



**NOTICE OF PUBLIC MEETING – County of Santa Cruz**  
**MENTAL HEALTH ADVISORY BOARD**  
**SEPTEMBER 15, 2022 ♦ 3:00 PM-5:00 PM**  
**HEALTH SERVICES AGENCY**

**1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060**  
**THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 647 693 38 #**

Xaloc Cabanes Chair 1 <sup>st</sup> District	Valerie Webb Member 2 <sup>nd</sup> District	Michael Neidig Member 3 <sup>rd</sup> District	Serg Kagno Co-chair 4 <sup>th</sup> District	Jennifer Wells Kaupp Member 5 <sup>th</sup> District
Laura Chatham Member 1 <sup>st</sup> District	Maureen McCarty Member 2 <sup>nd</sup> District	Hugh McCormick Member 3 <sup>rd</sup> District	Antonio Rivas Member 4 <sup>th</sup> District	Jeffrey Arlt Secretary 5 <sup>th</sup> District

Supervisor Greg Caput Board of Supervisor Member	Erik G. Riera Behavioral Health Director
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**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. All individuals attending the meeting at the Health Services Agency will be required to use face coverings regardless of vaccination status. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 647 693 38#. 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.

## AGENDA

### **3:00 Regular Business**

- a. Roll Call / Introductions
- b. Public Comment  
(No action or discussion will be undertaken *today* on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)
- c. Board Member Announcements
- d. *Approval of August 18, 2022 minutes\**
- e. *Adoption of AB361 – Resolution Authorizing Teleconference Meetings\**
- f. Secretary's Report

### **3:15 Standing Reports**

- a. Board of Supervisors Report – Supervisor Greg Caput
- b. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director
  - Presentation: CalAIM BHQIP Performance Improvement Projects  
Jennifer D. Susskind, MCP, Planner and Evaluator, Praxis Associates
- c. Committees
  - Standing
    1. Budget Committee
    2. Ideal Crisis System
    3. Community/Publicity
  - Ad Hoc
    4. Peer Support Certification
    5. 9-8-8
- d. Patients' Rights Report – Davi Schill, Patients' Rights Advocate for Advocacy, Inc.

### **4:45 Future Agenda Items**

### **5:00 Adjourn**

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

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**NEXT REGULAR MENTAL HEALTH ADVISORY BOARD MEETING IS ON:  
OCTOBER 20, 2022 ♦ 3:00 PM – 5:00 PM  
HEALTH SERVICES AGENCY  
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060  
TELEPHONE CALL-IN NUMBER (831) 454-2222; CONFERENCE ID # - TO BE ANNOUNCED**

**MINUTES – Draft**

**MENTAL HEALTH ADVISORY BOARD**

AUGUST 18, 2022 ♦ 3:00 PM - 5:00 PM

1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams Meeting (831) 454-2222, Conference 199 467 037#

**Present:** Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
**Absent:** Marlize Velasco  
**Staff:** Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:03 p.m. by Chair Xaloc Cabanes.
- II. Public Comments - None
- III. Board Member Announcements - None
- IV. Business / Action Items
  - A. Approve July 18, 2022 Minutes.

Motion/Second: Greg Caput / Valerie Webb  
Ayes: Hugh McCormick, Jeffrey Arlt, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Not Present: Antonio Rivas (joined meeting at 3:26pm), Jennifer Wells Kaupp (joined meeting at 3:15pm)  
Motion passed.
  - B. Adoption of Assembly Bill 361 – Resolution Authorizing Teleconference Meetings  
Motion/Second: Serg Kagno / Michael Neidig  
Ayes: Hugh McCormick, Jeffrey Arlt, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Not Present: Antonio Rivas (joined meeting at 3:26pm), Jennifer Wells Kaupp (joined meeting at 3:15pm)  
Motion passed.
  - C. Approve Revised Bylaws.  
Motion/Second: Valerie Webb / Serg Kagno  
Ayes: Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Motion passed.

- D. Approve Board member trainings to include attendance of behavioral health related groups, meetings, and activities.  
Motion/Second: Jennifer Wells Kaupp, Antonio Rivas  
Ayes: Antonio Rivas, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Laura Chatham, Maureen McCarty, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput  
Nays: None  
Motion passed.

