



# 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

**MAY 15, 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 516 328 698#**

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

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Director, County Behavioral Health	Karen Kern Deputy 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 516 328 698#. 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**

<b>ID</b>	<b>Time</b>	<b>Regular Business</b>
1	3:00-3:15	<ul style="list-style-type: none"><li>• Roll Call</li><li>• 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)</li><li>• Board Member Announcements</li><li>• <i>Approval of April 17, 2025 minutes*</i></li><li>• Secretary's Report</li></ul>
		<b>Standing Reports</b>
2	3:15-3:25	April 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 – Dr. Marni R. Sandoval, Behavioral Health Director <ul style="list-style-type: none"><li>• MHSA 2025-2026 Annual Plan -Open Public Comment Karen Kern, Behavioral Health Deputy Director</li></ul>
5	4:00-4:15	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:15-4:30	Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh
		<b>New Agenda Items</b>
7	4:30-4:40	<i>Revised Bylaws*</i>
8	4:40-4:55	<i>Letter of Recommendation to BOS re: Sharing information between Handle with Care Program and the Mobile Crisis Response Team*</i>
	4:55-5:00	<b>Future Agenda Items</b>
	5:00	<b>Adjourn</b>

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

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### **MENTAL HEALTH ADVISORY BOARD RETREAT IS ON:**

**JUNE 12, 2025, 10:00 AM – 3:00 PM**

**500 WESTRIDGE, GREG CAPUT COMMUNITY ROOM – WATSONVILLE, CA**

### **NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:**

**JUNE 18, 2025, 3:00 PM – 5:00 PM**

**1430 FREEDOM, SUITE F, CONFERENCE ROOM – WATSONVILLE, CA**



# County of Santa Cruz

## HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y  
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### MINUTES – Draft

#### MENTAL HEALTH ADVISORY BOARD

APRIL 17, 2025, 3:00 PM – 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 766 592 663#

**Present:** Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Kimberly De Serpa

**Staff:** Karen Kern, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:05p.m. by Chair Xaloc Cabanes.
  - II. Public Comments – 3 people addressed the MHAB in the conference room.  
No public comments on Microsoft Teams.
  - III. Board Member Announcements
    - Mike suggested the MHAB members check in with their Board of Supervisor to see if they want written correspondence in advance of the BOS meeting to allow time to review.
  - IV. Approve March 20, 2025 Minutes  
Motion/Second: Dean Kashino / Mike Neidig  
Ayes: Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Mike Neidig, Valerie Webb, Xaloc Cabanes, Supervisor De Serpa  
Motion passed.
  - V. Reports
    - A. Secretary's Report
      - No attendance/training issues.
      - Regarding communication with BOS – Brown Act rule where a majority of MHAB cannot communicate with the majority of another board through email. Jeffrey volunteered to send letters of recommendation to the individual BOS in advance of the meeting.
    - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate  
March report was provided. George did not attend the meeting.
    - C. Board of Supervisors Report – Supervisor Kim De Serpa
      - May revised coming from the State soon.

- There are proposed cuts coming from the Federal level that are quite severe, likely for Medicaid.

D. Behavioral Health Director's Report – Karen Kern

- The new BH Director, Dr. Marni Sandoval starts on May 5<sup>th</sup>. Receptions in North and South County for staff and community partners are scheduled for May 27<sup>th</sup> and May 28<sup>th</sup>. Flyers will be distributed.
- SB43 – updates the LPS act, which governs involuntary detention, treatment, and conservatorship of individuals. SB43 has expanded the definition of grave disability to include individuals who are unable to care for their basic needs, which now includes safety and medical care (used to be just food, clothing, and shelter). The mandate is to launch by January 1, 2026.
- Monitoring the Governor's May Revise
  - The State used general funds last year to provide Medi-Cal to people who were not eligible for Medi-Cal. Unsure how that will impact the General Fund budget.
  - State Plan Amendment, which the State has negotiated with the Federal Centers for Medicare and Medicaid CMS included extra dollars and bundled rates called BH Connect to help lift all that are coming through the BHSA and Prop 1. The State Department of Healthcare Services is confident that CMS is going to be stable enough to continue with the new waivers that they've negotiated.
- Monitoring the federal impacts – HSA which include BH, Clinics, Environmental Health and Public Health have set up an incident command system to be able to respond to incidents when they happen.
- 2023-2026 MHSA Plan Update – opening public comment at the May MHAB meeting. Public comment will close at the June MHAB meeting and then go to the August BOS meeting to get approval. The change to BHSA will affect how the community planning process is done. The BHSA distribution will be 30% for housing, which will take away 30% from the services. This will also expand the community planning process to include every dollar that comes into the behavioral health system of care that is received as revenue.

Presentation: Overview of Substance Use Disorder Services (SUDS) – Casey Swank, Director of SUDS

- SUDS includes Administration of DMC-ODS; Adult Outpatient Services Treatment Program; In-Custody Substance Use Disorder Treatment need assessments (ASAM); Family Children Services SUD Assessment and Referrals; Opioid Settlement Funds; Substance Use Block Grant/Prop 47, Cohort IV; Drinking Driver Programs.
- The State Department of Health Care Services does mandate the following levels of treatment, except for recovery incentives: Withdrawal management; Residential Care; Intensive Outpatient Care; Outpatient Care; Medication Assisted Treatment; Recovery Incentives; Recovery Support.
- Accessing SUD treatment: No wrong door – Adult and Children's ACCESS; Janus of Santa Cruz, Encompass Community Services (Adult and Youth); New Life Community Services; Sobriety Works; PVPSA (Youth).
- Opioid Settlement Funds: State of California DHCS said at least 50% of the settlement dollars must be spent on six areas called high impact

abatement areas: Matching funds or costs for SUD facilities; Creating new or expanded SUD treatment infrastructure; Addressing SUD needs of communities of color and vulnerable populations; Helping people with SUD into treatment and away from the justice system; Interventions to prevent drug addiction in youth; Purchasing naloxone (Narcan) for distribution and expanding access.

