



# 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**  
**AUGUST 21, 2025, 3:00 PM–5:00 PM**  
**1400 EMELINE AVENUE, CONFERENCE ROOMS 206/207, SANTA CRUZ**  
**THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR**  
**CALL (831)454-2222, CONFERENCE ID 703 401 277#**

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	Vacant 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	Vacant Deputy Director, County Behavioral Health

## Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference 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 703 401 277#. 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**

<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 July 17, 2025 minutes*</i></li><li>• Secretary's Report</li></ul>
		<b>Standing Reports</b>
2	3:15–3:25	July Patients' Rights Reports – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	3:25–3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35–3:45	Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director
5	3:45–4:00	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:00–4:30	Beebe Report Ad Hoc Committee Update – Mike, Valerie, Hugh, Kaelin, Jeff
		<b>New Agenda Items</b>
7	4:30–4:45	BHSA CPP Overview – Dr. Marni Sandoval and Amy Rhodes
	4:45–4:55	<b>Future Agenda Items</b>
	5:00	<b>Adjourn</b>

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

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**NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:  
SEPTEMBER 18, 2025, 3:00 PM – 5:00 PM  
TO BE ANNOUNCED**



# County of Santa Cruz

## HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y  
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### MINUTES – Draft

## BEHAVIORAL HEALTH ADVISORY BOARD

JULY 17, 2025, 3:00 PM – 5:00 PM

KATHLEEN A. KING COMMUNITY ROOM, 85 NIELSON ST, WATSONVILLE, CA 95076

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 113 677 024#

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

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- I. Roll Call – Quorum present. Meeting called to order at 3:04 p.m. by Chair Xaloc Cabanes.
  - II. Public Comment – 1 person addressed the BHAB in the community room.
  - III. Board Member Announcements
    1. Kaelin volunteered to be the timekeeper for meetings.
  - IV. Approved May 15, 2025 Minutes  
Motion / Second: Antonio Rivas / Kaelin Wagnermarsh  
Ayes: Rivas, McCormick, Arlt, Wagnermarsh, Neidig, Webb, Cabanes  
Nays: None  
Abstain: None  
  
Approved June 12, 2025 minutes  
Motion / Second: Mike Neidig / Hugh McCormick  
Ayes: Rivas, McCormick, Arlt, Wagnermarsh, Neidig, Webb, Cabanes  
Nays: None  
Abstain: None
  - V. Secretary's Report
    - No attendance issues.
    - Continue to send completed trainings to Jeffrey.
    - SB707 addresses the use of technology for remote participation. Jeffrey recommends contacting John Laird to ask him to modify SB707 to allow members to attend remotely to count toward quorum.
  - VI. Patient's Rights Report – George Carvalho, Advocate  
May and June reports were provided. George attended the meeting.

George expressed his concern regarding the closure of the Telos facility and asked if the board has any input regarding the ICE situation. Additional information provided by George:

- Most reports at 7<sup>th</sup> Avenue have been similar types of situations. Main complaint is the food situation.
- Release of Information should be on record for WCH to be able to inform family members that person transferred to Telecare.
- Confirmed that the person feeling over medicated and did not have recollection of incident is an isolated incident.
- Confirmed that 7<sup>th</sup> Avenue has security cameras in courtyard where violent interaction took place.

VII. Behavioral Health Director's Report – Karen Kern, BH Deputy Director

- Staffing changes- James Russell left the County on July 7<sup>th</sup>. Karen Kern leaving Santa Cruz County effective July 31, 2025. Recruitment is open and closes on July 25<sup>th</sup>.
- Children's Crisis Center Update- the BOS approved the designation for the Youth Crisis Stabilization Unit and the Crisis Residential Program. The licensing and certification are both underway with the State. Active negotiation with the provider to finalize contract for program operations. It is furnished with a couple of construction touches being completed. Ribbon cutting is planned for September 15<sup>th</sup>, and Family Day will be on September 20<sup>th</sup>. Anticipate opening on October 1<sup>st</sup>.
- Behavioral Health Bridge Housing Project Low Barrier Navigation Center is now named Bridge House. Demolition is complete. It is located on Soquel right next to the CSP/PHF. Anticipate opening/move in December 2025 or January 2026.

