County of Santa Cruz

HEALTH SERVICES AGENCY

BEHAVIORAL HEALTH DIVISION

Salud Mental y Tratamiento del Uso de Sustancias

Retreat MINUTES – Approved August 20, 2026

BEHAVIORAL HEALTH ADVISORY BOARD

JULY 27, 2026, 9:30 AM – 2:30 PM
HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ 95060
MICROSOFT TEAMS (831) 454-2222, CONFERENCE 351 955 585#

Present: Antonio Rivas, Dan Barnett, Jeffrey Arlt, Kaelin Wagnermarsh, Michael Neidig, Natalie Stott, Xaloc Cabanes, Supervisor De Serpa
Absent: Dean Kashino, Hugh McCormick, Rachel Montoya, Valerie Webb
Staff: Marni Sandoval, Victoria Reynolds

I. Roll Call – Quorum present. Meeting called to order at 9:37a.m. by Chair Xaloc Cabanes.

II. Public Comment – No public comments.

III. Board Member Announcements
- Goal of retreat is to gather input on the Board's priorities and activities for the remainder of the year, identify the most important areas of focus and determine who will present on each topic.
- First Response and Capitola Mall incident – Identify system gaps and opportunities for greater Board oversight to help prevent similar issues and strengthen support for the community.

IV. Check In
- Board Member Reflections: Board members shared their personal experiences and motivations for joining the Board, as well as positive changes they have observed within Santa Cruz County Behavioral Health.

V. Mission Statement and Goals

The group brainstormed the Board's mission and identified priorities and goals for the next one and five years. The group will develop a concise, one-sentence mission statement reflecting these goals.

A. 1-Year

1. Brainstorming Ideas
   - Find gaps in our system that lead to things like the recent tragedies.
   - Why the Breakdown?
   - Have a clear understanding of our budget, where funding goes and end result.
   - Find models that feature effective continuum of care that we can model.
   - Have a clear understanding of our roadmap for services and compare it to other models and where gaps may be.
   - Roadmap to create the ideal system to meet the needs of our client population.
   - Using current model as a guide-revise and incorporate valuable additional factors which improves the value model. Value = Quality / Cost
   - Understand and quantify what makes a person classified as a high-cost beneficiary.
   - Address the dual commands by agency, government, advocacy groups and individuals that county health services cut vs. spend.
   - Annual review of the County Behavioral Plan.
   - To continue to improve behavioral health care/ mental health services.
   - Reducing critical negative outcomes for the communities in need.
   - Improve accountability. Increase transparency.
   - Prevention services.
   - Research how one transitions the continuum of care as he/she progresses in the disease process.
   - Presentations from different departments.
   - Expand peer support services to the point where every county inmate has a peer support person assigned to them while incarcerated.
   - More involved in community: site visits, connecting with the people, public input. We go to the public.

- Publicity, ensuring the community knows of these services that we have and that as a board or community we are really emphasizing that support/care. This builds that appeal of human connection/empathy and not only should we be making moves at the board level but making our impact among the public (public's attention).
- Club House advocacy.
- Publicity.
- Identify what the true priority of the Grand Jury Report is and what conflicts exist between that and the mission of the County Health Services Agency.
- Accurate cost of services required to meet population's needs.
- Accurate identification of our population and their needs.

2. Top Ideas:
   - ✓ Publicity
   - ✓ Advocacy
   - ✓ More involved in our community – we go to people instead of them coming to us
   - ✓ Prevention Services
   - ✓ Data Accuracy
   - ✓ Find groups that need help the most
   - ✓ Why the breakdown – gaps in services like recent tragedy
   - ✓ Assess the county's behavioral health needs, services, facilities and special programs and to advocate for any changes for the people of our community with mental illness, then review what county behavioral health has done with our assessment and advocation, and what's happened with their provision of care.

