



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

NOTICE OF PUBLIC MEETING – County of Santa Cruz
MENTAL HEALTH ADVISORY BOARD

MARCH 21, 2024 ♦ 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOMS 206-207, SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 311 280 892#

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
Laura Chatham Member 1 st District	Dean Shoji Kashino Member 2 nd District	Hugh McCormick Member 3 rd District	Celeste Gutierrez Member 4 th District	Jeffrey Arlt Secretary 5 th District

Felipe Hernandez Board of Supervisor Member	
Tiffany Cantrell-Warren Director, County Behavioral Health	Karen Kern Deputy Director, County Behavioral Health
Stella Peuse – Youth Representative	

**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
 MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Bldg K, Rooms 206-207, Santa Cruz. Individuals interested in joining virtually may [Click here to join the meeting](#) or may participate by telephone by calling (831) 454-2222, Conference ID 311 280 892#. 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	3:00 Regular Business
1	15 Min	<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 February 15, 2024 minutes*</i> • Secretary's Report
		3:15 Presentation
2	25 Min	Handle with Care Registry – Chief Ainsworth, Sheriff's Office Supervisor Manu Koenig
		3:40 Standing Reports
3	10 Min	Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
4	25 Min	Behavioral Health Report – Tiffany Cantrell-Warren, Director of Behavioral Health Overview of County Substance Use Disorder Services (SUDS) Drug Medi-Cal Organized Delivery System (DMC-ODS) Health Plan – Casey Swank, SUDS Director
5	15 Min	Update on committees
		4:30 New Agenda Items
6	25 Min	<ul style="list-style-type: none"> • School District Update – Stella Peuse • <i>Review draft Biennial Report and vote to submit to the Board of Supervisors*</i> • <i>Discussion and vote on revised Bylaws to include the SUDS Commission and change name from MHAB to Behavioral Health Board*</i>
		4:55 Future Agenda Items
		5:00 Adjourn

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

NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:

APRIL 18, 2024 ♦ 3:00 PM – 5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE, BLDG K, ROOMS 206-207

SANTA CRUZ, CA 95060



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

FEBRUARY 15, 2023 ♦ 3:00 PM - 5:00 PM

1430 FREEDOM BLVD, SUITE E, UCCE AG EXTENSION AUDITORIUM, WATSONVILLE

In-person meeting only, no virtual option.

Present: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Excused: Hugh McCormick, Jennifer Wells Kaupp, Supervisor Hernandez, Stella Peuse
Absent: Jeffrey Arlt
Staff: Tiffany Cantrell-Warren, Jane Batoon-Kurovski

-
- I. Roll Call – Quorum present. Meeting called to order at 3:21 p.m. by Chair Xaloc Cabanes.
 - II. Public Comments - none
 - III. Board Member Announcements
 - The Chair requested that the subcommittees start to meet to discuss schedule, ideas and tasks.
 - The Biennial Report is not complete. It will be reviewed and voted on at the next meeting.
 - IV. Business / Action Items
 - A. Approve January 18, 2024 Minutes.
Motion/Second: Valerie Webb / Dean Kashino
Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Nays: None
Absent: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Supervisor Hernandez
Motion passed.
 - B. Approve the draft Proposition 1 opposition letter with changes as discussed (see item VI.B.2)
Motion/Second: Laura Chatham / Michael Neidig
Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes
Nays: None
Absent: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Supervisor Hernandez
Motion passed.
 - V. Reports
 - A. Secretary's Report – Jeffrey was absent, no report.
 - B. Patients' Rights Report – George Carvalho, Patients' Rights Advocate
The January report was provided. George was not present at the meeting.
-Antonio is requesting more specific information about Willowbrook.
 - C. Board of Supervisors Report – Supervisor Hernandez was absent, no report.

D. Behavioral Health Updates: Tiffany Cantrell-Warren, Director of County Behavioral Health

- Response to question from the last meeting about the new law that passed which states that the County is no longer able to have independent contractors unless the County pays for their insurance and benefits, and the board was wondering how that would affect the contractors in their network. Tiffany said it will not affect the County because they already have strong regulations around independent contractors, however it could affect some of the organizations that BH contracts with if they have independent contractors. BH has seen increases in the cost that they are requesting BH to pay for the services they deliver but can't say if that cost is because of this law or just because of general health care expenses. The cost of delivering health care services have increased since 2020.
- BH is in communication with their contractors getting ready for another contracting cycle for next year. BH is hearing a lot from their contractors about the struggle for them to operate in the new CalAIM BH Payment Reform Fee for Structure system. It is hurting BH financially and hurting their contractors as well. BH is gearing up trying to identify some additional investments to support these specialty mental health and drug medical networks in Santa Cruz County that the County BH department is responsible for.
- MESA in its current iteration is a millionaire's tax of 1.0% on top of incomes above a million dollars. There are less incomes above a million dollars right now because of stock market performance in the past year or two, so the State's revenue is extremely down. The state is hurting in a budget deficit, and MESA is also decreasing the projected amount that BH would receive this year and next year.
- The interim Children's unit in Watsonville will open in early March. They have executed contracts with Watsonville Community Hospital and Pacific Clinics. Pacific Clinics has hired one team but needs two teams to cover 12 hours/day, 7 days/week.
- The Sobering Center opened on February 1st and is staffed by Janus, which is BH's largest SUD Contractor, can get reimbursed through the County and Medi-Cal. Because Janus provides a withdrawal management, narcotics treatment program, and a lot of other substance use disorder services, they can connect individuals in through their system of care, and once somebody is given that outpatient or inpatient service through Janus, the County BH department is the medical plan that pays for that individual's treatment, if they are a Medi-Cal beneficiary. BH is connected, but Janus is the operator. BH provides funding to Janus for the Sobering Center, the funding comes directly from Medi-Cal, not through the County, and there is a portion of funding coming from the Sheriff's Department. The duration of stay is 24 hours until they sober up from that incident. It is an opportunity to provide a connection to someone back into services.
- Waiting lists for treatment programs – In the system of care, there is not enough capacity to treat individuals who have SUD. They have 94 beds for adults who are Medi-Cal recipients/beneficiaries. There is zero beds for children, youth age 17 and under. BH has a contract with The Camp in Scotts Valley to provide residential substance use disorder treatment for youth who are Medi-Cal. The Camp doesn't accept Medi-Cal, so BH pays 100% of the cost of SUD residential treatment for Medi-Cal youth in this County. For the adult population, the Feds match more than 50% of the cost and then BH pays the rest. BH did increase capacity for outpatient narcotics treatment program. They were able to use some of their Opioid settlement funds to increase that capacity. Janus used to provide less than 5 days/week, and now they are providing 2 more days to be able to have people enter that treatment most days of the week. Janus provides residential and outpatient treatment.

VI. New Agenda Items

A. Review draft Biennial Report and vote to submit to the Board of Supervisors – draft not complete. Report to be reviewed next month.

B. Proposition 1

1. Oppose Proposition 1.

Motion/Second: Antonio Rivas / Mike Neidig

Ayes: Antonio Rivas, Celeste Gutierrez, Laura Chatham, Michael Neidig, Valerie Webb, Xaloc Cabanes

Nays: Dean Kashino

Absent: Hugh McCormick, Jeffrey Arlt, Jennifer Wells Kaupp, Supervisor Hernandez

Motion passed.

2. Approve draft opposition letter with the following changes:

- Add last digit to phone number.
- Remove from RE: “as it reduces funding for existing BH services and crisis response and”
- Add in the last paragraph, “This is a brief summary of our opposition” and “contact the MHAB for additional information.”

C. Revise bylaws to include the SUDS Commission and change name from MHAB to Behavioral Health Board – discussion postponed to next month.

VII. Adjournment

Meeting adjourned at 4:54 p.m.

Summary

This is a February 2024 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 were lost.

Patients' Rights Advocate Report

February 2024

Telecare PHF

On February 22, 2024, this writer received a phone call from a client held on an LPS detention at the Telecare Psychiatric Health Facility. The client reported that she received emergency medication when, after being triggered by another person, threw water at them. The client also requested the services of an attorney. I urged the client to speak with staff instead of acting out intense feelings. I also walked through the steps of filing for a writ of habeas corpus. I requested that the client return a call to my office if in need of any further assistance.

7th Avenue Center

On February 9, 2024, while on a monitoring visit to the facility, a resident approached me about concerns about finances and discharge planning. This resident informed me that he had been interviewed by staff from this other facility. This writer reminded the resident that often the issue of bed availability may delay the process of transfer. Nevertheless, this writer offered to communicate with the conservator on his behalf. The resident gave permission to speak with the conservator but not to check the front office about his account status. This writer placed a call to the conservator who confirmed what the resident had told me earlier. On February 23, 2024, this writer met with the resident to inform him about my conversation with the conservator and to ask about his financial situation. The resident was grateful for the information and stated that he didn't have any financial concerns.

7th Avenue Center

On February 25, 2024, this writer received a voicemail from a resident of the 7th Avenue facility. The resident wanted to know about what he needed to do to be successful to complete the program although he had just arrived and was on the first level of the 4-tiered program. This writer encouraged residents' motivation in contacting the PRA and wanting to know all the information about his treatment. This client reiterated the fact that he has the right to be fully

informed about the treatment plan and about his right to contest the conservatorship. I urged the client to contact my office with further questions if needed.

Willow Brook

On February 5, 2024, this writer* received an SOC 341 report from the Willow Brook facility alleging resident-to-resident abuse, specifically, sexual harassment by a male peer towards to a female peer. The female resident reported to staff the content of the communication to staff. Staff, upon investigating the matter, evicted the male resident. The female resident stated that she feels safe at the facility. The PRA will follow up with the resident upon our next visit.

*Ms. Davi Schill

Willow Brook

On February 23, 2024, this writer* received an SOC 341 report alleging an incident of verbal resident-to-resident abuse. This writer met with the Suspected Abuser and the reported victim. The SA denied using homophobic slurs against the reported victim and there were no witnesses to the allegation. This writer communicated with the reported victim who informed this writer that there was no further contact with the SA. The resident received my business card. The PRA program will check in with this resident in future monitoring of this facility

*Ms. Davi Schill

Opal Cliffs Residential

On February 12, 2024, this Advocate* received a report from the Opal Cliff Residential Facility of a resident-to-resident abuse a female resident by non-resident male. The female resident reported unwanted and touching and sexual advances to staff from by the non-resident. Staff informed the reported victim that she need not see this person and will support her in this decision. Staff contacted local law enforcement. Case number assigned by Capitola PD/. The PRA will continue to monitor the situation. *Ms. Davi Schill

ADVOCACY INC.

