



**NOTICE OF PUBLIC MEETING – County of Santa Cruz
MENTAL HEALTH ADVISORY BOARD**

APRIL 21, 2022 ♦ 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING BY CALLING (916) 318-9542, CONFERENCE ID 416 793 331#

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Member 3 rd District	Serg Kagno Secretary 4 th District	Jennifer Wells Kaupp Member 5 th District
Laura Chatham Member 1 st District	Maureen McCarty Member 2 nd District	Hugh McCormick Member 3 rd District	Antonio Rivas Member 4 th District	Jeffrey Arlt Member 5 th District

Supervisor Greg Caput Board of Supervisor Member	Erik G. Riera Behavioral Health Director
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**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Room 207, Santa Cruz. All individuals attending the meeting at the Health Services Agency will be required to use face coverings regardless of vaccination status. Individuals interested in joining virtually may click on this link: [Click here to join the meeting](#) or may participate by telephone by calling (916) 318-9542, Conference ID 416 793 331#. 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.

AGENDA

3:00 Regular Business

- a. Roll Call / Introductions
- b. Public Comment
(No action or discussion will be undertaken today on any item raised during this Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)
- c. Board Member Announcements
- d. *Approval of March 11, 2022 minutes and March 17, 2022 minutes**
- e. Secretary's Report

3:15 Standing Reports

- a. Board of Supervisors Report – Supervisor Greg Caput
- b. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director
 1. Closing Public Comment for MHSa Annual Update 2022-2023
Cassandra Eslami, Director of Community Engagement
- c. Committees
 - Standing
 1. Budget Committee
 2. Ideal Crisis System
 3. Community / Publicity
 - Ad Hoc
 4. Peer Support Certification
 5. 9-8-8
 6. *Nominating Committee – Nominations for Board Officers will be announced and voted on by Board**
- d. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

3:45 Presentation – Overview of 988

Andrea Tolaio - Program Director of Suicide Prevention Services Program, Family Service Agency of the Central Coast and James Russell - Program Manager for the Community Crisis Continuum, Santa Cruz County Behavioral Health

4:20 New Business / Future Agenda Items

- a. *Roadmap and 988 Implementation**

The MHAB votes to ask and advise the Director of Behavioral Health to work with the MHAB on the implementation of the Roadmap to the Ideal Crisis System and on the July 2022 988 implementation through collaboratively designing and convening both a series of Town Halls to educate the community, and a workgroup including all relevant county departments, all of the jurisdictions in the county, nonprofits, service providers, those receiving behavioral health services, their families and the community.
- b. *Response to Criminal Justice Council (CJC) 2021 Report – Gap of 24/7 Service**

The MHAB will review a draft letter to be sent to the BOS with a recommendation that the BOS takes some action in response to the CJC. The 2021 report states that all law enforcement is in favor of having a separate entity handle mental health crisis, however there is a gap of not having 24/7 non-law enforcement service.

5:00 Adjourn

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

NEXT REGULAR MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
MAY 19, 2022 ♦ 3:00 PM – 5:00 PM
HEALTH SERVICES AGENCY
1400 EMELINE AVENUE, BLDG K, ROOM 207, SANTA CRUZ, CA 95060
TELEPHONE CALL-IN NUMBER (916) 318-9542; CONFERENCE ID # - TO BE ANNOUNCED

MINUTES - DRAFT

MENTAL HEALTH ADVISORY BOARD RETREAT

MARCH 11, 2022 ♦ 10:00 AM-3:00 PM
1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ
Microsoft Teams Meeting (916) 318-9542, Conference 676 015 533#

Present: Antonio Rivas (arrived at 11:29 am), Hugh McCormick (arrived at 12:31 pm), Jeffrey Arlt, Jennifer Wells-Kaup, Laura Chatham, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Staff: Jane Batoon-Kurovski
Guest: John Nguyen

