



County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division



Salud Mental y
Tratamiento del Uso
de Sustancias

NOTICE OF PUBLIC MEETING MENTAL HEALTH ADVISORY BOARD

MARCH 20, 2025, 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR

CALL (831)454-2222, CONFERENCE ID 917 989 591#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Co-Chair 3 rd District	Antonio Rivas Member 4 th District	Jennifer Wells Kaupp Member 5 th District
Kaelin Wagnermarsh Member 1 st District	Dean Shoji Kashino Member 2 nd District	Hugh McCormick Member 3 rd District	Vacant Member 4 th District	Jeffrey Arlt Secretary 5 th District

Kimberly De Serpa
Board of Supervisor Member

Karen Kern
Interim Director, County Behavioral Health

Information regarding participation in the Mental Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Rooms 206-207, Santa Cruz. Individuals may click here to [Join the meeting now](#) or may participate by telephone by calling (831)454-2222, Conference ID 917 989 591#. 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	Regular Business
1	3:00–3:15	<ul style="list-style-type: none"> • 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 • <i>Approval of February 20, 2025 minutes*</i> • Secretary’s Report
		Standing Reports
2	3:15–3:25	February Patients’ Rights Report – George Carvalho, Patients’ Rights Advocate for Advocacy, Inc.
3	3:25–3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35–4:00	Behavioral Health Director’s Report – Karen Kern, Interim BH Director
5	4:00–4:10	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:10–4:20	Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh
		New Agenda Items
7	4:20–4:30	Appointment of nominating committee to select board officers
8	4:30–4:40	Prop 1 Ad Hoc Committee
9	4:40–4:55	<i>Letter to BOS re: use of Measure K funds to support MHCAN and reduce homelessness*</i>
	4:55–5:00	Future Agenda Items
	5:00	Adjourn

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

**NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
APRIL 17, 2025, 3:00 PM – 5:00 PM
LOCATION TO BE ANNOUNCED**



County of Santa Cruz

HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y
Tratamiento del Uso
de Sustancias

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

FEBRUARY 20, 2025, 3:00 PM – 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 444 898 505#

- Present:** Antonio Rivas, Dean Kashino, Jeffrey Arlt, Michael Neidig, Valerie Webb
Xaloc Cabanes
- Excused:** Hugh McCormick, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Supervisor
Kimberly De Serpa
- Staff:** Karen Kern, James Russell, Victoria Reynolds

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- I. Roll Call – Quorum present. Meeting called to order at 3:04p.m. by Chair Xaloc Cabanes.
 - II. Public Comments – None.
 - III. Board Member Announcements
 - Wi-fi access available in the conference rooms.
 - IV. Approve January 16, 2025 Minutes
Motion/Second: Mike Neidig / Dean Kashino
Ayes: Dean Kashino, Jeffrey Arlt, Mike Neidig, Xaloc Cabanes
Nays: None
Abstain: Antonio Rivas, Valerie Webb
Motion passed.
 - V. Reports
 - A. Secretary's Report
 - No attendance issues.
 - Ethics Training – Antonio due in March. Xaloc experiencing issues logging in to complete supplemental training.
 - Terms ending on April 1st: Dean, Jeffrey, Mike.
 - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
January report was provided. George did not attend the meeting.
 - C. Behavioral Health Director's Report – Karen Kern
 - Active recruitment for the BH Director position. Announcement of new director in the next couple of months.

- Closely monitoring two federal grants that are potentially at risk- Mental Health Block grant and Substance Use block grant.
- Budget to be presented to the Board of Supervisors in April. Budget hearings are in June.
- Response to Richard Gallo (public member) about BHSA and Prop 1: Currently in the second year of the 2023-2026 MHSA 3-year plan. The MHSA rules still apply up to June 30, 2026. The new rules under BHSA and the associated housing components don't go into effect until July 2026. The next 2026-2029 three-year plan will have focus groups, surveys and townhalls.

D. HR8575 Ad Hoc Committee Update – Jeffrey Arlt

The purpose was to have the HR8575 passed into law to revise the definition of Institution for Mental Diseases (IMD) under the Medicaid program. The goal of passing into law was not achieved. The committee contacted all 60 CA boards and commissions. Lessons learned – be mindful of the calendars of the people and organizations you are working with.

E. Site Visit Ad Hoc Committee Update – Dean Kashino

One of the responsibilities of MHAB is to review and evaluate the County's MH facilities through a site visit. Possible areas include Telecare, the jail, 7th Avenue. A minimum of two members should visit a site.