TELECARE CLIENT CERTIFICATION AND
REISE HEARING/PATIENTS' RIGHTS

February 2024

Third Quarter

1. TOTAL NUMBER CERTIFIED	16
2. TOTAL NUMBER OF HEARINGS	16
3. TOTAL NUMBER OF CONTESTED HEARINGS	8
4. NO CONTEST PROBABLE CAUSE	5
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	5
10. NON-REGULARLY SCHEDULED HEARINGS	0

*One hearing uncontested but released due to facility error

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 cancelled Reise hearings: 0

House spent on all Reise hearings: 3.5 Reise Appeal: 0

Respectfully submitted: Davi Schill PRA, George Carvalho PRA



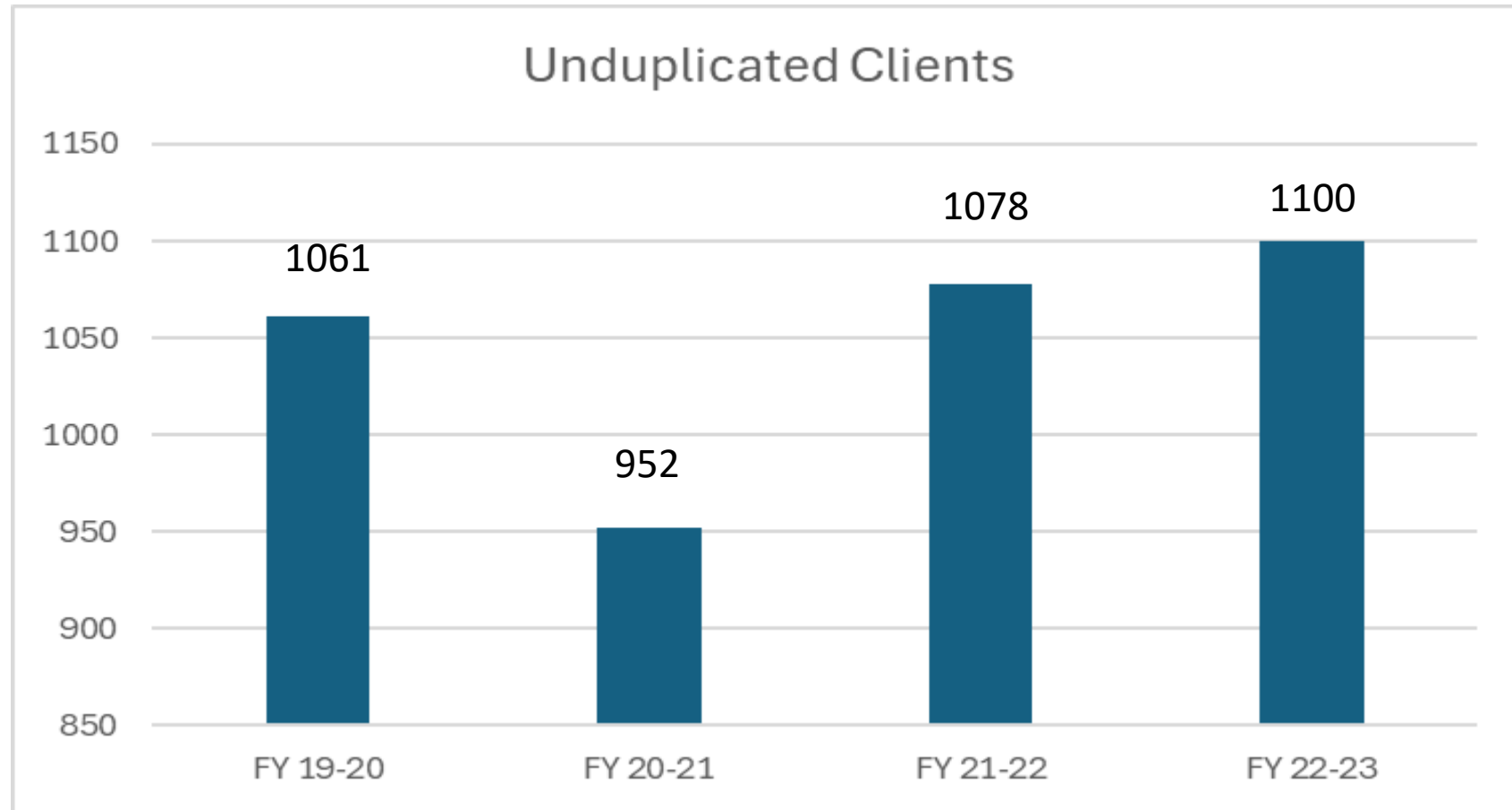
Salud Mental y
Tratamiento del Uso
de Sustancias