VIII. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh

- Jail visit scheduled for 09/03/25. Time to be determined.
- Calendar of site visits for next 13 months will be set, 1 per month
- 7<sup>th</sup> Avenue site visit to be held in October

IX. Review and discussion of Mike Beebe's Report

- Ask Mike Beebe to speak at BOS meeting to have biggest impact; or do a joint presentation with him.
- Concern – BHAB doesn't control the money and can't set goals as a Board
- Come up with innovative recommendations to not spend more money, just smarter. Consider program recommendation to increase outpatient services that are cost effective that reduce inpatient care and incarceration rates.
- Proposal to join NAMI and create an alignment. Essential to have vision, how to structure the board to make change. Have representative from Board or ad hoc group that meets regularly with Mike and NAMI.
- Create an ad hoc committee presenting possible solutions.
- Set up short term/long term priorities. Have ad hoc with BHAB and some staff from BH, and do framework, then staff will do presentation to County BOS.
- Suggest to use Beebe data to make program recommendations. Look at what programs are effective to reduce hospitalization and incarceration. Begin to eliminate out of county placements. Peer support is going to cure the vacancy problem. It is going to make services more available to those people more resistant to treatment.

X. 2025-26 Goals and Objectives

In addition to the goals set at the retreat:

- Suggest expansion of programs to address hospitalization rates, incarceration. Presentation to the BOS regarding program suggestions.
- Look further into Beebe report on program level, peer support, clubhouse and funding level. Ad hoc committee can recommend where the BHAB needs to spend their energy.
- Jeffrey to draft letter to BOS requesting to start the process of having a summit where they invite all service providers for the purpose of integration of all the services and at the same time look into the different models that are successful.
- Impact of SB326 -only one opportunity for community to advocate for the next three years.
- Publicity - BHAB members to meet with their respective Board of Supervisor individually, on a regular basis.

XI. Formation of Ad Hoc Committees

1. Site Visit – Kaelin and Dean
2. Beebe Report – Mike, Valerie, Hugh (peer), Kaelin, Jeff
3. SB326 Impact – consolidate ideas to provide input – Jeffrey

XII. Adjournment

Meeting adjourned at 4:50 p.m.

## Summary

This is a July 2025, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reise Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that was lost.

## Patients' Rights Advocate Report July 2025

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### **Willow Brook**

Ms. Schill responded to a report of resident-to-resident abuse at the Willow Brook facility. Staff provided both a written and phone report to this agency on 7/3/25. Staff reported that female resident attempted to touch a male resident in-appropriately. Ms. Schill spoke with both with the female resident and attempted to speak with the male resident who declined to be interviewed or to press charges. The female resident denied the allegation. No further information was provided by either party, or by Willow Brook staff.

### **Willow Brook**

On July 21, 2025, Ms. Davi Schill to a report of resident-to-resident abuse. Staff reported that a male resident exposed himself twice to two residents each at a separate time and location within the facility. The alleged perpetrator had previously been removed from the facility for a previous and unrelated incident. The alleged perpetrator received a 30-day notice. Local and law enforcement contacted, and case number assigned by the Santa Cruz Sherriff's department.

### **Front Street Residential**

This writer received a phone call as well as documentation (SOC 341) about a resident that had been financially abused by other residents. This writer was contacted by Front Street staff about fiduciary abuse allegedly perpetrator by two other resident's use of the victim's credit card. Staff were advised to contact local law enforcement. Local law enforcement notified. The resident declined to name the residents involved. Staff are aiding the resident to recover lost funds.

### **Telecare PHF**

On July 8, 2025, person recently discharged from the Telecare Psychiatric unit called to complain about lost or missing item(s) from the Telecare facility. Client stated that he brought this concern to the staff at the time of discharged but the seemed to disregard the issue. Per the client's request and with his permission, I notified the clinical supervisor who provided a copy of the client's documented possessions at the time of admission to the Crisis Support Program. The specific missing item was not listed. Subsequently, I requested an email providing a description and replacement cost (s) of item or items. At this writing, the investigation is ongoing.

**Reise and Certification Review Hearings  
July 2025**

1. TOTAL NUMBER CERTIFIED	29
2. TOTAL NUMBER OF HEARINGS	29
3. TOTAL NUMBER OF CONTESTED HEARINGS	12
4. NO CONTEST PROBABLE CAUSE	17
5. CONTESTED NO PROBABLE CAUSE	2
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	10
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: 3

Total number of Reise Hearings lost: 3

Total number of Reise Hearings won: 0

Total number of Reise Hearings withdrawn: 0

Hours spent on conducted hearing representation: 1 hour

Hours spent on all Reise hearings: 1 .50 hours

Reise appeal: 0

**Respectfully Submitted: Davi Schill, George Carvalho, PRA**



# BEHAVIORAL HEALTH SERVICES ACT

## MHSA to BHSA

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over \$1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. In 2024, voters passed Proposition 1, which replaced the MHSA with the Behavioral Health Services Act (BHSA) and introduced several important changes for counties.