- I. Roll Call – Quorum present. Meeting called to order at 10:05 a.m. by Chair Xaloc Cabanes.
- II. Public Comments – none.
- III. Struggles and Triumphs
Members of the board shared their struggles and triumphs in the last year.
- IV. Centering Break / Mindfulness Activity
The Board members participated in a mindfulness activity.
- V. John Nguyen, County Counsel
 - A. Brown Act – intent is for an open and transparent government to allow the public to listen and participate in the meetings, which includes posting the agenda 72 hours in advance
 - B. Committee Clarification
 1. Standing Committees
 - a. Designated for specific jurisdiction over specific issue
 - b. Subject to the Brown Act
 - c. No time frame, can be ongoing
 - d. Consists of board members, less than quorum
 - e. Regular day/time of meeting
 2. Ad Hoc Committees
 - a. Formed to review/advise on one particular topic
 - b. Temporary – short term, limited time
 - c. Consists of board members, less than quorum
 - d. Single purpose/investigation - once complete, committee is dissolved
 - Note: Regardless of type of committee, if lasts more than 6 months, the MHAB must provide written notice to the Board of Supervisors that the committee has been created.
 - C. Welfare & Institutions Code (WIC) 5604/Santa Cruz County Code 2.38, 2.104, 2.84
 1. WIC5604 – statutory requirement that states Santa Cruz County must have a Mental Health Advisory Board.
 2. Process for changing bylaws – MHAB discusses and approves the amended bylaws, and then sent to the BOS for review/approval.

- VI. Review 2021 Goals and Objectives
 - A. Access to Public Health Guide
 - B. CAHOOTS Program – Advocacy, Publicity, Education
 - C. Mobile Van – provide information, resources, referrals
 - D. Mandatory trainings – commitment of Board members to attend trainings every year
 - E. South County – improve services and have more presence
 - F. Housing stabilization – make sure people get support to maintain housing
 - G. Coordinate mental health services between hospitals, clinics, and private services
 - H. Fully understand how budget cuts will affect/impact community
 - I. Coordinate with law enforcement to work with homeless and people with mental health problems to make sure they are treated by mental health professionals
 - J. More site visits
 - K. Budget
 - L. Healing and growth – management of mental health

- VII. 2022 Goals and Objectives (Broad Ideas)
 - a. Pilot Ideal Crisis System
 - b. Ideal Crisis System programs open 24/7
 - c. 988 launch July 16th. Contribute by getting word out.
 - d. Site Visits
 - e. Peer Certification Training
 - f. CARE Court (forced treatment)
 - g. Housing – retain and keep consistent shelter
 - h. Begin planning of Crisis Response Centers
 - i. All law enforcement agencies to have the same policy as the jail regarding management of prescriptions

- VIII. Consider additional one-hour monthly meeting to address special, urgent, or requested MHAB related topics
 - The outcome of the discussion was to look at the smaller committee groups and energize those meetings. Additional one-hour to the regular meetings will be considered on an as-needed basis.

- IX. MHAB State Requirements
 - A. Committees – Officers
 - The board discussed the current board officer positions: Chair, Co-Chair, and Secretary. All board members agreed the positions should stay the same and there is no need to add additional officer positions.
 - B. Continue participation / education requirements
 - All board members confirmed they are okay with the current requirement of a minimum of 2 trainings per year.

- X. Committees for 2022
 - A. Standing Committees
 - 1. Community / Publicity
 - 2. Budget
 - 3. Peer Specialist Certification
 - 4. Ideal Crisis System
 - 5. Law / 988
 - B. Ad Hoc Committee
 - 1. Site Visit

- XI. Adjournment
 - Meeting adjourned at 3:04 p.m.

MINUTES - DRAFT

MENTAL HEALTH ADVISORY BOARD

MARCH 17, 2022 ♦ 3:00 PM - 5:00 PM

1400 EMELINE AVE, ROOMS 206-207, SANTA CRUZ

Microsoft Teams Meeting (916) 318-9542, Conference 165 963 902#

Present: Hugh McCormick (arrived at 3:15pm), Jeffrey Arlt, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Excused: Jennifer Wells Kaupp, Laura Chatham
Absent: Antonio Rivas
Staff: Jane Batoon-Kurovski

- I. Roll Call – Quorum present. Meeting called to order at 3:10 p.m. by Chair Xaloc Cabanes.
- II. Public Comments
 - Richard Gallo, Access CA – stated that he will continue to send emails to the Board regarding trainings and workshops that may benefit the MHAB.
 - Kimberly Duangchai Lamounry, Intern with the CA Association of Local Behavioral Health Boards and Commissions (CALBHB/C) – stated that she forwarded the link to the March CALBHB/C newsletter. She thanked the Board for their hard work and dedication to the community.
- III. Board Member Announcement – Michael Neidig appointed as the newest Mental Health Advisory Board Member.
- IV. Business / Action Items
 - A. Approve February 17, 2022 Minutes
Motion/Second: Serg Kagno / Valerie Webb
Ayes: Hugh McCormick, Jeffrey Arlt, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Nays: None
Motion passed.
 - B. Approve Behavioral Health Continuum Infrastructure Program letter as amended.
Motion/Second: Serg Kagno / Mike Neidig
Ayes: Hugh McCormick, Jeffrey Arlt, Michael Neidig, Serg Kagno, Valerie Webb, Xaloc Cabanes, Supervisor Greg Caput
Nays: None
Motion passed.
- V. Reports
 - A. Secretary's Report – no update.
 - B. Board of Supervisor's Report – Supervisor Greg Caput
 1. Supervisor Caput mentioned the proposed Children's Crisis Residential Treatment program to be built in South County. Considering 24-hour hold and possibly longer