Behavioral Health Division

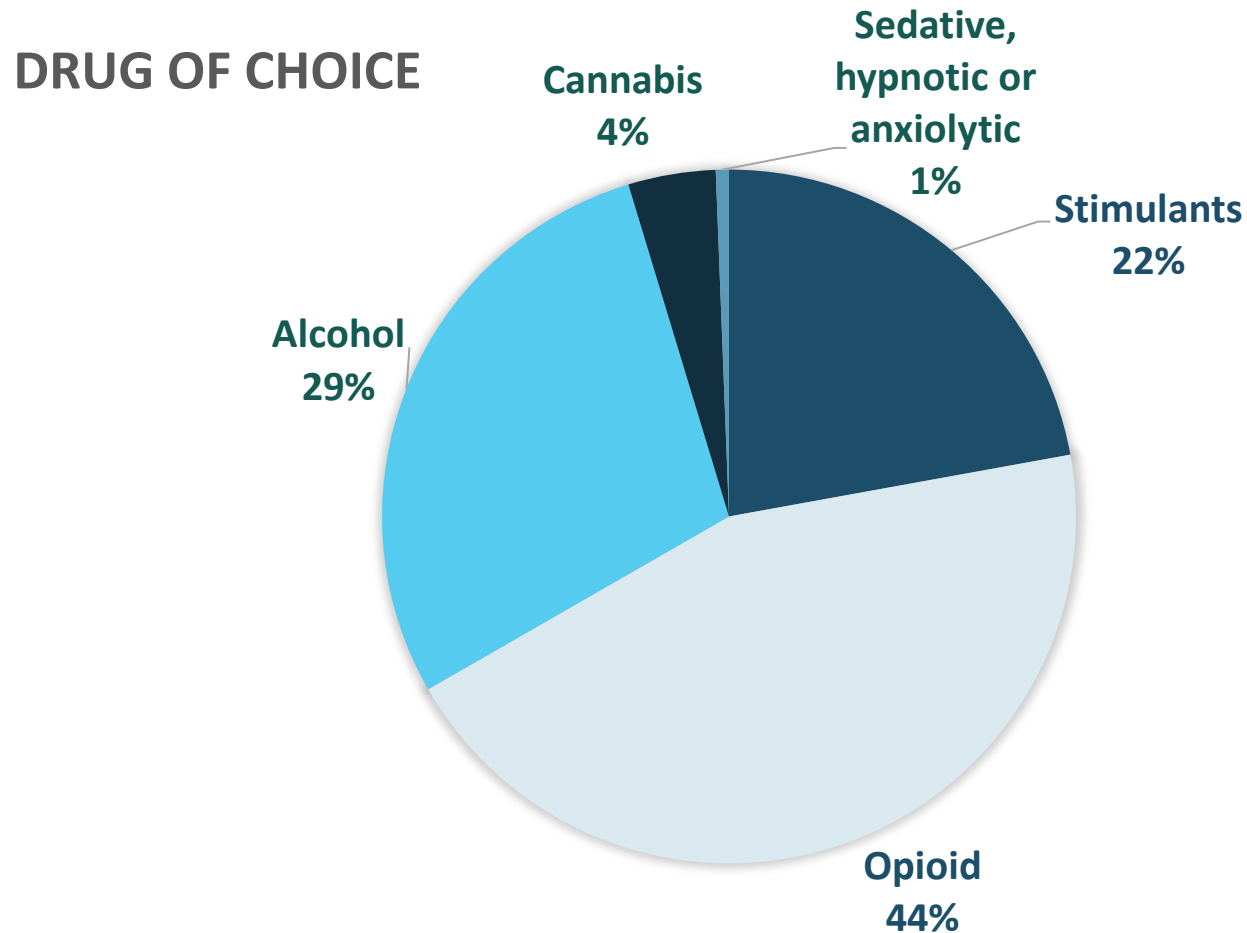
Substance Use Disorder Services

March 21st, 2024

County Behavioral Health Drug Medi-Cal Plan Current Client Reach

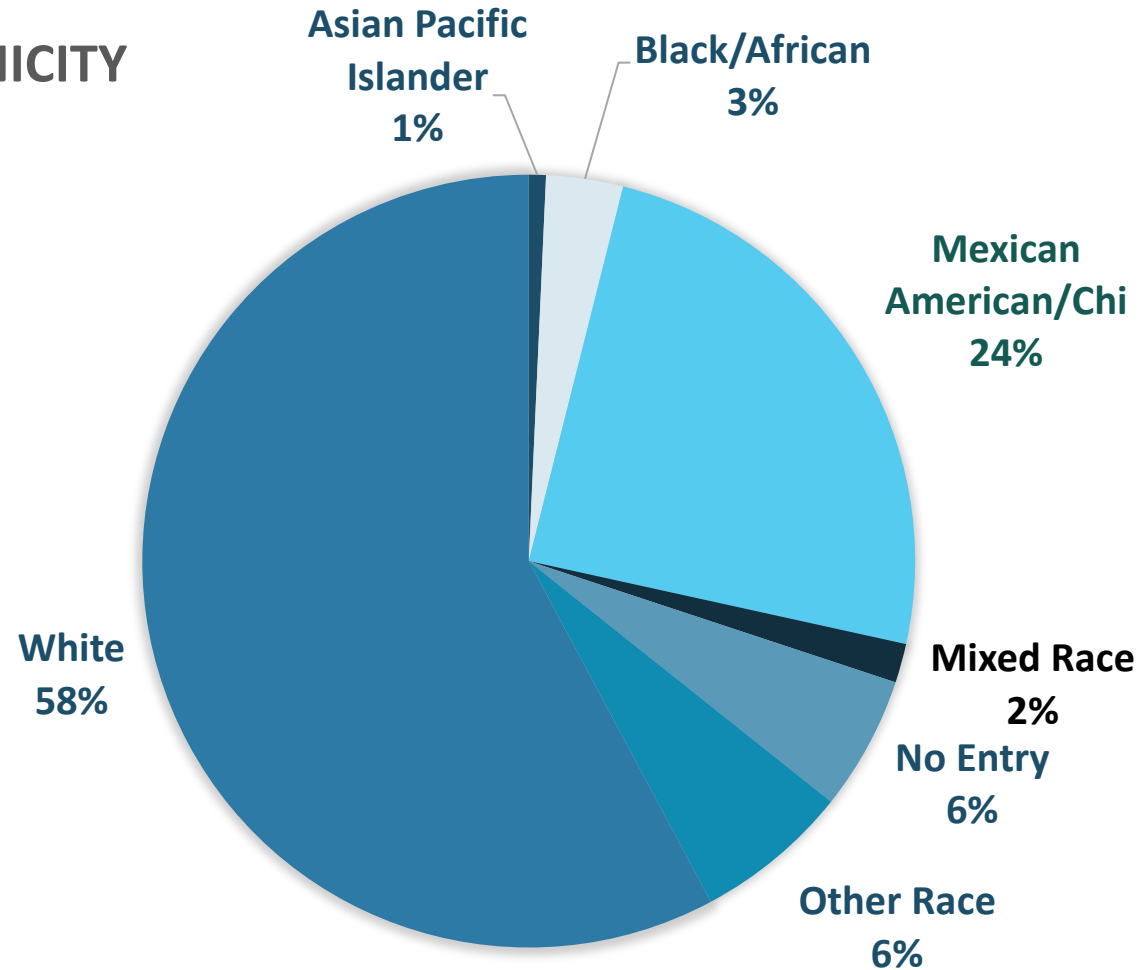


County Behavioral Health Drug Medi-Cal Plan Current Client Base



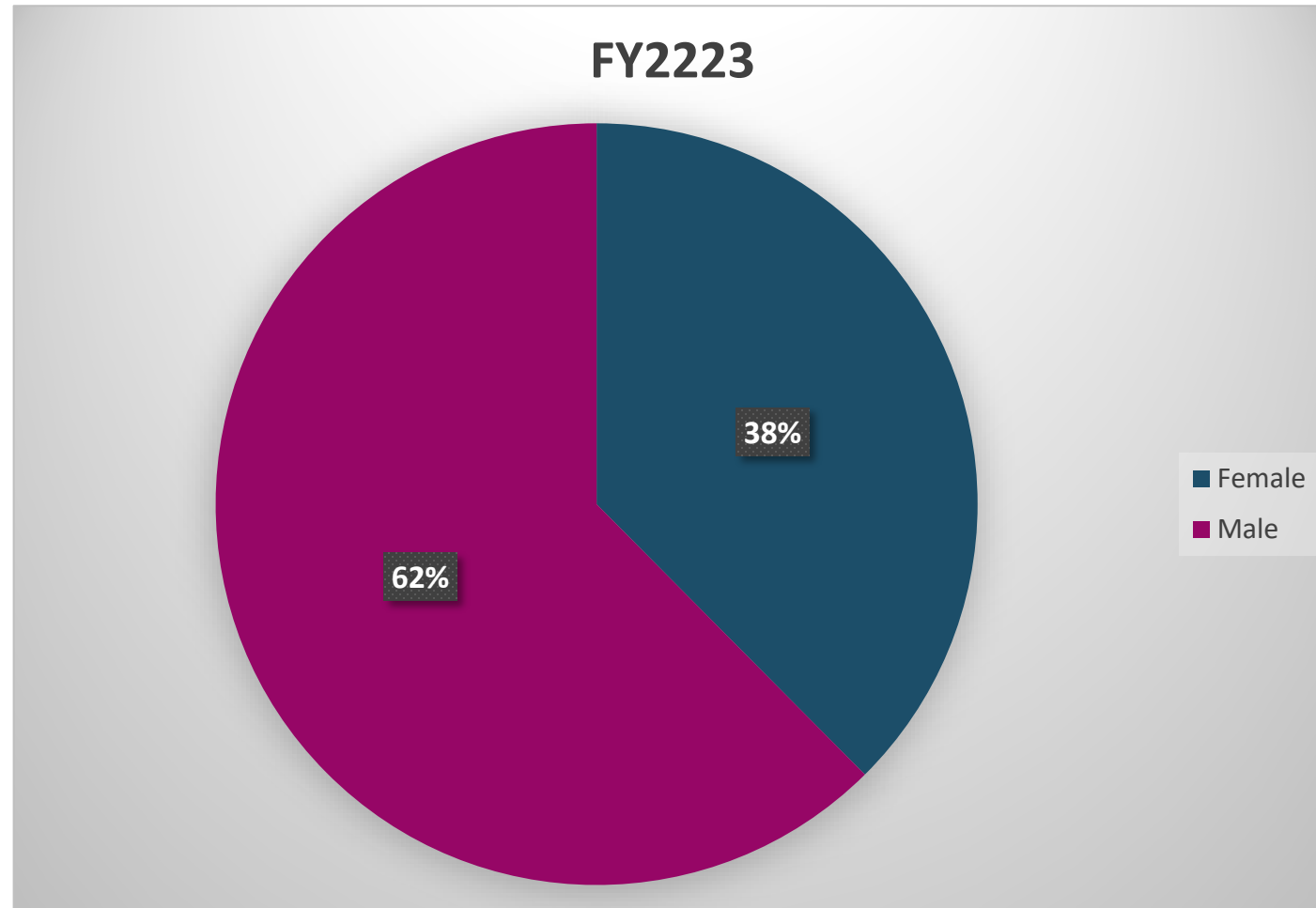
County Behavioral Health Drug Medi-Cal Plan Current Client Base

RACE/ETHNICITY

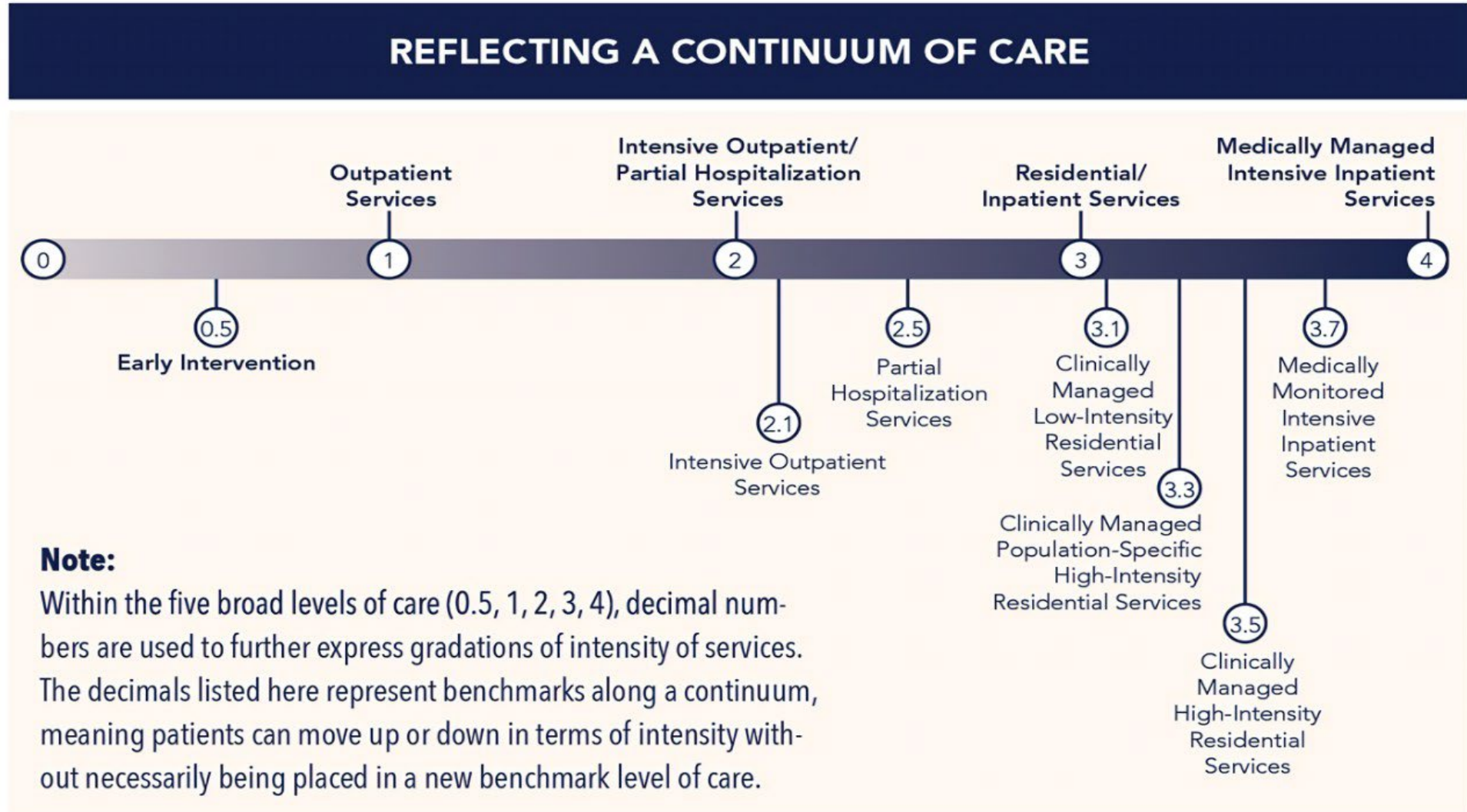


County Behavioral Health Drug Medi-Cal Plan

Current Client Base - Gender



Substance Use Disorder Services



SUD Medi-Cal Residential Treatment 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
The Camp	Youth Withdrawal Management and Residential Treatment	As needed

2024 Prevention Activities

- Education and outreach to parents and caregivers
- SUD prevention education in schools
- School peer education models
- Curricula for mental health needs, including emotional modulation and resilience skills
- Education and outreach to faith-based organizations
- Promote harm reduction behaviors and services
- Promote Youth Wellness Centers
- Data tracking and reporting
- Convene across organizations to improve coordination and policy efforts

Santa Cruz County Mental Health Advisory Board 2022-2023 Biennial Report





County of Santa Cruz



HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION

Mental Health Advisory Board
PO Box 962, Santa Cruz, CA 95061
Phone:(831) 454-4767 Fax:(831) 454-4663

Re: 2022-2023 Biennial Report of the Santa Cruz County Mental Health Advisory Board

Dear Members of the Board.

On behalf of the Santa Cruz Mental Health Advisory Board, we are enclosing the 2022-2023 Biennial Report that highlights our activities. The Mental Health Advisory Board would like to thank the Santa Cruz County Board of Supervisors for the continued support that they provide to the Behavioral Health Services Division of the Health Services Agency, to our Board and to the Community.

This will be the last biennial report submitted by the Mental Health Advisory Board as we transition into the Behavioral Health Advisory Board, a merger of the Mental Health Advisory Board and Substance Use Disorder Commission.

The members of the board consist of a group of volunteers and appointed representatives. Our primary functions are to provide oversight and monitoring of the public mental health system, advise the Board of Supervisors and the Director of Behavioral Health, review and evaluate the community's public behavioral health needs, services, facilities, and special problems, ensure that community members are involved in the planning process for providing behavioral health services, and advocate for persons dealing with behavioral health issues.