VI. Presentation: Crisis Now Evaluation Findings – RDA Consulting

- Contracted by the County to complete evaluation of the Crisis Now Project as part of the Mental Health Services Act, Innovation Funding requirements.
- The Innovation project is focused on bringing Santa Cruz County into greater alignment with the Crisis Now model that has four key components: High Tech Crisis Call Centers, Mobile Crisis Response Teams, Crisis Care Facilities, and Essential Principles & Practices.
- The presentation included information on the Program Updates, Implementation Review, Perceptions of phone line access; MCRT access; facility & system access; crisis disposition; appropriate level of care. Other information provided in the presentation were MCRT Client Characteristics, MCRT Incidents, MCRT Incident Characteristics, CSP Admissions, Incident Outcomes, Patient Outcome Review, Hospital Capacity, and EMS BH Calls for Service.

VII. Future Agenda Items

A. Site Visits

B. Director of SUDS to provide presentation on SUDS and Opiate Settlement Funds

VIII. Adjournment

Meeting adjourned at 4:37 p.m.

Summary

This is a February 2025, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reize Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that were lost.

Patients' Rights Advocate Report February 2025

Telecare PHF On February 5, 2025, this writer received a phone call from a client that recently lost a Certification Review Hearing of his fourteen-day hold. The client wanted out of the facility as soon as possible. This writer advised him of his right to appeal the Hearing Officer's decision by filing a writ of Habeas corpus and talked through the steps with the client. The client voiced his appreciation for the information.

Telecare CSP

On February 6, 2025, this writer received a somewhat desperate phone message from a client receiving services at Telecare's Crisis Stabilization program. The client stated that he was informed that he would be transferred to Santa Rosa for further treatment and did not want to be sent to that facility. This writer made three attempts to contact the client, but due to heavy phone use by other clients, the caller was transferred to Santa Rosa. This was a first-time occurrence of a client transferred before contact with the PRA

Telecare PHF

On February 24, 2025, This writer received a call from the wife of a client receiving treatment at the Telecare PHF. The wife reviewed her concerns regarding her husband's medication regimen. This writer instructed the wife to have her husband contact the Advocate directly and gave mu phone number. The following day I met with her husband. He didn't voice any actionable concerns or complaints except for feeling a bit dizzy upon standing. I encouraged him to speak to his doctor about all side effects as well as his right to obtain all information about any prescribed medication.

7th Avenue Center

On 2/24/25, This writer received a call from a resident at the 7th Avenue facility who reported that a staff member threatened to stab the resident in the neck with a pen. This writer reported this to Mr. Stephen Burke, clinical director. The matter is currently under investgation by staff.

**February 2025
Third Quarter**

1. TOTAL NUMBER CERTIFIED	21
2. TOTAL NUMBER OF HEARINGS	21
3. TOTAL NUMBER OF CONTESTED HEARINGS	8
4. NO CONTEST PROBABLE CAUSE	13
5. CONTESTED NO PROBABLE CAUSE	0
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	0
10. NON-REGULARLY SCHEDULED HEARINGS	0

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 at Telecare (Santa Cruz Psychiatric Health Facility)

Reise Hearings. /Capacity Hearings

Total number of Riese petitions filed by the Telecare treating psychiatrist:

Total number of Riese Hearings conducted: 3

Total number of Riese Hearings lost: 3

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on conducted hearing representation: 2

Hours spent on all Reise hearings: 2

Reise appeal: 0

Respectfully:

Davi Schill PRA, George Carvalho, PRA



Behavioral Health Division

Director's Report to the Mental Health Advisory Board

March 20, 2025

Agenda

- Update on Housing CA conference
- Update on BH Bridge Housing project
- Update on MHSA 2025-2026 Plan
- Update on CPPP for BHSA 2026-2029 Three-Year Plan
- Update on CRISIS Now

Housing CA Conference Update

- Thousands of health and housing folks from across the state
- AB 804 – makes housing support for specified populations a covered Medi-Cal benefit, subject to appropriations by the Legislature. Includes:
 - housing transition navigation,
 - housing deposits,
 - housing tenancy sustaining services.
- Flex Pools - coordination and centralization to maximize efficiency and outcomes - honors choice, housing focus and support services
- Educating housing folks about Prop 1 And BHSA and limitations for supporting housing interventions



BH Bridge Housing Update



- Delay due to Geotech survey of ground beneath pavement and retaining wall adjacent to Sutter facility – concern over safety during a seismic event
- Expect fencing by end of April
- Site demolition beginning of May
- Soil remediation activates and shoring up of retaining wall
- Planned opening – Winter 2025

MHSA 2025–2026 Plan Update

This is the last year of MHSA! CPPP is underway now.