- E. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino  
The majority of the MHAB are interested in visiting Juvenile Hall. Members will be split into two groups to do the site visit. Waiting on potential dates.
- F. Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh
  - Currently doing the following:
    - 1. Reviewing and narrowing scope.
    - 2. Reaching out to some other authoritative sources of data.

VI. New Agenda Items

A. Election of Officers

Chair – Xaloc Cabanes; Co-Chair – Mike Neidig; Secretary – Jeffrey Arlt

The MHAB unanimously voted to keep all three officers in the same positions for the upcoming year.

B. Letter to Board of Supervisors regarding the Use of Measure K funds to support MHCAN and reduce homelessness.

Motion to approve draft letter as amended: Mike Neidig

Second: Jennifer Wells Kaupp

Ayes: Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Kimberly De Serpa

Nays: None

Motion passed.

C. Letter to Board of Supervisors regarding the sharing of information between Handle with Care Program and Mobile Crisis Response Team

The MHAB discussed the draft letter and decided to hold off on approving the draft letter until next month as clarification is needed.

D. June meeting date and Retreat date

The June meeting must be rescheduled as the third Thursday in June is the Juneteenth holiday. The Chair asked the MHAB to review their calendars and inform staff liaison of the dates they are not available in June. Dates to be announced at the next meeting.

VII. Adjournment

Meeting adjourned at 5:04 p.m.

## Summary

This is an April 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 Reise Hearings filed, the number of Reise conducted, and the number that were lost.

## Patients' Rights Advocate Report

*April 2025*

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### 7th Avenue Center

**On April 9, 2025, This writer addressed a serious complaint about staff misconduct and food safety at a facility, with plans to escalate the issue to the medical director.**

#### Recap

- This writer received a call from a resident reporting threats and food safety issues at the facility on 7th Avenue.
- The resident, who wishes to remain anonymous, claims staff member Raul B. is threatening residents and tampering with food.
- The resident expressed feelings of being sexually abused Staff but could not provide concrete evidence.
- This writer explained the need for proof to take action and offered to report the issue to Stephen Burke, the clinical director.
- The resident is considering moving to a different facility due to the ongoing issues.

This writer obtained permission to speak to the clinical director regarding this issue and did so. The medical director returned my call and informed me that the resident did not wish to discuss this or any other issue.

This writer spoke with the resident once again who confirmed that he did not wish to follow through on his original complaint.

### 7th Avenue

**On April 17, 2025, This writer discussed concerns about resident safety and treatment at Seventh Avenue Center, highlighting issues of harassment and the need for third-party assistance.**

## **Recap**

- The resident has been at the Seventh Avenue Center for almost three months and is experiencing harassment from male residents, causing her to feel unsafe.
- This writer reported that the resident has communicated her fears to her mental health worker but feels unsupported.
- This writer contacted the conservator, Kevin, requesting the resident's discharge from the center and advocated for third-party assistance for her treatment.
- The conservator has not responded to this writer's requests, at this time, and there are concerns about the resident's deteriorating mental health due to her current living conditions.
- This writer emphasized the need for the resident to receive treatment in a supportive environment rather than a halfway house.

**On April 17, 2025, This writer requested a follow-up conversation regarding medical conditions mentioned in an email from resident's father.**

## **Recap**

- This writer forwarded an email from the resident's father regarding medical conditions and requested a conversation about those issues.
- This writer provided contact number: 8314291913 extension 12 for a callback.
- This writer called the conservator regarding his client with serious medical and mental health issues at the facility.
- This writer advocated for the patient's release into her father's care, who may be offering third-party assistance.
- This writer requested a callback from Kevin at 831-429-1913 extension 12.

**The PRA followed up on urgent health concerns and a rape allegation involving a resident**

## **Recap**

- George Carvalho contacted a unit coordinator regarding the resident's troubling physical symptoms and a rape allegation against another resident.
- The resident's father sent an email detailing her symptoms and was forwarded to the appropriate parties.
- The unit coordinator confirmed that the resident was sent to the ED for examination of her symptoms.
- There is an ongoing investigation into the rape allegation, which was discussed in a morning meeting.

- This writer requested to leave a voicemail for Stefan Burke to discuss these matters further.

**The conservator and I discussed the current situation in ED, clarifying her release status and next steps regarding her care.**

#### **Recap**

- This writer reached out to the conservator regarding resident's status in the ER, expressing concern for her well-being.
- Kevin confirmed that the resident is likely not to return to the Seventh Avenue Center unless her treatment changes.
- Kevin mentioned that her father initiated the process for third-party assistance, but he cannot make decisions regarding her care.
- This writer noted that there may be issues with third-party assistance and suggested consulting the County Council for further clarity.
- The conservator provided contact information for County Council members and public defenders as resources

#### **Telecare PHF**

**On April 9, 2025, this writer assisted a patient to understand their rights and options while being held under mental health laws, emphasizing the importance of communication with medical staff.**

#### **Recap**

- This Patients' Rights Advocate spoke with a patient held under mental health laws.
- The client expressed concerns about being held against his will and requested legal representation.
- The PRA provided information about the mental health hold process and advised the client on how to communicate with medical staff regarding his treatment and rights.
- PRA emphasized the importance of asking questions about the hold and potential treatment options.



