



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

APRIL 17, 2025, 3:00 PM-5:00 PM

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

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

CALL (831) 454-2222, CONFERENCE ID 766 592 663#

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

Karen Kern
Interim 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, 1400 Emeline, 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 766 592 663#. 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 March 20, 2025 minutes*</i> • Secretary’s Report
		Standing Reports
2	3:15–3:25	March 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	3:35–4:15	Behavioral Health Director’s Report – Karen Kern, Interim BH Director Overview of Substance Use Disorder Services – Casey Swank, SUDS Director
5	4:15–4:20	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:20–4:25	Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh
		New Agenda Items
7	4:25–4:30	<i>Election of Officers*</i>
8	4:30–4:40	<i>Letter to BOS re: Use of Measure K funds to support MHCAN and reduce homelessness*</i>
9	4:40–4:50	<i>Letter to BOS re: Sharing information between Handle with Care Program and Mobile Crisis Response Team*</i>
10	4:50–4:55	June Meeting and Retreat Dates
	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:
MAY 15, 2025, 3:00 PM – 5:00 PM
LOCATION 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

MARCH 20, 2025, 3:00 PM – 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 917 989 591#

Present: Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp (Virtual under AB2449), Kaelin Wagnermarsh, Michael Neidig, Xaloc Cabanes, Supervisor Kimberly De Serpa

Excused: Valerie Webb

Staff: Karen Kern, Jane Batoon-Kurovski

-
- I. Roll Call – Quorum present. Meeting called to order at 3:05p.m. by Chair Xaloc Cabanes.
 - II. Public Comments – 1 person addressed the MHAB in the conference room.
No public comments on Microsoft Teams.
 - III. Board Member Announcements
 - Jeffrey called Mobile Crisis Team number three times – the challenge is the clients don't stay in one place. Stated the need to get a dedicated number as the current number is a phone tree.
 - New to MHAB – Board of Supervisor Kimberly De Serpa.
 - IV. Approve February 20, 2025 Minutes
Motion/Second: Antonio Rivas / Dean Kashino
Ayes: Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Kaelin Wagnermarsh, Mike Neidig, Xaloc Cabanes
Nays: None
Absent: Valerie Webb
Motion passed.
 - V. Reports
 - A. Secretary's Report
 - No attendance issues.
 - All board members have completed their training.
 - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
February report was provided. George attended the meeting.

- Clarification re: the 2/26 Telecare CSP incident – person was told he would be transferred out of county and tried to reach out to Advocate but were not able to connect. AB2275 states that a person who is on a 5150 hold (or not) can request a writ, which would keep the person from going out of county until that writ is heard (hasn't been done in this county). Recommendation from board member is to add another phone line at the CSP.
- Improvements at Telecare – more stable and commitment to patient's rights.
- Acknowledged the Public Guardian office as more people have been going to court to contest conservatorship.

C. Behavioral Health Director's Report – Karen Kern

- Housing CA Conference Update
 - New rules under BHSA which launches July 2026 requires 30% of MHSA distribution be used for housing interventions. 15% for housing interventions for folks on full-service partnership team and 15% for folks who are chronically homeless, must have a serious mental illness and qualify for services. Reminder this is not new money.
 - AB804 – makes housing support for specified populations a covered Medi-Cal benefit, subject to appropriations by the Legislature, includes housing transition navigation, housing deposits, housing tenancy sustaining services.
 - Flex pools – coordination and centralization to maximize efficiency and outcomes – honors choice, housing focus and support services.
- BH Bridge Housing Update
 - Delayed due to Geotech survey of ground beneath pavement and retaining wall adjacent to Sutter facility a concern over safety during a seismic event.
 - Expect the fencing to be completed by the end of April.
 - Planned opening – Winter 2025.
- MHSA 2025-2026 Plan Update
 - Hosted a community group in Spanish hosted by PVPSA in Watsonville. There were 15 attendees with a focus on youth and families.
 - Two community provider groups with a range of provider types with about 12 agencies represented.
 - Community group hosted by NAMI with 56 attendees.
 - April 15th – combo Zoom and in person group at 1400 Emeline for consumers and community members.
 - Next steps for the plan update – public comment for the 2025-2026 plan update opens on May 15th at the MHAB meeting. Public Comment will close at the June MHAB meeting. The plan update will be on the Board of Supervisors agenda in August.
- BHSA 2026-2029 Three-Year Plan
 - The Community Program Planning Process will begin August 2025.
 - Townhall to kick off the new planning process under BHSA.

- Crisis Now Update – seeing uptick in calls during the daytime. Calls are coming in to assist in de-escalation. Law enforcement is referring calls to Mobile Crisis Team.
- D. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino MHAB agreed the first site visit will be at Juvenile Hall, second site visit will be at the County Jail. Other recommendations included visiting treatment organizations such as Janus, Santa Cruz Residential, Casa Pacific, and sites where the Patients’ Rights Advocates visit such as Front Street, Mariposa.
- E. Funding Ad Hoc Committee Update – Jeffrey Arlt and Kaelin Wagnermarsh
- The goal is to identify funding sources to enable the county behavioral health to scale its services to meet the community’s public health needs.
 - Tasks:
 1. Verify the number of people who are currently served or receiving services.
 2. Complete a current treatment and housing inventory.
 3. Verify other people who are eligible for specialty behavioral health services for adult and child mental health services and substance use disorders and calculate the need to fill that gap (staffing, physical resources).
 4. Identify where the money is at the federal, state, county levels.
 - Action for committee – submit letter of recommendation to BOS regarding funding, steps, timeline to acquire funding.
 - Antonio and Mike volunteered to join the ad hoc committee.

VI. New Agenda Items

- A. Appointment of nominating committee to select board officers
Kaelin and Dean volunteered to be on the committee. The current officers confirmed they are open to serving another year in their current roles. MHAB will vote next month.
- B. Propose the formation of Prop 1 Ad Hoc Committee
The intention of the committee is to have a good understanding of Prop 1 to prevent disruption of services due to changes of Prop 1. After discussion, the MHAB decided to hold off on forming a committee, as Karen will provide detailed information at the retreat.
- C. Letter to BOS re: use of Measure K funds to support MHCAN and reduce homelessness – the board discussed the draft letter and agreed that additional information is needed. A revised letter will be drafted and voted on next month.

VII. Future Agenda Items – none discussed.

VIII. Adjournment

Meeting adjourned at 4:50 p.m.

Patients' Rights Advocate Report
March 2025

Summary

This is March 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 were lost.

Telecare PHF

On March 10, 2025, this writer received a repeat call from the wife of a client receiving services at the Telecare PHF. She stated concerns about the side effects of specific medications that she believed were by the treating psychiatrist. I advised the caller that I would need to speak with her husband directly and agreed to speak with him the same day. Per my client's permission I met with him and advised about his rights concerning informed consent. The client, at the time of our meeting, continued to be agreeable to take the prescribed medication despite the side effect of slight dizziness. The client stated that he could report this side effect to the treating psychiatrist. This writer also received permission to give a brief oral report to his wife.

