno, Catherine Willis, Jennifer Wells Kaupp)
 - Met with Jeffrey Arlt and his wife about their interest and there's a group of people interested in MERTY type program. Looking into it and reading the National Council for Behavioral Health White Paper about how to start one, what to look for.

9. Patients' Rights Reports – by George Carvalho, Patients' Rights Advocate
- Davi Schill is a Patient's Rights Advocate for Advocacy, Inc. She has been with the agency for over 20 years and advocates for Santa Cruz County and San Benito County. San Benito County has a behavioral health unit, but no facilities. The advocates are at Telecare on a regular basis due to the hearings that are done there but split the time monitoring the different facilities throughout the County.
 - Clarification on Reise Hearings – they are medication capacity hearings. George Carvalho or Davi Schill represent individuals in those hearings as well as the certification review hearings. They advocate work with the individuals in the hearing and represent them.

10. New Business

- a. Consideration of youth, Marlize Velasco to become Member-At-Large
Motion by Serg Kagno for Marlize Velasco to become a Member-At-Large. Second by Antonio Rivas.

AYES: Antonio Rivas, Catherine Willis, Hugh McCormick, Jennifer Wells Kaupp, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Caput

NAYS: 0

ABSENT: Erika Miranda-Bartlett

- b. Informational letter regarding Behavioral Health Programs – postponed to next meeting.
- c. Letter of support regarding Oversight Committee of Sheriff's Office – postponed to next meeting.
- d. Data Notebook – MHAB officers will meet with BH Director to review and obtain some of the information. Draft of the Data Notebook will be shared at the next meeting after that discussion for vote and submission.

Motion to adjourn made by Serg Kagno. Second by Laura Chatham. Meeting adjourned at 4:59 p.m.