V. Reports

A. Secretary's Report

1. Attendance information for committees is needed for tracking purposes.
2. August 31, 2022, 4:30-6:00pm is International Overdose Day at Aptos Village County Park.

B. Board of Supervisors Report – Supervisor Greg Caput

Watsonville Hospital update - the County borrowed \$25 million from different agencies to purchase the hospital. The loan will be paid off in two months as the county will receive a \$25 million check from the state of California by the end of September.

C. Committee Updates

1. Standing Committees

- a. Budget – identified the mission, vision, and goals.

**Mission:** Acquire the knowledge and skills for making forward thinking and knowledgeable recommendations to the Board of Supervisors, Behavioral Health Director and public health stakeholders on budget related items in support of an excellent continuum of care.

**Vision:** The budget committee is well informed on funding structures at the Federal, State, County and local levels, in the pursuit of creating an excellent and cost-effective behavioral health care system for everyone in Santa Cruz County.

**Goals:** 1) Hold meetings with legislators at the Federal, State, County and local levels to understand structures, processes and procedures, and expected outcomes for funding, 2) Make strong recommendations to the Board of Supervisors and others as appropriate, 3) Support any recommendations with presentations by experts.

- b. Ideal Crisis System – redefined goals of the committee:

1. To invite collaboration with community partners to evaluate our current crisis services
2. Educate the community on the “Roadmap to the Ideal Crisis System” and on potential programs from other parts of the country
3. Recommend next steps for supporting, improving, and adding to our current services including short-term and long-term solutions.

- c. Community Engagement/Publicity – the committee is focused on being a bridge to the community and the MHAB, informing folks that the MHAB is here to advocate on their behalf. The committee is passionate about connecting with people who have mental health issues in the jail system. The committee will pursue meeting with Friends Outside to see what they have been doing for folks in jail, find out where the gaps are, and possibly meet with Chief Deputy Daniel Freitas.

2. Ad Hoc Committees

- a. Peer Support Certification – SHARE training started two weeks ago. Three different trainings throughout the day, 60 hours, learning about Medi-Cal billing. MHCAN running in-person trainings. More trainings in the future.
- b. 988 – no meetings. Andrea Tolaio stated that they are steadily receiving an increasing number of calls and requests more publicity on 988 services.

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

July report was provided, and George was in attendance for this meeting.

George stated that at the end of the report, there are record numbers of cases who will continue to have follow-up throughout the month. George also reported that there are currently two big issues:

- 1) Encompass stopped doing payee services years ago and was taken over by Benefits Management Corporation. George stated he received several calls that the Benefits Management Corporation is not responsive to folks not getting money on time. [Per board member, payee issues should be directed to BH Director Erik Riera as he is the point person for any challenges with the payee system].
- 2) At Telecare, food vendor they use has been bankrupt. According to one client, Telecare has been providing fast food to feed people. The quality of food has declined, and people are experiencing constipation, diarrhea from the fast food.

E. Presentation – Overview of Mental Health Services at County Jail

Devon Corpus, WellPath Mental Health Coordinator; Lt. Brian Cleveland, Sheriff's Office; Christina Wold, WellPath Health Services Manager

The presentation included topics on:

1. Comprehensive Services
2. Health Care Services
3. County Mental Health Support
4. COVID
5. Intake Process
6. Getting Services Started
7. Discharge Planning
8. Present Challenges
9. WellPath Statistical Review information

[Please click here to view the presentation slides.](#)

VI. Adjournment

Meeting adjourned at 5:10 p.m.



# CalAIM Milestone 3d PIPs

SANTA CRUZ COUNTY MENTAL HEALTH ADVISORY BOARD

PRESENTED BY JENNIFER D SUSSKIND, MCP

# How is performance improvement fit into CalAIM?

- ▶ CalAIM: payment reform, BH policy change, and data exchange to improve quality of care, outcomes and care coordination for Medi-Cal beneficiaries
  - ▶ BHQIP: incentive payment program to support participating entities as they prepare for CalAIM
    - ▶ Milestone 3: promotes bi-directional data exchange between MHPs, DMC, DMC-ODS, and MCPs.
      - ▶ Milestone 3d: leveraging data exchange to improve outcomes for three performance measures
        - ▶ PIPs: Performance Improvement Project: a standardized practice to achieve Milestone 3d

