



January 24, 2024 3:00 – 4:30 p.m.
The Grange, 2374 Alamo Pintado Rd, Los Olivos, CA

MINUTES

Attendance: Lora Aladdin, Jett Black-Maertz, Ashley Costa, Cathy DiCaprio-Wells, Lauren Ferguson, Jennifer Griffin, Amelia Grover, Alma Hernandez, Vicki Johnson, Amy Krueger, Kemba Lawrence, Midge Nicosia, Melissa Ocampo Bridgett, De Rosenberry, Natalia Rossi, Luz Sanchez, Nakisa Shojaie, Margaret Weiss, FayAnn Wooten-Raya, Hilda Zacarias

Staff: Barbara Finch and Jessica Martinez

1. Welcome & Introductions

Alma Hernandez opened the meeting on behalf of Joan Hartmann's office and introductions were made.

2. AAN Business Approve Minutes, November 15, 2023

Margaret Weiss motioned to approve the November 15, 2023 minutes and De Rosenberry seconded the motion. Jeanne West and Vicki Johnson abstained. The motion passed and the minutes were approved.

3. Public Comment

Gail Marshall of the Gray Panthers sent an email that brought up the notion that the regular meetings of the Adult & Aging Network in mid-county from 3p-4:30p are not senior-friendly as it requires nighttime driving during the winter months. A request was made to consider a hybrid meeting option or an earlier meeting time. The AAN agreed to add the topic to a future agenda and discuss the matter further.

4. Mental Health Services Act (MHSA)

Natalia Rossi, Dept. of Behavioral Wellness MHSA Manager, gave an overview of the Mental Health Services Act and the future of the MHSA with respect to support for older adults.

County Behavioral Health is seeking to steer funding toward older adult programs and is visiting various stakeholder groups to gather information.

Presentation is attached.

The following questions were put to the group and feedback was requested:

Natalia responded to questions from the group:

- How much engagement does MHSA have with primary care?
 - Primary Care Providers don't often know how to connect to BWELL services
 - There are contracts with organizations but the wider population is unaware
 - MHSA dept has not met with providers
- Are there opportunities to work with BWELL without a referral?

- CBOs often try to engage people in mental health services
- Could they possibly call the Access Line with the client?
- BWELL only responds in-person for crisis situations
- BWELL can do an assessment via video
- If a client qualifies for Full Service Partnership level of care:
- It is difficult to access 'FSP' level of care right at the start
 - A screening is done first, then an appointment is set for an assessment
- Can the assessment be done on the phone if the access line is called after hours?
 - Assessments can be done via video call after hours
- Are there board and care residencies in North County?
 - There is only 1 residency program funded – pilot program in South County
 - Potential to fund more board and care if housing funding increases
- What about congregate living facilities?
 - BWELL might not be the right agency to provide that
- How do you define need for care?
 - There are two levels: General Response vs Full Service Partnership (FSP)
 - Clinician decides based on assessment that is 2-3 hours long
 - Full Service Partnership:
 - instances of institutionalization, homelessness, frequency of utilizing services like ER, and other factors of severity
- How is prevention managed through an entity like MHSA? How are cases of extreme mental health issues handled?
 - They would have to have an assessment and qualify for services
 - Often in these cases people are not seeking services
 - We cannot provide services if they are declined
 - Could a provider call the access line to request Assisted Outpatient Treatment (AOT)?
 - Providers can call the access line to request AOT for a client
- Does 988 go through to the access line?
 - BWELL/MHSA gets reports – still encouraging people to use the 988 number
- What type of housing units are on Depot Street?
 - 69 Low income housing units in Santa Maria
 - 35 are reserved for MHSA eligible tenants
 - MHSA paid for those units
 - Anyone receiving services through MHSA department qualifies
 - There is a waitlist
- What support systems can help people in the housing units as they age?
 - On-site supportive treatment provided by Good Samaritan
- Are the housing units ADA compliant?
 - A lot are and have to be to receive funding per Housing Authority
- Mental health stigma is stronger in older generations, how do we get through to that population?
 - Community gatherings – ex: cafecitos, knitting circles, etc.
 - First gain community trust, then bring it up

Additional Comments and feedback were as follows:

- MHSa is trying to roll out an access line – materials will be available online
 - Will also be available in Spanish
- Target caregivers as a potential way to get the word out
- Focus on equity across the county
 - South County has more access – rest of the county has sparse access
 - Ex: Co-Response Team – BWELL and Sheriff
 - Not in Lompoc yet
- Prevention is really important but by the time mental health needs are noticed, it's usually extreme
- Providers have seen a high success rate with people who get into FSP
 - Once they are involved with FSP, situations are more easily mitigated
 - This is called Assisted Outpatient Treatment (AOT)
 - Specific outreach to them at their homes for 1.5 years
 - Have had difficulties with accessing this service before
- When HomeKey program began, it was difficult to get connected with In Home IHHS
- MHSa could provide an access line training

5. **Livable Communities: Health Services and Community Supports**

Barbara Finch, and Margaret Weiss, introduced the topic of Livable Communities as the next step in moving forward with the Master Plan for Aging.

November survey of AAN members showed that Health & Community Services emerged as significant. Linked to MPA BOLD GOAL #2 Health Reimagined – “We will have access to the services we need to live at home in our communities and to optimize our health and quality of life”.