Telecare CSP

On March 27, 2025, This writer received a phone message from client recently transferred to the Psychiatric Health facility from the Crisis Stabilization Program (CSP). The client stated that the detention was not warranted and requested that I advocate for his immediate release. The client's report contained many non-sequential details. My attempts to gain clarity to and thus advocate to the treating psychiatrist was met with resistance. Nevertheless, this writer obtained

verbal permission to speak with the treatment team (Director of nurses and/or the Treating psychiatrist. This writer was unable to get through to either person. I returned a call to the client advising him of the right to ask for his release from the Certification Review Hearing as well as his right to file a bypass writ. The client voice appreciation for this information.

Willow Brook

On March 10, 2025, this writer received a message from the program's office manager about a resident-to-resident abuse at the Willow Brook facility. The follow up to this report was assigned to Ms. Davi Schill, Patients' Rights Advocate: The suspected abuser struck the victim in the head for no apparent reason. The assault occurred in the room that each person shares. The suspected abuser was reassigned to another room and subsequently sent to the BHU. The suspected abuser has returned from the BHU and as of this note, no other problems have developed between the two residents

1. TOTAL NUMBER CERTIFIED	26
2. TOTAL NUMBER OF HEARINGS	21
3. TOTAL NUMBER OF CONTESTED HEARINGS	10
4. NO CONTEST PROBABLE CAUSE	11
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	5
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	6
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 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: 1

Hours spent on conducted hearing representation: 0

Hours spent on all Reise hearings:

Reise appeal: 0

Respectfully:

Davi Schill PRA, George Carvalho, PRA



Salud Mental y
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**County of Santa Cruz
Behavioral Health**

Substance Use Disorder Overview & Opioid Response

MHAB Presentation
April 16th, 2025

Substance Use Disorder Services

Santa Cruz County Behavioral Health

Substance Use Disorder Services

Administration of Drug Medi-Cal Organized Delivery System (DMC-ODS)

Adult Outpatient Services Treatment Program (moderate to severe co-occurring)

In-Custody Substance Use Disorder Treatment need assessments (ASAM)

Family Children Services SUD Assessment and Referrals

Opioid Settlement Funds

Substance Use Block Grant /Prop 47, Cohort IV

Drinking Driver Programs

How to Access SUD Treatment Services

Substance Use Treatment in our Community

Santa Cruz County offers the continuum of Care for individuals based on need:

Withdrawal Management	Residential Care •Perinatal and Parenting residential for pregnant, postpartum, and families available	Intensive Outpatient Care	Outpatient Care	Medication Assisted Treatment	Recovery Incentives (contingency management for stimulant use)*	Recovery Support Services (after-care)
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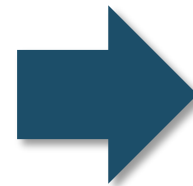
Treatment programs offer services in both English and Spanish.

How to Access SUD treatment



Any individuals who have Medi-Cal coverage can get a SUD screening completed to assess appropriate level of care to determine treatment needs.

**No wrong-
door**



- Adult and Children's ACCESS
- Janus of Santa Cruz
- Encompass Community Services (Adult and Youth)
- New Life Community Services
- Sobriety Works
- PVPSA (Youth)

Substance Use Disorder Services

Residential Bed Capacity

Agency	Program Name	Bed Capacity
Encompass	SSP Adult Residential Treatment	10 beds
Encompass	SCRR Adult Residential Treatment	18 beds
Janus	Adult Perinatal/Parent Residential Treatment	7 beds
Janus	Withdrawal Management	14 beds
Janus	Adult Residential Treatment	24 beds
New Life	Adult Residential Treatment	23 beds
Horizon Services, Inc.	Adult Residential Treatment (LOC 3.3)	As needed
Muir Wood	Youth Withdrawal Management and Residential Treatment	As needed

OSF Overview and Achievements

Background on the Opioid Settlement Agreements

- **2018** – **The County** filed a lawsuit against opioid distributors, manufacturers and retailers for their roles in the opioid crisis
- **2021-2022** – **Nationwide settlements** were reached to resolve the lawsuits against a number of opioid distributors, manufacturers, and retailers
- **2022** – **The County** received first payment

Santa Cruz County Total: Projecting \$29 million over 16 years

Opioid Settlement Fund Allowed Uses

Per the settlement agreements, funds can be used for high impact areas, including:

Matching funds or costs for substance use disorder (SUD) facilities

Creating new or expanded SUD treatment infrastructure

Addressing SUD needs of communities of color and vulnerable populations

Helping people with SUD into treatment and away from the justice system

Interventions to prevent drug addiction in youth

Purchasing naloxone (Narcan®) for distribution and expanding access

OSF Timeline



Expanded Treatment

- Medication Assisted Treatment increased from two to five days a week through Janus
- Expansion of Recovery Residence bed capacity through Janus
- Expanded residential treatment beds for vulnerable youth through The Camp

Funded Media Campaigns

- Aimed to support with branding and messaging regarding preventing the misuse of opioids

Regional Planning

- Robust collaboration with all local cities to identify root causes of addiction and overdose, identify the greatest needs and plan expenditures accordingly. This effort involved community surveys, townhall meetings, and data analysis.

Community Grants

- Developed and administered a grant program for non-profits to expand opioid treatment infrastructure in Santa Cruz County through Community Foundation

Vulnerable Youth Prevention

- Sponsored event for youth focused on prevention through Santa Cruz Community Health Center

Expanded HSA SUDS Infrastructure

- Epidemiologist
- Asst. Departmental Administrative Analyst

Community Foundation Grant Awardees



Organization:	Award amount:	Program:
Encompass Community Services	\$97,448	For the Zero Overdose program
Health Improvement Partnership of Santa Cruz County (HIPSCC)	\$218,917	For the Adolescent & Young Adult Substance Use Disorder Learning Collaborative, Medication Assisted Therapy Advisory Group, and education and technical assistance for community organizations.
Homeless Garden Project (HGP)	\$47,341	For the Employment for People in Recovery from Opioid Addiction program
Pajaro Valley Prevention and Student Assistance	\$50,000	For the Opioid Awareness Initiative and youth outreach work led by Empower Watsonville
Santa Cruz Barrios Unidos (SCBU)	\$50,000	For their youth-focused Opioid Treatment and Prevention Program
Santa Cruz Community Health (SCCH)	\$286,294	For adolescent Opioid Use Disorder screening, prevention, treatment and recovery, and the Substance Use Disorder Learning Collaborative
Siena House	\$60,000	To expand residential and aftercare program capacity for women at risk of or experiencing Substance Abuse Disorders

Community Opioid Initiatives

Opioid Misuse Prevention Initiative: The Opioid Misuse Prevention Initiative, led by the Health Services Agency, is a multi-department County effort launched in December 2023. It brings together the County Executive's Office, Sheriff's Office, Probation, Human Services Department, Public Defender's Office, District Attorney, and the Health Services Agency to prevent and reduce the impact of opioid misuse and related deaths by strengthening data systems, engaging youth and families, and improving access to care during and after custody.