In Santa Cruz County, we previously used these funds to support programs with our Behavioral Health Services Division, resulting in improved care and access for our community. Under BHSA, we will be updating how we plan, invest, and deliver services moving forward.

## What does BHSA mean for counties?

- **Community-Driven Planning:** Local departments must work closely with community members to decide how to use the funds. Community input will help shape programs and services.
- **Improved Services:** With BHSA support, BHS departments can create new programs, increase outreach, and provide better care tailored to community needs.
- **Accountability:** BHS departments regularly report on how BHSA funds are spent and the results they achieve, ensuring transparency.
- **Collaboration:** BHSA encourages BHS departments to work with other community organizations, providers, and stakeholders for stronger, coordinated care.

## What does this mean for us?

We have the opportunity to get creative together as we transform our system to focus on those most in need of services. Over the next several months, we will embark on a Community Planning Process to create an Integrated Plan that states not only how we are using BHSA funds, but also how we are using all funding sources we administer as a Behavioral Health Plan.

## Key Points



We'll be creating one coordinated plan across all funding to align services, reduce duplication, and design a more connected system of care.



30% of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs.



BHSA expands the scope of services to include substance use disorders, housing, and focusing on integrated care.



We'll be setting clearer goals and track what's working, make adjustments, and build trust by showing we're using public dollars thoughtfully.

## Integrated Plan (IP) and Community Planning Process (CPP)

Amy Rhoades, our new BHSA Coordinator, is working on the CPP, which will inform our integrated plan, reflecting goals and priorities for July 2026-June 2029. This process will gather feedback and needs from community members and partner organizations.

We will be working with a consultant to lead the CPP. They will host focus groups, town halls, and issue surveys to collect feedback from community members and partnering organizations.

**The first draft of this plan is due March 31, 2026.**

**Questions? Email [Amy.Rhoades@santacruzcountyca.gov](mailto:Amy.Rhoades@santacruzcountyca.gov)**

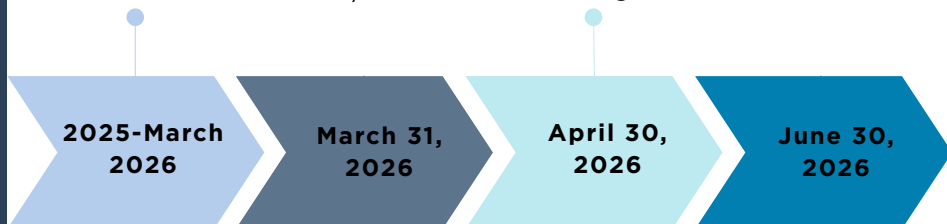
## Integrated Plan (IP) Submission Timeline

Community Planning and Preparation:

- Stakeholder Engagement
- Collaboration with LHJ/MCPs

IP Review Process:

- DHCS will accept or request revisions within 30 days of receiving draft IP



Draft IP Due:

- Completed IP and Budget
- Funding Transfer and Exemption Requests
- CEO & BH Director approvals

Final IP Due:

- Comment Period
- Public Hearing
- Completed IP and Budget
- Approved Funding and Transfer Request
- CEO, BH Director and BOS approvals



**Behavioral Health Division**

# **BHSA Community Program Planning Process**

Behavioral Health Advisory Board Meeting

August 21, 2025



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# Behavioral Health Services Act

