



County of Santa Cruz

HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y
Tratamiento del Uso
de Sustancias

**MINUTES – Approved
July 17, 2025**

BEHAVIORAL HEALTH ADVISORY BOARD

JUNE 12, 2025, 3:00 PM – 5:00 PM

SOUTH COUNTY GOVERNMENT CENTER, 500 WESTRIDGE, WATSONVILLE, CA 95076

IN-PERSON ONLY

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

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- I. Roll Call – Quorum present. Meeting called to order at 10:20 a.m. by Chair Xaloc Cabanes.
 - II. Public Comment – none
 - III. Connections – board members shared their personal stories/backgrounds.
 - IV. Committees – not discussed
 - V. Review 2024-2025 Goals and Objectives – board members reviewed list.
 - VI. 2025-2026 Goals and Objectives: Service Priorities / Peer Support
The board discussed developing a roadmap for the ideal BH delivery system, with the recommendation of a Clubhouse approach, which is a formal version of MHCAN, structured with professionals. It is a place that has programs focused on people who have gone through an acute state of illness and primarily a socialization program. Clubhouses in CA are Medicare/Medicaid reimbursable services. The board will consider recommending and exploring the development of this program, which is a lower cost than treatment, and the goal is graduates of this program would become peer support specialists. Other points of discussion/recommendations:
 - Complete an exercise of defining a clubhouse and looking at MHCAN and how it is modeled. Confirm with Tyler if there is any interest or if he sees any compatibility with MHCAN expanding even more on the prevention/early intervention.
 - Send a 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.
 - Create an ad hoc committee to research this idea and do one for youth and for the homeless on Coral Street.

- Recommend starting with at least one Clubhouse and BH implement a peer support system.
- Suggest adding to the BOS letter that there be a more aggressive spend down and evaluation of MHSA prudent reserve.
- Recommend BH prioritize community events to bring communities together and discuss what they offer; and understanding the measures of accountability and success for what is provided to make sure they benefit folks. Question whether it would be better to give MHCAN more funding before starting something new.
- Suggestion for the upcoming year is for BHAB to focus on program development.

VII. Changes MHAB-BHAB (funding/SUDS) – Karen Kern, BH Deputy Director

- Behavioral Health Services Act opens to more behavioral health and housing related activities. There is more behavioral health integration and transformation instead of having 2 silos systems. BH encompasses both Mental Health and Substance Use Disorder Services and the intention of BHAB is to support all Behavioral Health. BHAB's role is the same but advising on a broader system of care for both Mental Health & Substance Use Disorder Services.
- Differences on how MH and SUDS are funded
County BH are administrators of two plans: Mental Health Plan and Drug Medi-Cal Organized Delivery System. There has always been State set maximum rates, but the previous structure was based on the service type, regardless of job classification. With Payment Reform, the rates were set differently and most counties got very low cap rates. Many types of activities were no longer allowed to be submitted for reimbursement and shifted from a service delivery cost reimbursement model to a practitioner type reimbursement model, so it is based on the level of licensure and specialty. Residential treatment is bound by Institute of Mental Disease (IMD). The waiver limits the amount of residential care beds for Mental Health up to 16 or less. SUDS has no limit on beds.
- Recommendations for the board – start conversations with local providers about the necessity to have integrated co-occurring facilities. If it is done locally and BH partners with them to build the program format, then policy could be created so it is open to all individuals. The boards advocacy of bringing the whole continuum of care together to discuss what the community needs and how it should function will help with the development of the program model.

VIII. Discussion changes MHAB-BHAB (funding/SUDS) – Mike Beebe, Board President of NAMI

- Focus on the following to achieve Comprehensive Health and Safety:
 1. Adequate range of cost-effective capacity of treatment options for the size of Santa Cruz County
 2. Reduction in cost from the use of out-of-county treatment facilities
 3. Timely and effective crisis response and dispatch to most appropriate destination: 988 implementation, 7/24 Crisis Now, law enforcement's additional option of deflection to treatment (in addition to charge or release)
 4. Improved medical treatment for those in jail
 5. Reduction in jail population and reduction of average days in custody
- Ideas to fund and support needed changes include: new revenue sources for the County, harvest savings from the current system, and capacity building for cost effective treatment.

- NAMI's request: restore HSA funding for staff and their supporting organizations. In FY25-26: appropriate HSA staffing levels and staffing mix; targeted in-county treatment beds/options: acute, step down, outpatient; mental health care in jail and future configuration of jail

IX. Site Visits

- Reports to be obtained before visiting the facility: example of days activities schedule, licensing inspection report if available. From Behavioral Health, obtain contract, client grievances filed during the last year concerning the facility.
- Kaelin to provide calendar of site visit dates and board members will attend as their schedules allow.

X. Deliverables

Form an ad hoc committee to do two deliverables: Data Notebook and Biennial Report.

XI. Adjournment

Meeting adjourned at 2:50 p.m.