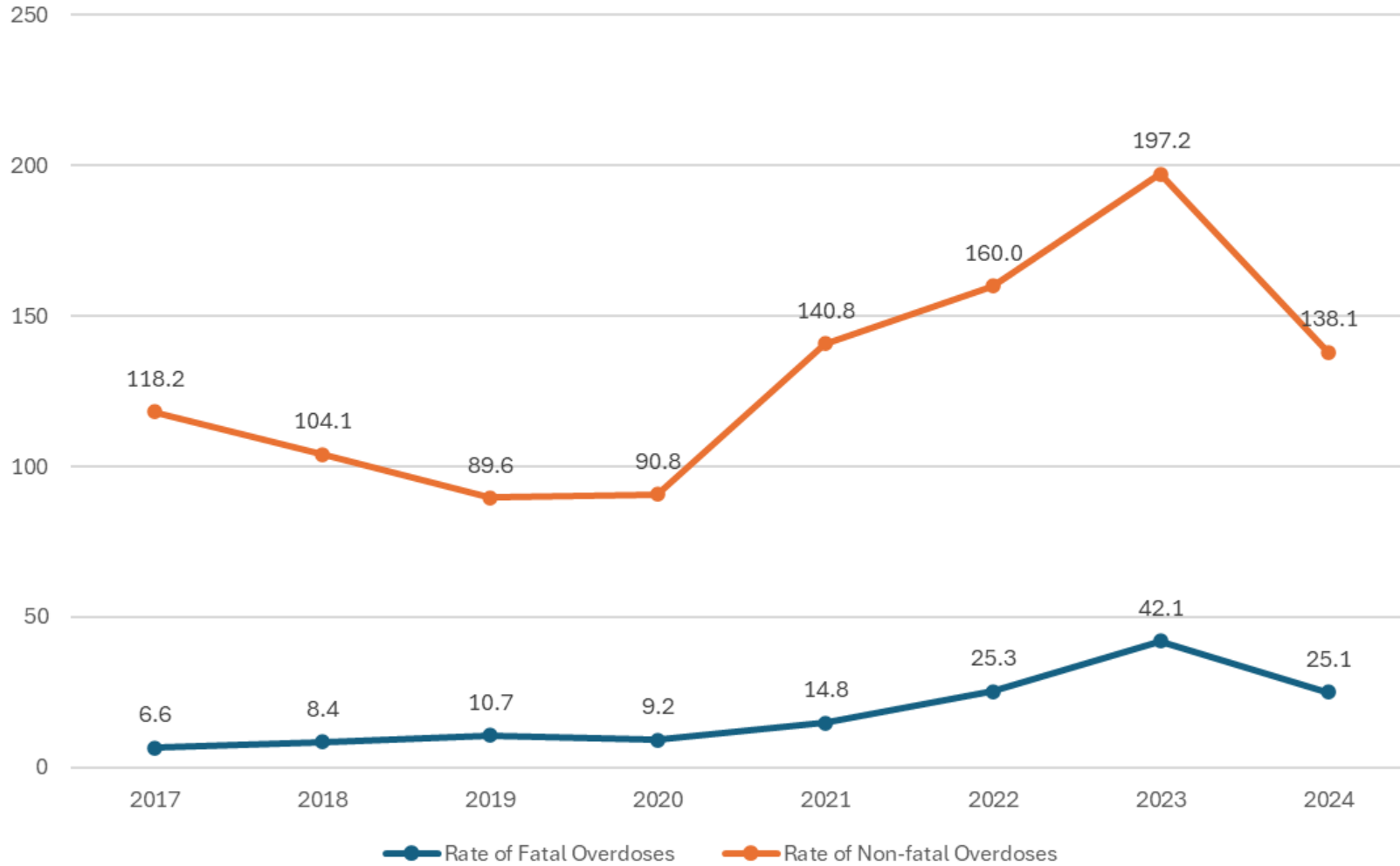
SafeRX Annual Drug Trends Meeting: Part of their MAT Advisory Group, this meeting aims to offer a centralized report on the impact of substance use in our community for the previous year. Typically has a focus on Coroner data related to opioid and other drug related deaths and EMS responses.

OSF Contributor's Meeting: Behavioral Health provides updates on work related to Opioid Settlement Funds and hear from community providers about how the opioid epidemic is impacting their agency. Goal is to inform OSF Steering Committee of emerging needs and trends related to the opioid crisis.

