County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division

Salud Mental y Tratamiento del Uso de Sustancias

NOTICE OF PUBLIC MEETING
BEHAVIORAL HEALTH ADVISORY BOARD
JULY 16, 2026, 3:00 PM-5:00 PM
500 WESTRIDGE, GREG CAPUT COMMUNITY ROOM, WATSONVILLE
THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR CALL (831)454-2222, CONFERENCE 947 895 716#

Xaloc Cabanes Chair 1st District	Valerie Webb Member 2nd District	Michael Neidig Co-Chair 3rd District	Antonio Rivas Member 4th District	Dan Barnett Member 5th District	Natalie Stott Transitional Age Youth
Kaelin Wagnermarsh Member 1st District	Dean S. Kashino Member 2nd District	Hugh McCormick Member 3rd District	Rachel Montoya Member 4th District	Jeffrey Arlt Secretary 5th District	Vacant Transitional Age Youth

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Behavioral Health Director	Meg Yarnell Behavioral Health Deputy Director

Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the South County Government Center, 500 Westridge, Greg Caput Community Room, Watsonville. Individuals may click here to Join Meeting Now or may participate by telephone by calling (831)454-2222, Conference ID 947 895 716#. 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 Behavioral 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.

BEHAVIORAL HEALTH ADVISORY BOARD AGENDA

ID	Time	Regular Business
1	3:00-3:15	• 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 • *Approval of June 18, 2026 minutes** • Secretary's Report
		Standing Reports
2	3:15-3:25	June Patients' Rights Report– George Carvalho, Patients' Rights Advocate, Advocacy Inc.
3	3:25-3:40	Behavioral Health Director's Report – Dr. Marni R. Sandoval, Behavioral Health Director
4	3:40-3:55	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
5	3:55-4:10	Funding Ad Hoc Committee – Jeffrey Arlt
6	4:10-4:35	"The Stages of Change" Continuum of Care – Mike Neidig
		New Agenda Items
7	4:35-4:50	Review revised sections of Jail Packet - Hugh McCormick
		Future Agenda Items
8	4:50-5:00	Retreat
	5:00	**Adjourn**

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

BEHAVIORAL HEALTH ADVISORY BOARD RETREAT IS ON:
JULY 27, 2026, 9:30AM – 2:30PM
HEALTH SERVICES AGENCY
1400 EMELINE, CONFERENCE ROOMS 206-207, SANTA CRUZ

County of Santa Cruz

HEALTH SERVICES AGENCY

BEHAVIORAL HEALTH DIVISION

Salud Mental y Tratamiento del Uso de Sustancias

MINUTES – Draft

BEHAVIORAL HEALTH ADVISORY BOARD

JUNE 18, 2026, 3:00 PM - 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE 995 733 856#

Present: Antonio Rivas, Dan Barnett, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Michael Neidig, Natalie Stott, Rachel Montoya, Valerie Webb, Xaloc Cabanes

Absent: Kaelin Wagnermarsh, Supervisor De Serpa

Staff: Marni Sandoval, Jane Batoon-Kurovski

I. Roll Call – Quorum present. Meeting called to order at 3:10 p.m. by Chair Xaloc Cabanes.

II. Public Comment – No public comments.

III. Board Member Announcements

- Board member announced that call to mobile crisis team took 7 minutes and the standard time for a call to get dispatched is 4 minutes. BH Director response: CIT training has resumed for the Sheriff's Department, providing 24 hours of crisis intervention and critical response training for officers. The team is also reviewing call tree protocols and further coordination with the city's street outreach teams.
- Natalie Stott, TAY member announced she will attend UC San Diego this fall.
- Scarlett introduced herself as a prospective TAY member, highlighting her volunteer work at Friday Night Live, Tobacco Use Prevention Education, and speaker at the Calciano Symposium earlier this year.

IV. Approve May 21, 2026 Minutes as amended to add "Updates on MHCAN" to Future Agenda Items.

Motion / Second: Antonio Rivas / Mike Neidig

Ayes: Rivas, Barnett, Kashino, McCormick, Arlt, Neidig, Stott, Webb, Cabanes

Nayes: None

Abstain: Montoya

Passed.