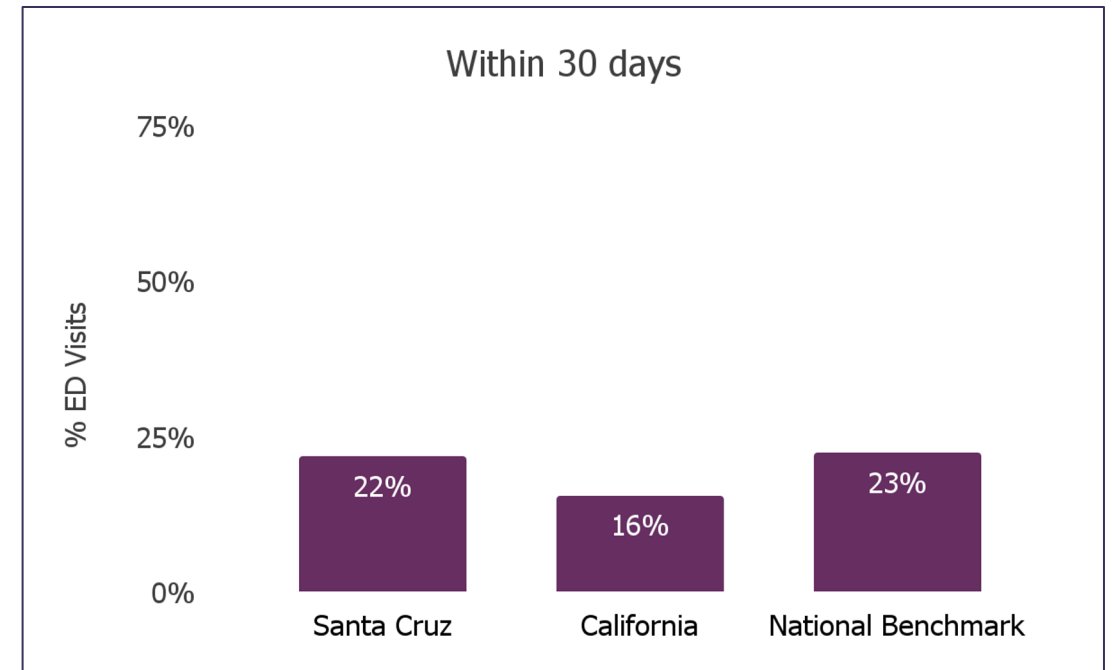
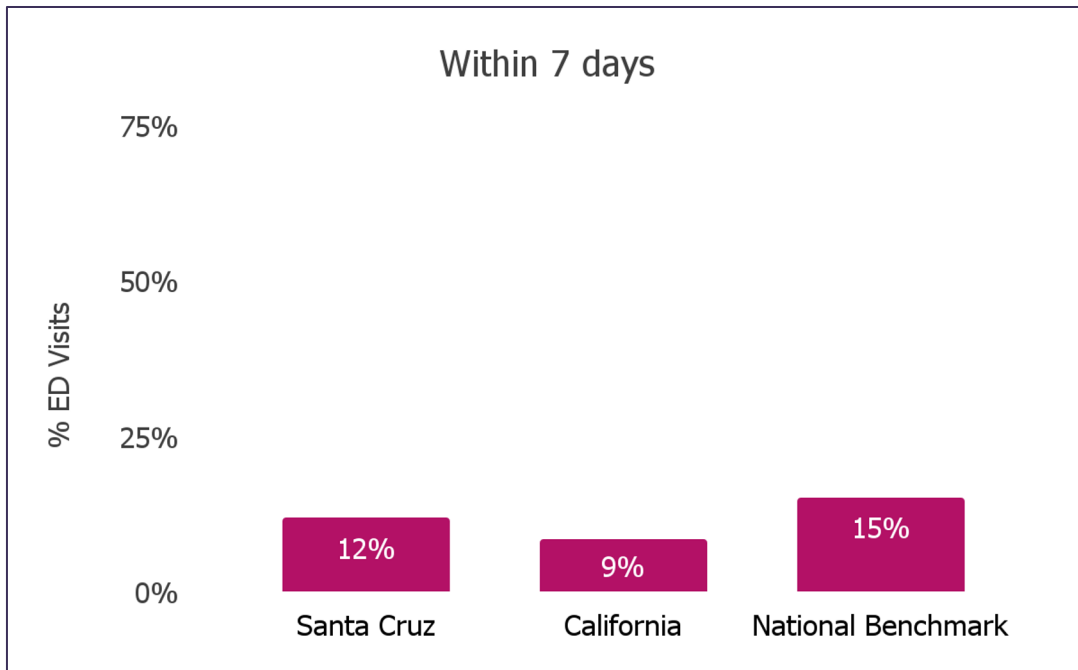
# Three HEDIS Performance Measures