Trends and Observations

Any Opioid-Related Overdose Rates

Rates per 100,000 Residents



Any Opioid-Related Overdose Death, 2015-2024

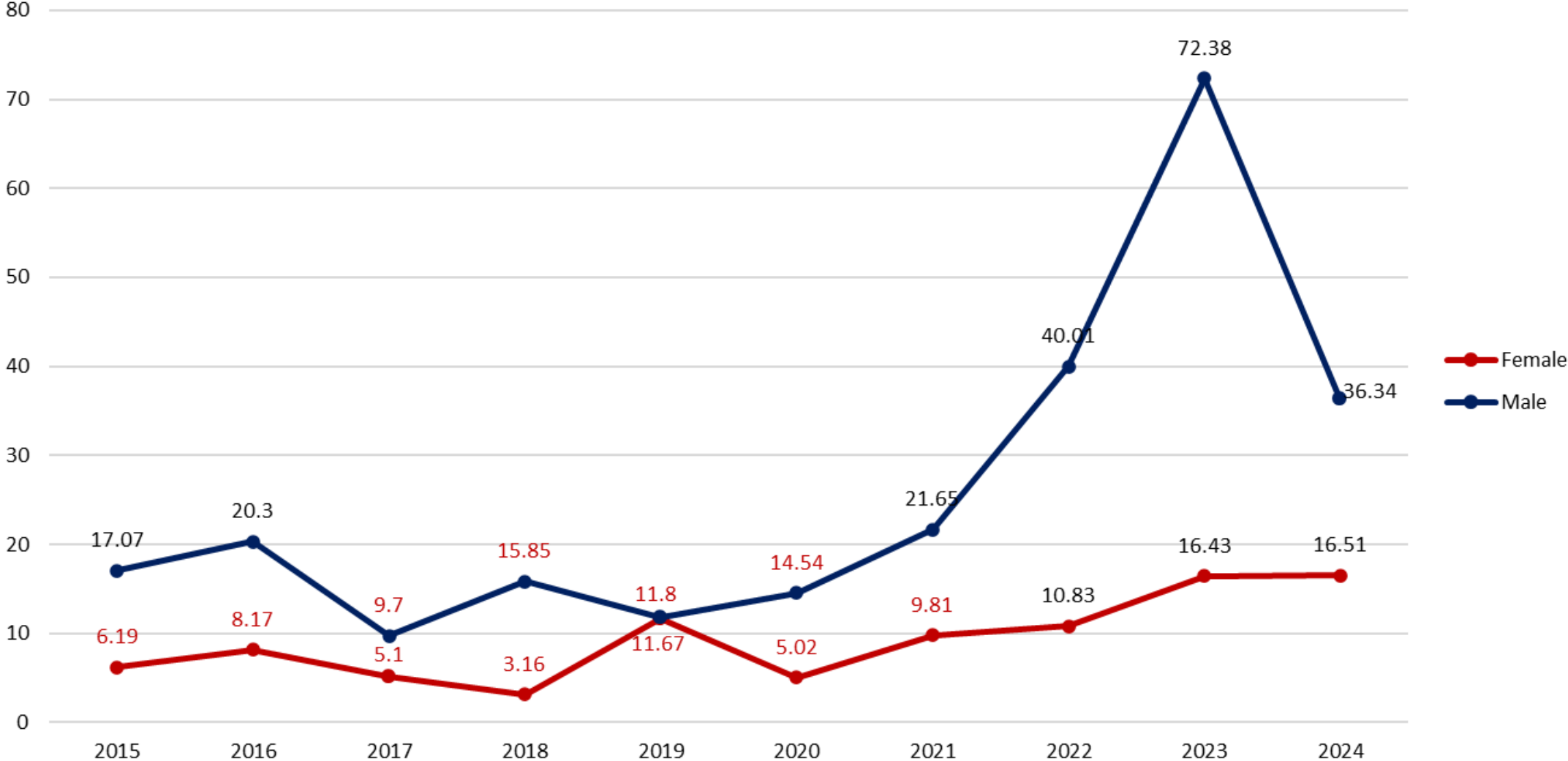
Rates per 100,000 Residents

Year	Crude Rate	Age-adjusted Rate	95% LCI	95% UCI	Deaths
2015	10.93	11.71	7.81	17.02	30
2016	13.08	13.20	9.09	18.68	36
2017	6.56	6.87	3.97	11.21	18
2018	8.41	8.58	5.27	13.33	23
2019	10.65	10.77	7.05	15.91	29
2020	9.21	9.75	6.16	14.82	25
2021	14.80	16.11	11.25	22.54	39
2022	25.29	29.90	22.95	38.43	67
2023	42.08	46.00	37.42	56.12	112
2024	24.32	26.13	19.82	34.00	65

* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS), Death Query. Retrieved 01/2025. EMS data from ImageTrend retrieved 01/2025.

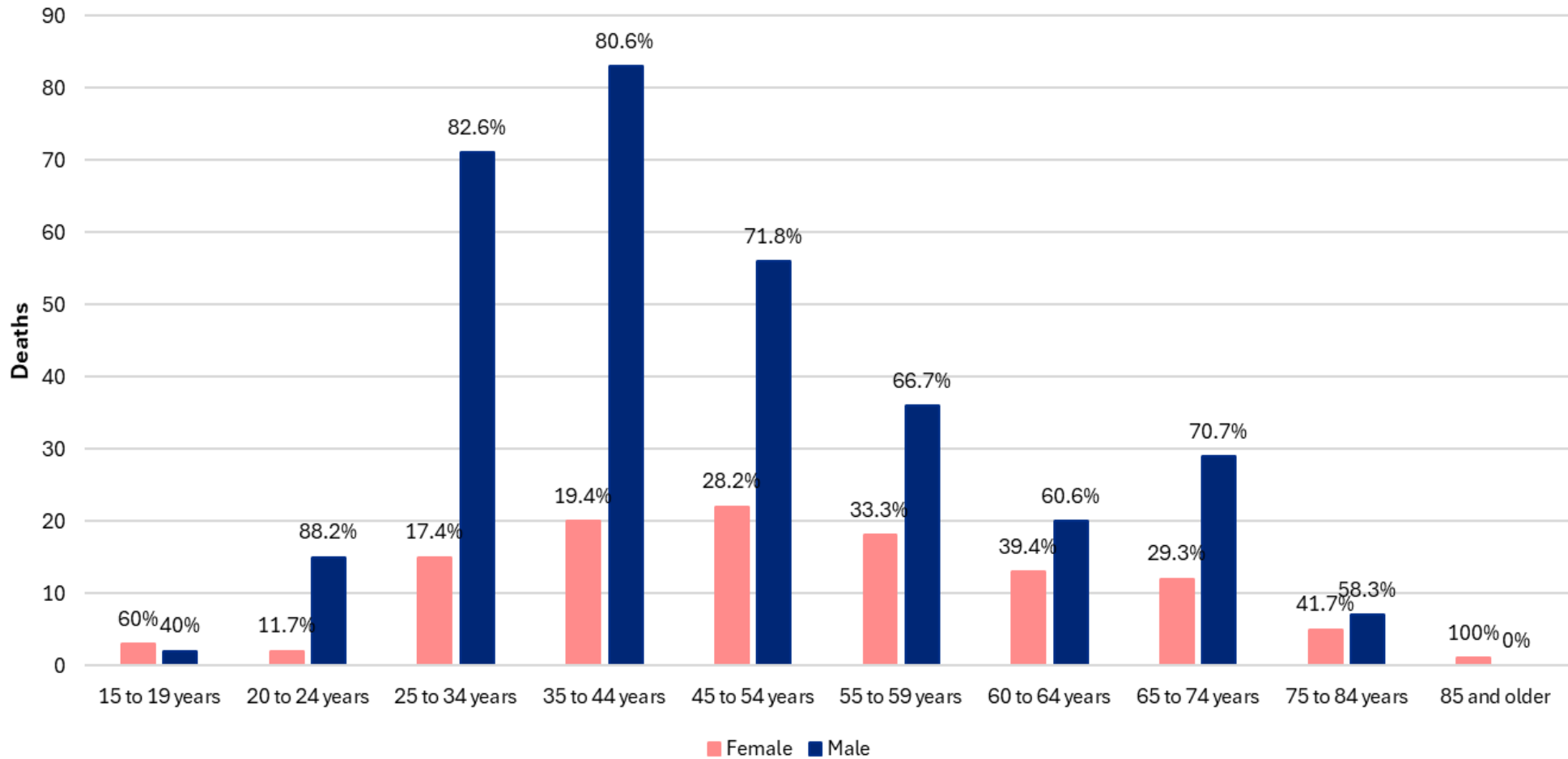
ANY OPIOID-RELATED OVERDOSE DEATH BY SEX

Age-adjusted Rate per 100,000 Residents



* State of California, Department of Public Health. (2024). California Vital Records Business Intelligence Systems (VRBIS), Death Query. Retrieved 06/2024. Rates in red have counts less than 20, making them unstable.