**Client contacted PRA from a crisis facility on April 21, 2025, expressing a desire to protest his involuntary stay and rely on his support network instead.**

- Client admitted after taking a large amount of ibuprofen due to a headache and depression, but he did not intend to harm himself.
- The client at the facility for about nine hours was frustrated with the process of being moved to another facility in Santa Rosa.
- The PRA explained the legal basis for Nathaniel's involuntary hold and suggested he contact his therapist and family for support.
- Client acknowledged he has a therapist and psychiatrist but had not utilized their services recently.
- PRA advised Client to request access to his phone to email his therapist and arrange an emergency appointment.

### **Front Street Residential**

On April 16, 2025, This Advocate\* received a report of resident-to-resident verbal abuse of a sexual and violent and racist nature. The alleged perpetrator was removed from the facility. Facility staff provided case number from Santa Cruz Police Department.

\*Ms. Davi Schill

### **Willow Brook**

On April 14, 2025, this writer received a report of harassing and threatening speech by one resident to another Willow Brook resident towards another. This writer\* followed up with the reporting party as well as the reported victim. At this time the alleged perpetrator has been transferred from the facility. The reported victim feels safe at the Willow Brook. PRA will continue to monitor the situation and check in with the individuals involved

\*Ms. Davi Schill

**Reise and Certification Review Hearings**  
**April 2025**

1. TOTAL NUMBER CERTIFIED	26
2. TOTAL NUMBER OF HEARINGS	18
3. TOTAL NUMBER OF CONTESTED HEARINGS	5
4. NO CONTEST PROBABLE CAUSE	13
5. CONTESTED NO PROBABLE CAUSE	0
6. VOLUNTARY BEFORE CERTIFICATION HEARING	
7. DISCHARGED BEFORE HEARING	8
8. WRITS	
9. CONTESTED PROBABLE CAUSE	5
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 at Telecare (Santa Cruz Psychiatric Health Facility)**

Reise Hearings. /Capacity Hearings

Total number of Reise petitions filed by the Telecare treating psychiatrist: 2

Total number of Reise Hearings conducted: 2

Total number of Reise Hearings lost: 2

Total number of Reise Hearings won: 0

Total number of Reise Hearings withdrawn:

Hours spent on conducted hearing representation: .5 hours

Hours spent on all Reise hearings: 1 Hour

Reise appeal: 0

***Respectfully:***

***Davi Schill PRA, George Carvalho, PRA***



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Behavioral Health Division

# Mental Health Services Act (MHSA) FY 2025–26 Annual Update

Mental Health Advisory Board, Public Hearing.  
May 15, 2025



# Agenda & Objectives

## Agenda

- Mental Health Services Act (MHSA) and BHSA Overview
- Community Program Planning Process (CPPP): Key Findings
- Proposed FY 25–26 MHSA Program Modifications & Budget Request
- Public Comment and Discussion

## Objectives

- Present proposed 2025–26 MHSA Annual Update
- Provide opportunity for stakeholders to provide public comment

# **Mental Health Services Act:**

# MHSA Background

## Five Core Values & Guiding Standards

- Proposition 63 passed on November 2, 2004
- 1% tax on income on incomes over \$1 million to *expand* and *transform* mental health services & reduce negative impacts to individuals and communities from untreated mental illness



# MHSA Overview

## Five Components of MHSA

### **CSS: Community Services & Supports**

Outreach and direct services for serious emotional disturbances or serious mental illness (all ages)

### **PEI: Prevention & Early Intervention**

Prevent the development of mental health problems, and screen for and intervene with early signs

### **INN: Innovation**

Test new approaches that may improve outcomes

### **WET: Workforce Education & Training**

Build, retain, and train public mental health workforce

### **CFTN: Capital Facilities & Technology Needs**

Infrastructure support (electronic health records, facilities, etc.)

# FY 2025–26 MHSA Programs

CSS Programs	PEI Programs	INN Program
<ul style="list-style-type: none"> <li>• Community Gate</li> <li>• Probation Gate</li> <li>• Child Welfare Services Gate</li> <li>• Education Gate</li> <li>• Family Partnerships</li> <li>• Enhanced Crisis Response</li> <li>• Consumer, Peer, &amp; Family Support Services</li> <li>• Community Support Services</li> <li>• Full-Service Partnership Teams</li> </ul>	<ul style="list-style-type: none"> <li>• Triple P: Positive Parenting Program</li> <li>• Children’s Services: COE The Diversity Center</li> <li>• Live Oak Resource Center</li> <li>• Positive Behavior Interventions &amp; Supports</li> <li>• Veterans Advocate Agency</li> <li>• Peer Companion</li> <li>• Employment (Community Connection)</li> <li>• Transition Age Youth (TAY) &amp; Adult Services</li> <li>• Senior Outreach</li> <li>• Stigma &amp; Discrimination Reduction (NAMI)</li> <li>• Suicide Prevention: Suicide Prevention &amp; Crisis Lifeline / Suicide Prevention &amp; Resources Education and Outreach</li> <li>• 2<sup>nd</sup> Story</li> <li>• Mobile Crisis Teams</li> </ul>	Crisis Now
		<b>CFTN</b>
		No programs this period
		<b>WET</b>
		No programs this period



# Annual Update & Community Planning Process

## **Purpose of Annual Update:**

To provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY 2023–26, including:

- Program status and services in FY 2024–25
- Program changes for FY 2025–26, based on needs assessment and stakeholder input



# MHSA Stakeholders

Significance of the local partnership for the CPPP

## Community Program Planning Process (CPPP):

The MHSA intends that there be a meaningful community process to provide subject matter expertise at the local level. **Program planning shall be developed with local community & partners including:**

- Adults and seniors with severe mental illness
- Families of children, adults, and older adults with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans' organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests
  - Family Resource Centers
  - Diverse communities representing service area (Latino, Homeless, LGBTQ+, Communities of Color, Immigrants, etc...)