- **Community group in Spanish** hosted by PVPSA in Watsonville– 15 attendees with a focus on **youth and families**
- **Two Community Provider groups** with a range of provider types – about 12 agencies represented
- **Community group** (Zoom, English with Spanish translation) hosted by NAMI with 56 attendees
- Combo Zoom and in person group Tuesday April 15 in Room 207, 1400 Emeline for **consumers and community**

MHSA 2025–2026 Plan Update

- 2025-2026 Plan Update will come to MHAB on **May 15, 2025**, with a presentation and to **open Public Comment**
- We will be back to MHAB on **June 19, 2025**, to close Public Comment
- 2025-2026 MHSA Plan Update will be on the Board of Supervisor's agenda in August.

BHSA 2026–2029 Three-Year Plan

- **CPPP** will begin in August 2025!
- **Town Hall** to kick off the new planning process under BHSA
- Multiple ways to contribute with **expanded opportunities** for input
- Includes all services and funding streams

BHSA 2026–2029 Three-Year Integrated Plan

– Process

Establish
stakeholder
groups

Fiscal
analysis of
all different
funding
streams

Work with
stakeholders
to
determine
priorities

Sorting
current
services into
new
categories

Determine
services
which no
longer have
funding

Medi-Cal Benefits BHP

FISCAL YEAR 2022 - 2027

Specialty Mental Health Services (SMHS)

- Mental Health Services: Assessment, Therapy, Rehab
- Medication Support Services
- Day Treatment Intensive, Day Rehabilitation
- Crisis Intervention
- Targeted Case Management
- Peer Support Services (Opt In)
- Crisis Stabilization, Crisis Residential Treatment Services
- Adult Residential Treatment Services
- Psychiatric Health Facility Services, Psychiatric Inpatient Hospital Services

Under Age 21:

- Intensive Care Coordination, Intensive Home-Based Services
- Therapeutic Behavioral Services, Therapeutic Foster Care

Substance Use Disorder Treatment

- Outpatient Treatment (ASAM Level 1)
- Intensive Outpatient Treatment (ASAM Level 2.1)
- Partial Hospitalization (ASAM Level 2.5)
- Residential Treatment and Inpatient Services (ASAM Levels 3.1, 3.3, 3.5, 3.7, 4.0)
- Inpatient Services (ASAM 3.7 and 4.0)
- Narcotic Treatment Program
- Withdrawal Management (multiple levels)
- Medications for Addiction Treatment
- Clinician Consultation
- Peer Support Services (Opt In)
- Contingency Management (Opt In)

County is Required to Provide these Legally Mandated Services

BHSA 2026–2029 Three–Year Plan – Stakeholder Input

- Adults/Older Adults with MH or SUD
- Families of SMHS clients
- Youth or Youth Organizations
- BH Treatment Providers
- Public Safety Partners
- Local Public Health Jurisdictions
- Local Education Agencies
- Higher Education Agencies
- County Social Services
- County Child Welfare
- Labor organizations
- Veterans
- Medi-Cal Managed Care Plans (CAAH and Kaiser)
- Hospitals and Local Healthcare Organizations
- Tribal/Indian Health Program
- Disability Insurers
- Cities – Santa Cruz, Watsonville, Capitola and Scott’s Valley
- Area Agencies on Aging
- Independent Living Centers
- Regional Centers
- Homeless Service providers
- Housing for Health
- Emergency Medical Services
- CBOs serving Culturally and Linguistically Diverse Constituents

BHSA 2026–2029 Three-Year Plan – Funding Streams

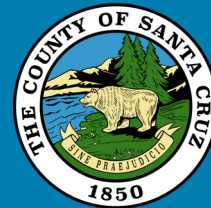
- Bronzan-McCorquodale Act (1991 Realignment)
- 2011 Realignment
- Medi-Cal Fee-for-Service (FFP) programs, including:
 - Specialty Mental Health Services – Mental Health Plan (MHP)
 - Drug Medi-Cal Organized Delivery System (DMC-ODS)
- BHSA funds
- Opioid settlement funding
- County General Fund
- Federal block grants, including:
 - Community Mental Health Services Block Grant (MHBG)
 - Substance Use Prevention Treatment, and Recovery Services Block Grant (SUBG)
 - Projects for Assistance in Transition from Homelessness (PATH) grant
- Any other federal, state, or local funding directed towards behavioral health services, including:
 - Grant revenue

Crisis Now Update

- Last month you heard about the evaluation plan
- Uptick in calls during the daytime
- Calls are coming to assist in de-escalation
- Law Enforcement is referring calls to Mobile Crisis Team
- Still early days

Questions?

Thank You



20-MAR-2025

Santa Cruz County Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060
831 4543 2200

Re: Letter of recommendation for Measure K allocation of funds.

To: Santa Cruz County Board of Supervisors

The Santa Cruz County Mental Health Advisory Board recommends that portions of the estimated \$7.5 million from the .5% Measure K countywide sales tax increase be allocated in support of the MHCAN program and the Behavioral Health Bridge Housing program for the fiscal year 2025-2026.