V. Secretary's Report

- No attendance or training issues were reported.

VI. Patient's Rights Report – George Carvalho, Advocate for Advocacy, Inc.

The May report was provided. George was absent.

VII. Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director

1. The Behavioral Health Services Act (BHSA) Integrated Plan

- The plan and associated revisions were approved. Final submission to the State is June 30th.

- Behavioral Health continues preparing for Full-Service Partnership Implementation by the July 1st deadline, including staff training, program development, administrative components and preparing the electronic health record systems.

2. Adults System of Care (ASOC) Update
    - Focused on preparing for July 1 for the FSP implementation, both at level I and Level 2 service structures.
    - Continuing planning for Assertive Community Treatment and Forensic Community Treatment.
    - Leadership Update for the Adult System of Care – Jorge Duque was promoted to Senior Behavioral Health Program Manager.
    - Updating contracts to align with new program models and requirements.
    - Bridge House opening delayed due to required fire prevention corrections. Ongoing collaboration with partners to support project completion.

2. Child and Youth System of Care (CSOC) Update
    - Continued planning and training for family-centered FSP services, with implementation targeted for July 1.
3. Substance Use Disorder Services Update
    - New English and Spanish SUDS flyers are available for the community.
    - Free Narcan are now available in the new vending machines that have been installed at Emeline and Freedom campuses.
4. MHCAN Update
    - Received an anonymous $150K donation for facility repairs.
    - Still working with insurance company to get insurance.
    - BH is working with them toward a three-month startup agreement to support their clubhouse model program.
5. Clarification Items
    - Contracted providers will be required to be in the County electronic health records, including after the transition into SmartCare.
    - Children's Services provides integrated family supports. The clinical team conducts outreach and engagement with parents to connect them with needed services and supports.

VIII. Site Visit Committee Update
- Juvenile Hall – unable to connect to set up day/time for site visit.
- Additional site visit opportunities include connecting with mobile crisis, ride-alongs, and Community Connections.

IX. Funding Ad Hoc Committee
- The committee postponed its final report to July. The main points are increase of beds, increase funding from the general fund with the revised budget, the June 24th BOS budget meeting, and the November 11th elections.

X. Jail Packet - Hugh McCormick

Members continued reviewing the jail packet. Discussions included:
- The jail inmate welfare fund section is still in progress.
- The need for a separate behavioral health treatment facility from the jail.
- Funds go to services first, incarceration second.
- Focus on programs, not the facilities.
- Emphasized expanding diversion programs, treatment options, and community-based services as alternatives to incarceration.

XI. Establish list of BH Programs Informational Presentations

- Dr. Marni Sandoval offered to coordinate a series of presentations on BH programs, including Full-Service Partnerships, prevention and early intervention initiatives, children's services, MERT, community partnerships and behavioral health services provided in Juvenile Hall.
- Members agreed this approach would support generating an informed letter of recommendation, appear at BOS meetings to make public comment, and influence the future of the budget.
- Information was requested on the development of deep-end programs, with a focus on the service model rather than funding needs. Given the community's needs for these programs, it would be valuable to better understand how they operate and what the client experience in the FSP model looks like from the perspective of those currently building the program.

XII. Future Agenda Items

- Board Retreat
- Members were asked to provide blackout dates for end of July to assist with scheduling.
  Potential meeting locations will be explored.
- Board member asked what key information the Board should be aware of and how members can best advocate for and support Dr. Sandoval's priorities.

XIII. Adjournment

Meeting adjourned at 4:59pm

Summary

This is June 2026, 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 was lost.

