



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

JUNE 18, 2025, 3:00 PM–5:00 PM

HEALTH SERVICES AGENCY, 1430 FREEDOM BLVD, STE F, CONFERENCE ROOM, WATSONVILLE

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

CALL (831)454-2222, CONFERENCE ID 852 415 808#

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

Kimberly De Serpa Board of Supervisor Member	
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, 1430 Freedom Blvd, Ste F Conference Room, Watsonville. Individuals may click [here](#) to Join the meeting now or may participate by telephone by calling (831)454-2222, Conference ID 852 415 808#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Mental Health Advisory Board website.

If you are a person with a special need, or if interpreting services (English/Spanish or sign language) are needed, please call 454-4611 (Hearing Impaired TDD/TTY: 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

Si usted es una persona con una discapacidad o necesita servicios de interpretación (inglés/español o Lenguaje de señas), por favor llame al (831) 454-4611 (Personas con Discapacidad Auditiva TDD/TTY: 711) con 72 horas de anticipación a la junta para hacer arreglos. Personas con discapacidades pueden pedir una copia de la agenda en una forma alternativa.

MENTAL HEALTH ADVISORY BOARD AGENDA

ID	Time	Regular Business
1	3:00–3:15	<ul style="list-style-type: none"> • Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • <i>Approval of May 15, 2025 minutes*</i> • Secretary's Report
		Standing Reports
2	3:15–3:25	May 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"> • MHSA 2025–2026 Annual Plan –Close Public Comment Karen Kern, Behavioral Health Deputy Director
5	4:00–4:10	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
		New Agenda Items
6	4:10–4:20	<i>MHSA Public Comment Letter*</i>
7	4:20–4:35	Formation of New Committees
8	4:35–4:55	2025–2026 Goals and Objectives
	4:55–5:00	Future Agenda Items
	5:00	Adjourn

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

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



County of Santa Cruz

HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y
Tratamiento del Uso
de Sustancias

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

MAY 15, 2025, 3:00 PM – 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 516 328 698#

Present: Antonio Rivas, Dean Kashino, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh,
Lourdes Barraza, Michael Neidig, Xaloc Cabanes, Supervisor Kimberly De Serpa
Absent: Hugh McCormick, Valerie Webb
Staff: Marni Sandoval, Karen Kern, James Russell, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:04p.m. by Chair Xaloc Cabanes.
 - II. Public Comment – 1 addressed the MHAB in the conference room.
1 addressed the MHAB via Microsoft Teams.
 - III. Board Member Announcements
 - Motion to add Letter of Recommendation to BOS to reinstate the HSA budget FY2025-2026: Dean Kashino
Second: Antonio Rivas
Ayes: Rivas, Kashino, Arlt, Kaupp, Wagnermarsh, Barraza, Neidig, Cabanes
Abstain: Supervisor De Serpa
Motion passed.
 - Introductions of Dr. Marni R. Sandoval, Director of Behavioral Health and Lourdes Barraza, new MHAB member for the 4th District.
 - IV. Approve April 17, 2025 Minutes
Motion/Second: Dean Kashino / Supervisor De Serpa
Ayes: Rivas, Kashino, Arlt, Kaupp, Wagnermarsh, Barraza, Neidig, Cabanes, De Serpa
Motion passed.
 - V. Reports
 - A. Secretary's Report
 - No attendance/training issues.
 - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
April report was provided. George did not attend the meeting.
 - C. Board of Supervisors Report – Supervisor Kim De Serpa
 - May revise came out – funding for schools is mostly okay. The County is not good, potential cuts in the Medicaid program.

D. MHSA 2025–2026 Annual Plan: Open Public Comment – Karen Kern, Behavioral Health Deputy Director

- MHSA and BHSA Overview
 - Five components of MHSA: Community Services & Supports, Prevention & Early Intervention, Innovation, Workforce Education & Training, Capital Facilities & Technology Needs.
 - Stakeholders that partnered with the CPPP this year: adults/seniors, families, providers of mental health services, law enforcement agencies, education agencies, social service agencies, Veterans, SUD services, different healthcare organizations, and special populations.
 - BHSA (SB326) expands services to include substance use treatment and changes the allocation of dollars to different services that are eligible under the plan.
 - The reporting and stakeholder input will be expanded under BHSA.
- Community Program Planning Process (CPPP): Key Findings
 - SCCBHD System, Program & Service Strengths
Most respondents reported knowing where to go or who to call to access services for their own or another's mental health needs.
 - SCCBHD System, Program & Service Challenges & Gaps include not enough service space for services that are currently provided; limited variety of services available; more timely access to services needed and general accessibility of services.
 - SCCBHD Populations in Need include people experiencing homelessness and/or housing insecurity; youth experiencing behavioral health crisis; individuals with early signs of behavioral health needs; adults experiencing BH Crisis; Older Adults, specifically those in need of residential housing.
- Proposed FY25–26 MHSA Program Modifications & Budget Request
 - IHART services: case management, therapy and OT, psychiatric provider, housing navigation, peer support
 - Full-Service Partnership Clients and Housing – 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.
 - Innovation Plan: Crisis Now – support staffing for Children's Crisis Center for FY25–26 under the Crisis Now Pillar "Somewhere to Go"
- Next Steps for the FY2025–26 Annual Update
Finalize Annual Update following the Public Comment Period and present Annual Update to Board of Supervisor for approval, then submit Annual Update to the Mental Health Services Oversight & Accountability Commission (MHSOAC).

E. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino

- Juvenile Hall site visit postponed for a few months due to construction.
- The board will select a different location to be discussed at retreat.

F. Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh

- The committee is disbanded due to urgency of budget. The goal was to identify the gap in funding and found a \$50 to \$130 million gap between current budget levels and what is needed to operate a full-scale crisis response system that meets all the needs. The plan is to revisit after the budget.

VI. New Agenda Items

A. Revised Bylaws

Motion/Second: Antonio Rivas / Jennifer Wells Kaupp

Ayes: Rivas, Kashino, Arlt, Kaupp, Wagnermarsh, Barraza, Neidig, Cabanes, De Serpa

Motion passed.

B. Letter to Board of Supervisors regarding the sharing of information between Care Alert Program and Mobile Crisis Response Team

Motion to approve draft letter as revised: Mike Neidig

Second: Antonio Rivas

Ayes: Rivas, Kashino, Arlt, Kaupp, Wagnermarsh, Barraza, Neidig, Cabanes, De Serpa

Motion passed.

C. Letter to Board of Supervisors to Reinstate HSA Budget FY2025-2026

Motion/Second: Mike Neidig / Jennifer Wells Kaupp

Ayes: Rivas, Kashino, Arlt, Kaupp, Wagnermarsh, Barraza, Neidig, Cabanes, De Serpa

Motion passed.

VII. Adjournment

Meeting adjourned at 5:01 p.m.

Summary

This is a May 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 was lost.

Patients' Rights Advocate Report

May 2025

7th Avenue Center

On May 5, 2025, This writer received a call from a resident concerning the quality and variety of food served at the 7th Avenue facility. This issue has been difficult for this Advocate to nail down and resolve. This writer will continue to review posted menus as well as continue to ask any resident if I may have the opportunity to speak about their opinion of the food. Considering food preferences, I've found nothing to pursue, although this complaint without proof of any sort has been presented to the clinical director and is considered an ongoing concern.

7th Avenue Center

On May 21, 2025, the PRA office received an SOC report submitted by an outside party. The client reported that he had been beaten up by a staff member. This writer forwarded a verbal report to the clinical director and interviewed the resident in person. The resident provided solid details about the alleged event including time, the staff person in question as well as witnesses, including his roommate. The clinical director informed me that the resident would only respond to him with vague responses. The director has interviewed some of the reported witnesses, yet these individuals did not substantiate the resident's account of the events thus far. This is an open and ongoing investigation.

Front Street Residential

On May 25 2025, The PRA office received a report from the Front Street residential staff of resident-to-resident verbal abuse as well as property damage. The PRA* investigated the allegation and substantiated the facilities report. However, the PRA could not substantiate the report of property damage.

Reise and Certification Review Hearings

May 2025

1. TOTAL NUMBER CERTIFIED	24
2. TOTAL NUMBER OF HEARINGS	21
3. TOTAL NUMBER OF CONTESTED HEARINGS	7
4. NO CONTEST PROBABLE CAUSE	14
5. CONTESTED NO PROBABLE CAUSE	2
6. VOLUNTARY BEFORE CERTIFICATION HEARING	
7. DISCHARGED BEFORE HEARING	3
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	5
10. NON-REGULARLY SCHEDULED HEARINGS	0

Ombudsman Program & Patient Advocate Program shared 0 clients in this month

(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled at Telecare (Santa Cruz Psychiatric Health Facility))

Reise Hearings. /Capacity Hearings

Total number of Reise petitions filed by the Telecare treating psychiatrist: 3

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: 1

Hours spent on conducted hearing representation: 1 hour

Hours spent on all Reise hearings: 1 Hour

Reise appeal: 0

Respectfully:

Davi Schill PRA, George Carvalho, PRA

ROUGH DRAFT
PUBLIC COMMENT

I would like to make a public comment to the Community Mental Health Act Update:

The recent problem with funding Mental Health Client Action Network has pointed out some interesting issues with this service. It has been reported there is a greater demand for this service than they are able to supply and they are having to limit the hours the service is made available. All of this would suggest there needs to be an additional response to this service area. For this reason I am suggesting Santa Cruz Behavioral Health explore the establishment of one or more Clubhouses. This is a Medicaid funded service which tends to be less expensive than more traditional treatment.