MHCAN, Mental Health Community Action Network, is a client-run organization designed to provide mutual support and networking, have a voice in all matters which affect them and to create programs controlled by clients. They advocate for the right to choose their own life paths and educate the public from their own perspectives. MHCAN provides a wellness center, transportation and food delivery, advocacy, and employment.

Behavioral Health Bridge Housing program (BHBH) is an innovative, 30-bed center with temporary housing located at 2022 Soquel Avenue. Beginning this Spring of 2025 the center will provide comprehensive services to individuals with behavioral health conditions which may be preventing them from accessing help and transitioning out of homelessness. The first of its kind in Santa Cruz County, this referral-based center is a step forward in addressing the intersection of homelessness and behavioral health challenges in our community.

Both MHCAN (Mental Health Community Action Network) and BHBH (Behavioral Health Bridge Housing) provide services that are unique and essential for our community members who are experiencing a serious mental illness and/or substance use disorder to recover and thrive.

At current funding levels neither of these programs will be able to sustain their services.

As a community our intention and goal must be to find and allocate funding to sustain and grow these services. Measure K was passed by voters to do just that, as stated in Resolution NO. 215-2023:

“WHEREAS, the funds collected from the increase in the Sales Tax will be used to **provide funding for essential County services including...mental health crisis programs for children and vulnerable populations; substance abuse programs;... programs to reduce homelessness”**

And this excerpt from the impartial analysis:

“The Board has identified Budget Priorities for Fiscal Year 2024-2025 to include:

1. \$1 million for housing and essential workforce retention
2. \$1 million for Countywide homeless services
3. Unspecified additional amount for other identified County services.

Again, The Santa Cruz County Mental Health Advisory Board recommends that portions of the estimated \$7.5 million from the .5% Measure K countywide sales tax increase be allocated in support of the MHCAN program and the Behavioral Health Bridge Housing program for the fiscal year 2025-2026.

Please do not hesitate to contact Xaloc Cabanes, chair of MHAB, should you have any questions.

Santa Cruz County Mental Health Advisory Board

MHCAN PROGRAM GOALS & MEASURES ANNUAL REPORT 2022 (Summary)

Goal #1: To offer a Wellness Center which is a safe place to find one's path to recovery where recipients of mental health services help each other.*and to provide these services remotely when we had to, during the acute pandemic.

Measure: MHCAN will provide a welcoming, clean, and sober facility for at least 12,000 duplicated visits by individuals with a mental health diagnosis. Daily logs kept of program participants. MHCAN has provided daily (when open) recovery meetings and a clean, welcoming clean & sober facility.

Goal: 12,000 visits

Achieved: 14,932 visits

Goal # 2: To provide advocacy, assessment, benefits, and linkage for individuals with mental health diagnosis including those who are homeless.

Measure: At least 15 homeless people without benefits will be referred to ACCESS for evaluation for SSI. This year MHCAN referred 23 homeless people without benefits to the ACCESS team for evaluation. MHCAN peer support workers accompanied some of these individuals as advocates and our MAA outreach worker helped some get Medi Cal.

Goal #2: 15 referrals

Achieved: 91 referrals

Goal # 3: To provide safe transportation to mental health clients, including bringing them to health care appointments.

Measure: MHCAN van drivers will provide 1,500 rides to mental health clients to health care and any other appointments. This fiscal year we had additional funding from a DOT federal transportation grant. The county no longer pays for a driver. We had a full time driver who, because of the pandemic, was unable to provide transportation. Instead, our full time driver delivered food 5 hours a day from 2 different donor places that gave it to us. This fiscal year MHCAN provided food boxes to about 30 people daily, 2 days a week, over 45 of each being CMH clients.

Goal: 1,500 rides

Achieved: 3120 Rides and deliveries of food boxes

Goal #4: To provide a variety of support groups and activity groups to benefit people in all stages of recovery.

Measure: MHCAN will maintain a monthly calendar that will be distributed to CMH consisting of at least 35 support and activity groups. New groups will be added based on client interests. MHCAN has had between 35-46 weekly groups, events and classes, including 4 inpatient in person socially distanced medically supervised (a nurse is there) support groups weekly in acute care in the PHF this entire pandemic.

Goal: 35 support groups , events and classes

Achieved: 35-46 support groups , events and classes

Goal #5: To offer supportive employment opportunities to people with psychiatric disabilities.

Measure: MHCAN will maintain a staff of at least 9 people. All staff hired at MHCAN will be individuals with psychiatric disabilities. Regular supervision and weekly staff support groups will assist individuals to work in recovery. MHCAN has a staff of 24 for the year. We have weekly staff meetings and are dedicated to workforce education training.

Goal: 9 staff

Achieved: 24 staff