



# County of Santa Cruz

## HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y  
Tratamiento del Uso  
de Sustancias

**MINUTES – Approved  
January 16, 2025**

### MENTAL HEALTH ADVISORY BOARD

NOVEMBER 21, 2024, 3:00 PM – 5:00 PM

1400 EMELINE, CONFERENCE ROOMS 206-207, SANTA CRUZ, CA 95060

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 994 864 032#

- Present:** Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes
- Absent:** Supervisor Felipe Hernandez
- Staff:** Karen Kern, Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:03p.m. by Chair Xaloc Cabanes.
  
- II. Public Comments – 3 people addressed the MHAB in the conference room.  
No public comments via Microsoft Teams.
  
- III. Board Member Announcements
  - Former MHAB member Laura Chatham gave a farewell letter to the MHAB.
  - Presentation was provided to Santa Cruz County school counselors about how to access emergency and crisis mental health services for youth at schools.
  - Fentanyl High – movie recommended for young people.
  - CA has approved Wellness Centers for all young people at schools. Scotts Valley High is ready to launch. Soft launches at Soquel High and Aptos High.
  
- IV. Approve October 17, 2024 Minutes  
Motion/Second: Valerie Webb / Dean Kashino  
Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes  
Abstain: None  
Nays: None  
Motion passed.
  
- V. Reports
  - A. Secretary’s Report
    - Training – all members are up to date on Ethics training.

- Reminder on required trainings – 2 hours/year on topics related to mental health and substance use.
- HR8575 Ad Hoc committee update – HR8575 expanded Medicaid coverage for institutions that have more than 16 beds up to 36 beds for people between the ages of 21 and 26. Committee sent emails and called 60 counties and entities in the state to ask them to submit a letter of recommendation to their Board of Supervisors to write a letter to their local congressional representatives requesting they cosponsor HR8575. Goal is to get enough support to get it passed this year.
- No attendance concerns.

B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate  
October report was not provided. George did not attend the meeting.

C. Behavioral Health Presentation: MHSA 2024-2025 Annual Plan Update and Public Comment – Karen Kern, Deputy Director of Behavioral Health

- Karen announced that Public Comment is now open for the MHSA Annual Plan Update for Fiscal Year 24/25. A survey was done for the Community Planning Process. They also did paper surveys for people at the Emeline Clinic, the Freedom Clinic, MHCAN, Mariposa Center and Harvey West Community Connection Office. The presentation is a draft of the annual plan update with public comment closing on December 23<sup>rd</sup>. After closing, all comments will be gathered, and Behavioral Health will respond to every comment through the plan.
- The presentation included information on:
  - MHSA background and overview
  - BNSA overview – new legislation that is going to govern the way money is spent that is received through MHSA. Through this act, there is no new additional dollars and there is an increase in tax percentage. It is the same amount of money but need to spend it in different ways. Also, the transparency and the reporting will extend to all BH services and all BH funding streams, not just MHSA.
  - Community Program Planning Process highlighting the Community Survey Findings, the SCCBHD System, Program & Service Strengths, Challenges and Gaps.
  - MHSA Program Modifications for FY2024-25 included the development of the Integrated Housing and Recovery (IHART) Team
  - Next steps – finalize annual update following the Public Comment Period. After receiving the comments, the plan will be presented at the January MHAB meeting which requires MHAB approval and then will be presented to the Board of Supervisors for their approval. Final step will be to submit the Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

VI. Presentation: Medication Use in Mental Health – Dean Kashino and Mike Neidig  
Mental Health Advisory Board Members Dean Kashino and Mike Neidig provided a presentation on medication use in mental health. Presentation slides included information on:

- Voluntary and Involuntary Treatment driven by safety risk and symptom acuity
- Basic Guidelines for Acute Mental Health Crisis Treatment
- Nonpsychiatric Medical Conditions that can appear as an Acute Mental Health Crisis
- Medications Used in an Acute Mental Health Crisis
- Antipsychotic Medications
- Antidepressants
- Mood Stabilizers
- Antianxiety Medications or Anxiolytics
- California's Involuntary Treatment Laws to Treat People Struggling with their Mental Health
- Involuntary Mental Health Treatment
- Substance Use Disorder
- DSM-5 symptoms of substance use disorder
- Medication Assisted Treatment

Points that were highlighted:

- Patients that are not affiliated with the Alliance or Medi-Cal have less psychiatric care available than the Alliance/Medi-Cal patients
- 5150 is a 72-hour hold. If patient is doing better after 72 hours, they can be discharged. If they need more treatment and agree to it, then it becomes a voluntary stay. If they still need treatment and resist, then a second hold can be placed.
- 5250 is a 14-day hold. If treatment is still needed beyond 14 days and is gravely disabled, then they can declare 5270 which is an additional 30-day hold.
- Not all delirium, confusion and agitation are a psychiatric issue.
- Medications used in acute mental health crisis are generally going to be antipsychotic medications, except for alcohol withdrawal or chemical dependency withdrawal.
- Antipsychotics is the primary medicine that is used for involuntarily treatment as they are very sedating and can calm an agitated patient. Generally, in crisis, first generation antipsychotic medication will be used as they are fast and relatively safe. Problem with first generation is they have more side effects. The second-generation medicines have fewer side effects, but the problem is that they can cause more respiratory depression if a tranquilizer is given later.
- Riese Hearings – if patient doesn't want to take medications and a judge approves that medication shouldn't be given, then a sustained release antipsychotic can't be given as that Riese hearing only lasts until they are discharged.
- Mood stabilizers are for people that have a bipolar disorder.
- Buprenorphine is good for preventing withdrawal and cravings.
- Big function of behavioral health treatment facility is proper management of medication for the consumer. The problem is it is difficult to recruit psychiatrists that can properly assess people, prescribe the medication, set up the rapport with the patients. The needs are:
  - Adequate number of prescribing physicians
  - Better consumer compliance, particularly the antipsychotics must be taken in the correct doses for the correct length of time. If patient stops being compliant, then there is an exacerbation of the chronic condition.

- Adequate collaboration between the prescribing professionals and the other treatment providers, which is difficult as more telehealth is used. The benefit of medication combined with psychotherapy provides 30% better outcome a third of the time.

VII. New Agenda Items

A. Vote on revised Santa Cruz County Code 2.104 and revised Bylaws

The MHAB discussed the changes as recommended by County Counsel and agreed unanimously that the Santa Cruz County Code should mirror the language of the Welfare Institutions Code.

Motion/Second: Antonio Rivas / Dean Kashino

Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes

Nays: None

Motion passed.

Motion to submit the revised bylaws.

Motion/Second: Jennifer Wells Kaupp / Antonio Rivas

Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes.

Nays: None

Motion passed.

VIII. Adjournment

Meeting adjourned at 5:00 p.m.