B. 5-Year

1. Brainstorming Ideas
   - Trained individuals in schools or early intervention to prevent an actual crisis from occurring rather than when it happens.
   - Create a panoply of participant needs and correlative programs for those statistical classifications.
   - Have a history of using an improved value model that confirms its usage and results.
   - POA partum and crisis individuals not needing to be sent out of county.
   - No more people sitting in jail just because they have no beds available.
   - Effective crisis response with clear roadmap.
   - Jail is not being the burden of servicing those in need of mental health services.
   - Figure out how to accurately assess a mental health crisis. Who must be receiving help.
   - Review MERTY 988.
   - Monthly Podcast.
   - Expand the capacity of behavioral health care facilities.
   - Support and get funding for Prevention Intervention for Youth & Older Adults.
   - Every individual and family with behavioral health needs can receive services that are helpful, effective quickly and easily for as long and as intensively as needed to achieve the best results for a successful and meaningful life.
   - Modernizing county data reporting infrastructure under the Behavioral Health Services department.
   - Effective and Accountable services with enough resources to fill the need.
   - Review Hope Forward.

2. Top Ideas:
   - ✓ Getting people to the right services, people who are going to jail getting mental health services, immediate assessments.
   - ✓ No more people sitting in jail just because they have no beds available.
   - ✓ Postpartum and crisis individuals not needing to be sent out of county – correlation with budget and needing more resources.
   - ✓ MERTY 988: figure out how to accurately assess a mental health crisis, who must be receiving help.
   - ✓ Creating needs and correlated programs for these statistical classifications and have a history of using an approved value model that confirms its usage and results.
   - ✓ Expand the capacity of behavioral health care facilities.
   - ✓ Support and get funding for prevention intervention for youth and older adults and then effective and accountable services with enough resources to fill the need.
   - ✓ Every individual and family with behavioral health needs can receive services that are helpful, effective quickly and easily for as long and as intensively as needed to achieve the best results for the successful plus meaningful life.
   - ✓ Podcast
   - ✓ Expanding services – focus on defining them.

The Board tabled this item for discussion at the next meeting.

VI. Beebe Striking the Iron – Mike Beebe, Santa Cruz NAMI President
Discussion Summary

- HR1 impacts: Federal changes to Medi-Cal, CalFresh, and ACA subsidies may significantly reduce coverage and benefits for thousands of County residents.
- Fiscal challenges: The FY 2026/27 County budget relies on reserves, position reductions, funding cuts, and a hiring freeze; a $67 million FY 2027/28 deficit is projected.
- Service impacts: The combined effects of federal changes, staffing constraints, and reduced funding may increase unmet health and social service needs.
- Social determinants: Policy and economic conditions—including access to health care, food, housing, employment, and education—are key drivers of community health outcomes.
- Mitigation: Develop impact scenarios for affected individuals, families, and organizations and identify alternatives for insurance, providers, and services.
- Continuity of care: Advance communication and transition strategies, including medical-record transfers and prescription extensions, should be considered.
- Next steps: Consider establishing a cross-organizational effort to quantify impacts, communicate changes, and coordinate mitigation strategies.

VII. The Year Plan

- Presenters/Presentations
  1. Heather Rogers (breakdowns - Capitola tragedy)
  2. Farris Sabbah, COE (coordination of services) and PVUSD, etc.
  3. Crisis Prevention/Intervention Services - Public Health (SU + Youth, Crisis, Adult)
  4. Youth incarceration services: Probation, Child and Youth System of Care/Crisis
  5. Mobile Crisis Response
  6. Margie Balfour – comparison of Arizona and California
  7. Andreas Ortiz (youth perspectives)
  8. United Way (211)
  9. Conserved Services – Public Guardians Office
  10. Sheriff's Office
  11. Older Adult Services
  12. CCAH
  13. Coordination of BH + SU

- Sites to visit
  1. Front Street
  2. Rountree
  3. Encompass
  4. Hope Forward
  5. MHCAN
  6. Juvenile Hall
  7. Hospitals (how behavioral health impacts them) + campus
  8. Local clinics - safety net clinics (Salud Para La Gente and Santa Cruz Community Health)
  9. Veteran Services (Dr. Heather Isacc)

VIII. Committees

- Ad Hoc
  1. Site Visits 2026
  2. Finances – Benefits of behavioral health services
  3. Communication – Publicity
  4. Grand Jury

IX. Adjournment
Meeting adjourned at 2:30pm.