



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

FEBRUARY 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 444 898 505#

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 444 898 505#. 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 January 16, 2025 minutes*</i> • Secretary's Report
		Presentation
2	3:15-3:45	Crisis Now Evaluation Findings – RDA Consulting
		Standing Reports
3	3:45-3:55	January Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
4	3:55-4:10	Board of Supervisors Report – Supervisor Kim De Serpa
5	4:10-4:25	Behavioral Health Director's Report – Karen Kern, Interim BH Director
6	4:25-4:40	HR8575 Ad Hoc Committee Update – Jeffrey Arlt, MHAB Member
7	4:40-4:55	Site Visit Ad Hoc Committee Update – Dean Kashino, MHAB Member
	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:

MARCH 20, 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

JANUARY 16, 2025, 3:00 PM – 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 468 109 433#

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

- I. Roll Call – Quorum present. Meeting called to order at 3:05p.m. by Chair Xaloc Cabanes.
- II. Public Comments – 1 person addressed the MHAB in the conference room.
No public comments via Microsoft Teams.
- III. Board Member Announcements
 - Board needs to approve MHSA Annual Plan Update.
 - Xaloc will participate in the hiring process for the Director of Behavioral Health.
- IV. Approve November 21, 2024 Minutes
Motion/Second: Supervisor Felipe Hernandez / Dean Kashino
Ayes: Dean Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh, Mike Neidig, Xaloc Cabanes, Supervisor Hernandez
Nays: None
Abstain: None
Motion passed.
- V. Reports
 - A. Secretary's Report
 - No attendance issues.
 - All board members are up to date on the Ethics training.
 - Reminder to all board members to forward completed training information.
 - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
November and December reports were provided. George attended the meeting.
George reported:

- Light quarter reflected in the reports.
- Food issue at 7th Avenue –complaints of no variety, nutritional value, content of food. George is in the process of communicating with dietician on how to improve the food. George stated his concern that the Residence Counsel, who is a group of clients that discuss and make recommendations to staff, is not working.

C. Board of Supervisors Report – Supervisor Felipe Hernandez

Supervisor Hernandez reported that Kimberly De Serpa has been appointed to the MHAB effective February.

D. Behavioral Health Director’s Report – Tiffany Cantrell-Warren

- Tiffany announced she is leaving the county at the end of January. Karen Kern, Deputy BH Director, will be the interim BH Director.

Approval of the MHSA 2024-2025 Annual Plan Update: Karen Kern, BH Deputy Director

- Public Comments are incorporated in the update, in addition to all the results from the survey and the data available from the various programs that is funded by MHSA.
- Four changes that were made based on the feedback that was received:
 1. Services for people experiencing homelessness or housing insecurity– changed the plan to include the development of a new full-service partnership team, the Integrated Housing and Recovery Team (IHART), to address the unique needs of people experiencing homelessness along with serious mental illness. In addition, a housing strategy to house 100 people enrolled in specialty mental health services will be launched by June 2026.
 2. Crisis services for youth - mobile crisis response for youth is 24/7/365 effective December 5th. There are staff dedicated specifically for youth who will be able to respond anywhere in the community to provide crisis response, de-escalation, safety, planning. In addition, the youth crisis stabilization unit will be opening this summer on Soquel next to the Sheriff’s Office.
 3. Early intervention services – working with Community Connection to expand services for Transition Age Youth in early psychosis and identification of early indicators of mental illness in addition to increasing group services and individual services.
 4. Crisis services for adults – expanded the mobile crisis services for adults and expanded crisis residential services at El Dorado Center. El Dorado Center was previously just a social rehab program, 16 beds for social rehab level residential for mental health. They now have a dual license to be both crisis residential and social rehab, therefore have a step-down potential in the same facility.

Approve the MHSA 2024-2025 Annual Plan Update.

Motion/Second: Dean Kashino / Mike Neidig

Ayes: Dean Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh, Michael Neidig, Xaloc Cabanes, Supervisor Hernandez

Nays: None
Abstain: None
Motion passed.