Proportion of Opioid Overdose Deaths by Sex and Age Category, 2015 - 2024

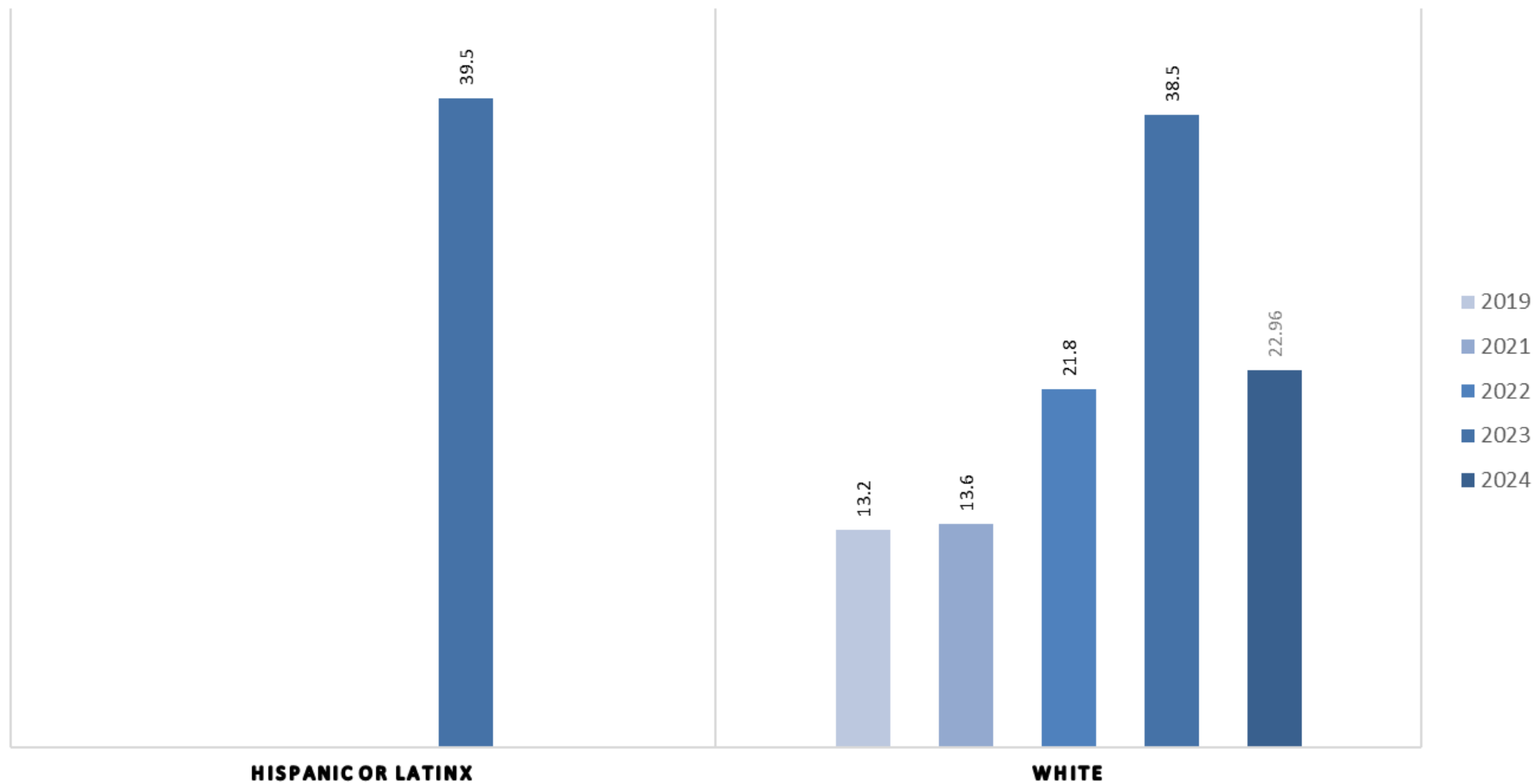


Age Category	Female	Male	Total
15 to 19 years	3	2	5
20 to 24 years	2	15	17
25 to 34 years	15	71	86
35 to 44 years	20	83	103
45 to 54 years	22	56	78
55 to 59 years	18	36	54
60 to 64 years	13	20	33
65 to 74 years	12	29	41
75 to 84 years	5	7	12
85 and older	1	0	1

* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS), Death Query. Retrieved 01/2025

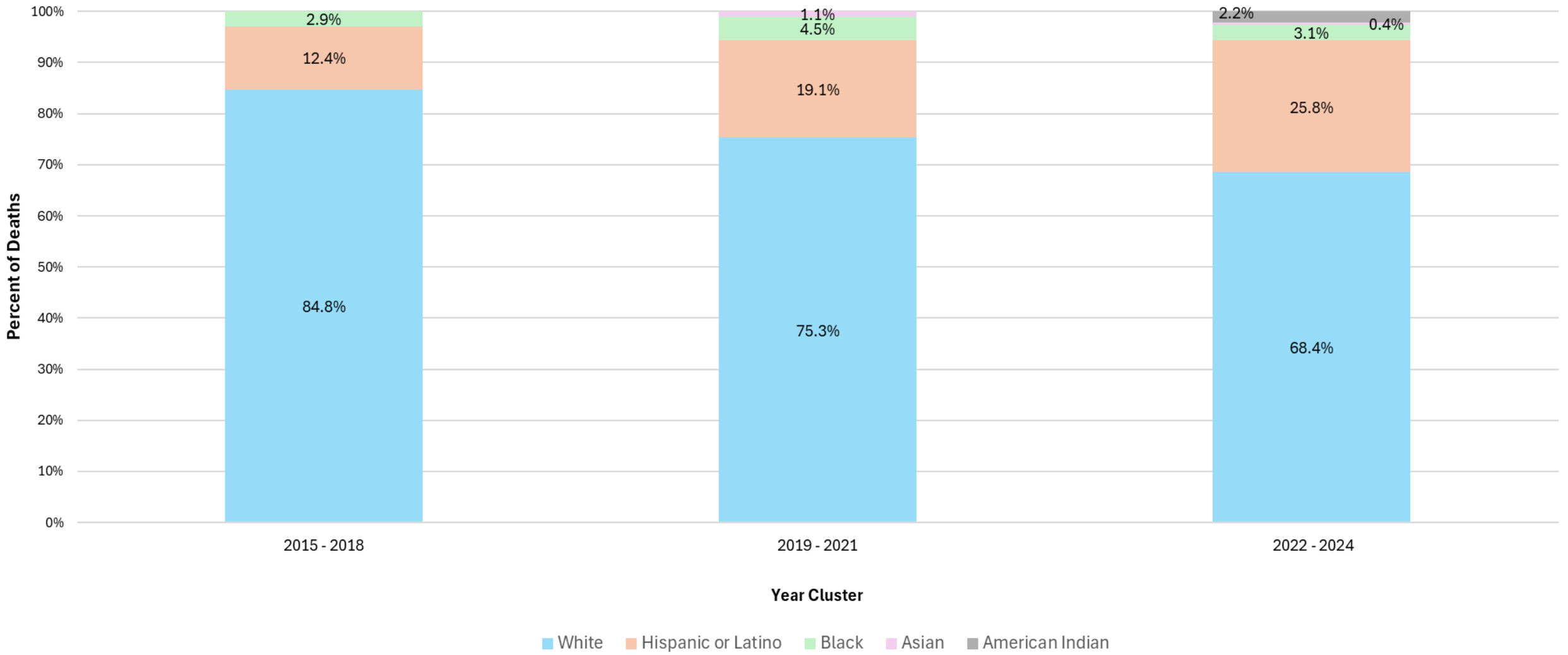
ANY OPIOID-RELATED DEATH BY RACE AND ETHNICITY

Age-adjusted Rate by 100,000 Residents



* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS), Death Query. Retrieved 01/2025. Due to small sample sizes in some demographic groups, some age-adjusted rates are unavailable by year.