Patients' Rights Advocate Report
June 2026

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TELECARE

On June 1, 2026, This writer received a voice message from client served with a notice of Certification (5250) She requested that I meet with her about her rights regarding this change in legal status. This writer met with the client the same day and explained her rights; including her right to a certification review hearing and her right to file a wri**t** of habeas corpus

On June 9, 2026, this advocate received a voice message from a client that was scheduled for Cerification Review Hearing. The client wished to discuss her plan for self-care as well as the next steps if we were not successful in prevailing at the hearing. This writer met with the client at the Telecare facility and reviewed her plan, which lacked specificity. I advised my client that the hearing officer will need specific details for her plan. We did not prevail at the hearing. Client was advised of her right to file a writ of habeas corpus.

On June 14, 2026, this Advocate a phone call from the sister of a client placed on 5250 detention. The caller was provided a general outline of the process for any individual placed on a 5250 detention in Santa Cruz County.

On June 15, 2026, this writer received a voice message from a client recently returned to the CSP under a 5150 detention and subsequently transferred to the PHF under a 5250 hold with a two-week period. The client believed that he would be discharged the next day depending upon the lithium level. We agreed to wait for the results and speak again the next day. The client was not discharged. I advised him about his right to file for a writ of habeas corpus and the advantage of going to court instead of sitting in front of the same hearing officer. The client did not wish to file the writ concerned that such action would puta strain on his relationship with the treating psychiatrist. He attended the Certification Review Hearing. We did not prevail

On June 23, 2026, this writer received a voice mail from a client held at the CSP under 5150 detention. He reported that he was on his third day and not yet discharged from the facility. The client requested a return call. This Advocate returned a call back to the client and ascertained that the call would be engaged in a Certification Review Hearing. The client was informed about the process as well as his right to file a writ of habeas corpus

7th Ave Center

On June 3, 2026, This writer received a voice message from the Unit Coordinator of the 7th Avenue Center who reported a resident to resident to altercation when one resident struck another with a closed fist in response to an expletive. This advocate met with the reported victim. I noticed a fading bruise on the resident's left cheek. The resident was informed of his right to contact local law enforcement but declined to do so, stating that he did not wish to get the other resident into further trouble.

Dominican Hospital
On June 8, 2026, This writer received a phone messaged from a Dominican Hospital Social worker about the need to conduct an AB2275 Hearing. On this date, this writer contacted the client by phone and advised him of the schedule hearing and well as his right to file a writ of habeas corpus. The hearing was conducted remotely with the assistance of Dominican Hospital Social workers. The probable cause was upheld by the Hearing Officer.

Reise and Certification Review Hearings
June 2026

1. TOTAL NUMBER CERTIFIED	37
2. TOTAL NUMBER OF HEARINGS	37
3. TOTAL NUMBER OF CONTESTED HEARINGS	9
4. NO CONTEST PROBABLE CAUSE	36
5. CONTESTED NO PROBABLE CAUSE	1
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	
8. WRITS	
9. CONTESTED PROBABLE CAUSE	38
10. NON-REGULARLY SCHEDULED HEARINGS	1

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: 1
Total number of Riese Hearings conducted: 0
Total number of Riese Hearings lost: 0
Total number of Riese Hearings won: 0
Total number of Riese Hearings withdrawn: 0
Hours spent on conducted hearing representation: 0
Hours spent on hearings not conducted: 1.5
Hours spent on all Reise hearings: 1.5
Reise appeal: 0

Respectfully Submitted: Davi Schill, PRA
George Carvalho, PRA

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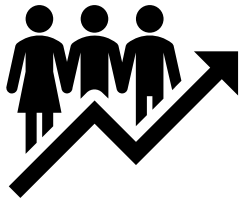
Behavioral Health Director's Report

Dr. Marni R. Sandoval

Behavioral Health Advisory Board Meeting – July 16, 2026

Adult System of Care Update



Program & Clinical Readiness

- Prepared for July 1 BHSA changes
- Launched new FSP teams
- Implemented new level-of-care tools
- Reviewed and organized client assignments
- Began client transitions and consent processes
- Updated on-call response system (live 07/01/26)
- Continuing implementation of required evidence-based practices:
  - -Assertive Community Treatment (ACT)
  - -Forensic ACT
- Completing contract renewals
- Setting new workflows for treatment authorizations