VI. Presentation: Handle with Care – Hugh McCormick, MHAB Member

- Overview – system where if somebody in the community is having a crisis, there will be a database with their information, their triggers and how they want to be dealt with in a crisis.
- Hugh's report examines police mental health collaborations and some Handle with Care programs in other municipalities around the nation, with some programs involving schools and police interventions.
- Hugh will continue to collaborate with Deputy Chief Ainsworth and continue to keep the board updated on steps that are being taken and issues that arise.

VII. New Agenda Items

A. Reconsideration of Santa Cruz County Code 2.104

Discussion included decreasing the number of board members from 18 to 13 members; adding two Transitional Age Youth; removing specific language of board member requirement who are receiving or have received substance use disorder services as it falls under behavioral health.

Approve the Santa Cruz County Code with the changes as discussed.

Motion/Second: Jeffrey Arlt / Dean Kashino

Ayes: Dean Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh, Mike Neidig, Xaloc Cabanes, Supervisor Hernandez

Nays: None

Abstain: None

Motion passed.

VIII. Future Agenda Items

- A. Site Visit ad hoc committee – Kaelin Wagnermarsh and Dean Kashino
B. Peer Support Services discussion

IX. Adjournment

Meeting adjourned at 4:45 p.m.



Santa Cruz BHS Crisis Now Baseline Evaluation

FY23–24 MHSA Annual Report

Key Findings

February 20, 2025



RDA
CONSULTING





Crisis Now Model



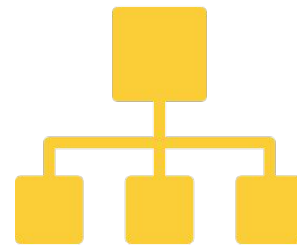
**High Tech
Crisis Call
Centers**



**Mobile Crisis
Response
Teams**



**Crisis Care
Facilities**



**Essential
Principles &
Practices**



Evaluation Overview

Evaluation Domain	Evaluation Question
Project Implementation	1. How is the Crisis Now model implemented over time?
Patient Service Access	2. To what extent does the implementation of the Crisis Now model impact patient access to BH crisis response services?
Patient Service Outcomes	3. To what extent does the implementation of the Crisis Now model impact patient outcomes?
System-Level Outcomes	4. To what extent does the implementation of the Crisis Now model impact the SCCBH system overall?

Baseline Evaluation Period:

FY 23-24 (July 2023-June 2024)



Data Sources

- Stakeholder Focus Groups & Survey
- MCRT Workbooks
- CSP Data Sheet
- Crisis Now Fidelity Assessment
- EMS Records
- Project Meeting Notes & Workforce Tracker



Domain 1

Baseline Implementation





***Crisis Now* Model Fidelity**

Crisis Call Centers

2022 Fidelity Score:
2 out of 5 (Basic Implementation)

Mobile Crisis Response Teams

2022 Fidelity Score:
2 out of 5 (Basic Implementation)

Crisis Care Facilities

2022 Fidelity Score:
3 out of 5 (Progressing Implementation)

Essential Principles & Practices

2022 Fidelity Score:
2 out of 5 (Basic Implementation)



Program Updates

Crisis Call Centers

SCC Crisis Call Line provides 24/7 support

MERT/Y & FSA have started using the Beacon app

Mobile Crisis Response Teams

SCC now operates 24/7 MCRT coverage

Some MCRT staff are currently in training & some field-based staff vacancies remain

Crisis Care Facilities

Pacific Clinics began a youth diversion project operating in Watsonville Community Hospital ED

County to open a new 8-chair CSP & 16-bed CRP in 2025

Essential Principles & Practices

SCCBH to hire peer support specialists & develop a strong peer-based culture.

MHLs provide annual training to law enforcement about how to respond to mental health crises.



Implementation Review

Strengths

- Wide community support for changes to the system
- Expansion to 24/7
- Spaces to engage and collaboration with other providers

Opportunities for Growth

- Limited resources
- Challenges with hiring and staff retention
- Difficult rollout with obstacles
- Inconsistent communication about system changes