for youth coming in with an immediate crisis. Currently, the youth is sent out of the area to another location. Youth would have access to a residential type setting.

2. Watsonville Hospital Update

Supervisor Caputo stated there is over \$20 million in funding but need \$1.2 million per month for operational costs and revenue. There is a governance support team made up of 5 members who will govern the hospital. Their names will be announced at the next BOS meeting.

C. Behavioral Health Director's Report – Erik G. Riera, Behavioral Health Director

1. Program development update

Behavioral Health is putting together a grant that is available under the Behavioral Health Continuum Infrastructure Program. This is a set of grants that were made available by the state this year for counties and local nonprofits to apply for funds to expand services in the community. The amount set aside for the Central Coast region was only \$14.9 million. The proposal is for an Adult Crisis Residential Program, a 16-bed alternative to hospitalization that will be located next to the current inpatient psychiatric program. The projected cost of building that facility is a little over \$13 million. If the state funded it, it would mean they were targeting all the available funds to this one project which is probably unlikely. Erik said they have spent over 6 months with an architectural firm doing the preliminary design for the facility but given the need and all the work already put into the project, they are going to go ahead and apply.

2. Mental Health Services Act Annual Update

The link to provide public comments is available on the Behavioral Health website. Erik encourages everyone to review the current plans and provide feedback on the current and future priority needs in the community.

D. Committee Updates

1. MHSA Advisory – no report.
2. Site Visit / Programs – no report.
3. Budget – no report.
4. SUDC/MHAB Merger – no report.
5. Community Engagement – no report.
6. Law Enforcement and Mental Health – no report.

E. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

George is looking forward to the continued collaboration with the MHAB. George clarified there were no appeals from clients in the facilities that went to other jurisdictions.

VI. New Business / Future Agenda Items

A. Nominating Committee for Board Officers

Valerie Webb, Hugh McCormick and Mike Neidig volunteered to be on the nominating committee. They will provide nominations at the next meeting and the Board will vote on the executive members for the next year.

B. Summary of Retreat

1. Committees for the upcoming year:

- a. Budget – committee members: Jeff Arlt, Laura Chatham
- b. Ideal Crisis System - committee members: Jeff Arlt, Jenny Wells Kaupp, Laura Chatham, Serg Kagno
- c. Community / Publicity – committee members: Valerie Webb, Antonio Rivas
- d. Peer Support Certification – committee members: Hugh McCormick, Xaloc Cabanes
- e. 9-8-8 – committee members: Jeff Arlt, Serg Kagno, Valerie Webb
- f. Site Visits – Board members will announce at meetings if they intend to do a site visit and invite other board members to join.

2. Every board member is to attend a minimum of two trainings per year.

3. Presentation ideas for the upcoming year:

- a. 988 – Andrea Tolai from Family Services

- b. Margie Balfour, Quality Director for the crisis response center in Tucson to give a presentation on a model that is not used in Santa Cruz but fills gaps that we have around no wrong door, warm and welcoming 24/7 service.
 - c. CIT International, Memphis Model - to inform the Board on where the community's responsibility is for CIT, not just law enforcement
 - d. Petaluma- in 2020, they launched a mobile crisis response service, which included the partnership of 3 cities
 - e. NAMI Santa Cruz – Therese Adams, Executive Director and Anastasia Baboulevitch, Program Director
 - f. Contra Costa County – A3 Program: Anyone, Anywhere, Anytime. A county involved response for mental health and expanding services filling the gaps.
4. Reminder - 4 excused and unexcused absences in a year, including committees.

VII. Adjournment

Meeting adjourned at 4:46 p.m.

Family Service Agency of the Central Coast



Suicide Prevention Service of the Central Coast

Counseling for Adults, Seniors, Children and Young Adults

- Offices in Santa Cruz and Soquel
- Mild to Moderate Severity
- Telehealth
- Accepting Medi-Cal through CCAH/Medicare or private payment, sliding scale.
- Bilingual frontline and clinical staff
- Bilingual Resource Materials

Senior Outreach

I-You Venture

Survivors Healing Center

WomenCARE

Daisy Store



- Family Service Agency (FSA) has been offering a variety of programs to the community since 1957.