Operational Projects & Staffing

- Supporting openings of:
  - -Bridge House
  - -Low Barrier Navigation Center
  - -Harvey West Studios (No Place Like Home permanent supportive housing)
- Collaboration with Housing for Health & Housing Matters
- Behavioral Health offices now set up at Bridge House
- Dedicated space for stabilization and housing planning
- Anticipated program opening celebrations at next BHAB update
- Onboarding new Sr BH Program Manager Jorge Duque, LCSW

Children's System of Care Update
BHSA Transition

Implementation Steps

- Staff trained on new BHSA levels of care
- Launch of Standard Outpatient + FSP Level 1 (ICM)
- Updated ISS Eligibility + FSP Consent forms in use
- New EHR/Avatar programs active for each level of care

Partnership & Certification

- Collaboration with Probation, Child Welfare, and Encompass
- Submitted required High-Fidelity Wraparound (FSP Level 2) certification applications

Substance Use Disorder Services Update

New Resources

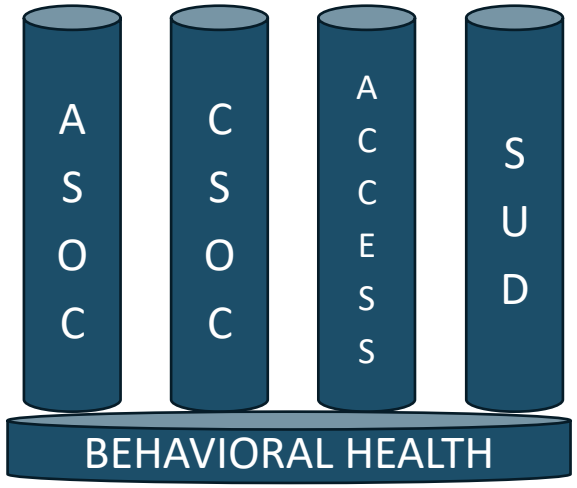
4 Narcan distribution boxes installed
-1400 Emeline: 1st Floor + 2nd Floor Entrances
-1430 Freedom Blvd
-Behavioral Health Bridge Housing