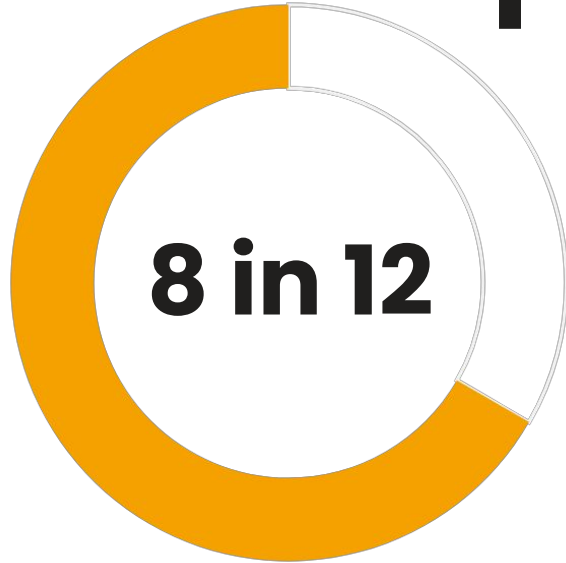
Domain 2

Baseline Patient Access





Phone Line Access Perceptions



agree that the crisis lines are **easy to use**



agree that the crisis lines are **effective in connecting patients to services**



MCRT Client Characteristics

	MERT (n=438 incidents)	MERTY (n=211 incidents)	MHLs (n=1,339 incidents)
Age	73% 25-64	85% under 18	66% 25-64
Gender	49% Male	53% Female	56% Male
Race/Ethnicity	45% White 18% Hispanic	27% White 33% Hispanic	57% White 23% Hispanic
Language	92% English	85% English	64% English
Housing Status	58% Stably Housed	91% Stably Housed	50% Stably Housed



MCRT Incidents

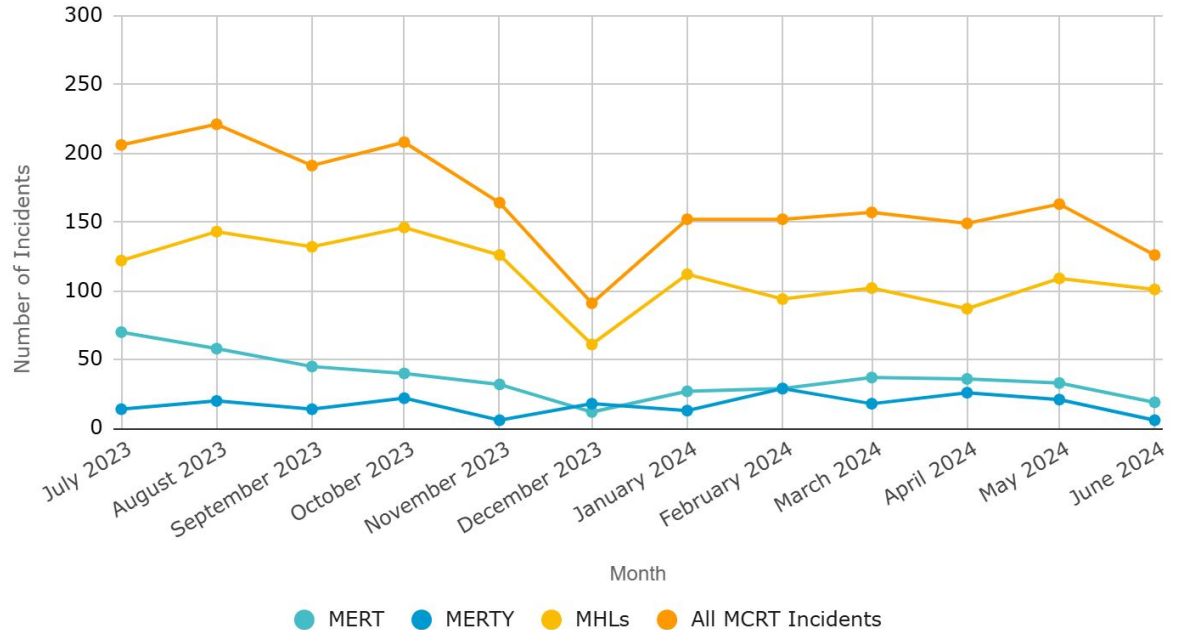
Total MCRT Incidents:
1,988
(monthly average: 166)

Total MHL Incidents: 1,339
(monthly average: 112)

Total MERT Incidents: 438
(monthly average: 37)

Total MERTY Incidents: 211
(monthly average: 18)