We invite you to read the highlights of our last two years, our efforts, advocacy involvement, and caring. Highlights include:

Endorsing of the report The Roadmap to the Ideal Crises System, Crises Now Mobile Crisis Response, 988, Santa Cruz County Office of Education, Scotts Valley High School's Hope Squad, Veterans Mental Health Services, County Jail Mental Health Services, Suicide Prevention, revisited Bylaws, as well as our Mandated responsibilities and goals for 2024.

We look forward to continued support and involvement for the Santa Cruz County Board of Supervisors and Behavioral Health staff and invite community participation as we work to achieve our goals for 2024.

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Xaloc Cabanes", with a stylized flourish at the end.

Xaloc Cabanes, Chairperson, Mental Health

Cc: Behavioral Health Director
Health Services Agency Director
Mental Health Advisory Board members

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About the Mental Health Advisory Board

The Santa Cruz County Mental Health Advisory Board was first established in 1958 when the Santa Cruz Board of Supervisors elected to enter the Short-Doyle program established by the California legislature's passage of the Short-Doyle Act in 1957. The MHAB is comprised of 10 volunteer members plus one member of the BOS and one Youth Advisor. Each supervisor makes 2 individual appointments, and the MHAB Nominating Committee may also recommend the appointment of new members.

The categories of membership include:

- Member of the Board of Supervisors
- Consumer
- Family Member
- Mental Health Professional
- Public Interest

The MHAB serves as a link between the BOS and BHS by enhancing public input into the execution of community behavioral health care services.

The Biennial Report of the Mental Health Advisory Board is submitted in accordance with the California Welfare and Institutions Code 5604.2(a): Under state law the MHAB is required to review and evaluate the mental health needs, services and special projects in the Santa Cruz County community. The MHAB requirements also include advising the Board of Supervisors and Behavioral Health Services Director as to any aspect of the local mental health programs.

Board Members for 2023:



**Xaloc Cabanes – District 1
Chair
Direct Consumer**



**Laura Chatham – District 1
Public Interest**



**Dean Kashino – District 2
Mental Health Professional**
As a member of the Mental Health Advisory Board, I am able to be involved in the Santa Cruz County's Childrens Behavioral Health Crisis Continuum. I believe that the mental health of our youths is extremely important. We are improving access to care, focusing on the prevention of mental health problems, promoting early detection when such problems arise, and emphasizing early intervention when such problems exist. **-Dean Kashino, MD**



**Valerie Webb – District 2
Public Interest**

The 2023 MHAB meetings brought great opportunities for clarity of mission and exposure to some of the amazing things that are being done in our community by people committed to serving the mental health needs of our County.

The MHAB encountered many transitions of members which always brings sadness to see great contributors leave (Serg and Supervisor Caput), but excitement to meet new members, including our first student member, who have provided fresh energy, vision and passion for the MHAB mission. The transitions have allowed us to focus on what our strengths are as individuals on the MHAB and I think ultimately will set us up for greater impact in 2024.

One of the great joys for the MHAB is to meet community members who are "in the trenches" of mental health work in Santa Cruz County. The creativity, dedication and passion these people have is inspiring. The MHAB is truly privileged to hear their hearts and honor and encourage their work. **-Valerie Webb**



**Hugh McCormick – District 3
Consumer**



**Michael Neidig – District 3
Co-Chair
Mental Health Professional**

The membership of the Mental Health Advisory Board is made up of consumers of behavioral health services, family members of consumers, providers of these services and behavioral health volunteers. This yields a variety of perspectives that are helpful in formulating recommendations to the community. **-Michael Neidig**



**Celeste Gutierrez – District 4
General Public**



**Antonio Rivas – District 4
Consumer**



**Jeffrey Artt – District 5
Secretary
Family Member**



**Felipe Hernandez
Board of Supervisors
Member**

**-Jennifer Wells Kaupp-District 5
Mental Health Professional**

**-Stella Peuse
Youth Advisor**

MHAB Initiatives and Goals

During the MHAB annual retreat members collaborate to identify and prioritize goals and objectives for the year. The 2022-2023 goals and objectives were:

- 2022
 - Goals and Objectives
 - Pilot Ideal Crisis System
 - Ideal Crisis System programs open 24/7
 - 988 launch July 16th. Contribute by getting word out.
 - Site Visits
 - Peer Certification Training
 - CARE Court (forced treatment)
 - Housing – retain and keep consistent shelter
 - Begin planning of Crisis Response Centers
 - All law enforcement agencies to have the same policy as the jail regarding management of prescriptions
 - Committees
 - Standing Committees
 - Community / Publicity
 - Budget
 - Ideal Crisis System
 - Ad Hoc Committee
 - Peer Specialist Certification
 - Law / 988
- 2023
 - Goals and Objectives
 - Respond to Grand Jury Report with specific recommendations and findings.
 - Be involved in Personnel activities: recruit/hire/advocate.
 - Increase crisis chairs and inpatient beds to 137.
 - Support sexual assault services (survivors) and educating children/family members, provide program information on how sexual assault/abuse and mental health are connected.
 - More Youth Representation
 - Bring housing and Mental Health closer with permanent and supportive housing.
 - Site Visits at 7th Avenue and Santa Cruz County Jail (Wellpath)Wellness Summit: create a safe place for targeted groups.
 - Appointed an advisory board member to the Santa Cruz County's Children's Behavioral Health Continuum as a way of expanding our input into child mental health issues.
 - Added a youth member with the goal of aiding in efforts to expand the Hope Squad Program beyond just Scotts Valley High School.
 - Appointed an advisory board member to serve on the Veterans Counsel as a way of increasing our involvement in behavioral health issues facing veterans.
 - Having an advisory board member serve as a Senior Assembly Member representing Older Californians in Santa Cruz County.

MHAB Accomplishments during 2022

1. Advocated for an effective 24/7 non-law-enforcement mental health response team.
2. Supported Behavioral Health Department's implementation of county wide 24/7 non-law enforcement crisis response teams.
3. Presentation: Roadmap to the Ideal Crisis System, Dr. Kenneth Minkoff
4. Board secretary conducted a site visit to the Pima County Arizona Crisis Response Center in Tucson and also met with law enforcement and county behavioral health director.
5. Updating Bylaws to include TAY members
 - Incorporating youth voice on the board in line with the recommendations from Santa Cruz Like Me initiative and the Santa Cruz commissions, committees, and Advisory boards
6. Participated in the panel interviews for Santa Cruz County Behavioral Health Director
7. Site visits:
 - MHCAN with Sarah Leonard.
 - Front Street
8. 2022 Data notebook focus
9. Promoted 988 Suicide and Crisis Lifeline, a more efficient and easier number to remember.
10. In order to increase our knowledgebase and provide opportunities for advisement, the MHB received the following presentations:
 - Roadmap to the Ideal Crisis System - Dr. Kenneth Minkoff
 - Overview of Substance Use Disorder Services - Anthony Jordan, Substance Use Disorder Services Director
 - Overview of 988 Andrea Tolaio - Program Director of Suicide Prevention Services Program
 - Overview of Mental Health Services at County Jail - Devon Corpus, WellPath Mental Health Coordinator

MHAB Accomplishments during 2023

1. Reviewed and replied to 2022-2023 grand jury report [Diagnosing the Crisis in Behavioral Health](#) Underfunded, Understaffed & Overworked
2. MHAB recommended inclusion in the oversight committee of the interim facility while the new facility for youth is being built at 5300 Soquel Avenue.
3. Advocated for Kaiser Permanente to include a behavioral health unit for building facility proposal
4. Gaining a greater understanding of Loan Repayment Program for clinicians in the community who have student debt.
5. Board member Hugh completed 45 hours of peer support Certification training. This training allows peers to get hired, and. We expect to have 10-15 peer support specialists locally.
6. Chair of MHAB featured in Article in Lookout focusing on mental wellness <https://lookout.co/santa-cruz-county-mental-health-advisory-board-crisis/>
7. In order to increase our knowledgebase and provide opportunities for advisement, the MHB received the following presentations:
 - a. Scotts Valley High School Hope Squad – Student Presentation
 - b. Building Hope and Safety Santa Cruz Grant and Suicide Prevention Activities - Carly Memoli, Program Director, Applied Crisis Training and Consulting, Inc
 - c. Veteran Services and Mental Health - Travis Deyoung, Santa Cruz County Veterans Advocate
 - d. Centering Wellness: The Role of Schools in Addressing Behavioral Health Santa Cruz County Office of Education – Farris Sabbah, County Superintendent of Schools; Hayley Newman, School Climate & Wellness Coordinator; Lauren Fein, Behavioral Health Director; Michael Paynter, Student Support Services Director
 - e. Address Board Members and Public concerns regarding RI International Georgea Madeira, Senior Principal Consultant – RI International
 - f. Watsonville Trauma Response MDT Meredith Flores - Program Coordinator, Watsonville Police Department
 - g. SB326: Possible impacts on County Mental Health and associated programs/partners – Hugh McCormick

Role of the Santa Cruz County Mental Health Board

The legally mandated responsibilities of the Mental Health Board specify that we:

1. Submit biennial reports during odd numbered years to the Board of Supervisors and the County Mental Health Department on the needs and performance of the County's mental health system.
2. Review and evaluate the County's mental health needs, services, facilities and special problems.
3. Review the County agreements entered into pursuant to Welfare & Institutions Code Section 5650;
4. Advise the Board of Supervisors and the Mental Health Director as any aspect of mental health program in our County.
5. Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process.
6. Review and make recommendations on applications for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
7. Review and comment on the County's performance outcome data and communicate its findings to the State Mental Health Commission.
8. Assess the impact of the realignment of services from the State to the County, on services delivered to clients and on the local community.

The specific duties and functions of committees and members of the Mental Health Board are governed by the By-Laws of the Board, which must conform to the County Charter, A.B. 14, the Bronzan-McCorquodale Act, and the Brown Act.

The Behavioral Health Division staff designated as support is Jane Batoon-Kurovski, whose impeccable work supports the Board in all our endeavors after her appointment in February 2018. The Mental Health Advisory Board deeply appreciates the cooperation of the Santa Cruz County Behavioral Health Department and Behavioral Health Director Tiffany Cantrell-Warren, Behavioral Health Assistant Director Karen Kern.