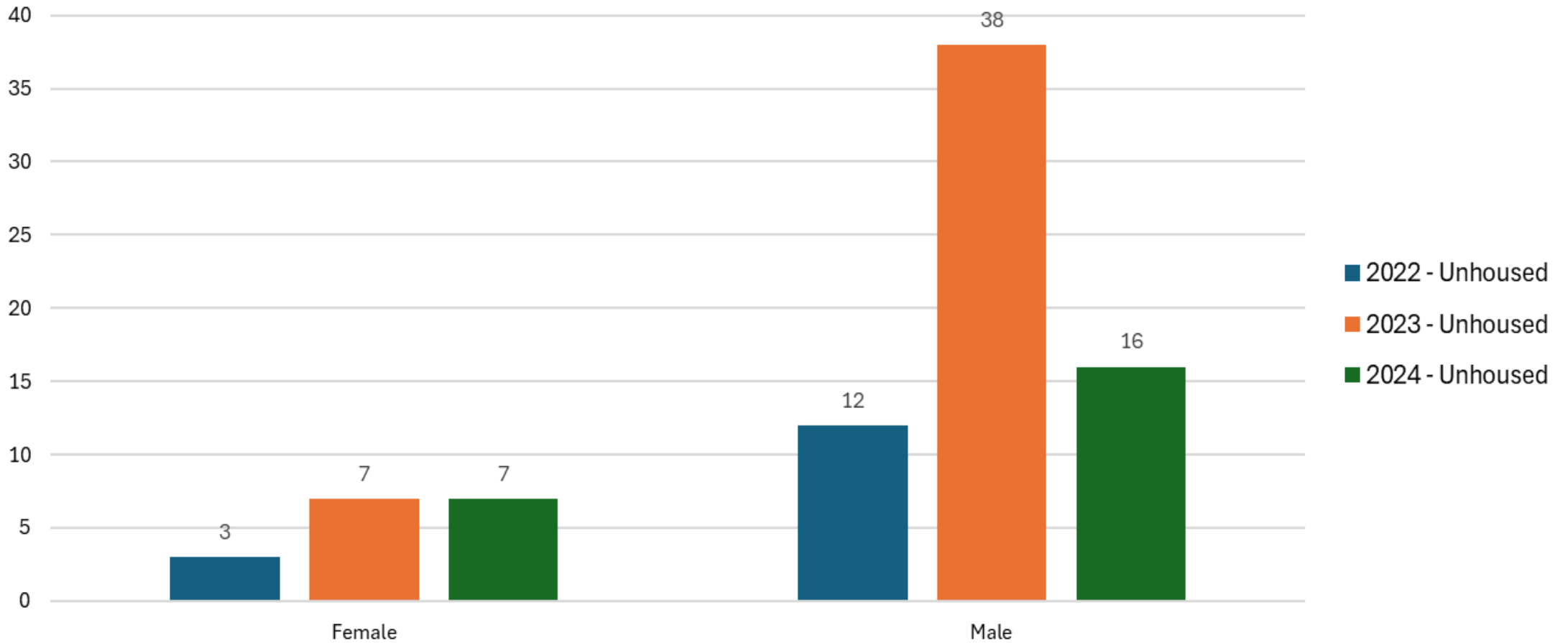
Race and Ethnic Deaths in Santa Cruz County, 2015 - 2024



* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS), Death Query. Retrieved 01/2025

Housing Status

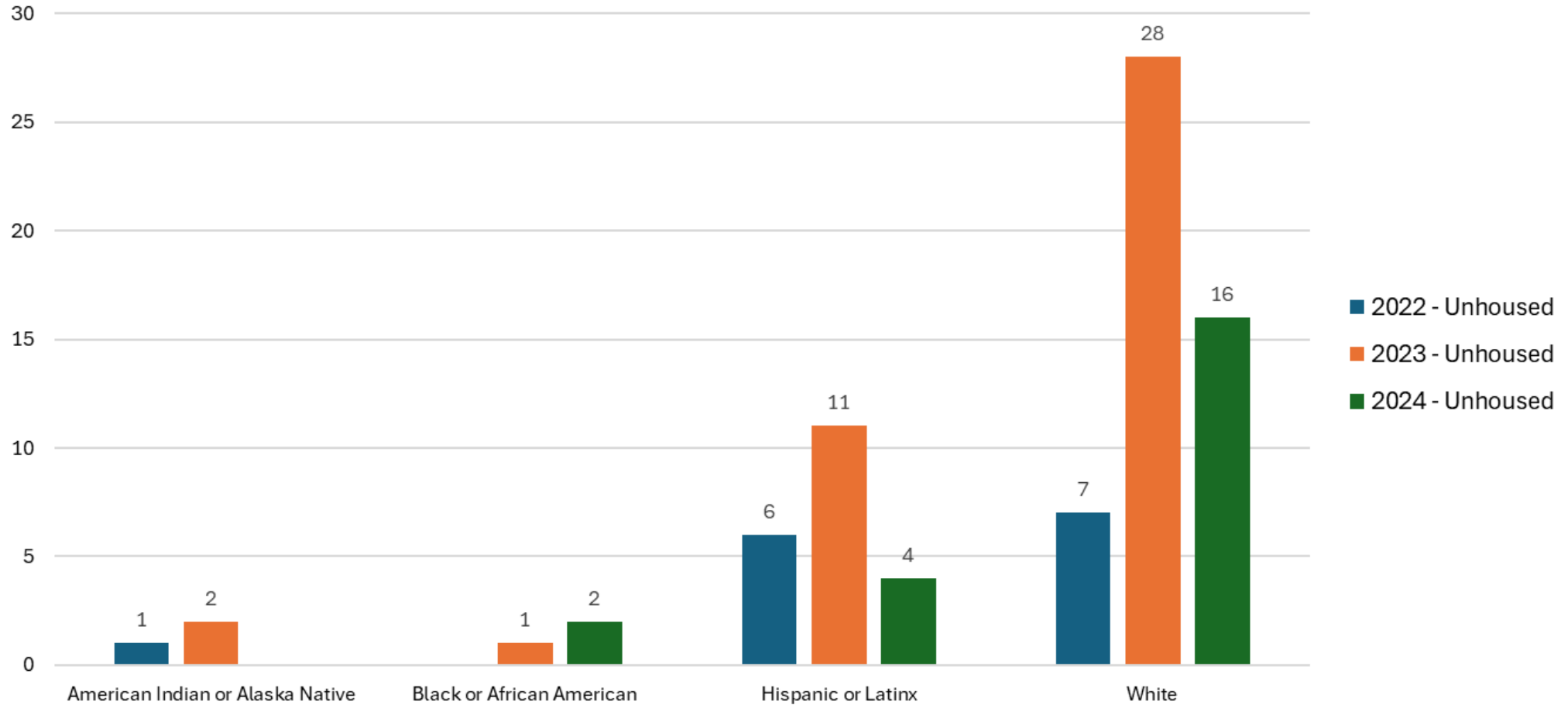
Mortality by Sex in Unhoused Population, 2022 - 2024



* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS) Death query retrieved 01/2025. Homeless status data began to be collected in 2022. 49% of data for housing status is missing. 83 deaths represents approximately 34% (83/244) of all overdose deaths in Santa Cruz County for years 2022 - 2024.