Suicide Prevention Service of the Central Coast



24/7/365 Suicide Crisis Line

- Local Calls
- National Lifeline (988)

Informational presentations for youth, educators, general public

Social Media and Public Information Campaigns

Evidenced-based Training*

- Crisis Line Responder
- Applied Suicide Intervention Training*  **ASIST**
Applied Suicide Intervention Skills Training
- 4 hour SAFEtalk *
- 1 hour One-Life  **safeTALK**
suicide alertness for everyone

Suicide Loss Survivor Support Groups

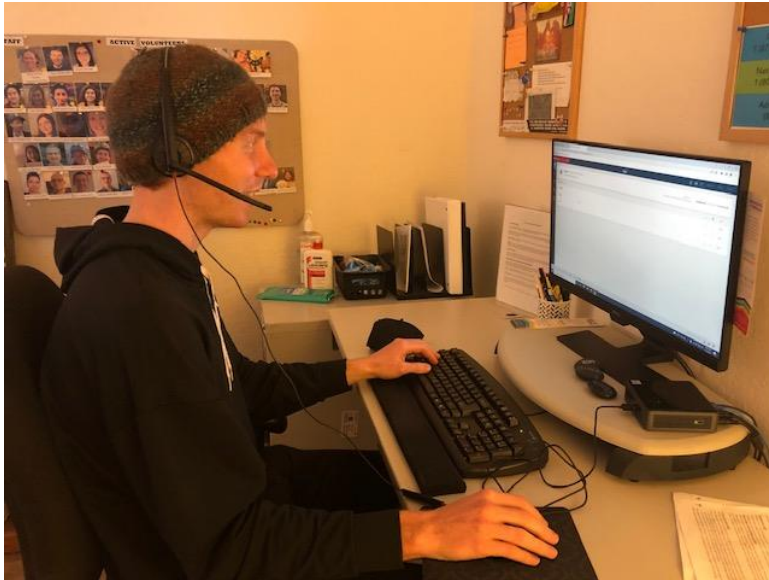
Pain Isn't Always Obvious



suicideispreventable.org



Suicide Prevention Service Central Coast Data Local and National Lifeline (FY20/21)

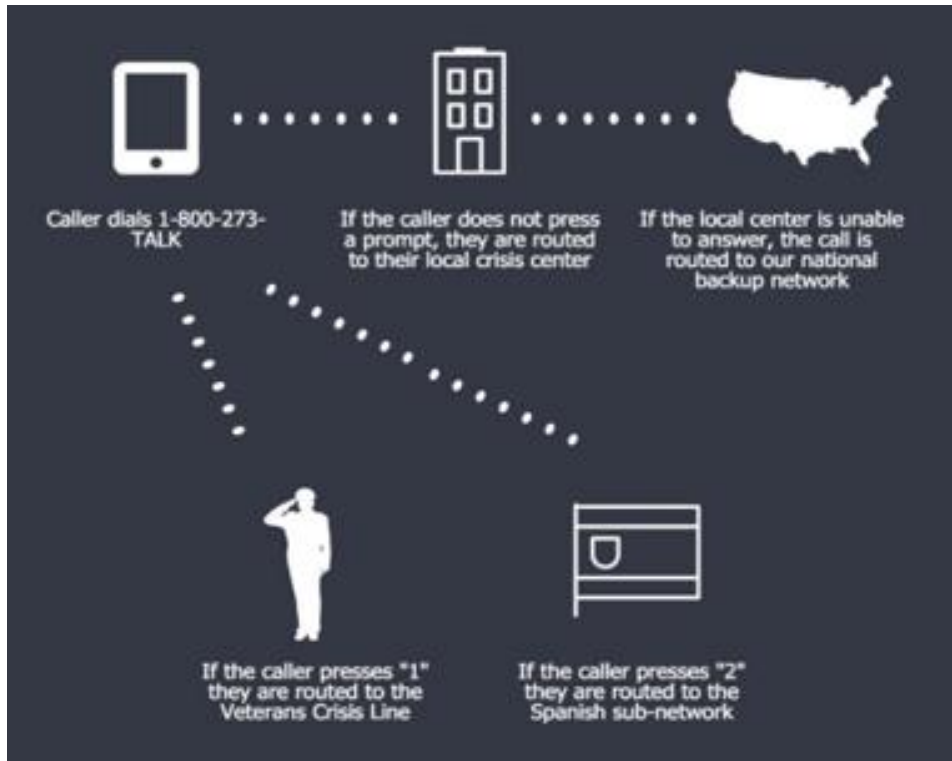


SCL responders are trained to talk comfortably and calmly, use active listening, assess risk, and determine if a person is in danger.