MCRT Incidents



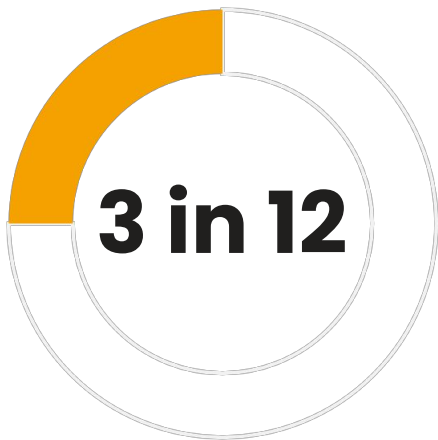


MCRT Incident Characteristics

	MERT (n=438 incidents)	MERTY (n=211 incidents)	MHLs (n=1,339 incidents)
Service Request Type	58% Phone	74% Phone	<i>Not reported</i>
Location of Contact	70% Phone 23% Field	35% Phone 54% Field	19% Phone 81% Unknown
Region/Area	59% Santa Cruz 19% South County	36% Santa Cruz 35% South County	35% Santa Cruz 23% South County
Contact Type	73% Initial 25% Follow-up	89% Initial 8% Follow-up	<i>Not reported</i>



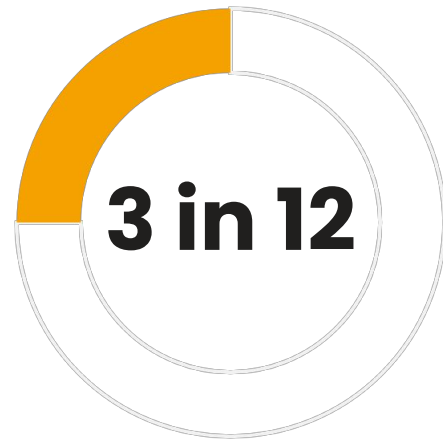
MCRT Access Perceptions



agree that it is **easy to get support** from mobile crisis when needed



agree that mobile crisis services are **available when people need them**



agree that mobile crisis teams **arrive quickly** during a crisis



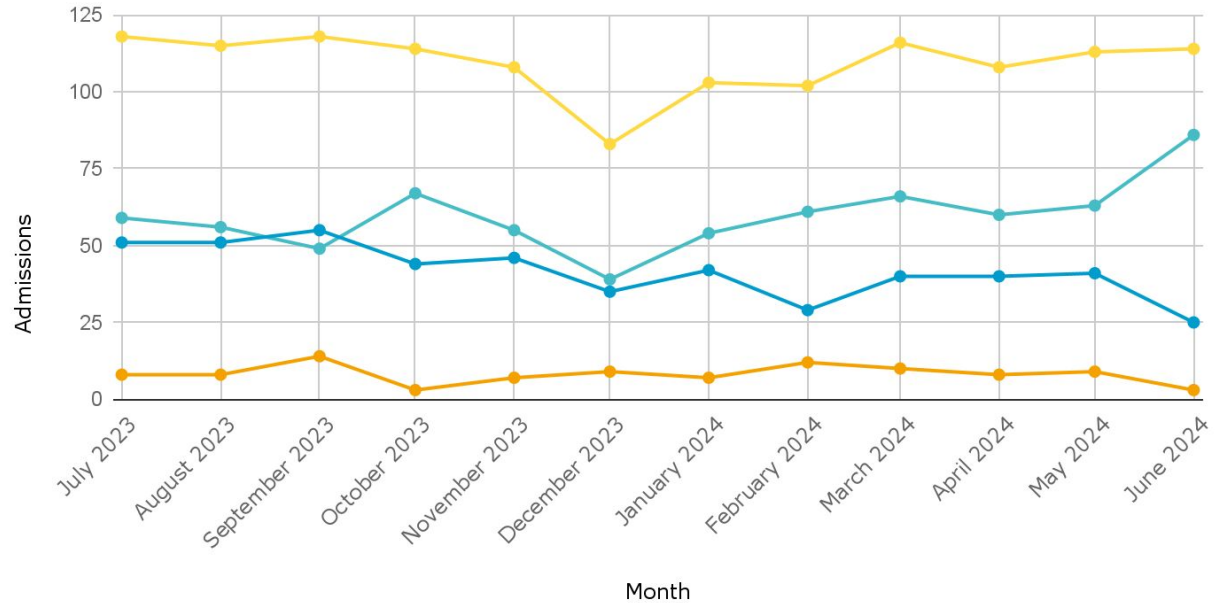
CSP Admissions

Total CSP Admissions:
1,312
(monthly average: 109)