Sex	2022	2023	2024	Total
Female	3	7	7	17
Male	12	38	16	66
Total	15	45	23	83

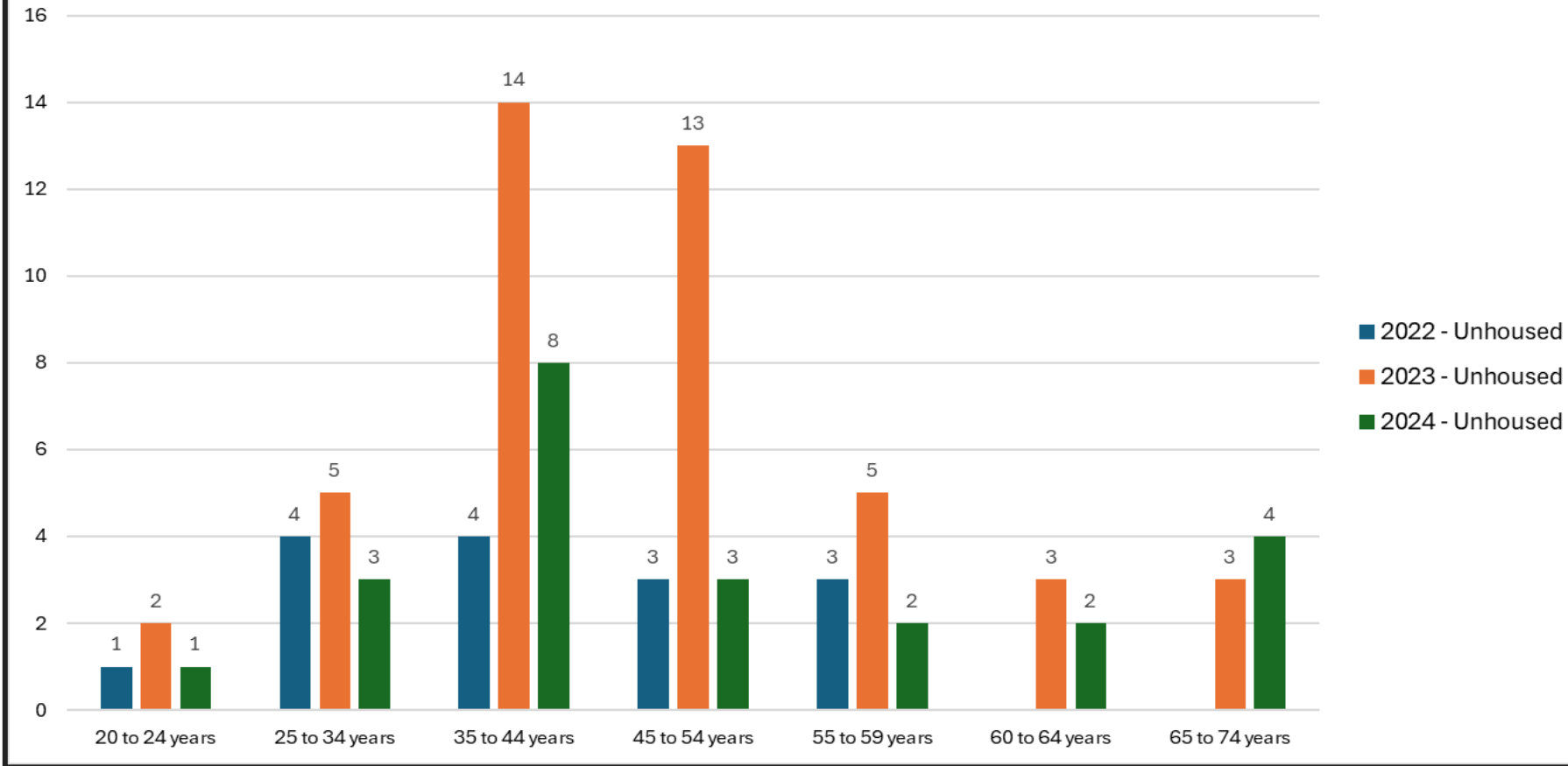
Mortality by Race and Ethnicity in Unhoused Population, 2022 - 2024



* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS) Death query retrieved 01/2025. Homeless status data began to be collected in 2022. 49% of data for housing status is missing. 83 deaths represents approximately 34% (83/244) of all overdose deaths in Santa Cruz County for years 2022 – 2024.

Race and Ethnicity	2022	2023	2024	Total
American Indian or Alaska Native	1	2	0	3
Black or African American	0	1	2	3
Hispanic or Latinx	6	11	4	21
White	7	28	16	51
Total	14	42	22	78

Mortality by Age Group in Unhoused Population, 2022 - 2024



* State of California, Department of Public Health. (2025). California Vital Records Business Intelligence Systems (VRBIS) Death query retrieved 01/2025. Homeless status data began to be collected in 2022. 49% of data for housing status is missing. 83 deaths represents approximately 34% (83/244) of all overdose deaths in Santa Cruz County for years 2022 – 2024.

Age Group	2022	2023	2024	Total
20 to 24 years	1	2	1	4
25 to 34 years	4	5	3	12
35 to 44 years	4	14	8	26
45 to 54 years	3	13	3	19
55 to 59 years	3	5	2	10
60 to 64 years	0	3	2	5
65 to 74 years	0	3	4	7
Total	15	45	23	83

Key Takeaways

- Since 2020, there's a positive correlation on the number of non-fatal opioid overdoses and the number of fatal overdoses.
- Fentanyl is the main drug driving opioid overdose deaths.
- Opioid overdose death rates for both sexes has increased since 2020, with men having a death rate 4 times greater than women in 2023 and 2 times greater in 2024.
- People ages 25 – 55 are experiencing the highest number of deaths.
- Men are accidentally overdosing at a ratio that is 3 times greater than women.
- Over time, we are seeing more of the Hispanic population emerge in the data.
- In 2023, the rates of death for the Hispanic and Latino population exceed the death rates for Whites
- Between 2022 and 2024, the unhoused population accounted for approximately 34% of all overdose deaths in Santa Cruz County, with 83 out of 244 deaths.
- The economic hardship score analysis did not find a correlation at the census tract level, indicating that drug overdoses affect anyone in Santa Cruz County.