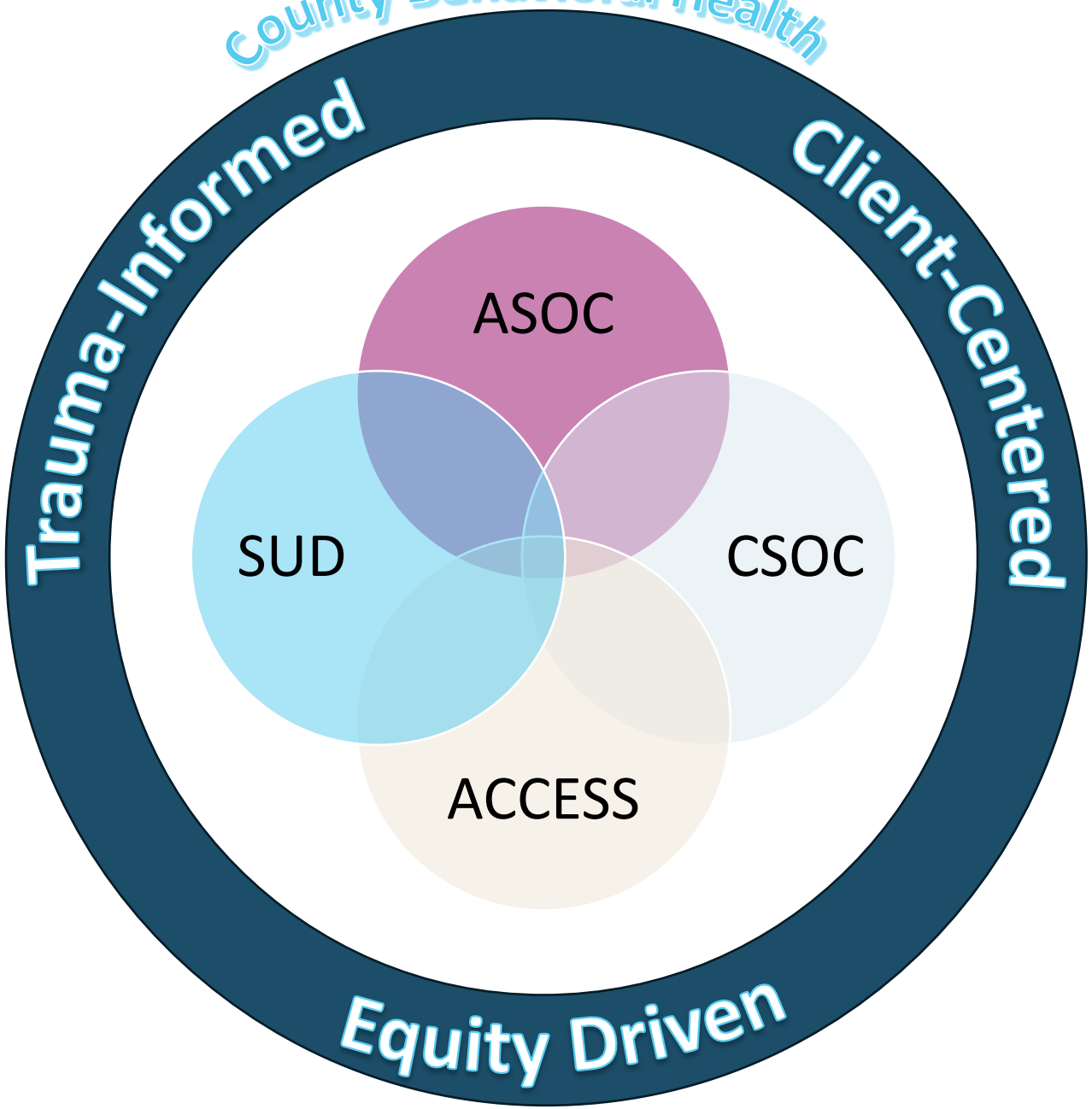
New Life expanding Services
-Opening women's Recovery Residence (7 beds)
-Brings community total to 49 Recovery Residence
beds

Mobile Services Expansion

Janus launching new Mobile MAT & Mobile NTP vans
-Field-based SUD treatment in unincorporated areas
-First mobile units of their kind in Santa Cruz County

Substance Use Disorder Services Integration





Accessing Care

Medi-Cal Members

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Mild – Moderate Level of Care

Managed Care Plan (MCP)

Central California Alliance for Health (CCAH)

How Members Access BH Care

Member in need of BH Services

- Member can self-refer by calling Alliance directly
- Member can call contracted BH provider directly for services and bypass Alliance
- Member can call/walk into local MHP access for screening and assessment
- PCP can access referral forms online at Behavioral Health - Central California Alliance for Health (will be updated for internal processes come 7/1/25)

MCP or MHP completes DHCS Screening Tool

- If member is referred to Alliance or the Mental Health Plan (MHP), a BH CM staff member will screen member for correct system of care and need and provide appropriate referrals within timely access requirement. The Alliance and our 5 MHPs coordinate daily on these referrals

Member Connected to Care

- Member will be offered appointment assistance and to be connected to a provider with an appointment within timely access requirements

Members can call 800-700-3874
All members will be getting new CCAH ID cards

Mild – Moderate Level of Care

Managed Care Plan (MCP)

Central California Alliance for Health (CCAH)

Behavioral Health CM Referral

Providers can call the alliance case management line 800-700-3874 X5512

Providers can submit a care management referral form directly through the Alliance website. Care Management Referral Form - Central California Alliance for Health or Referrals via fax to (831)430-5850.