# Roles & Responsibilities

<b>Community Stakeholders</b>	Present individual perspectives, lived experiences and share reflections of emerging strategies to meet needs
<b>Behavioral Health Department</b>	Develop Annual Update that is reflective of community needs, priorities, and identified strategies
<b>Mental Health Advisory Board</b>	Assure stakeholder involvement, review and advise on the MHSA Annual Update, and conduct Public Hearing
<b>Board of Supervisors</b>	Review and approve the MHSA Annual Update
<b>RDA Consulting</b>	Collect and present findings on the current system, offer recommendations for the future, facilitate discussions, and compile information into the Annual Update

# MHSA Background & Overview

Additional Resources Available

**To learn more about the MHSA and MHSA-funded programs in Santa Cruz, please visit:**

**County of Santa Cruz Behavioral Health Department:**

[www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx](http://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx)

**California Department of Health Care Services – MHSA website**

[https://www.dhcs.ca.gov/services/MH/Pages/MH\\_Prop63.aspx](https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx)

# **MHSA Modernization**

Proposition 1 and BHSA

# MHSA to BHSA Overview



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## Proposition 1 key components:

### 1) **Behavioral Health Infrastructure Bond Act (AB 531)**

authorizes ~\$6.4 billion to build or develop behavioral health housing and treatment with ~\$4.4 billion is earmarked for inpatient and residential treatment beds and ~\$2 billion is earmarked for permanent supportive housing, including ~\$1 billion for veterans

### 2) **The Behavioral Health Services Act (SB 326)**

- Expands services to include substance use treatment
- Revises the distribution of MHSA funding to prioritize housing
- Establishes expanded oversight and accountability measures

# Funding Components

Current MHSA Allocation	Current MHSA Percentage	New BHSA Allocation	New BHSA Percentage
<b>County Allocation</b>	<b>95%</b>	<b>County Allocation</b>	<b>90%</b>
Community Services and Supports (CSS)	76%	Behavioral Health Services and Supports (BHSS) (includes EI)	35%
Prevention and Early Intervention (PEI)	19%	Full-Service Partnerships (FSPs)	35%
Innovation Projects (INN)	5%	Housing Interventions	30%
<b>State Directed</b>	<b>5%</b>	<b>State Directed</b>	<b>10%</b>
State Administration	5%	Population-Based Prevention	4%
		BH Workforce	3%
		State Administration	3%

# BHSA – Behavioral Health Services Act

Housing – Chronic Homelessness	Housing interventions for FSP Consumers	Treatment – Adult FSP Teams	Treatment – BHSS Early Intervention (at least 51% of the 35%)	Treatment – BHSS Other
15%	15%	35%	35%	
Focus on Encampments	<ul style="list-style-type: none"> <li>Rental Subsidies</li> <li>Operating Subsidies</li> <li>Shared Housing</li> <li>Project-based housing assistance (master leasing)</li> </ul>	Tiered services <ul style="list-style-type: none"> <li>Requires EBP to fidelity</li> <li>ACT</li> <li>FACT</li> <li>IPS Supported Employment</li> </ul>	Children and Youth 0-25 <ul style="list-style-type: none"> <li>Unhoused Youth</li> <li>Jl youth</li> <li>Child Welfare involved youth with a history of trauma</li> </ul>	<ul style="list-style-type: none"> <li>Children's System of Care Services</li> <li>Adult System of Care Services</li> <li>Innovation Projects</li> </ul>



# 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 (CCAH 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

# MHSA to BHSA

## Resources for the Behavioral Health Services Act (Proposition 1):

- **Proposition 1 Overview and Resources (CalHHS):**

<https://www.chhs.ca.gov/behavioral-health-reform/#redesigning-the-mental-health-service-act-sb-326>

- **Proposition 1 Fact Sheet (CalHHS):**

<https://www.chhs.ca.gov/wp-content/uploads/2023/09/BHSA-Fact-Sheet-September.pdf>

- **AB 531 Behavioral Health Infrastructure Bond Act of 2023 Legislation:**

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202320240AB531](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB531)

- **SB 326 Behavioral Health Services Act Legislation**

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB326](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB326)

# Community Program Planning Process (CPPP)

Key Findings

# The Community Program Planning & Annual Plan Development Process

## Phase 1

### Planning & Readiness

Review Past MHSA  
Three-Year Plan

Review MHSAOAC  
Instructions &  
Regulations

Develop CPPP  
Protocol

## Phase 2

### Community Engagement & Assessment

Conduct community  
member, partner,  
and provider survey

Synthesize  
community input  
and identify themes

## Phase 3

### Plan Development

Outline & Draft  
Annual Update

Host Public Hearing

Gather Comments

Finalize Annual  
Update

Board of Supervisor  
Review & Approval

# Evaluación de las necesidades:

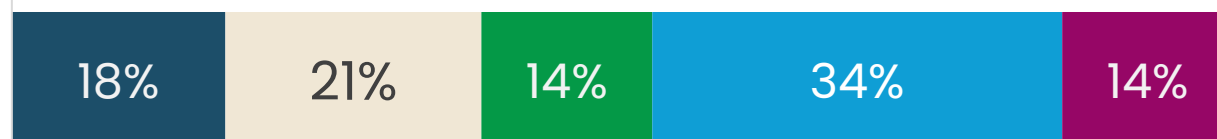
## Participación

<b>Encuesta comunitaria</b>	Del 16 de octubre a noviembre de 2024	146	<ul style="list-style-type: none"><li>• 75 proveedores de salud conductual</li><li>• 24 proveedores de servicios sociales</li><li>• 22 clientes o consumidores de servicios de salud conductual</li><li>• 20 miembros de la comunidad interesados</li><li>• 12 familiares o seres queridos de clientes o consumidores</li></ul>
<b>Grupos de discusión de la comunidad</b>	Del 26 de febrero al 7 de marzo de 2025	24	<ul style="list-style-type: none"><li>• 13 clientes o consumidores de servicios de salud conductual</li><li>• 11 proveedores de salud conductual</li></ul>

# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree

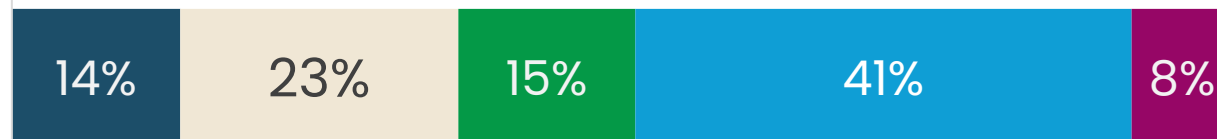
Santa Cruz County's services meet the needs of people experiencing a mental health crisis. (n=143)



Santa Cruz County's prevention and intervention services help people before they develop serious mental illness. (n=144)



Santa Cruz County's behavioral health services meet the community's needs. (n=145)



0%   20%   40%   60%   80%   100%

# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree

Santa Cruz County’s behavioral health services are available at convenient locations. (n=141)



Santa Cruz County’s behavioral health services are available at convenient times. (n=143)



It is easy to get a behavioral health appointment when I or someone else needs one. (n=141)



I know who to call or where to go if I or someone else needs behavioral or mental health support. (n=146)



0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%



# Community Survey Findings

Strongly Disagree   Somewhat Disagree   Neither Disagree nor Agree   Somewhat Agree   Strongly Agree

Santa Cruz County’s behavioral health services support clients’ wellness and...



Santa Cruz County’s providers work together to coordinate services. (n=143)



Santa Cruz County’s clients and/or family members are involved in their treatment...



Santa Cruz County’s behavioral health services are respectful of clients’ culture....



Santa Cruz County’s behavioral health services are welcoming. (n=142)



0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

# SCCBHD System, Program & Service Strengths

## Strengths

- Services provided
  - Support clients' wellness and recovery
  - Include families in treatment planning
  - Are respectful of clients' culture
  - Are welcoming
- Most respondents reported knowing where to go or who to call to access services for their own or another's mental health needs
- SCCBHD service providers and staff received many comments of appreciation

# SCCBHD System, Program & Service Challenges & Gaps

- Not enough service space for services that are currently provided
  - Prevention and intervention services not always providing help needed for individual developing serious mental illness. More preventative support needed.
- Limited variety of services available (more variety desired)
- More timely access to services needed (e.g., long wait times for services)
- General accessibility of services (location, care coordination, workforce gaps, etc.)

# SCCBHD Populations in Need

- People experiencing homelessness and/or housing insecurity
- Youth experiencing behavioral health crisis
- Individuals with early signs of behavioral health needs (i.e., early intervention services)
- Adults experiencing Behavioral Health Crisis
- Older Adults, specifically those in need of residential housing

# **MHSA Program Modifications for FY2025-26**

# MHSA Program Modifications for FY2024–25

In response to community and provider feedback, we developed a new Full-Service Partnership Team for people with SMI or co-occurring SMI and SUD who are experiencing homelessness:

CSS Workplan #8: Integrated Housing  
and Recovery Team (IHART)

# Integrated Housing and Recovery Team (IHART) – FY 24–25

- **Sustaining services to people experiencing homelessness with SMI**
- County Behavioral Health **Full-Service Partnership** Team
- Coordination with **Housing for Health**
- Services in **North and South County**
- MH **Connectors**



# MHSA Program Modifications for FY2025–26

House 100 individuals enrolled on Full-Service Partnership Teams by June 2026 and provide supportive behavioral health services to assist them in reaching recovery and self-sufficiency.