- **Livable Communities: Health Services**
 - Access to a wide range of health services
 - Primary care
 - Specialists
 - Mental health
 - Substance abuse treatment
 - Dental
 - Pharmacy
 - Preventive and health maintenance programs
 - Rehabilitation programs
- **Livable Communities: Community Supports opportunity**
 - Services that make it easier for people to connect
 - Intergenerational programs
 - Access to technology
 - Walkable neighborhoods
 - Community centers
 - Programs that promote wellbeing
 - Access to healthy food
 - Home modifications and repairs
 - Recreational opportunities
 - Transportation services

- **Small Group Brainstorming: Health Services & Community Supports**
 - What is included (broad categories / sectors)?
 - What organizations are working in this space?
 - What initiatives are aligned with this area?
 - What priorities are on our radar (including equity and affordability issues)?
 - What questions do we have?
- The following comments came from the Health Services discussion:
 - Programs/Orgs That Work
 - DASH – in home assessments
 - Outpatient Palliative Care
 - Homeless Outreach/Street Medicine
 - Community Partners in Caring serves missing middle
 - Caregiver Programs
 - Info & Referral
 - AAA, FSA, CCRC, ADRC
 - Health Navigator (limited to South County)
 - CalAim Personal Care
 - Coverage for undocumented
 - Enhanced Care management
 - Nursing Home Diversion
 - Transition to community
 - Needed:
 - Access to specialists
 - Skilled Nursing Facilities with psychiatry care
 - Home services to missing middle
 - Primary Care

6. Announcements

- The Master Plan for Aging Local Report will be released soon – looking for suggestions on a date or possible celebration around the release
- Barb asked the group to consider preparing short presentations on their organizations to begin sharing with the group as agenda items to spotlight the different services provided by each organization.

7. Adjourn – Next meeting March 27, 2024 3:00pm

The meeting adjourned at 4:30 p.m.

Respectfully submitted by Jessica Martinez

Adult and Aging Network MHSA Presentation

Presented by:
Natalia Rossi



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

History of the Mental Health Services Act

- The MHSA, or Proposition 63, passed in November 2004
- Imposes a 1% income tax on personal income over \$1 million
- Supports county mental health programs and transforms the behavioral health system to better serve individuals with, and at risk of, serious mental health issues
- Includes programs, services, and funding for components that support the public mental health system (like workforce development, IT support, and facilities).



Public Comment - Public's Role as Stakeholders

The MHSA Annual Update is developed with local stakeholders including consumers, families, service providers, veterans, and representatives from law enforcement, education, social services, veterans, alcohol and drug and health care organizations.

Additionally, the stakeholder process must include:

- Representatives of unserved and/or underserved populations and family members;
- Stakeholders who represent the diversity of the demographics of the county (i.e., Location, age, gender, race/ethnicity); and
- Consumers living with serious mental illness and/or serious emotional disturbance and their family members.



Defining Prevention and Early Intervention (PEI)

The programs under PEI focus on prevention, early assessment and intervention practices, mental health education and access and linkages to treatment.

This means that all programs must show evidence indicating that they are likely to bring about positive mental health outcomes for individuals and families with, or at risk, of serious mental illness

- At least 51% of PEI funding must be dedicated to programs for people 25 or younger



Implementing Mental Health Programs Specifically for Older Adults

1. We have started a new pilot program for Adult Residential Facilities in South County, we have a new travelling nurse to provide onsite care to older adults living in these residences

2. We have started a new Prevention Program, Wellness Promotion for Seniors, to provide mental health prevention activities and community building at Low Income Senior Housing sites



FSP & Adult Outpatient Programs

Program	# of consumers served aged 60+	% out of total clients served	Program	# of consumers served aged 60+	% out of total clients served
Santa Barbara Adults/Older Adults Full Service Partnership	44	34.6%	South Community Full Service Partnership	48	38.7%
Lompoc Adults/Older Adults Full Service Partnership	21	21.4%	North Community Full Service Partnership	30	30.6%
Santa Maria Adults/Older Adults Full Service Partnership	30	26.3%	Justice Alliance FSP	9	.076%



FSP & Adult Outpatient Programs Cont.

Program	# of consumers served aged 60+	% out of total clients served	Program	# of consumers served aged 60+	% out of total clients served
Co-Occurring Mental and Substance Use Outpatient Teams	125	20.5%	Crisis Services	293	15.14%
Crisis Residential Services	24	7.8%	Adult Housing Support Services Programs	35	31.8%
Medical Integration Programs (North, South, West Combined)	56	36.4%	Adult Wellness and Recovery Outpatient (WRR) Teams	125	20.5%



FSP & Adult Outpatient Programs Cont.

Program	# of consumers served aged 60+	% out of total clients served
Homeless Outreach Services—Behavioral Wellness, Good Samaritan	40	13.65%



Other ideas?

Outreach for Older Adults

- How can we assist older adult populations in regards to behavioral health services?
- Where should we look to gather more older adults?
- What barriers do older adults face when trying to access behavioral health services?
- What has worked for all of you in regards to outreach, relationship building and recruiting older adults to your services?



MHSA Contacts



“Nothing about us, without us”

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Mental Health Services Act Contact Information

Feel free to reach out with questions, comments and ideas

Thank you,
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