Referral via e-mail to list CM behavioral health team ListBHCMintakecoordinators@thealliance.health

"CCAHs website is not current for referral pathways until 7/1/25. Current CM referral is on our Provider Care Management landing page Behavioral Health - Central California Alliance for Health

Specialty Mental Health & Substance Use Level of Care

Behavioral Health Plan (BHP)

Santa Cruz County Behavioral Health (SCCBH)

Member can call for screening and assessment/referral anytime Monday-Friday 8:00-5:00
800-952-2335

Member can self-refer by walking into our offices:
1400 Emeline Ave., Santa Cruz
1430 Freedom Blvd., Watsonville
Monday –Friday 8:00-4:00

Member will talk to a clinician who will offer a screening to determine appropriate level of care

- **Will be referred to CCAH if screened mild to moderate**
- **Will be scheduled for an assessment with a licensed clinician if screened severe**
- **Will be offered ongoing behavioral health services at the appropriate level of care**

Substance Use Services will be screened for and services offered depending on level of care determined

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Easy Referral to Care

Mild-Moderate

Managed Care Plan - CCAH

Online Portal
https://thealliance.health/for-providers/care-management-referral-form/

800-700-3874 x5512

Severe

County Behavioral Health Plan

Access Line

800-952-2335
(24 hour line)

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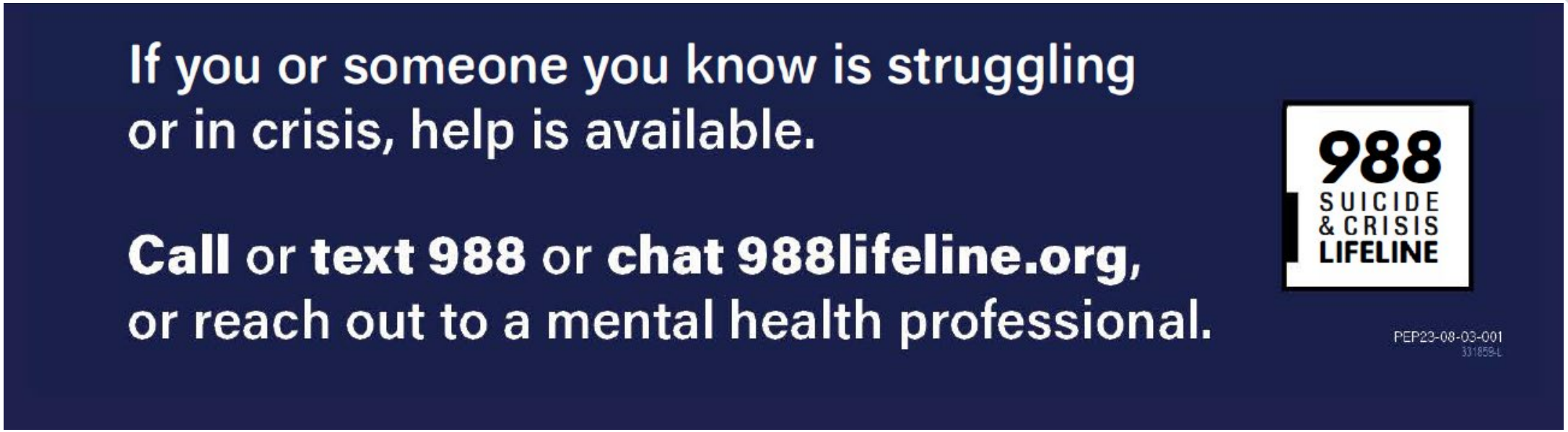
Crisis


If you or someone you know is struggling or in crisis, help is available.
Call or text 988 or chat 988lifeline.org, or reach out to a mental health professional.
988
SUICIDE & CRISIS LIFELINE
PEP23-08-03-001
331858-L


YOU MATTER
Text.
Call.
Chat.
988
SUICIDE & CRISIS LIFELINE

Questions?

