



County of Santa Cruz

HEALTH SERVICES AGENCY Behavioral Health Division



Salud Mental y
Tratamiento del Uso
de Sustancias

NOTICE OF PUBLIC MEETING BEHAVIORAL HEALTH ADVISORY BOARD OCTOBER 15, 2026, 3:00 PM–5:00 PM

NOTICE OF MEETING LOCATIONS:

Pursuant to the Ralph M. Brown Act, this meeting will be held simultaneously at the two physical locations listed below. Members of the public may attend, observe the meeting, and provide public comments in person at **either** location:

1. Primary Location (Quorum Site):

Health Services Agency
1400 Emeline, Conference Rooms 206–207
Santa Cruz, CA 95060

2. Teleconference Location:

University of California, San Diego – Geisel Library
9701 Hopkins Drive, Floor 1, Conference Room 2
La Jolla, CA 92093

The public may also attend the meeting via Microsoft Teams by clicking [Join Meeting Now](#), or by calling (831)454-2222, and entering Conference ID 982 648 365#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Behavioral Health Advisory Board website.

Board Members: District 1: Xaloc Cabanes (Chair), Kaelin Wagnermarsh
District 2: Valerie Webb, Dean S. Kashino
District 3: Michael Neidig (Co-Chair), Hugh McCormick
District 4: Antonio Rivas, Rachel Montoya
District 5: Jeffrey Arlt (Secretary), Vacant
Transitional Age Youth: Natalie Stott, Vacant
Board of Supervisor: Kimberly De Serpa

Behavioral Health Director: Dr. Marni R. Sandoval

If you are a person with a special need, or if interpreting services (English/Spanish or sign language) are needed, please call 454-4611 (Hearing Impaired TDD/TTY: 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

Si usted es una persona con una discapacidad o necesita servicios de interpretación (inglés/español o Lenguaje de señas), por favor llame al (831) 454-4611 (Personas con Discapacidad Auditiva TDD/TTY: 711) con 72 horas de anticipación a la junta para hacer arreglos. Personas con discapacidades pueden pedir una copia de la agenda en una forma alternativa.

BEHAVIORAL HEALTH ADVISORY BOARD AGENDA

Mission: To obtain the highest quality and most effective Behavioral Health Services for the County.

ID	Time	Regular Business
1	3:00–3:15	• Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Behavioral Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • <i>Approval of September 17, 2026 minutes*</i> • Secretary's Report
		Standing Reports
2	3:15–3:25	September Patients' Rights Report– George Carvalho, Patients' Rights Advocate Advocacy Inc.
3	3:25–3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35–3:50	Behavioral Health Director's Report – Dr. Marni R. Sandoval, Behavioral Health Director
5	3:50–4:10	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
		New Agenda Items
6	4:10–4:55	Revised BHAB Vision and Goals- create Ad Hoc Committee
	4:55–5:00	Future Agenda Items
	5:00	Adjourn

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

**THE NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:
NOVEMBER 19, 2026, 3:00PM – 5:00PM
SOUTH COUNTY GOVERNMENT CENTER
500 WESTRIDGE, GREG CAPUT COMMUNITY ROOM, WATSONVILLE**



County of Santa Cruz

HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION

MINUTES – Draft



Salud Mental y
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BEHAVIORAL HEALTH ADVISORY BOARD

SEPTEMBER 17, 2026, 3:00 PM – 5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, CONFERENCE ROOMS 206–207, SANTA CRUZ
MICROSOFT TEAMS (831) 454-2222, CONFERENCE 922 521 473#