CSS Workplan #8: Full-Service  
Partnership Clients and Housing



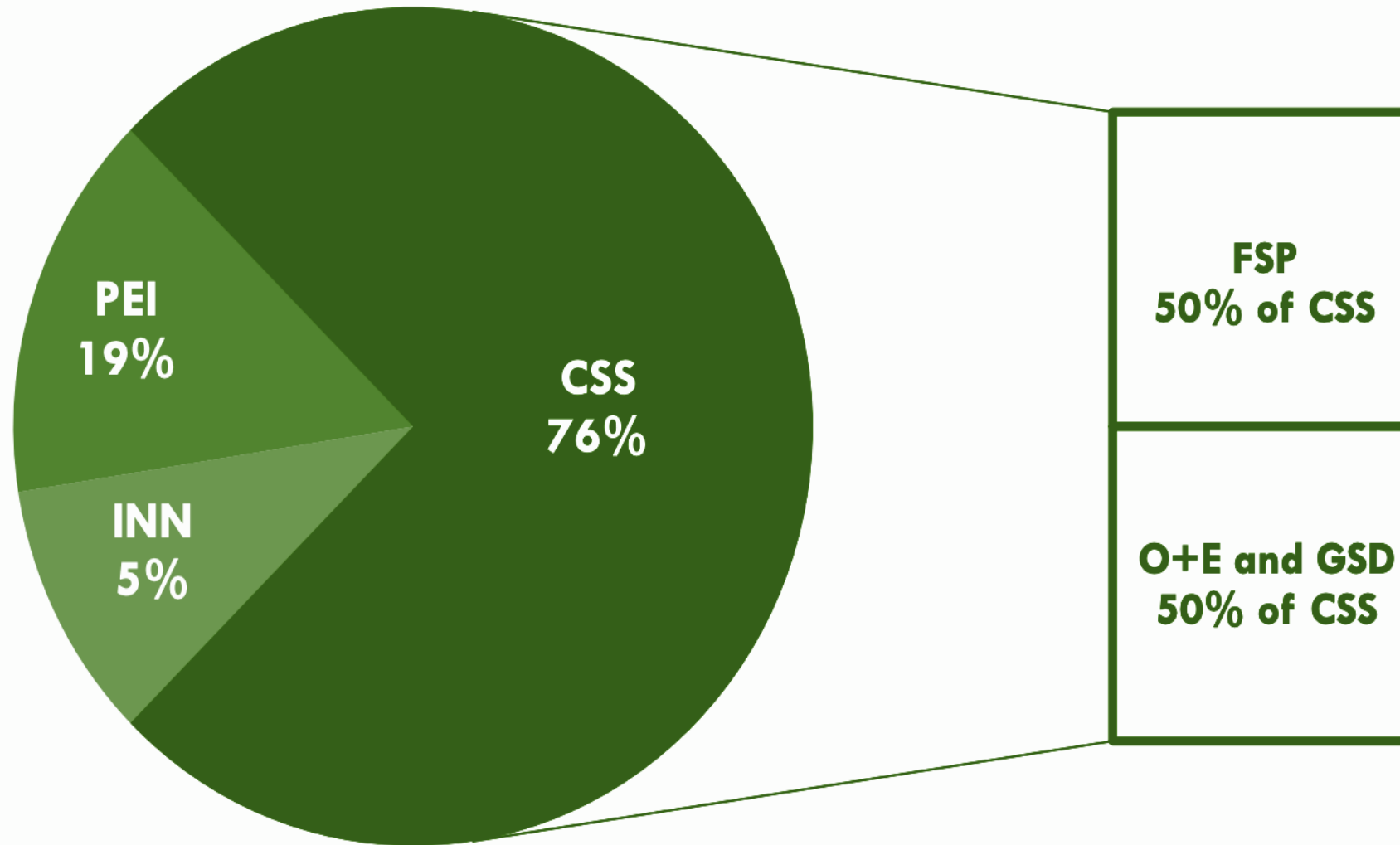
# MHSA Program Modifications for FY2025–26

Support staffing for Children's Crisis Center for FY 25–26 under the Crisis Now Pillar "Somewhere to Go"

Innovation Plan: Crisis Now

# **MHSA Program Budget FY2024-25**

# MHSA Allocation Requirements



**FSP:** Full-Service Partnership Services

**O+E:** Outreach & Engagement Services

**GSD:** General System Development

MHSA Component	FY 2025-26 Estimated MHSA Allocations
Community Services & Supports (CSS)	\$15,192,210
Prevention & Early Intervention (PEI)	\$3,798,052
Innovation Plan (INN) – Crisis Now Project	\$999,487
Workforce, Education, and Training (WET)	\$0
Capital Facilities & Technology Needs (CFTN)	\$0
TOTAL	\$19,989,750

# Three Year Comparison – MHSA Estimated Allocations

	ESTIMATED		
Service Category	FY 24-25	FY 25-26	FY 26-27
Community Support Services (CSS)	\$20,787,460	\$15,192,210	\$17,027,776
Prevention and Early Intervention (PEI)	\$5,191,865	\$3,798,052	\$4,256,945
Innovations (INN)	\$1,366,280	\$999,487	\$1,120,249
<b>Total Estimated Allocation</b>	<b>\$27,325,606</b>	<b>\$19,989,750</b>	<b>\$22,404,973</b>
% Change from Previous Year	7.45%	-26.85%	12.06%

# Next Steps

# Next Steps for the FY2025–26 Annual Update

Finalize Annual Update  
following the Public Comment Period

Present Annual Update to  
Board of Supervisor for Approval

Submit Annual Update to the Mental Health  
Services Oversight & Accountability  
Commission (MHSAOC)

# Public Comment

Discussion, Questions & Answers



# How to Share in Today's Meeting



**In-Person:** Please raise your hand for public comment



**Computer (Teams Meeting):** Click on the raise hand icon on the top of the screen



**E-mail:** Send your comments over email to [MentalHealth.ServicesAct@santacruzcounty.us](mailto:MentalHealth.ServicesAct@santacruzcounty.us)

**Please introduce your First & Last Name when sharing**  
**Please keep comments to 3 minutes**

# Public Comment & Discussion

- **What do you see as the strengths of the plan?**
- **What concerns do you have about the plan?**
- **What types of behavioral health programs or initiatives would you like to see BHD fund or expand?**
- **What other feedback do you have about the plan?**

**Please introduce your First & Last Name when sharing**  
**Please keep comments to 3 minutes**

# Reminder: Public Comment Period Open

## **Public Comment Period**

The public review and comment period begins **Thursday, May 15, 2025, and ends at 5:00 p.m. on Wednesday, June 18, 2025** at the Mental Health Advisory Board meeting.

Community members can review the plan and provide comments in the following ways during the public comment period:

- By **internet**: <http://santacruzhealth.org/MHSA>
- By **email** to: [MentalHealth.ServicesAct@santacruzcounty.us](mailto:MentalHealth.ServicesAct@santacruzcounty.us)
- By **writing** to:  
Santa Cruz County Behavioral Health  
Attention: MHSA Coordinator  
1400 Emeline Street, Building K  
Santa Cruz, CA 95062

# Thank you



Salud Mental y  
Tratamiento del Uso  
de Sustancias



## Conclusion:

Santa Cruz County faces a substantial annual funding gap-conservatively estimated at \$50–\$130 million-between current budget levels and what is needed to operate a full-scale, evidence-based behavioral health crisis response system that meets national best practices and local needs<sup>57</sup>.