- Total Calls 3,465 (SC, Monterey, San Benito)
 - Total Local Calls: 1,581
 - Total Lifeline Calls: 1,884
- 78% self-identified as “suicidal”
- 85% of calls are resolved on phone
- 92% of suicidal callers, were by the end of the call, able to make a safety agreement and develop a personalized safety plan.
- Total SPS calls to 911: 102
 - With caller: 28
 - Without caller: 77
- Number of Volunteer Responders: 60
- Number of Paid Responders: 5
- Number of Staff: 6

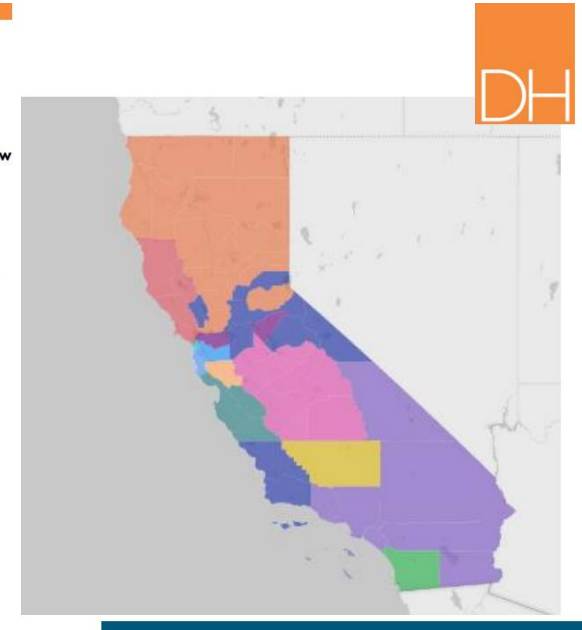


What role does Suicide Prevention Service of the Central Coast have in the roll out and implementation of 988?



CA 988 CRISIS CENTERS

- 1 Buckelew Suicide Prevention Program
- 2 Central Valley Suicide Prevention Hotline – Kings View
- 3 Contra Costa Crisis Center
- 4 Crisis Support Services of Alameda County
- 5 Kern Behavioral Health & Recovery Services Hotline
- 6 Optum
- 7 San Francisco Suicide Prevention Felton Institute
- 8 Santa Clara County Suicide and Crisis Services
- 9 StarVista
- 10 Didi Hirsch Mental Health Services
- 11 Suicide Prevention of Yolo County
- 12 Suicide Prevention Service of the Central Coast
- 13 WellSpace Health



- The current Santa Cruz, Monterey, San Benito County Suicide Prevention localhotline phone number (1-800-663-5433) will remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.



What is 9-8-8?



- In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline, and the FCC ordered all 988 calls to be directed to the Lifeline telephone infrastructure. Lifeline has demonstrated effectiveness in reducing suicidality, and provides a robust foundation upon which to build 988.
- Beginning July 16, 2022, **988** will be the new three-digit dialing code connecting people to the existing National Suicide Prevention Lifeline, where compassionate, accessible care and support is available for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.
- National Suicide Prevention Hotline is a national network of about 200 local, independent crisis centers equipped to help people in mental health-related distress or experiencing a suicidal crisis via call, chat, or text. Numerous studies have shown that most Lifeline callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful after speaking to a Lifeline crisis counselor.



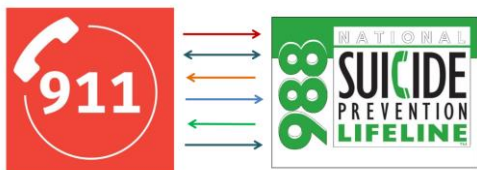
- What Happens when someone calls 988?

Starting July 16, 2022, when calling 988, callers first hear a greeting message while their call is routed to the local Lifeline network crisis center (based on the caller's area code). A trained crisis counselor will answer the phone, listen to the caller, understand how their problem is affecting them, provide support, and share resources if needed. If the local crisis center is unable to take the call, the caller will be automatically routed to a national backup crisis center.

- How is 988 different than 911?

988 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health-related crisis care needs. 988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911 (where the focus is on dispatching Emergency Medical Services, fire and police as needed).