# BHSA Key Points



Counties will receive the majority of BHSA funds for local services



We will focus on who needs the most help



Housing is care. At least 30% of funds will now go toward housing interventions



More collaborative approach in plan development and services provided



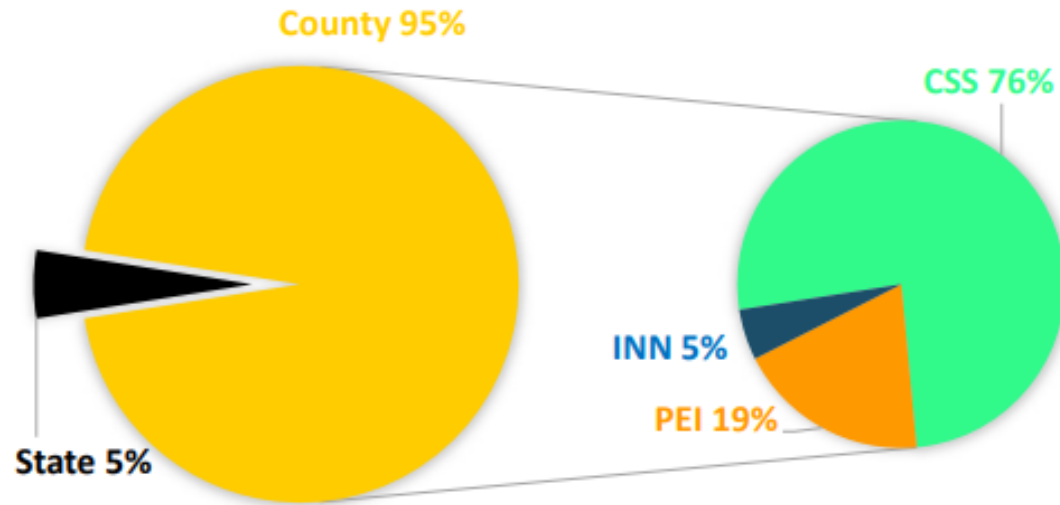
We are transparent. Goals will be tracked, and annual reports will reflect outcomes and progress made

# New County Requirements Under BHSA

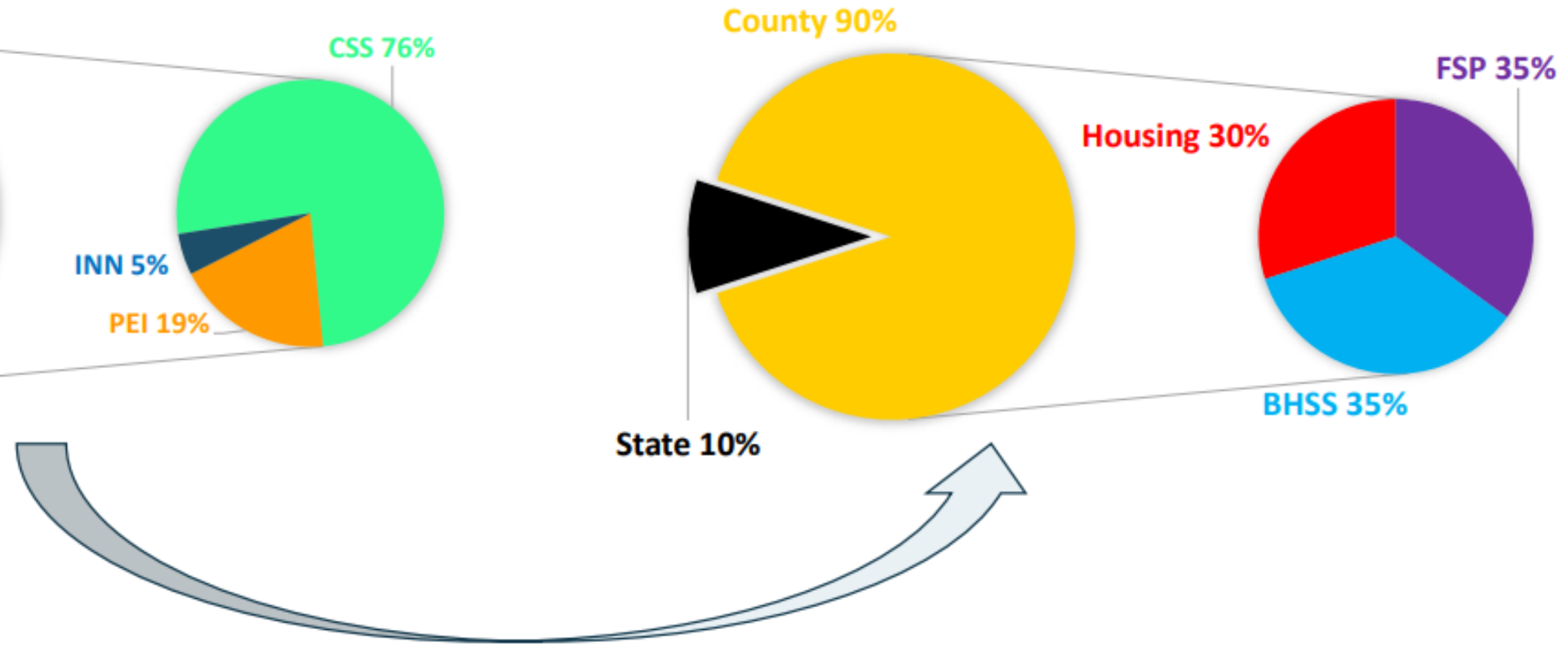
1. Engagement with other local planning processes: We must engage with the local health jurisdiction (LHJ) and managed care plans (MCP) on their Community Needs Assessment and Improvement Plan.
2. Monitoring and Oversight: Increased reporting about the collaboration among counties, LHJs, and MCPs.
3. Community Program Planning Process (CPP): Stakeholder engagement is essential.
4. Integrated Plan (IP): Highlights the goals and priorities of BHSA from July 2026-June 2029.
5. Public Comment on IP: Must be done 30 days before draft is submitted on March 31, 2026.