2022-2023 Meeting Dates, Times, Presentations, and Locations

Date and Time	Presentation (if any)	Location/Format
January 20, 2022, 3pm-5pm	MHSA Innovation Plan	MS Teams only, No in-person meeting location
February 17, 2022, 3pm-5pm	Roadmap to the Ideal Crisis System	MS Teams only, No in-person meeting location
March 11, 2022, 10am-3pm	RETREAT	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
March 17, 2022, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
April 21, 2022, 3pm-5pm	Overview of 988	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
May 19, 2022, 3pm-5pm	Review of Grievance Process	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
June 16, 2022, 3pm-5pm	Overview of Budget	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
July 21, 2022, 3pm-5pm	Overview of Substance Use Disorder Services	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
August 18, 2022, 3pm-5pm	Overview of Mental Health Services at County Jail	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
September 15, 2022, 3pm-5pm	CalAIM BHQIP Performance Improvement Projects	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
October 20, 2022, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
December 15, 2022, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
January 19, 2023, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
February 16, 2023, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz

March 16, 2023, 3pm-5pm	Mental Health Services Act 3-Year Plan Fiscal Years 23/24-26/27	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
April 20, 2023, 3pm-5pm	Scotts Valley High School Hope Squad	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
May 18, 2023, 3pm-5pm		MS Teams, phone and in person at 1430 Freedom Blvd, Atrium, Watsonville
June 15, 2023, 3pm-5pm	Veteran Services and Mental Health	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
June 16, 2023, 10am-3pm	RETREAT	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
July 20, 2023, 3pm-5pm		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
August 17, 2023, 3pm-5pm	Building Hope and Safety Santa Cruz Grant and Suicide Prevention Activities	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
September 21, 2023, 3pm-5pm	Centering Wellness: The Role of Schools in Addressing Behavioral Health	MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz
October 19, 2023, 3pm-5pm	Watsonville Trauma Response MDT	MS Teams, phone and in person at 1430 Freedom Blvd, Atrium, Watsonville
November 16, 2023		MS Teams, phone and in person at 1400 Emeline, Rooms 206-207, Santa Cruz

MHAB Structure

The Welfare and Institutions Code requires that every County have a Mental Health Board or Commission, and AB 14 established specific mandates for the number and function of County Mental Health Boards. Consistent with these requirements, the Santa Cruz Mental Health Advisory Board shall consist of 11 members who are residents of the County, appointed as follows:

- A. Each Supervisor shall nominate two (2) persons who may reside within the Supervisor's district. A member of the Board of Supervisors shall serve as the 11th member of the Mental Health Board.
Of the 10 persons so appointed, at least six (6) shall be persons or family members of persons who are receiving or have received mental health services from a city or County Bronzan- McCorquodale program or any of its contracting agencies. At least three (3) of the members so appointed shall be a parent, spouse, sibling, or adult child of a person receiving or have received mental health services. The remaining members shall be persons with experience and knowledge of the mental health system.
- B. One member of the Board shall be a member of the Board of Supervisors.
- C. (1) Except as provided in subsection (C)(2) of this section, no member of the Mental Health Advisory Board, or his or her spouse, shall be a full-time or part-time employee of a County mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of a Bronzan-McCorquodale contract facility;
(2) A consumer of mental health services who has obtained employment with an employer described in subsection (C)(1) of this section and who holds a position in which he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the Mental Health Advisory Board. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the Mental Health Advisory Board.
- D. The composition of the Board shall reflect the ethnic diversity of the client population.
- E. Include a youth representation.

Santa Cruz County Mental Health Advisory Board Attendance Roster 2022

	Jan 20	Feb 17	Mar 11 Retreat	Mar 17	Apr 21	May 19	Jun 16	Jul 21	Aug 18	Sep 15	Oct 20	Dec 15
Antonio Rivas	X	X	X	U	U	X	X	E	X	X	X	E
Catherine Willis	X	U	R 03/11/22									
Erika Miranda-Bartlett	R 01/11/22											
Hugh McCormick	X	X	X	X	X	U	X	X	X	X	X	X
Jeffrey Arlt	NBM 01/11/22	X	X	X	X	X	X	X	X	X	X	X
Jennifer Wells Kaupp	X	X	X	E	X	X	E	X	X	X	E	E
Laura Chatham	X	X	X	E	X	X	X	X	X	E	X	X
Maureen McCarty	NBM 04/12/22				X	X	E	X	X	X	X	R 11/30/22
Michael Neidig	NBM 03/08/22			X	X	X	E	E	X	X	X	X
Serg Kagno	X	X	X	X	X	X	X	X	X	X	X	X
Valerie Webb	X	X	X	X	X	E	X	X	X	X	X	X
Xaloc Cabanes	X	X	X	X	X	X	X	X	X	X	X	X
Supervisor Greg Caput	X	X	X	X	X	X	X	E	X	X	X	X

Board consists of 6 Consumers; 3 Family Members; and 1 General Public

Marlize Velasco (Member-At-Large)	X	X	E	X	X	X	X	X	E	R 09/07/22		
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Santa Cruz County Mental Health Advisory Board Attendance Roster 2023

	Jan 19	Feb 16	Mar 16	Apr 20	May 18	Jun 15	Jun 16	Jul 20	Aug 11	Aug 17	Sep 21	Oct 19	Nov 16
Antonio Rivas	X	X	X	X	X	X	X	X	U	X	E	X	X
Celeste Gutierrez	NBM 04/25/2023				X	X	X	E	X	X	X	X	X
Dean Kashino	NBM 08/08/2023									X	X	E	E
Hugh McCormick	X	X	E	U	E	E	E	E	X	X	X	X	U
Jeffrey Arlt	X	X	X	X	X	X	X	X	X	X	X	X	X
Jennifer Wells Kaupp	X	X	X	X	X	X	X	X	X	X	E	U	X
Laura Chatham	X	X	X	X	X	X	X	X	E	X	X	X	X
Michael Neidig	X	X	X	X	X	X	X	X	X	E	E	X	X
Serg Kagno	X	X	X	T 04/01/2023									
NBM 01/10/23 Stephen Busath	E	X	E	X	E	E	E	R 07/19/2023					
Valerie Webb	E	X	X	U	X	X	X	X	E	X	X	X	X
Xaloc Cabanes	X	X	X	X	E	X	X	X	X	X	X	X	X
Supervisor Felipe Hernandez	Appt 1/31/23	X	E	X	X	X	E	E	E	E	X	X	E
Stella Peuse (Youth)	New Youth Member voted 06/16/23 Retreat							X	E	X	X	U	X

X – Present

E – Excused

U – Unexcused

R – Resigned from Board

N – Not Appointed Yet **NBM** – New

Board Member **T** – Term Ended

NM – No Meeting Unless Needed

SV – Seat Vacated, too many absences.

CI – Conflict of Interest

SM – Special Meeting

Appendix A

Link to the 2023 Grand Jury Report response:

[2023-6cl BHD MHAB Invited.pdf \(santacruzcountyca.gov\)](#)

Appendix B

Letter to Board of Supervisors Regarding Sheriff Oversight



February 23, 2022

re: MHAB supports Sheriff's Oversight Board pursuant to AB1185

Dear Board of Supervisors,

The Santa Cruz Mental Health Advisory Board was designed to advise the governing body (Board of Supervisors) and the Director of Behavioral Health. We provide oversight and monitoring of the local mental health system as well as advocate for persons with mental illnesses.

The Santa Cruz Mental Health Advisory Board (MHAB) appreciates the January 11, 2021 BOS vote moving forward with an independent auditor for the Sheriff's Department and is submitting this letter to inform you that we as a body support the inclusion of an independent Sheriff's Oversight Board pursuant to, and in the spirit of, AB1185 and pursuant to the clear findings and recommendations of the 2021 Santa Cruz Grand Jury. More specifically, the Mental Health Advisory Board recommends a Sheriff Oversight Board requiring the membership of those who have mental health diagnoses, family members of those with mental health diagnoses, and those with professional experience and training of those with mental health diagnoses, as well as membership of a youth voice.

AB1185 became law in California on January 1, 2021. It authorized and encouraged California counties to create independent sheriff oversight bodies with subpoena power to oversee sheriff's departments.

The California Assembly Committee wrote in its Public Oversight Legislative Summary,

“County sheriffs’ offices are vested with substantial authority over Californians, including the powers to detain, search, arrest, and use deadly force. They are also responsible for the welfare of the more than 75,000 incarcerated individuals in California’s jail system. The misuse of such authority can result in constitutional violations as well as harm to public safety and trust. Meaningful independent oversight and monitoring of sheriffs’ departments can increase government accountability and transparency, enhance public safety, and build community trust in law enforcement. Meaningful oversight requires some amount of authority over the sheriffs’ offices and the independence to conduct credible and thorough investigations.”

In June 2021, the Santa Cruz Grand Jury stated in the summary of its report that,

“A number of events over the past four years illustrate that “we have a problem.” They include inmate deaths, violence, and equipment failures at the Main Jail and criminal conduct including sexual assaults by correction officers. These events may seem unrelated, but they are connected. This report examines the operation of the Main Jail, matters affecting the nature of the inmate population, the specific events in question, and staffing and budget issues. In the end it comes down to issues of management, having enough resources, and a need for more effective oversight and public transparency.”

As its first recommendation, the 2021 Grand Jury wrote,

“R1. Within six months the Board of Supervisors should either establish a Sheriff Oversight Board or Inspector General as provided in Government Code 25303.7, or alternatively place the issue before the voters in the county. (F1-F9)”

The Grand Jury specifically found that neither the Grand Jury itself, nor the Board of Supervisors are capable of conducting effective oversight based on both the historical record and the structures of those bodies. This fact was recently confirmed by the Santa Cruz County Criminal Justice Report 2021, co-chaired by the Board of Supervisors and the Santa Cruz City Council. It found on page six of the report that the Sheriff’s Office does not “have any type of independent oversight.” The Grand Jury does not have ongoing ability to have monthly oversight, nor does it require membership of those with mental health diagnoses, families of those with mental health diagnoses, or those with training or experience with those mental health diagnoses. Nor does the BOS have the time to do consistent oversight, and the voting public does not have the ability to truly understand the daily operations of the Sheriff’s Department to give the accountability and ability to improve and grow that an Sheriff’s Oversight Board will offer.

Persons with mental health challenges make up a considerable population of inmates in the Santa Cruz County Jail. MHAB’s 2018-2019 report found that the Santa Cruz County jail is one of the County’s biggest mental health treatment centers. Considering their mental health challenges, these inmates require increased levels of care and oversight. This is especially true since all of the mental health care in the county jail has recently been contracted out to Wellpath, LLC, a private company that has a troubling history of litigation against it for inadequate correctional healthcare. The Grand Jury has in previous reports been particularly critical of the care provided by its sister company California Forensic Medical Group, that has recently been subsumed into Wellpath, LLC. and has provided health care in the jail for years.

More than anything, the citizens of Santa Cruz require openness, relevant data, transparency and accountability when it comes to health and safety issues in the jail such as those raised in the 2021 Grand Jury report. MHAB’s 2018-2019 report found that, “One concern the committee regularly received from families of inmates in the Santa Cruz County Jail system centered around a common difficulty of finding clear (and up to date) information about many of the Jail’s programs, services, and resources—including commissary, telephone calls, visitation, court protocol, mail, inmate rules and regulations, tablet computers, grievance reports, and medical requests.” Additional information provided to families of incarcerated persons with mental health challenges should also include housing conditions such as hours per day persons with mental health challenges are held in solitary confinement, access to medication and access to mental health personnel, including

crisis assistance. Recent public reporting of deaths, suicides, and serious injuries of persons with mental health challenges in the jail highlight this need for robust independent oversight.