Questions?



Salud Mental y
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de Sustancias



20-MAR-2025

DRAFT

Santa Cruz County Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060
831 4543 2200

Re: Letter of recommendation for Measure K allocation of funds for MHCAN.

To: Santa Cruz County Board of Supervisors

The Santa Cruz County Mental Health Advisory Board strongly recommends that for the fiscal year 2025-2026 \$515,000 of the estimated \$7.5 million Measure K countywide sales tax increase be allocated to MHCAN, a unique, essential and cost effective, PEER run program and county contractor H1460. This funding will enable MHCAN to continue to provide vital services at its current levels. Prudently investing in MHCAN sustains critical infrastructure that directly impacts community resilience and well-being and does so in a cost effective manner.

For 27 years MHCAN, Mental Health Client Action Network, has provided services that are unique and essential for our vulnerable population, who are experiencing a serious mental illness and/or substance use disorder, to recover and thrive. MHCAN is the only fully Peer run organization in Santa Cruz County and it is a lifeline for our clients offering connection, empowerment, and recovery opportunities.

MHCAN as a for the Santa Cruz County MHSA IHART (Integrated Housing and Recovery Team) and Full-Service Partnership teams to connect and engage people needing services. At current funding levels the MHCAN program will not be able to sustain their services that saves lives, reduces needless suffering, and does this at a lower cost to the County than existing alternatives.

As a community our intention and goal must be to find and allocate sustainable funding to scale behavioral health services to meet our community's needs. Measure K was passed by voters to do just that, as stated in Resolution NO. 215-2023:¹

“WHEREAS, the funds collected from the increase in the Sales Tax will be used to **provide funding for essential County services including...mental health crisis programs for children and vulnerable populations; substance abuse programs;... programs to reduce homelessness**”

And also as stated in this excerpt from the Measure K impartial analysis:²

“The Board has identified Budget Priorities for Fiscal Year 2024-2025 to include:

1. \$1 million for housing and essential workforce retention
2. \$1 million for Countywide homeless services
3. Unspecified additional amount for other identified County services.

Again, the Santa Cruz County Mental Health Advisory Board strongly recommends that for the fiscal year 2025-2026 \$515,000 of the estimated \$7.5 million Measure K countywide sales tax increase be allocated to MHCAN, a unique, essential and cost effective, PEER run program and county contractor H1460. This funding will enable MHCAN to continue to provide vital services at its current levels. Prudently investing in MHCAN sustains critical infrastructure that directly impacts community resilience and well-being and does so in a cost effective manner.

Please do not hesitate to contact Xaloc Cabanes, chair of MHAB, should you have any questions.

¹ Santa Cruz County Resolution 205-2023

<https://votescount.santacruzcountyca.gov/Portals/16/mar24/Measure%20K%20Resolution.pdf>

² Measure K Impartial Analysis

<https://votescount.santacruzcountyca.gov/Portals/16/mar24/Measure%20K%20Impartial.pdf>

Santa Cruz County Mental Health Advisory Board

MHCAN PROGRAM GOALS & MEASURES ANNUAL REPORT 2022³ (Summary)

Goal #1: To offer a Wellness Center which is a safe place to find one's path to recovery where recipients of mental health services help each other.*and to provide these services remotely when we had to, during the acute pandemic.

Measure: MHCAN will provide a welcoming, clean, and sober facility for at least 12,000 duplicated visits by individuals with a mental health diagnosis. Daily logs kept of program participants. MHCAN has provided daily (when open) recovery meetings and a clean, welcoming clean & sober facility.

Goal: 12,000 visits

Achieved: 14,932 visits

Goal # 2: To provide advocacy, assessment, benefits, and linkage for individuals with mental health diagnosis including those who are homeless.

Measure: At least 15 homeless people without benefits will be referred to ACCESS for evaluation for SSI. This year MHCAN referred 23 homeless people without benefits to the ACCESS team for evaluation. MHCAN peer support workers accompanied some of these individuals as advocates and our MAA outreach worker helped some get Medi Cal.

Goal #2: 15 referrals

Achieved: 91 referrals

Goal # 3: To provide safe transportation to mental health clients, including bringing them to health care appointments.

Measure: MHCAN van drivers will provide 1,500 rides to mental health clients to health care and any other appointments. This fiscal year we had additional funding from a DOT federal transportation grant. The county no longer pays for a driver. We had a full time driver who, because of the pandemic, was unable to provide transportation. Instead, our full time driver delivered food 5 hours a day from 2 different donor places that gave it to us. This fiscal year MHCAN provided food boxes to about 30 people daily, 2 days a week, over 45 of each being CMH clients.

Goal: 1,500 rides

Achieved: 3120 Rides and deliveries of food boxes

Goal #4: To provide a variety of support groups and activity groups to benefit people in all stages of recovery.

Measure: MHCAN will maintain a monthly calendar that will be distributed to CMH consisting of at least 35 support and activity groups. New groups will be added based on client interests. MHCAN has had between 35-46 weekly groups, events and classes, including 4 inpatient in person socially distanced medically supervised (a nurse is there) support groups weekly in acute care in the PHF this entire pandemic.

Goal: 35 support groups , events and classes

Achieved: 35-46 support groups , events and classes

Goal #5: To offer supportive employment opportunities to people with psychiatric disabilities.

Measure: MHCAN will maintain a staff of at least 9 people. All staff hired at MHCAN will be individuals with psychiatric disabilities. Regular supervision and weekly staff support groups will assist individuals to work in recovery. MHCAN has a staff of 24 for the year. We have weekly staff meetings and are dedicated to workforce education training.

Goal: 9 staff

Achieved: 24 staff

³ <https://projects.propublica.org/nonprofits/organizations/931177400>

April 17, 2025

Santa Cruz County Board of Supervisors

701 Ocean Street, Room 500

Santa Cruz, CA 95060

Re: Sharing information between the Handle with Care program and the Mobile Crisis Response Team.

To: Santa Cruz County Board of Supervisors

The Santa Cruz County Mental Health Advisory Board has had presentations regarding two programs, which are designed to respond to people who are in a mental health crisis. The new Handle with Care program, which is being developed by the Sheriff's Department, is generally dispatched after a 911 call. This program plans on building a database about their potential clients, which may help to deescalate a mental health crisis situation.

Unfortunately, due to privacy concerns and logistical problems, there is no plan to share this data with the Behavioral Health Department's Mobile Crisis Response Team, which is generally called into action after a 988 call. We recommend that the Board of Supervisors ask these two programs to find a way to share this valuable data, which may save lives.

Please do not hesitate to contact Xaloc Cabanes, chair of the Mental Health Advisory Board, should you have any questions.

Santa Cruz Mental Health Advisory Board