# MHSA → BHSA

FY 25-26 REVENUE ALLOCATIONS  
(UNDER CURRENT MHSA ALLOCATION)



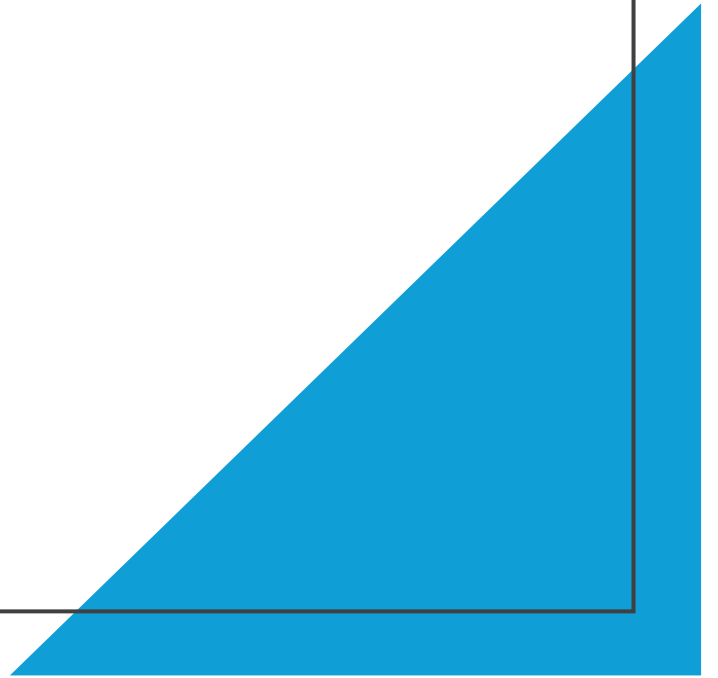
FY 26-27 BHSA ALLOCATION



# BHSA Funding Breakdown

Housing – Chronic Homelessness	Housing interventions for FSP Consumers	Treatment – Full-Service Partnership Teams (FSP)	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>Justice involved 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>

# Community Program Planning Process (CPP)



# What is the Community Planning Process (CPP)?



Community input will be used to write the 3-year plan for BHS.



We will ask community members and other partners to share their ideas and experiences with mental health services and access to care.



Assess the data to understand the current needs and challenges.



This input will be used to create a plan that outlines how BHSA funds will be used to improve behavioral health services.



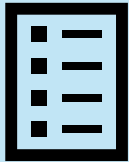
The plan will be shared with the community for feedback before it's finalized.



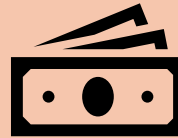
Finally, the approved plan will be put into action, and progress will be tracked to make sure it's working well.



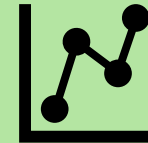
# Community Planning Process will drive the Integrated Plan (IP)



Counties will create one large integrated plan to include goals and strategies for June 2026-July 2029.



Plans will include all funding streams for behavioral health services and programs.



The IP will be updated annually within the 3-year period.



## Why Community Engagement is Important

- Builds trust and credibility between the organization and the community
- Gives community members ownership and a voice in their care
- Ensures programs and services are relevant and needed
- Improves transparency and accountability with decision making
- Creates culturally responsive strategies