The Mental Health Advisory Board has attempted to improve the information available to inmates and their families by collaborating with NAMI Santa Cruz (National Alliance for Mental Illness) to produce a comprehensive listing of services. More can always be done as updates on changing services are constantly listed to ensure that people have equitable access to treatment and services.

In addition to advocating for local oversight and accountability for the jail, we are also concerned that there is no specific, local, oversight commission with powers to mandate accountability for the Sheriff's Department as a whole. Incident investigations and debriefs, policies and training in the interactions between sheriff's deputies and citizens who may suffer from mental health challenges require transparency and accountability.

Transparency and accountability ensure equitable, fair, and constantly improving our services. An Oversight Board would be able to give far more time, consideration, and improved ability to give feedback to the Sheriff's Department regarding specific high-profile incidents, as well as less high-profile topics of policies, protocols, and training.

There are questions and allegations of improper medication administration in the jail and inconsistent bringing to the jail of prescribed medications upon arrest at traffic stops. Allegations include the difficulty even for the Public Defenders and private lawyers of having difficulty in accessing information regarding the mental health procedures for their clients within the jails.

The National Association for Oversight of Law Enforcement states on their webpage:

“ For entities whose authority is established by law, the recognition of their right to that authority and perceptions of how fairly that authority is exercised are crucial components of legitimacy.”


Therefore, the Mental Health Advisory Board recommends a robust independent Sheriff's Oversight Board empowered to conduct hearings and to operate in conjunction with an inspector general with subpoena power. A hearing body creates greater accountability as it includes wider community input, transparency and feedback, in particular, giving a voice to incarcerated and non-incarcerated individuals with mental health issues and their family members, youth members of our community, and really engaging in these critical issues (rather than simply collecting and reporting on data).

An Oversight Board also can provide a window into present practices that might need updating to best practices for interacting with adults and youth who may suffer from mental health challenges. In addition, an independent Sheriff's Oversight Board permits direct involvement of a representative cross section of the community to hear and collectively resolve difficult circumstances faced by County employees and agencies tasked with housing and policing persons suffering mental health challenges.

We also recommend, as did the Grand Jury, that the Board of Supervisors agendaize this issue and hold a meeting publicly discussing independent Sheriff's Oversight Board. Funding for this Board, as referred to at the BOS meeting of January 11, 2022 is not known as of now. Further discussion and research is well worth the possible benefits to our community.

In order to discuss how the Oversight Commission might be formed and operated, we request the swift beginning of a conversation with all stakeholders, including adults and youth who suffer from mental health challenges, their families, and other involved community members, to construct a Santa Cruz County Sheriff's Oversight Board that will not only be tasked with Oversight of the Sheriff's Office, but will also have some power of accountability through subpoena.

Sincerely,



Xaloc Cabanes
Chairperson
Mental Health Advisory Board
Santa Cruz County

3/1/22
Date

Appendix C

Letter to Criminal Justice Council Report



COUNTY OF SANTA CRUZ
Mental Health Advisory Board
PO Box 962 • Santa Cruz, CA 95061 • (831) 454-4767

April 28, 2022

Santa Cruz County Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060
Phone: (831) 454-2200

Re: Letter of Recommendation for Santa Cruz County Board of Supervisors to take meaningful action on the “Criminal Justice Council Report 2021” finding: “Among the jurisdictions that don’t already have a dedicated unit with sworn officers responding to behavioral/mental health calls, 100% are supportive of the creation of an independent agency that would respond to these calls.”

To Santa Cruz County Board of Supervisors,

The Mental Health Advisory Board of Santa Cruz County strongly recommends that the Santa Cruz County Board of Supervisors, in consideration of the “Criminal Justice Council Report 2021”, and past recommendations including the Santa Cruz County Grand Jury reports: 2017-2018, 2019-2020, take meaningful action to create a 24/7 non-law enforcement crisis response service that provides, but is not limited to: mental health-related crises response, conflict resolution, welfare checks, suicide threats, and more. This program mobilizes two-person, at a minimum, teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field.

The Federal legislation HR 1319 “America Recovery Plan Act” passed in 2021, California AB118, and the pending California State legislation AB988 recommend and include funding for 24/7 non-law enforcement mobile crisis response teams.

There is NO 24/7 mobile crisis response service in Santa Cruz County, or any of the municipalities within Santa Cruz County. The addition of a 24/7 non-law enforcement mobile crisis service would complement and collaborate with existing services and provide an appropriate, professional, more effective, and less expensive service to the citizens of Santa Cruz.

The creation of this program, managed by a CBO/non-profit, or other qualified private entity, would provide much needed in-county services, support the successful launch of the Federally mandated 988 suicide hotline and mental health crisis response service, and fill a gap and acute need within our existing crisis continuum of care.

The Mental Health Advisory Board of Santa Cruz County (MHAB) is mandated to provide advice to the Santa Cruz County Board of Supervisors and the Director of Santa Cruz Behavioral Health Department. MHAB provides oversight and monitoring of the local mental health services as well as being a voice for persons struggling with mental illness.



A primary responsibility of MHAB is to review and evaluate the community's mental health needs, services, facilities, and special problems.

The Mental Health Advisory Board of Santa Cruz County strongly recommends that the Santa Cruz County Board of Supervisors, in consideration of the Criminal Justice Council Report 2021, and past recommendations including Santa Cruz County Grand Jury reports: 2017-2018, 2019-2020, take meaningful action to create a 24/7 non-law enforcement crisis response service.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Xaloc Cabanes
Chair
Mental Health Advisory Board

Appendix D

Letter to Board of Support Behavioral Health Bridge Housing Program



COUNTY OF SANTA CRUZ
Mental Health Advisory Board
PO Box 962 • Santa Cruz, CA 95061 • (831) 454-4767

March 17, 2022

California Department of Health Care Services (DHCS)
Mail Stop 4100
P.O. Box 997413
Sacramento, CA 95899-7413

Re: Letter of Support for Santa Cruz County Behavioral Health's BHCIP Grant Application for Funding of Adult Crisis Residential Program

To Whom it May Concern:

This letter is in support of Santa Cruz County Behavioral Health's application for funding from the Department of Health Care Services (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP). We strongly support this grant application and the focus on improving crisis services by building an Adult Crisis Residential Program. The creation of this program would provide much needed in-county services and fill a gap within our existing crisis continuum of care.

The Santa Cruz County Mental Health Advisory Board (SCMHAB) provides advice to the Santa Cruz County Board of Supervisors and the Director of Santa Cruz Behavioral Health Department. They provide oversight and monitoring of the local mental health system as well as advocate for persons with mental illness. A primary responsibility of SCM HAB is to review and evaluate the community's mental health needs, services, facilities, and special problems.

Santa Cruz County currently has two residential facilities with a total of 26 beds, which have been operating at limited capacity since the onset of the pandemic. The Crisis Stabilization Unit reaches capacity several times each week and diverts overflow to the Emergency Departments at our local hospital. When people in the CSU are cleared for discharge, our residential sites are full and often there is a weeks-long wait for a bed. There is insufficient capacity for people who are re-entering from jail and meet criteria for a residential level of care.

This project will allow for an additional 16 crisis residential beds that can be utilized either as a diversion to the CSU, reducing the need for Emergency Departments overflow, and as a step-down from the CSU for people needing that residential level of care. In addition, once people are stable enough to move back into the community, expanded outpatient services will be offered at the site.

We ask that you support the adults in crisis in Santa Cruz County by supporting Behavioral Health's application for funding. Please do not hesitate to contact me should you have any questions.

Sincerely,

Xaloc Cabanes
Chair - Santa Cruz Mental Health Advisory Board

Appendix E

Letter incident at the Vet's Hall abuse of female un-housed person



COUNTY OF SANTA CRUZ
Mental Health Advisory Board
PO Box 962 • Santa Cruz, CA 95061 • (831) 454-4767

Thursday, March 16, 2023

Dear Board of Supervisors,

The Mental Health Advisory Board recommends that the Board of Supervisors does all in its power to ensure safety and dignity in all shelter services contracted with, and/or sited in, the County, and institute safeguards to address incidents which occur.

On the night of Wednesday, March 1, 2023, the County contracted to provide a Warming Shelter to ensure the safety of our people experiencing homelessness. An agreement was also made with the Santa Cruz Veterans Memorial Building at 846 Front Street for the building's use. On Thursday, March 2, just after 10 am, a member of the Mental Health Advisory Board, while walking past the building's parking lot, witnessed Dave Pedley, assistant building manager of the Santa Cruz Veterans Memorial Building violently and repeatedly attack a client of the shelter. At approximately 6'3", Mr. Pedley towered over the female client who was approximately 5'5". He repeatedly shoved her while cursing and telling her she was trespassing. The MHAB member shouted for the attack to stop and was threatened by Mr. Pedley. The client reported that she had been told that she could use the Porta Potties but had found them locked and was forced to urinate behind them. The attack was captured on the building cameras. The MHAB member assisted the client in calling 9-1-1. Santa Cruz Police arrived, but as often happens, a complaint was not filed. The Mental Health Advisory Board asks the Board of Supervisors to:

1. Affirm the following for all providers of shelter services in the County: Violence against women shall not be accepted. Violence against those who are experiencing homelessness shall not be accepted. Violence against those who have mental health or substance use issues shall not be accepted.
2. Direct all County departments to not place future permanent shelter programs, or temporary, emergency, or Winter Shelters at the Santa Cruz Veterans Memorial Building at 846 Front Street while Dave Pedley is an employee.
3. Direct Housing for Health staff to not renew any contracts or partnerships with the Veterans Village program in Ben Lomond while Dave Pedley is a part of the program and allowed on site, and to immediately seek to ways to limit his access to clients while he is an employee of the partnership. If necessary, permit the H4H staff to seek new partnerships to manage the program.
4. Direct H4H staff to create a Grievance System so that any contracted shelter, shelter site, shelter receiving HUD funding, or shelter operating in Santa Cruz County, has a posted policy and procedure so that any client with a complaint can have it sent to H4H for review rather than staying with the agency where the complaint issue occurred. Further, direct staff from H4H to apply for funding to create a new Homeless Advocate staff position, or contract for such a service, to speak with clients and service providers and solve issues that arise through this process. If State and Federal grant funding is not available, the Board of Supervisors is asked to prioritize funding such a position with staff recommendation of where the funding can come from.