- ▶ **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**
  - ▶ Percentage of ED visits for AOD diagnoses that receive a follow-up within 7 and 30 days
- ▶ **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**
  - ▶ Percentage of ED visits for mental illness diagnosis or self harm that receive a follow-up within 7 and 30 days
- ▶ **Pharmacotherapy for Opioid Use Disorder (POD)**
  - ▶ Percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members ages 16 and older that continue for at least 180 days



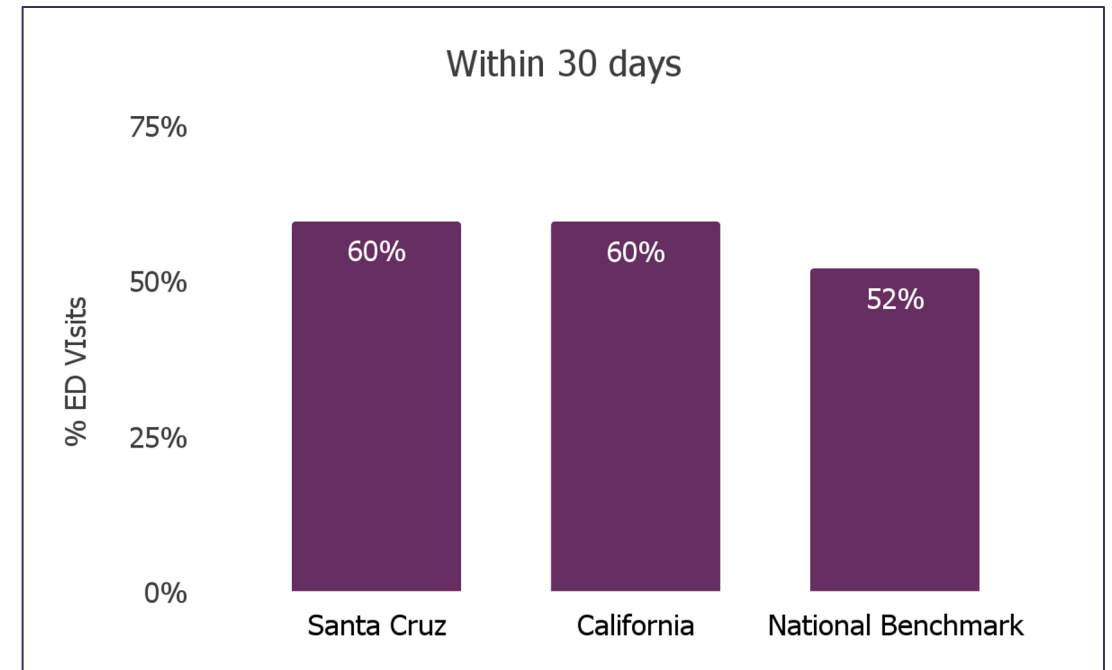
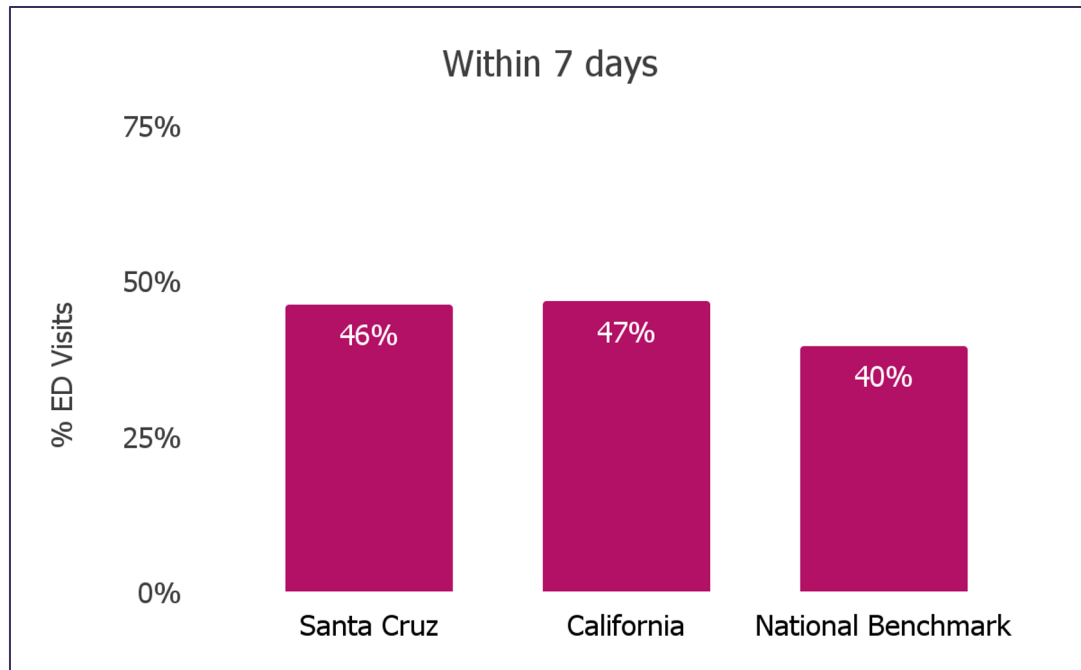
# Goal: Increase Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Percentage of ED visits for AOD diagnoses that receive a follow-up, ages 18-64



## ► Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Percentage of ED visits for mental illness diagnoses that receive a follow-up, ages 18-64



## ▶ Pharmacotherapy for Opioid Use Disorder (POD)

Percentage of new MAT episodes for beneficiaries with opioid that last at least 180 days, all ages, 2021 data:

- ▶ No national benchmark
- ▶ California average: 9.8%
- ▶ Santa Cruz: 9.6%

About 10% of people continue medication assisted treatment for 6 months or longer

# Questions we need to answer about the data:

Why prevents some beneficiaries from receiving follow-up care after an ED visit, and what can be done to improve follow-up?

Why do beneficiaries with opioid use disorders stop taking their medication, and what can be done to improve medication adherence?

# Questions we need to answer through this process

1. What is the problem we are trying to solve?
2. Why is the problem occurring in our systems of care?
3. What are we going to do to fix the problems and improve performance?
4. How will improving data exchange help us achieve our goals?



# Thank you!

If you would like to participate in any of the BHQIP workgroups or if you have any questions or feedback, please contact:

Jennifer D. Susskind, MCP

Jennifer.Susskind@gmail.com

510-333-5219

Praxis Associates, LLC

## Patients' Rights Advocate Report

August 2022

### **County Mental Health**

#### **Record 13537**

On August 4, 2022, this writer received a call from a community member and volunteer. This person was referred by a County employee, Mr. Carl Graue and is a volunteer distributing checks to clients. The clients are required to have a payee by the Social Security Administration. The community member stated she is receiving complaints about the payee service, Benefits Management Corporation. The clients who participate in this program complain that their checks are not arriving in a timely manner. This writer encouraged the caller to communicate my name agency and phone number to any person who complains.

This writer followed up with information provided by a Local Mental Health Advisory Board member and communicated with Mr. Eric Riera and was informed that County Mental health relies upon Benefits Management Corporation to provide for its own oversight. So far, this writer has not received any reports of people losing housing because of late payment of rent. Our program will continue to monitor the situation closely.

### **Front Street Residential**

#### **Record 13538**

On August 4, 2022, this writer received a report about a resident-to-resident altercation over the use of a bathroom for residents who have physical disabilities. This initial incident was not aggressive and neither resident has ill will towards the other. However, there are a limited number of bathrooms, and this issue could arise once again. This writer made recent contact with the alleged perpetrator she stated that the situation with the other person has resolved. I've yet to speak with the victim but will continue to reach out to her.