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**County of Santa Cruz**  
**Santa Cruz County Mental-Behavioral**  
**Health Advisory Board BYLAWS**

**I. Purpose:**

The Santa Cruz County Mental-Behavioral Health Advisory Board ("MBHAB") shall carry out all those responsibilities provided for in the California Welfare and Institutions Code sections 5604 through 5606 (the Bronzan-McCorquodale Act, Chapter 1) and the Santa Cruz County Code (SCCC), including 2.104 (Mental-Behavioral Health Advisory Board).

**II. Meetings and Trainings:**

- A. All meetings of the MBHAB shall be noticed as required by the Brown Act (California Government Code section 54950 et. seq.) The regular meeting of the Santa-Cruz County-MBHAB shall take place on at least a monthly basis except December and shall be at a time and place that is convenient for Board Members, staff, and the public to attend.
- B. Special meetings may be called at any time by the Chair or Co-Chair or by a majority of the members of the Board. Noticing of any special meeting shall be made no less than 24 hours prior to the meeting and shall specify the time, place and business to be transacted. No other business shall be considered.
- C. A quorum is one person more than one-half of the appointed members to the MBHAB. Therefore, on a full board of eleven (11), a quorum would be seven-eight (7) of the appointed members.

- D. The public shall be notified of the time and place of regular and special meetings as required by the Brown Act (California Government Code 54950 et. seq.)

D.E.

E. When a member fails to attend three (3) consecutive meetings without providing advance notice of their good cause to be absent, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the MBHAB Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health-Board members must attend in person or remotely, at least two (2) relevant trainings (for example, state or local trainings) in a calendar year as voted by the BHAB. At least one week prior to the monthly BHAB meeting, each Board member shall inform the Secretary of their training attendance and information relating to the training including without limitation description (e.g. website link), date, time, and duration of the training. Failure to comply with this training requirement will result in the vacating of their seat and shall be reported in writing to the BHAB Chair or Co-Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating their BHAB seat.

F. New Board members will attend an onboard orientation with the Chair or Co-Chair within the first (2) weeks of the Board of Supervisors' appointment, if possible, but orientation must be completed by the second BHAB meeting after the Board of Supervisors' appointment. Failure to comply with this orientation requirement will result in notification in writing to the BHAB Chair or Co-Chair to the Board of Supervisors, the Clerk of the Board, and the member of the lack of timely completion of this requirement. If the requirement is not fulfilled by the third meeting after the Board of Supervisors' appointment, it shall result in the vacating of the seat and be reported in writing by the BHAB Chair or Co-Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating their BHAB seat.

**III. Official Membership:**

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~~A. The membership of the BHAB shall comply in its composition with the membership requirements mandated in Sections 5604 through 5606 of the WIC and SCCC 2.104.020 and 2.104.030. Each supervisor shall make appointments of 2 adults. Two (2) Transitional Age Youth (16-25) shall also be appointed by the Board of Supervisors. A member of the Board of Supervisors shall serve as the 13<sup>th</sup> members of the Behavioral Health Advisory Board.~~

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~~A. The membership of the MHAB shall comply in its composition with the membership requirements mandated in Sections 5604 through 5606 of the W & I Code and Santa Cruz County Code 2.104.020 and 2.104.030. Each supervisor shall make two appointments. A member of the Board of Supervisors shall serve as the 11<sup>th</sup> member of the Mental Health Board.~~

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B. When representing themselves as Officers or Members of the MBHAB in a public setting, the positions taken shall represent decisions made and voted upon by the MBHAB.

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#### IV. Officers:

A. The officers of the MBHAB are the Chair, Co-Chair and Administrative Secretary, or Chairperson and Vice Chairperson as the MBHAB may choose.

~~B. The duties of the Chair are to preside over meetings, prepare agendas, represent the MBHAB, and be responsible for the communication with the Board of Supervisors. The Co-Chair will assume these same responsibilities in the absence of the Chair. The Chair and Co-Chairperson will provide onboard orientation of new Board members. The Chair or Co-Chair shall give notice to members of their absences at meetings or non-compliance with training requirements may result in vacating of their seat.~~

Santa Cruz County Mental Health Board – Bylaws

C.B. Co-Chairpersons shall mutually share and agree on the division of the duties as they so choose.

D.C. The Secretary shall review the minutes of all MBHAB and Committee meetings prepared by the MBHAB staff, and serve as Acting Chair in the absence of the Chair and ~~Vice Co-Chair. The Secretary shall also track Board member's attendance of meetings and trainings. The Secretary will provide an attendance and status report at each monthly BHAB meeting.~~

E.D. Election of officers shall be held annually in April of each year during its regular monthly meeting. The annual term of office for Officers will begin at the first regularly scheduled MBHAB meeting in May. At the March meeting of the MBHAB, the Chair will appoint three members to a nominating committee which will select at least one person per office and report back to MBHAB at the April meeting. At this meeting, nominations from the floor will be accepted. (Santa Cruz County Code, Section 2.38.120).