We, at the Mental Health Advisory Board, believe, as do you, that the health and wellness of all members of our community are important. Shelter services for those who are experiencing homelessness, of any race, any gender identity, LGBTQIA+, or for those with any mental health issue or substance use issue, or who have any other disability or for any vulnerable population whatsoever should not be "separate but equal". Whether the shelter is set up in response to an emergency weather event, a disaster or some other reason, and whether the shelter services are provided by the County itself or another entity, all people deserve safety and dignity. Shelter services should be individualized, well-designed, well-run, and receive proper oversight from the County. We make this recommendation from both a place of compassion as well as a case for better outcomes from our programs and better engagement with some people who choose not to receive services due to these kinds of incidents.

With Best Appreciation,

856604408804488
Serg Kagno
Co-Chair
Mental Health Advisory Board

DocuSigned by:

06C7A51D6A2841E
Julie Macecevic
Executive Director
Walnut Avenue Family and Women's Center

Appendix F

Letter to Board of Supervisors Regarding Police Raids on the Bench lands



County of Santa Cruz

HEALTH SERVICES AGENCY
BEHAVIORAL HEALTH DIVISION

MENTAL HEALTH ADVISORY BOARD

PO Box 962, Santa Cruz, CA 95061
Phone:(831) 454-4767 Fax:(831) 454-4663



June 15, 2023

To the Santa Cruz County Board of Supervisors:

A recent study [published April 10, 2023 in the Journal of the American Medical Association \(JAMA\)](#) confirms recent findings made by our county's Deputy Health Officer and Director of Emergency Medicine, that contrary to popular opinion, involuntary displacement is bad for public health. Researchers say practices such as encampment sweeps, bans, move-along-orders and cleanups that forcibly relocate individuals away from essential services will lead to substantial increases in overdose deaths, life threatening infections and hospitalizations.

In coordination with the [National Healthcare for Homeless Council](#), the [Centers for Disease Control and Prevention \(CDC\)](#) and the [National Foundation of the CDC](#), a multidisciplinary group of researchers developed a simulation model projecting the long-term health effects of involuntary displacement of people experiencing homelessness who inject drugs using data from 23 U.S. cities. They used city- and national-level data to closely model what the population looks like in real life including their overdose risk and mortality. They then modeled two scenarios over a 10-year time period: no continual displacement and continual involuntary displacement of this population.

In hundreds of different projections, the model showed no feasible scenario, in any city, where continual involuntary displacement improves health outcomes. Instead, the practice would likely result in a significant increase in morbidity, mortality and a shortened life expectancy, the study said.

"Our research shows that these widespread practices that forcibly displace people are clearly impacting the health of this population, particularly when it comes to increasing their overdose risk, so much so that it actually decreases the life expectancy of the entire population," says [Josh Barocas, MD](#), associate professor at the [University of Colorado Anschutz Medical Campus](#) and corresponding author.

"Modeling studies like ours give us a sense of whether we're headed in the right or wrong direction. Our study showed that displacement could directly result in a quarter of deaths of this population. This tells us that the practice of forcibly displacing people is taking us in the wrong direction if we want to solve issues around homelessness and substance use disorders."

Researchers also found displacement increased overdose deaths, hospitalizations, injection-related infections, and hindered access to medications for opioid use disorder along with other detrimental impacts.

"It's estimated that more than 500,000 people are experiencing homelessness in the U.S. and understanding the toll practices such as camping bans and sweeps take on such a substantial population is critical to emphasizing the need for care and services versus literally being swept aside," says Barocas. "We hope these results inform future policies that actually mitigate the long-term health consequences in this population before it's too late."

An article dated 01/12/22 from the Pajaronian noted how the County's Public Works Departments in coordination with the Sheriff's department displaced people at a camp near Riverside Road in Watsonville without providing any specifics about what shelter beds were offered to those displaced.

An article dated 12/19/22 from Santa Cruz Lookout noted the spike in overdose deaths in Santa Cruz in September 2022 and considered the probability that the spike might be connected to the clearing of the San Lorenzo Park Benchlands that began in September 2022.

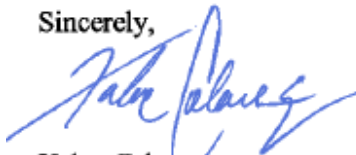
The fact of the unsafe flooding conditions at the Benchlands when the atmospheric rivers hit does not absolve the city of wrongly destroying the camp because they might have provided a safe place to send people rather than concentrating them in the Benchlands for months before they swept the Benchlands.

Having these actions take place on both sides of the county is concerning. Especially taking into consideration that most people who are experiencing homelessness have high levels of adverse childhood experiences and having local government institutions further traumatize them does not aid in the healing process.

As the County Mental Health Advisory Board, it is our mission to advise public policy makers throughout the county on what good public health policies look like, with respect to mental health. Because of these recent findings, we must advise our county supervisors and cities within the county against the implementation of policies that seek to increase involuntary displacement; policies like camping bans, sleeping bans, parking restrictions on oversized vehicles, and similar policies which seek to increase involuntary displacement, are perpetuating negative public health outcomes.

We hope to instead encourage local policy makers to focus their efforts on positive, resource-based interventions, that improve the health outcomes of those living in tents, vehicles, or other makeshift structures.

Sincerely,



Xaloc Cabanes

Chair

Mental Health Advisory Board

Link to University of Colorado study 4/10/23 and Lookout Article 12/19/22:

https://news.cuanschutz.edu/news-stories/study-shows-involuntary-displacement-of-people-experiencing-homelessness-may-cause-significant-spikes-in-mortality-overdoses-and-hospitalizations?hs_amp=true

<https://lookout.co/santacruz/civic-life/story/2022-12-19/fentanyl-epidemic-santa-cruz-overdoses-opioids-benchedlands>

[Riverside Road homeless camp dismantled - The Pajaronian](#)

[Microsoft Word - ACEs Fact Sheet Final Update.docx \(nhchc.org\)](#)

Appendix G

2022 Data Notebook

CBHPC 2022 Data Notebook for California Behavioral Health Boards and Commissions

#59

COMPLETE

Collector: CBHPC 2022 Dat... SurveyMonkey (Web Link)
Started: Friday, January 20, 2023 8:23:05 AM
Last Modified: Friday, January 20, 2023 3:24:05 PM
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Page 3: Part I: Standard Yearly Data and Questions for Counties and Local Boards

Q1 **Santa Cruz**

Please identify your County / Local Board or Commission.

Q2

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

117

Q3

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

42218

Q4

Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

145

Q5

Does your county have any "Institutions for Mental Disease" (IMDs)?

Yes (If Yes, how many IMDs?):

One

Q6

For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County **17**

Out-of-County **10**

Q7

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

10026

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q8

During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

Housing/Motel Vouchers,

Adult Residential Care Patch/Subsidy,

Other (please specify):

COVID alternate shelters in various locations. Adult Residential Care Patches

Page 5: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q9

Do you think your county is doing enough to serve the children/youth in group care?

No (If No, what is your recommendation? Please list or describe briefly):

Santa Cruz County Children Behavioral Health in partnership with Juvenile Probation and the Human Services Department, Family and Children's Services are working to implement components of the Families First Prevention Services and other best practices to support these youth and their families/caregivers. Recent efforts include: - Restructuring Interagency placement committee. -Provision of Qualified Individual Assessments for all youth being considered for initial placement/transitions between STRTPs -Provision of aftercare services for youth stepping down from STRTP level of care to home-based placement. - Promotion of the Family Urgent Response Services program, for youth at risk of going to congregate care settings -Greater collaboration with Substance Use Disorders Division to ensure youth in Residential MH programs have access to SUDS treatment -Exploring a new building for a Youth Crisis Stabilization Center.

Q10

Has your county received any children needing "group home" level of care from another county?

Yes (If Yes, how many?):

10

Q11

Has your county placed any children needing "group home" level of care into another county?

Yes (If Yes, how many?):

11

Q12

Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic (mark all that apply)

Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.

,

Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.

,

Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts.

,

Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).

,

Decreased access/utilization of mental health services for youth.

,

Other (please specify):

Increase in eating disorder treatment needs in all levels. Intensive OP, partial hospitalization and residential treatment.

Q13

Of the previously identified stressors, which are the top three concerns for your county for children and youth services? (Please select your county's top three points of impact in descending order)

Top concerns for children and youth services

1st

Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.

2nd

Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.

3rd

Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.

Q14

Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic?

Increase in request for services, at the same time staffing challenges across our system of care with severe issues with recruitment, hiring, and staff retention.

Q15

Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic (mark all that apply)

Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.

,

Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.

,

Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.

,

Increased Emergency Department visits related to misuse of alcohol and drugs among adults.

,

Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).

,

Decreased access/utilization of mental health services for adults.

Q16

Of the previously identified stressors, which are the top three concerns for your county for all adults services? (Please select your county's top three points of impact in descending order)

Top concerns for all adults

1st	Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).
-----	--

2nd	Other
-----	--------------

3rd	Other
-----	--------------

Q17

Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic?

COVID outbreaks in Mental Health facilities limited capacity for new admissions. Shifting to Telehealth or Telephonic services was challenging for adults experiencing homelessness.

Q18

Yes

Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

Q19

Yes

Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

Q20

Yes

Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

Q21

Yes

Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?

Q22

Issues with staffing and/or scheduling,

Have any of the following factors impacted your county's ability to provide crisis intervention services? (Check all that apply)

Difficulty providing services via telehealth,

Other (please specify):

-Loss in Revenues -Reduced in-person services

Q23

Did your county experience negative impacts on staffing as a result of the pandemic? (Please select your county's top points of impact from the dropdown menus, all in descending order of importance)

negative impacts on staffing as a result of the pandemic

1st **Staff out due to burnout**

2nd **Staff out to quarantine for self**

3rd **Staff out to care/quarantine due to family member's contracting of Covid-19**

4th

Q24

Has your county used any of the following methods to meet staffing needs during the pandemic? (please mark all that apply)

Utilizing telework practices,
Allowing flexible work hours,
Hiring new staff

Q25

Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities? (Check all that apply.)

Latino/ Hispanic

Q26

Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? (Check all that apply.)

Children & Youth,
Homeless individuals,
Persons with disabilities,
Seniors (65+)

Q27

Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (Please check all that apply.)

Difficulty with or inability to utilize telehealth services,
Concerns over Covid-19 safety for in-person services,
Inadequate staffing to provide services for all clients,
Lack of transportation to and from services,
Client or family member illness due to Covid-19,
Mistrust of medical and/or government services

Q28

What process was used to complete this Data Notebook?
(please select all that apply)

Data Notebook placed on Agenda and discussed at Board meeting

MH board partnered with county staff or director,

MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

Q29

Does your board have designated staff to support your activities?

Yes (if Yes, please provide their job classification):

Administrative Aide

Q30

Please provide contact information for this staff member or board liaison.

Name	Jane Batoon-Kurovski
County	County of Santa Cruz
Email Address	Jane.Batoon-Kurovski@santacruzcounty.us
Phone Number	831-454-4611

Q31

Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	Xaloc Cabanes
County	County of Santa Cruz
Email Address	Xaloc@aol.com
Phone Number	831-239-4505

Q32

Do you have any feedback or recommendations to improve the Data Notebook for next year?