MHCAN functions as a quasi-clubhouse but a professionally run Clubhouse would provide an upgraded service that could service a more acute population than is being served by MHCAN. As the Clubhouse consumer stabilizes, he or she could transition to MHCAN. This additional service would relieve some of the pressure for MHCAN.

Studies have pointed out the effectiveness of the Clubhouse movement. This service has been shown to reduce hospitalizations, increase the interval between psychiatric episodes and improves the employability of its participants.

Secondly I recommend Santa Cruz County Behavioral Health move with some haste to implement a robust peer support system. Such a move could serve to lessen some of the the hardship imposed by the proposed budget cuts and position eliminations.

Nationally peer support workers are emerging as important member of treatment teams. They are assisting in moving from a "treatment only" orientation to a recovery practices. Peer support services can provide a valuable resource with mobile crises,, care court as well as expanding access to unhoused persons. This service tends to be more cost effective as well.

MHAB recommendations and comments on the MHSA 2025-26 Annual Update

We thank all of the Santa Cruz County Behavioral Health Department for their ongoing pursuit of excellence in providing services to the Santa Cruz community in spite of a 30% shortage of staff, high attrition rates due to exorbitant housing costs, and funding cuts at the County, State, Federal levels and reductions in MediCAL reimbursement rates.

In our pursuit of excellence we offer the following recommendations as an invitation to continue our dialog on achieving ideal behavioral services for those in need in Santa Cruz County

1. Expansion of Adult Clubhouse & Youth Clubhouse model

- a. Examine MHCAN differences from Clubhouse model
- b. Identify MHCAN as the lead in the Clubhouse model expansion
 - i. Thomas Insel, former director of the [National Institute of Mental Health](#) (NIMH), is a strong advocate for the [clubhouse model of mental health care](#). He highlights its effectiveness in promoting recovery, reducing hospital readmissions, and improving overall well-being for individuals with serious mental illness. Insel emphasizes that the clubhouse model, with its focus on "people, place, and purpose," offers a more humane and cost-effective approach compared to solely relying on traditional medical interventions and emergency care.

2. Organize a Summit of Service Providers and Santa Cruz Mental Health

Groups: SAMHSA states as a guiding principle: "Stakeholder involvement is vital at every stage of the evaluation process, including conceptualizing the evaluation and selecting the approach."

- a. Objectives
 - i. Integrate public and private service providers to produce more a effective and efficient system of services
 - ii. Create a sustainable strategic planning stakeholder group that includes: Clients, Peers, private sector and public sector service providers including but not limited to: law enforcement, fire departments, EMS, insurance providers, elected officials, and philanthropists.
 1. A standing Stakeholder committee is recommended in The Roadmap to the Ideal Crisis System: [National Council for Mental](#)

3. **Robust Peer Support integration:** SAMHSA identifies Peer support services as one of the six essential elements for providing trauma-informed services
 - a. Eliminate barriers to hiring Peer support specialists
 - b. Ensure equal compensation for Peer workers
4. **Use of MHSA Prudent Reserve:** reduce the Prudent Reserve to 10% from the current ~14%. 10% is within the 5%-33% established by WIC Section 5847 (b)(7)
 - a. Estimated 2025-26 Prudent Reserve is \$4.2m of the Total CSS \$31.9m (based on Santa Cruz county past prudent reserve allocation of 14%)
 - b. Establish a 10% Prudent Reserve of \$3.19m, 10%, creating \$1.01m funds available to sustain existing services.
5. **Partner with MHAB to hold regular Community events:**
 - a. Align with Federal, state, and county Budget process calendars
 - b. Utilize existing meetings and events
6. **Measures of accountability and success.**
 - a. Leverage media platforms to communicate reporting of metrics used to account for spending of funds.
 - b. Continue to expand utilization of media platforms to communicate and celebrate successes and garner support for projects
7. **Petition the state of California DHCS, Department of Healthcare Services and the CBH, Commission for Behavioral Health, to increase their role to lessen the administrative burden on counties for tracking and reporting use of MHSA funds.**
 - a. California takes 10% of the allocated MHSA funds from each county for administration tasks. Each county has to separately provide annual reports, often having to hire consulting firms to assist with this reporting.
 - b. It would be more effective and efficient for the state to have a uniformed reporting method for all counties to use in auditing and reporting.

2024-2025 Goals/Objectives

- Site Visits at Jail, Encompass, Janus
- Attend grand opening of the Children's Crisis Center at 5300 Soquel
- Ask Director to prioritize site visits (for the MHAB)
- Do site visit and ask if MHAB meeting can be held in that facility for that month
- Visit armory and Housing Matters
- Tour of County BH building/facility
- Needs:
 - Education, presentations on fundamentals, duties and jurisdiction of BH
 - Onboarding ad hoc subcommittee
 - Engagement services / more publicity, update website
 - Crisis continuum stakeholder committee