V. —Member-at-Large:

~~A. —A member of the MHAB who desires to retain membership, and upon whom the MHAB desires to confer this status. The MHAB may appoint 2 members-at-large. Their status shall be reviewed each six months by the Mental Health Board. The member-at-large has the right to attend and participate at all meetings of the board and sub-committees, but shall have no voting powers.~~

VI.V. Agendas:

- A. At least seventy-two (72) hours prior to each regular meeting, an agenda for the regular meeting shall be mailed to each MBHAB member, and to each representative of the news media and to each other person who has submitted a written request to the MBHAB for notification of meetings, and shall be posted at least seventy-two (72) hours prior to the regular meeting at a location that is freely accessible to the public. The agenda shall contain a brief general description of each item of business to be transacted or discussed at the meeting. No action or discussion shall be undertaken on any item not appearing on the posted agenda except that members of the board may briefly respond to statements made or questions posed by persons exercising their public testimony rights or ask a question for clarification, refer the matter to staff or to other resources for factual information, or request staff to report back at a subsequent meeting concerning any matter. Notwithstanding the foregoing, action may be taken on a routine or incidental item of business not appearing on the posted agenda upon a determination by two-thirds vote of the membership of the Board, or if less than two-thirds of the members are present, by unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the County-BHAB subsequent to the agenda being posted.
- B. At least seventy-two (72) hours prior to each special meeting, an agenda for the special meeting shall be mailed to each Board member and to each representative of the news media and to each other person who has submitted a written request to the Board for notification of meetings; and shall be posted every ~~seventy-two (72) twenty-four (24)~~ hours prior to the special meeting at a location that is freely accessible to members of the public. No business other than that listed on the agenda will be considered at a special meeting.
- C. In addition, the agenda will provide for community oral communications on items not on the agenda, which are within the subject matter jurisdiction of the Board at the beginning of each regular meeting agenda, or at the Chair's or Co-Chair's discretion.



## Santa Cruz County Mental Health Board – Bylaws

~~D. MHAB members shall give items for the agenda to the MHAB staff at least two weeks in advance of the meeting. Chair and Co-Chair shall give items for the agenda to the BHAB staff at least two (2) weeks in advance of the meeting. Chair and/or Co-Chair will give a final agenda to the BHAB staff at least one(1) week in advance of the meeting.~~

~~E. The meeting will be conducted in accordance with Roberts Rules of Order unless otherwise specified by the Bylaws as provided by the County. Meetings of this board shall be conducted in accordance with the Brown Act, the Behavioral Health Advisory Board bylaws, and Roberts Rules of Order to allow open participation. The Chair may also set discussion time limits as appropriate. If in conflict, the Brown Act will take precedence, followed by the Behavioral Health Advisory Board bylaws, and then Robert's Rules of Order respectively.~~

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### ~~VII.~~VI. Committees:

~~A. Subcommittees, Standing Committees or task forces-Ad Hoc Committees shall be appointed, as needed, by the Chair and ratified by the MBHAB.~~

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~~B. All subcommittees shall comply with the notice and agenda requirements otherwise applicable to the MBHAB in these Bylaws, except for subcommittees composed solely of less than a quorum of the members of the Board which are not standing subcommittees of the Board with either a continuing subject matter jurisdiction or a meeting schedule fixed by resolution or other formal action of the Board.~~

~~C. Each subcommittee shall select a Chair and Co-Chair.~~

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~~D. The Subcommittee shall Chair, or their designee, will schedule at least one (1) monthly subcommittee meeting. Standing Committee Chairs shall send an agenda to the BHAB staff at least one (1) week prior to the monthly committee meeting. The Subcommittee Chair shall at least one (1) week prior to the BHAB meeting send via email to the Secretary of the BHAB and staff the date of any meetings held. The Subcommittee Chair shall also give a report of their committee meeting including without limitations attendance information at the monthly BHAB meetings.~~

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~~B.E. Chair and Co-Chair of subcommittees shall track attendance of Board members at all subcommittee meetings including Standing Committees and shall send attendance records to the Secretary of the BHAB.~~

### ~~VIII.~~VII. Public Input: Public participation in MBHAB meetings shall be as follows:

~~A. An opportunity for members of the public to directly address the Board on any item on the agenda of interest to the public shall be provided before or during the Board's consideration of the item.~~

~~B. The Chair of the Board may establish reasonable limits on the amount of time allotted to each speaker on a particular item, and the Board may establish reasonable limits on the total amount of time allotted for public testimony on a particular item or the total amount of time allotted for community oral communications. When further discussion is required, the Board may vote to allot time in the agenda of the following meeting.~~

~~C. The MBHAB shall consider public input received through other means such as letters and email.~~

### ~~IX.~~VIII. Revision to the Bylaws:

~~A. Revisions to the Bylaws shall be determined by a majority vote of the MBHAB and submitted to the Board of Supervisors for final approval, per Santa Cruz County Code 2.38.140.~~

Santa Cruz County Mental Health Board – Bylaws

B. Any proposed revisions to the Bylaws shall be sent out with the agendas.

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Bylaws / Rev 2.27.96

Bylaws / Rev 7.24.97

Bylaws / Rev 2.23.98

Bylaws / Rev 10.23.00

Bylaws / Rev. 9.30.04

Bylaws / Rev 7.21.05

Bylaws / Rev. 5.17.18

Bylaws / Rev X.X.25

April 17, 2025

Santa Cruz County Board of Supervisors

701 Ocean Street, Room 500

Santa Cruz, CA 95060

Re: Sharing information between the Handle with Care program and the Mobile Crisis Response Team.

To: Santa Cruz County Board of Supervisors

The Santa Cruz County Mental Health Advisory Board has had presentations regarding two programs, which are designed to respond to people who are in a mental health crisis. The new Handle with Care program, which is being developed by the Sheriff's Department, is generally dispatched after a 911 call. This program plans on building a database about their potential clients, which may help to deescalate a mental health crisis situation.

Unfortunately, due to privacy concerns and logistical problems, there is no plan to share this data with the Behavioral Health Department's Mobile Crisis Response Team, which is generally called into action after a 988 call. We recommend that the Board of Supervisors ask these two programs to find a way to share this valuable data, which may save lives.

Please do not hesitate to contact Xaloc Cabanes, chair of the Mental Health Advisory Board, should you have any questions.

Santa Cruz Mental Health Advisory Board