988 services are distinct and separate from the emergency medical and public safety response associated with 911. 988 crisis counselors are trained to use the least invasive interventions, when possible, and oftentimes the call, text, or chat itself is the only intervention needed. However, ongoing coordination—at the federal, state, and local levels—between 988 and 911 will help individuals in crisis get the appropriate support they need, such as deploying mobile crisis teams or social workers in place of police or EMS responders, when needed and where available.



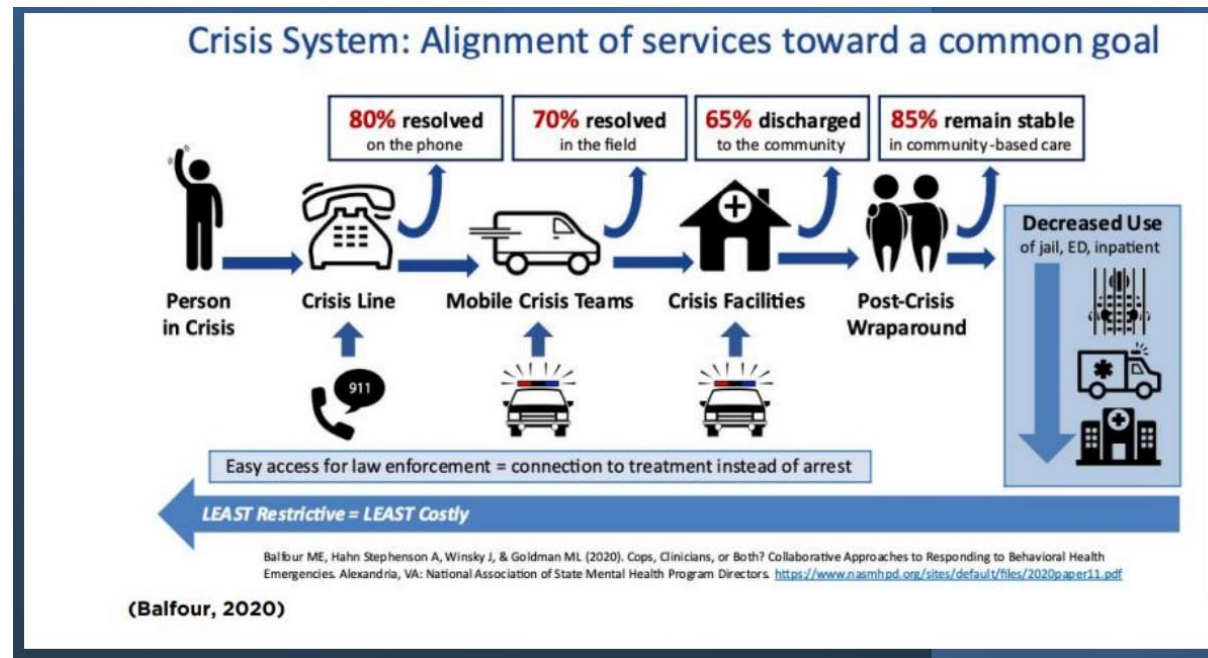


9-8-8
ANSWERING THE CALL

What Is The Vision for 988?



- In the short-term, the goal is to strengthen and expand the current Lifeline call center infrastructure and capacity to ensure trained crisis counselors are available to quickly respond to 988 via call, text, or chat.
- In the longer term, the vision is to build a robust crisis response system across the country that links callers to community-based providers who can deliver a full range of crisis care services, if needed (like mobile crisis teams or stabilization centers). This more robust system will be essential to meeting crisis care needs across the nation.



What is needed for 988 to be effective?



- Crisis Call Centers
- County Behavioral Health Service Agencies
- Law enforcement
- 911
- warm/peer lines
- Schools
- 888
- 211

- ✓ Communication and coordination among stakeholders.
- ✓ A roadmap with the information, data, and guidance to prepare for 988 in the near and long-term.
- ✓ Additional resources/support from state and federal agencies and community partners.
- ✓ Development of a well-informed 988 Messaging Framework will help to ensure consistent, coordinated, and accurate messaging.
- ✓ Understanding how 988 works with other local supports, such as 911, 211, warmlines and/or other crisis call centers, to help avoid confusion.
- ✓ Patience, Trust, Compassion and Commitment
- ✓ **ADVANCED DATA MONITORING AND EVALUATION**



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www.fsa-cc.org

<https://fsa-cc.org/suicide-prevention-service/>