# BHSA 2026–2029 Three-Year Plan – Partner Input

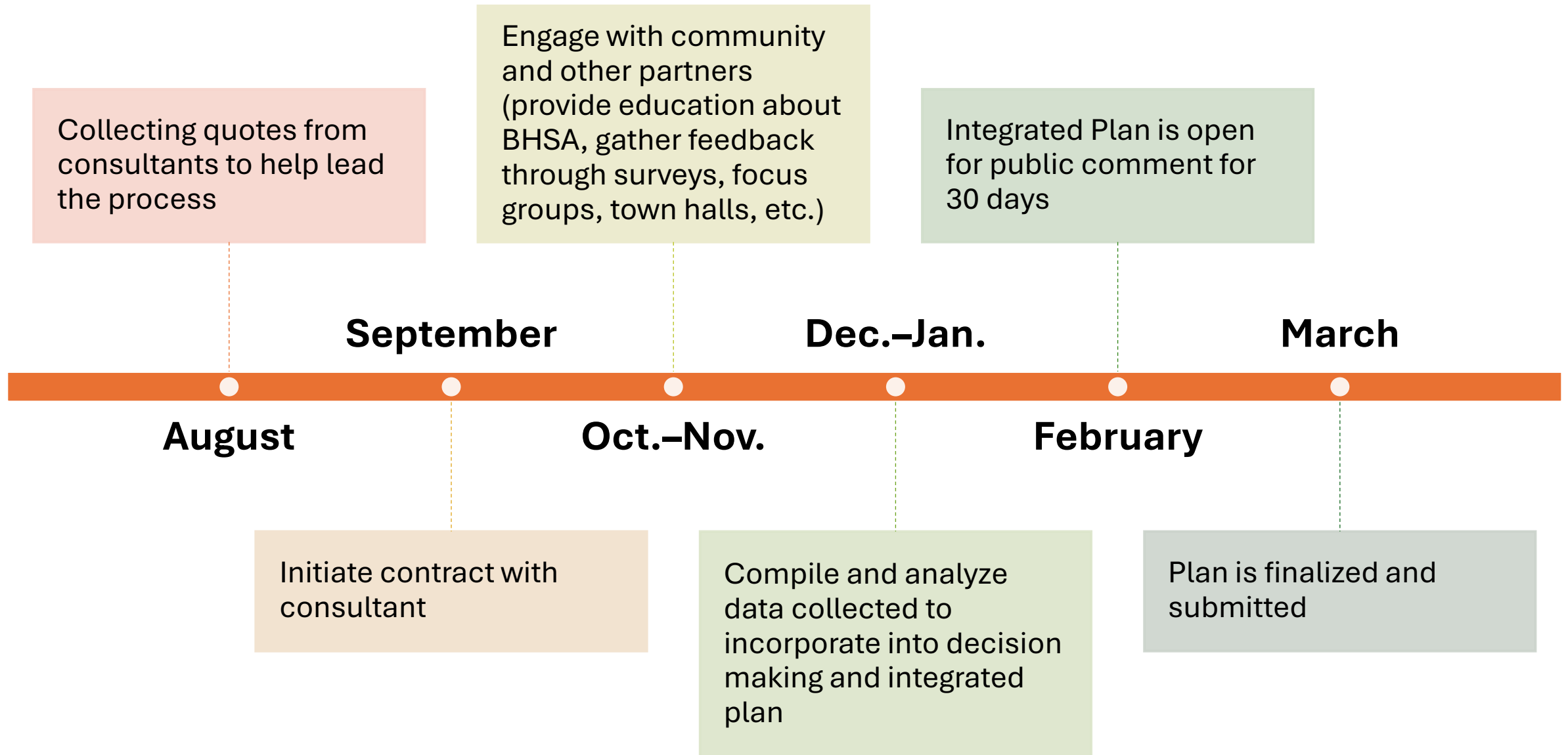
- **Adults/Older Adults with MH or SUD**
- **Families of SMHS clients**
- **Youth or Youth Organizations**
- **BH Treatment Providers**
- Public Safety Partners
- Local Public Health Jurisdictions
- Local Education Agencies
- Higher Education Agencies
- County Social Services
- County Child Welfare
- 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



# Community Input is Needed!

- Community input will shape BHSA services to fit community needs.
- Helps allocate funds where they're needed most.
- Ensures transparency and accountability.
- Gives community a say in decisions affecting your health.
- Builds stronger connections in the community. Brings diverse voices for better solutions.
- Uplift community needs.

# Timeline for CPP and Integrated Plan



# Call to Action

- Spread community awareness about this process
- Share existing community gatherings with BHS
- BHAB can participate in focus groups and/or surveys
- Help get the community involved





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# Questions?

Thank You

## Contact Information:

Dr. Marni R. Sandoval - [Marni.Sandoval@santacruzcountyca.gov](mailto:Marni.Sandoval@santacruzcountyca.gov)

Amy Rhoades, MPH - [Amy.Rhoades@santacruzcountyca.gov](mailto:Amy.Rhoades@santacruzcountyca.gov)