MCRT or ED: 715
Monthly Average: 60

LEO Holds: 499
Monthly Average: 42

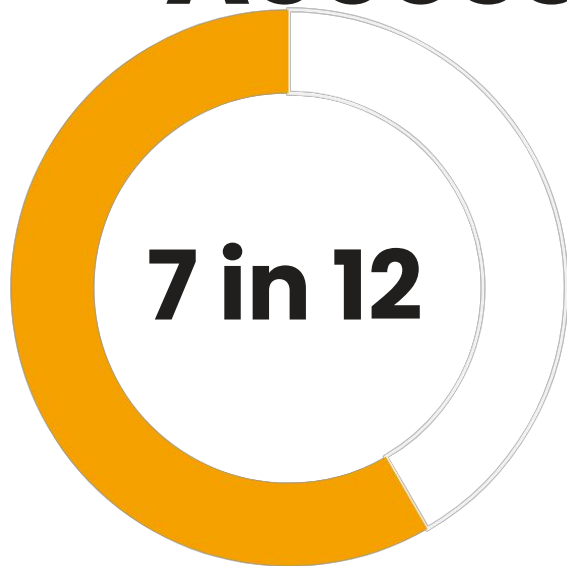
Voluntary Admits: 98
Monthly Average: 8



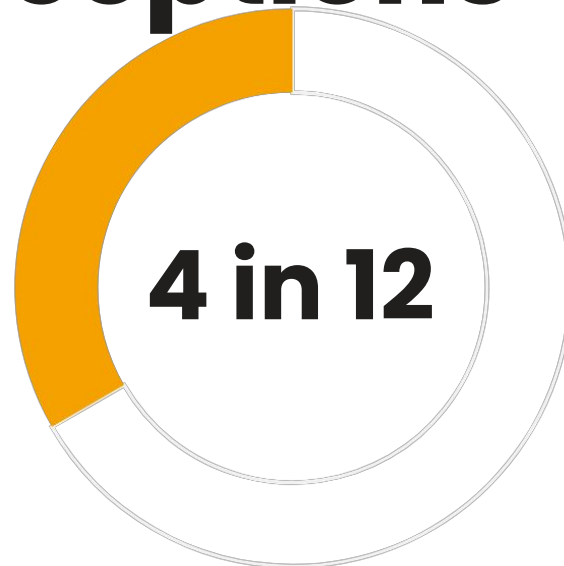
● Total Admissions ● Voluntary Admissions ● Other (MERT/Y, MHLs, EDs, UCSC MCRT) ● LEO Holds



Facility & System Access Perceptions



agree that the
CSPs are accessible



agree that there are
**minimal barriers to
accessing crisis services**



Access Review

Strengths

- Crisis lines are easy to use
- Positive experiences with MERT/Y, MHLs, and FSA team
- CSPs are generally accessible for adults

Opportunities for Growth

- Limited mobile crisis capacity and availability
- CSPs are not accessible for all, especially youth
- Eligibility requirements make accessing care difficult
- Limited step-down capacity