Thank You

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Funding 2026 Ad Hoc Findings and Recommendations

Summary of Findings

The Funding 2026 Ad Hoc found that Santa Cruz County's behavioral health funding needs should be organized around a small set of measurable priorities rather than a general request for increased funding. The most consistent priorities were: adopting Mike Beebe's recommendations, establishing measurable strategic goals and priority initiatives, increasing the County General Fund contribution to behavioral health, restoring and expanding MHCAN and peer-support services, and addressing the county's structural underfunding tied to the AB 8 property-tax allocation system.[1]

The Ad Hoc also found that the strongest justification for new investment is a direct link to better outcomes in treatment capacity, crisis response, and justice-system reduction. Specifically: doubling in-county mental health and substance use treatment capacity within three years, and reducing by 50 percent within five years the time unsentenced individuals spend in the justice system and custody.[2][1]

Findings

1. Funding requests should be tied to measurable strategic goals

The clearest finding was that behavioral health funding advocacy should begin with adopted strategic goals. The Ad Hoc repeatedly emphasized that the first priority should be approval of measurable goals, followed by identification of the most important initiatives needed to achieve them. This means future budget requests should be framed in terms of what the County intends to accomplish and how success will be measured.[1]

2. County General Fund support is a central local need

The Ad Hoc consistently identified a higher Santa Cruz County General Fund contribution to the behavioral health budget as a major 2026 priority. This reflects the need for flexible local funding to stabilize services that are not fully supported by categorical programs, grants, or one-time sources. The finding suggests that General Fund support should be treated as a strategic local investment tied to specific outcomes.[1]

3. Peer services and MHCAN are essential parts of the continuum

The Ad Hoc found that restoring and expanding MHCAN and peer-support facilities and services should remain a core funding objective. The record specifically points to the need to assess the status of MHCAN and explore full funding for a Clubhouse model, including external funding options. This supports the conclusion that peer led and recovery oriented services are an essential and cost effective part of the behavioral health continuum.[1]

4. Treatment capacity and justice-system impact should be the headline outcomes

The Ad Hoc found two strategic goals that are concrete, measurable, and highly relevant to County systems. These are: doubling in-county mental health and substance use treatment capacity in three years, and reducing by 50 percent in five years the time unsentenced individuals spend in custody and in the justice system. The supporting rationale ties these goals to limited treatment availability, repeated high-cost utilization, and an average jail stay of 235 days for affected individuals awaiting outcomes.[2]

5. Santa Cruz's funding problem is partly structural

The Ad Hoc found that Santa Cruz County's behavioral health funding challenge is not only a local budgeting issue, but also a structural revenue issue linked to the AB 8 allocation lock-in. The agenda materials identify the need to examine equitable property-tax distribution, ERAF (Educational Revenue Augmentation Fund) effects, TOT (Transient Occupancy Tax) revenue, and related county finance issues, including the claim that Santa Cruz receives about 13.5 percent of property tax revenue compared with an average of 17 percent. This finding strengthens the case that local advocacy should address both immediate funding needs and long-term structural inequities.[1]

Recommendations

The Funding 2026 Ad Hoc findings support the following recommendations for the Santa Cruz County Behavioral Health Advisory Board.[2][1]

- Adopt measurable strategic goals for behavioral health, beginning with: doubling in-county treatment capacity within three years, and reducing by 50 percent within five years the time unsentenced individuals spend in the justice system and custody.[2][1]
- Support an increase in County General Fund investment in behavioral health, tied directly to adopted strategic goals, service-capacity targets, and measurable public outcomes.[1]
- Prioritize restoration and expansion of MHCAN, peer-support services, and Clubhouse-based recovery infrastructure as part of the County's core behavioral health strategy.[1]

- Align future behavioral health funding requests with the County Strategic Plan, the true cost of services, and clear outcome measures that can be reviewed publicly.[1]
- Continue work on capital planning, including Proposition 1 and related opportunities, so that service expansion is supported by a realistic facilities strategy.[1]
- Support continued policy analysis and advocacy concerning AB 8 and related county revenue inequities, while recognizing that this is a longer-term structural issue.[1]

The main conclusion is that Santa Cruz County should advance a strategy-first behavioral health funding agenda. The findings show that the strongest case for additional investment is one that links funding to specific, measurable improvements in treatment capacity, peer-support access, crisis-system performance, and reduced justice-system involvement.[2][1]

1. Funding-2026-Ad-Hoc-Agenda.docx
2. BHSA-Advisory-Board-Recommendation-on-Critical-Goals.docx