Survey Monkey does not allow for easy collaboration.

Appendix H

2023 Data Notebook

CBHPC 2023 Data Notebook for California Behavioral Health Boards and Commissions

#52

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, January 19, 2024 8:50:02 AM
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Page 3: Part I: Standard Yearly Data and Questions for Counties and Local Boards

Q1 **Santa Cruz**

Please identify your County / Local Board or Commission.

Q2

For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

263

Q3

What is the total number of ARF bed-days paid for these individuals, during the last fiscal year? (Please note that this number should not exceed the number of individuals in Question 2 x 365 days)

69963

Q4

Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

Data Available (please provide the number of individuals as a whole number):
105

Q5

Does your county have any "Institutions for Mental Disease" (IMDs)?

Yes (If Yes, how many IMDs?):
1 Facility.

Q6

For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	20 individual clients
Out-of-County	137 individual clients

Q7

What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period? (Note that this number should not exceed total of Q6 (in-county + out of county) x 365 days)

19059 bed days for Fiscal Year 2022-2023 (6220 in county and 12839 out of county)

Page 4: Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Q8

During fiscal year 2022-2023, what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

Other (please specify):

Expanded services to unsheltered individuals in our County through Street medicine and additional field-based services, including case management, medication support, assessment and individual therapy.

Q9

Do you think your county is doing enough to serve the children/youth in group care?

No (If No, what is your recommendation? Please list or describe briefly):

i. WRAPAROUND Services: Santa Cruz County currently has one small WRAP program exclusively for Probation-involved youth. Our System of Care needs to expand to provide high-fidelity WRAP for Child Welfare and Probation-involved youth exiting STRTP placement to promote successful home-based transition post residential care (ie. the Families First Prevention Services Act/FFPSA requires that youth receive at minimum six (6) months of high-fidelity WRAP upon step down from STRTP). WRAP expansion is priority for 2024. ii. Therapeutic Foster Care (TFC): Our County has struggled to identify a provider of TFC for many years. TFC is an essential service in the continuum of care that can prevent some youth from escalating to require STRTP placement or can act as a step-down placement from STRTP. A contract was executed in 2023 with Pacific Clinics to provide seven (7) Intensive Services Foster Care (ISFC) homes (this model includes a professional resource parent, TFC, and additional Specialty Mental Health Services/SMHS), but it has taken us approximately one year to identify and prepare one (1) family (ie. one ISFC home) to begin accepting referrals. iii. In-County STRTPs: We have one STRTP in Santa Cruz County. The STRTP serves female-identifying and non-binary youth, but not male-identifying youth. The majority of Santa Cruz County youth placed in STRTPs are male and are therefore placed out-of-County, placing them further from family and other natural supports. The likelihood of re-establishing an STRTP to serve male youth is low (our last STRTP to serve male youth closed approximately four (4) years ago). We are therefore focused on prevention efforts, including WRAP and ISFC options noted above. iv. Crisis Stabilization Services: Our Crisis Stabilization Program (CSP) ceased serving youth mid-2023. Youth placed in our STRTP are high utilizers of Crisis Services. At present we do not have a receiving center for youth experiencing a psychiatric crisis in the County, although we are working to provide dedicated behavioral health support at one local Emergency Department/ED (Watsonville Community Hospital ED) and are in the process of establishing an eight (8) chair Youth Crisis Stabilization Program and 16 bed Youth Crisis Residential Program in 2025. Without a local CSP, youth may be waiting in EDs for extended periods before transition to a psychiatric inpatient unit or returning to their home with a safety plan. This can be especially challenging for foster care youth at STRTPs because the program may deem that the youth's needs exceed the program and local resources if/when they require multiple crisis interventions at this level.

Q10 Yes (If Yes, how many?):
 Has your county received any children needing "group home" level of care from another county? 9, 8 placed in our local STRTP and 1 placed at a Supervised Independent Living Placement

Q11 Yes (If Yes, how many?):
 Has your county placed any children needing "group home" level of care into another county? 11

Page 6: Part II: Stakeholder Engagement in the Public Behavioral Health System

Q12
 For each of the following categories, please choose the option from the dropdown menu that best describes how often your county organizes stakeholder engagement meetings or events.

	Frequency of Stakeholder Engagement Meetings/Events
MHSA Community Planning Process (CPP)	Annually (once a year)
MHSA 3-Year Plan Updates	Annually (once a year)
EQRO Focus Groups	Quarterly (four times a year)
SAMHSA-Funded Programs	
Mental/Behavioral Health Board/Commission Meetings	Monthly
County Behavioral Health Co-Sponsoring/Partnering with other Departments or Agencies	
Other (please specify): Crisis Continuum Collaborate, Children's BH Continuum, Opioid Settlement Funds - all 3 meetings more than once a month	

Q13
 Estimate the number of people who participated in your stakeholder processes in fiscal year 2022-2023. (Numerical responses please)
 500

Q14 In-Person Only **15**
 Virtual Only **75**
 Combination of both in-person and virtual **10**
 and virtual

What percentage of stakeholder engagement events in your county were in-person only, virtual only, a combination of both in-person and virtual, or written communications? Please use your best estimates to provide a percentage for each, such that the total of the four percentages equal 100.

Q15

During fiscal year 2022-2023, which of the following languages did your county use to conduct stakeholder meetings, with or without the use of interpreters? (Check all that apply). This list of languages reflects the threshold and concentration languages for all counties as of July 2021 from the following DHCS document: Threshold and Concentration Languages (ca.gov)

**English,
Spanish**

Q16

Within the last year, from which of the following stakeholder groups have you collected and implemented input from? (check all that apply)

**Adults with severe mental illness (SMI),
Older adults / Seniors with SMI,
Families of children, adults, and seniors with SMI,
Providers of mental health and/or related services,
Law enforcement agencies,
Providers of alcohol and drug services,
Youth,
Other important interests or specific racial/ethnic groups
(please specify):
EQRO - Spanish speaking clients receiving residential SUD
treatment**

Q17

Please describe how stakeholder input is communicated to: the behavioral health director, the mental/behavioral health board/commission, and any other agencies or groups for informing policy (e.g. County Board of Supervisors, DHCS, etc.)

Stakeholders are invited to QIC Steering Committee quarterly to review data and share input; feedback is provided to BH Director and Senior Leadership team. EQRO stakeholder feedback is pulled into annual report and posted on internet and shared with Senior Leaders. BH Director shares information with the Mental Health Advisory Board. MHSA Three-Year Plan is provided and posted on the internet. Many engagement efforts are communicated through the Board of Supervisors in a public meeting.

Q18

Please describe how your county implements collected stakeholder input to actively inform policy and programs. Include how the county decides what ideas to implement or actions to take.

Data and feedback is reviewed by staff or/and Mental Health Advisory Board. Feedback from stakeholders then drives decisions about planning.

Q19

Does your county have a Community Program Planning (CPP) plan in place?

Yes,

If your answer is Yes, please describe how you directly involve stakeholders in the development and implementation of this plan.:

We hold several stakeholder meetings to elicit feedback from the general public and from specific groups and use their feedback to develop the plan.

Q20

Is your county supporting the CPP process in any of the following ways? (Please select all that apply)

Providing refreshments or food for stakeholders participants.

,

Dedicated staff assistance to facilitate stakeholder meetings and events.

,

Providing information and training for stakeholders on MHSA programs, regulations, and procedures.

,

Holding meetings in geographically accessible locations around the county.

,

Utilizing language interpreting services.,

Scheduling meetings at times convenient to community stakeholders' schedules.

,

Providing technical assistance for stakeholders participating in webinars or teleconferences.

Q21

Does your county provide training for staff on cultural awareness, community outreach, and stakeholder engagement?

Yes,

If yes, how? If no, why not? Please describe. :

All Behavioral Health employees are required to complete 7 Culturally and Linguistically Appropriate Service (CLAS) hours per year. Initial training will include training regarding: Latino/a/e people, LGBTQ+ people, workplace bias, the role of interpreters, physical ability and socioeconomic status. Acceptable CLAS training deepen awareness, understanding and empathy of marginalized communities, and/or the language needs of these communities. We offer monthly gatherings to engage service providers through a Speaker Series and trainings on specific cultural issues.

Q22

Which of the following barriers does your county face regarding achieving meaningful and impactful engagement of stakeholders, specifically mental health consumers and family members? (Check all that apply)

General difficulty with reaching stakeholders.,

Difficulty conducting community outreach to racial/ethnic communities or other specific communities of interest.

,

Difficulty reaching stakeholders with disabilities.,

Lack of funding or resources for stakeholder engagement efforts.

,

Difficulty incorporating stakeholder input in the early stages of programming.

Q23

Are your behavioral health board/commission members involved in your county's stakeholder engagement and/or CPP processes? If yes, describe how?Note: California WIC 5892 allocates Mental Health Services Funds for county mental health programs to pay for the expenses of mental health board members to perform their duties, and to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. This includes 5% of total CSS funds to support a robust CPP process with community stakeholders.
https://www.calbhbc.org/uploads/5/8/5/3/58536227/best_practices_-_expenses.pdf

Yes (please describe how):

Our Mental Health Advisory Board supports plan discussions in the public meeting and opens and closes public comment. Many also attend stakeholder engagement activities and also complete surveys.

Q24

Decreased

Has the COVID-19 Pandemic increased or decreased the level of stakeholder engagement and input in your county?

Q25

No

Is there a fear of perception in your county that spending time, money, or other resources on stakeholder engagement conflicts with the need to provide direct services?

Q26

What is one change or improvement regarding stakeholder engagement that your county would like to make within the next fiscal year?

Increased number of stakeholders attending regular County meetings such as the QIC Steering Committee and the BH Equity Committee and Mental Health Advisory Board, lean into community agencies and partner with them to host activities.

Q27

Respondent skipped this question

Do you have any other thoughts or comments regarding stakeholder engagement in your county or statewide?

Page 7: Post-Survey Questionnaire

Q28

Data Notebook placed on Agenda and discussed at Board meeting

What process was used to complete this Data Notebook? (please select all that apply)

,

MH board partnered with county staff or director,

MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

Q29

Yes (if Yes, please provide their job classification):
Administrative Aide

Does your board have designated staff to support your activities?

Q30

Please provide contact information for this staff member or board liaison.

Name	Jane Batoon-Kurovski
County	Santa Cruz
Email Address	Jane.Batoon-Kurovski@santacruzcountyca.gov
Phone Number	831-454-4611

Q31

Please provide contact information for your Board's presiding officer (Chair, etc.)

Name	Xaloc Cabanes
County	Santa Cruz
Email Address	Xaloc@aol.com
Phone Number	831-239-4505

Q32

Respondent skipped this question

Do you have any feedback or recommendations to improve the Data Notebook for next year?