Domain 3

Baseline Patient Outcomes

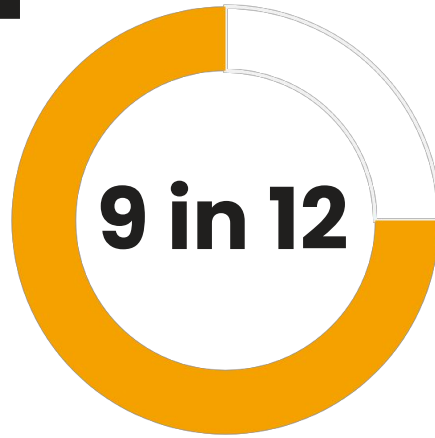




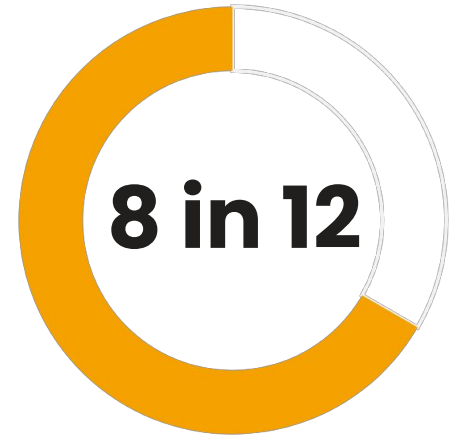
Crisis Disposition Perceptions



agree that
**MCRTS successfully
de-escalate crises**



agree that
CSPs stabilize patients



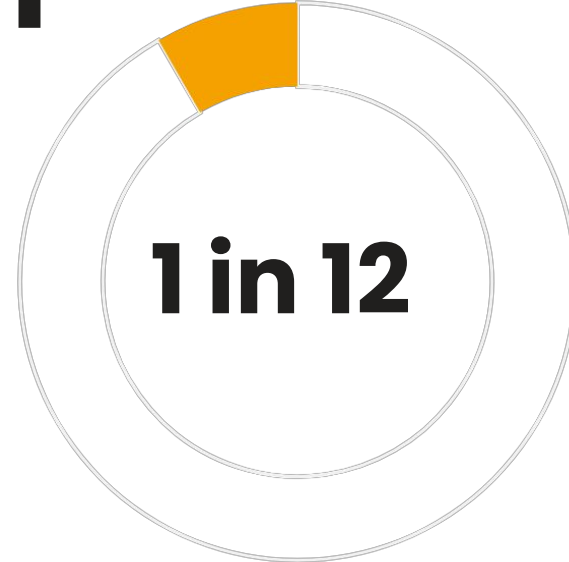
agree that **people are
better off because of
MCRT services**



Appropriate Level of Care Perceptions



agree that crisis call lines
**connect people to
appropriate levels of care**



agree that the Crisis Now
expansion has **reduced
unnecessary hospitalizations**



Incident Outcomes

	MERT (n=438 incidents)	MERTY (n=211 incidents)	MHLs (n=1,339 incidents)
5150/5585 Assessment	15% assessed	22% assessed	47% assessed
5150/5585 Assessments <input type="checkbox"/> Holds	47% of assts (n=66) resulted in holds	49% of assts (n=47) resulted in holds	33% of assts (n=631) resulted in holds
ED Visit	3% of incidents	11% of incidents	9% of incidents
Top Service Referrals	33% already connected 22% SCC BH	31% already connected 27% SCC BH	32% mental health 22% other



Patient Outcome Review

Strengths

- Crises are de-escalated
- Patients are connected to the appropriate level of care
- Patients are better off because of MCRT services

Opportunities for Growth

- High hospitalization rates continue
- Barriers to diverting calls from 911
- Limited options for lower levels of care