### **Front Street Residential**

#### **Record 13547**

On August 11, 2022, this writer received a resident of Front Street residential. He called to complain about another resident that verbally harassed her about using the one bathroom designed to meet the needs of people with disabilities. I advised my client of her right to be treated with respect by all the residents of the facility. I also advised her that if the other person truly has a disability, then she should have priority to use the bathroom. The caller seems agreeable to my assessment. The following visit I checked in with this client and at that time the issues seemed resolved by each person monitoring themselves in how much time is spent in that bathroom. It seems to this writer that the issue is not entirely solved and will need to be monitored closely.

### **Opal Cliffs Residential**

#### **Record 13564**

On August 30, 2022, the Patients' Rights Advocacy received a report from the Opal Cliff Residential facility about an altercation between roommates. This writer met with the resident as well as with staff. The resident does not feel safe remaining in the same room with his roommate and requested that I advocate on his behalf. The Staff are agreeable to changing the resident's room in principle, but this may take some time. The Patients' Rights Advocacy program will continue to monitor the situation and will continue to Advocate on behalf of our client.

## **Telecare**

### **Record 13549**

On August 5, 2022, this writer received a phone call from a client at the Telecare facility. He stated that he was elderly and needed a medication regimen that Telecare could or would not provide. Because of that perceived failure on the part of Telecare, he wanted to be released from the facility. This writer received verbal permission to speak with both the nursing staff as well as the treating psychiatrist. The Director of Nurses informed me that changes were made to accommodate the client's clinical needs. I also spoke with the Treating psychiatrist and was informed that the gentleman would be discharged the same day.

## **7<sup>th</sup> Avenue Center**

### **Record 13563**

On August 29, 2022, this writer received a report from the 7<sup>th</sup> Avenue facility of a resident-to-resident altercation between two male residents. I did not visit as per protocol but called client due to my possible Covid exposure. The Client sounded glad to hear from me but was focused on his desire to be discharged from the facility as soon as possible. This client is on level 4 when we spoke and is therefore eligible for discharge planning. He stated that he thought that the staff responded quickly to resolve the issue. However, the client did not want to speak any further about that issue. I received permission to reach out to his public defender and placed a call to this office. I still must obtain permission to speak to his conservator. The client did not wish to speak at my last attempt at a phone communication. I will request an in-person visit from him when I monitor the facility.

## **7th Avenue Center**

### **Record 13568**

On August 28, 2022, this writer received a phone call from a resident at the 7th Avenue Center. The client was distraught that she is a patient at the 7<sup>th</sup> Avenue facility. The client states that she has been wrongfully evicted from her residence. She further states that she is sad because she doesn't get to see her family. I enquired whether the facility is preventing her from seeing her family. The client responded by saying that her family member has seen her only twice. This writer will contact the administration about the visitation policy. These concerns are ongoing and will be carried forward to September.

***Please note that Ms. Schill's contact notes for August will be included with September's report***



ADVOCACY INC.

TELECARE CLIENT CERTIFICATION AND REISE HEARING/PATIENTS' RIGHTS  
REPORT

August 2022

First Quarter

1. TOTAL NUMBER CERTIFIED	24
2. TOTAL NUMBER OF HEARINGS	22
3. TOTAL NUMBER OF CONTESTED HEARINGS	16
4. NO CONTEST PROBABLE CAUSE	8
5. CONTESTED NO PROBABLE CAUSE	2
6. VOLUNTARY BEFORE CERTIFICATION HEARING	
7. DISCHARGED BEFORE HEARING	2
8. WRITS	
9. CONTESTED PROBABLE CAUSE	12
10. NON-REGULARLY SCHEDULED HEARINGS	

Ombudsman Program & Patient Advocate Program shared 0 clients in this month  
(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled nursing facility)

*\*The usual scheduled hearing days are Tuesdays and Fridays. Due to the pandemic and the shortage of bed availability throughout the state of California hearings can be scheduled throughout the week to accommodate legal requirements that hearings must occur no later than one week of hospitalization.*

The following is an account of activity August 1, 2022, through August 31, 2022 of representation to clients held at Telecare (Santa Cruz Psychiatric Health Facility) in Certification Review hearings or facing Reize Hearings.

Total number of Riese petitions filed: 5

Total number of Riese Hearings conducted: 5

Total number of Riese Hearings lost: 5

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on Riese Hearings Conducted: 150 minutes.

Hours spent on all Riese Hearings included those hearings that were cancelled by the hospital:

Respectfully submitted,

George N. Carvalho, PRA