Domain 4

Baseline System-Level Indicators



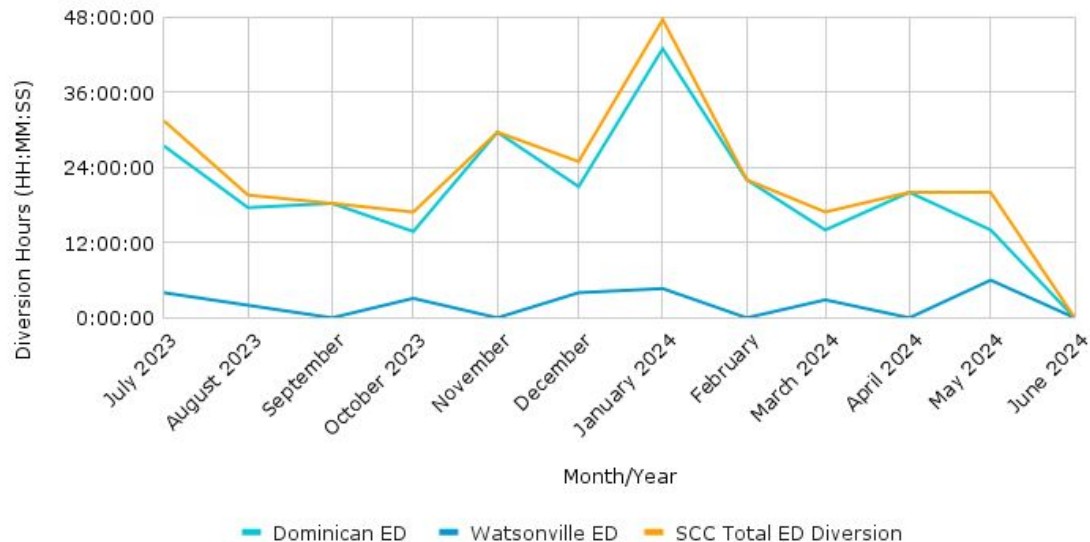


Hospital Capacity

266

hours on diversion
between both
hospitals during
FY23-24

Santa Cruz County Hospital Diversion Hours
FY23-24





EMS BH Calls for Service

Call Type	Number of Calls	Weekly Average	Percentage of Total
Behavioral or Psychiatric Crisis	1,233	23.7	4.4%
Overdose, Poisoning, Ingestion	951	18.3	3.4%
Agitated Delirium	39	0.8	0.1%
Alcohol Intoxication	1,258	24.2	4.5%
Total	3,471	66.8	12.4%



**Thank
You!**

Summary

This is a January 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 Reise Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that were lost.

Patients' Rights Advocate Report

January 2025

Telecare PHF

On January 31, 2024, this writer received a phone message from a client at Telecare CSP. He was upset about the prospect of being transferred to Sacramento for treatment. The client adamantly denied the grounds of the LPS hold. This writer received permission to speak with the head nurse at the facility. I advocated that the client should remain in county, as per the intent of a community-based system of mental health treatment. However, this writer was not successful given the lack of placement and the client's continuing need for treatment. This writer also reviewed the circumstances of this detention with the CSP staff. Lastly, I spoke with the client and reviewed the information and advised him to reach out to the Patient's Rights Advocate. Lastly, I reviewed the scheme of Civil Commitment and as well about his concerning the Certification Review Hearing,

Telecare PHF

On January 31, 2025, This writer received a message from a client who had recently lost a Certification Review Hearing. The client disagreed with the outcome and wanted to leave immediately. This writer advised the client of his right to appeal by requesting a writ and provided specific information about how to successfully do so.

7th Avenue Center

On January 11, 2025, this writer received a call from a resident of Santa Cruz County and is receiving treatment at the 7th Avenue Center facility. He requested that I see him regarding his rights and questions about being discharged from the facility. This resident had been at the facility for two years and has reached the level of discharge on several occasions. At the time of our meeting the client was on level 2. I advised my client that the best approach may be to work with the staff regarding his treatment plan in that it must also incorporate his strengths and goals. Also, this writer advised him about his rights to contest his conservatorship when eligible to do so.

On January 13, 2025, this writer received a phone message from a resident of the 7th Avenue facility. He stated that he was not mentally ill and did not to be treated at this facility. He requested information about how to leave the facility as soon as possible. After discussing the possibilities with the client, he agreed to and gave permission to this writer to contact his Public Defender to contest the conservatorship. This writer contacted Para Legal. This writer was later contacted by the client's attorney who confirmed that the client would be contacted and advised of his rights in this matter.

January 2025

Third Quarter

1. TOTAL NUMBER CERTIFIED- 25
2. TOTAL NUMBER OF HEARINGS- 24
3. TOTAL NUMBER OF CONTESTED HEARINGS -11
4. NO CONTEST PROBABLE CAUSE - 13
5. CONTESTED NO PROBABLE CAUSE -3
6. VOLUNTARY BEFORE CERTIFICATION HEARING -0
7. DISCHARGED BEFORE HEARING-1
8. WRITS -0
9. CONTESTED PROBABLE CAUSE -9
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: 3

Total number of Riese Hearings conducted: 2

Total number of Riese Hearings lost: 2

Total number of Riese Hearings won: 0

Total number of Reise hearing petitions: 2

Total number of Riese Hearings withdrawn: 1

Hours spent on conducted hearing representation: 1 hr

Hours spent on all Reise hearings: 1.25

Reise appeal: 0

Respectfully:

Davi Schill PRA, George Carvalho, PRA