Present: Antonio Rivas, Dean Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh,
Michael Neidig, Xaloc Cabanes
Absent: Natalie Stott, Rachel Montoya, Valerie Webb, Supervisor De Serpa
Staff: Dr. Marni Sandoval, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:05 p.m. by Chair Xaloc Cabanes.
Kaelin Wagnermarsh participated remotely due to Just Cause.
 - II. Public Comment – 4 individuals addressed the BHAB in the conference room.
 - III. Board Member Announcements
 - September recognized as Suicide Prevention Month – highlighted ongoing need for connection, destigmatization, and promotion of 988 hotline.
 - Mention of Supreme Court decision requiring schools to inform parents about a student's chosen pronouns.
 - IV. Approve August 20, 2026 Minutes
Motion / Second: Antonio Rivas / Hugh McCormick
Ayes: Rivas, Kashino, McCormick, Wagnermarsh, Neidig, Cabanes
Abstain: Arlt
Nays: None
Passed.
 - V. Secretary's Report – Jeffrey Arlt
No training or attendance issues reported.
 - VI. MHCAN Presentation – Adrian Bernard and Nina Stratton, MHCAN Board Members
Key Points:
 - MHCAN closed due to severe financial and operational issues.
 - New board formed to restore original mission: peer-run mental health drop-in center.
 - Facility undergoing extensive renovation funded partly by a \$150,000 anonymous donation.
 - Front Street, Inc. will serve as fiscal agent, providing HR and bookkeeping support to prevent past issues.
 - Center will shift to the Clubhouse International model, an evidence-based peer support structure.
 - New name proposed: Peer Tree Clubhouse
 - Recruiting for full-time Executive Director, must meet Clubhouse International standards.
 - Funding: County provided \$200,000 startup agreement, and once the facility opens, a service contract will be established that will include ongoing operating budget.

- Target reopening: Optimistically November, realistically possibly January.
- Services (final list pending hiring of director): peer-led groups, structured clubhouse activities, support programs.
- Showers and laundry will not return, as they were not part of the original mission and are financially unsustainable.
- Goal: sustainable, peer-run, accredited clubhouse within four years.

Clarification Items:

- Training will come from Clubhouse International via state-funded BH Connect resources.
- County affirmed continued support and clarified safeguards implemented for fiscal oversight.

VII. Patient's Rights Report – George Carvalho, Advocate for Advocacy, Inc.

July and August reports were provided. George attended the meeting.

Clarification items:

- Clarified that advocates can speak with doctors but cannot independently override medical decisions.
- Noted that metrics on early releases and reassessments should be collected and reviewed.
- Telecare tracks admission, reassessment, and release data; advocate may need to request access.
- Advocacy services are available to all individuals placed on holds.
- Suggestion for a formal Telecare presentation to answer questions and clarify facility practices.
- Advocate confirmed periodic presence at Hope Forward and availability for contact.

VIII. Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director

1. Adult System of Care (ASOC) Update

- Preparing for October 1 transition from Avatar to SmartCare electronic health record.
- SmartCare tailored for CA county behavioral health needs, expected to improve reporting, compliance, documentation efficiency, and clinical workflow.
- Bridge House low-barrier navigation center opened August 31; 32 beds available, outreach underway to fill all beds.
- Early positive impact reported from clients; focus on safety, stability, and connecting unhoused individuals to needed services.

2. Children's System of Care (CSOC) Update

- Implementing required evidence-based practices: Parent-Child Interaction Therapy and Functional Family Therapy.
- Eleven county staff selected for state-funded training beginning January.

3. Substance Use Disorder Services Update

- Continuing integration with broader behavioral health system to support co-occurring conditions.
- State will require fully integrated behavioral health/drug Medi-Cal contract by January 2027.
- Recovery housing expansion funded through Prop 47, including beds designated for justice-involved individuals via New Life.
- Significant staffing transitions in substance use services due to retirements and career changes; recruitment underway.
- Integration aims to ensure all BH staff feel equipped to support individuals with substance use conditions; focus on whole-person care from first point of contact.

- IX. Site Visit Committee
- Planning site visit at Rountree medium and minimum facilities; scheduling forthcoming.
- X. Revised Mission Statement, Vision and Goals
Item not discussed.
- XI. 2026 Data Notebook Survey
- Board confirmed no recent foster youth presentation; agreed not to submit any recommendations.
 - Approve the submission of the 2026 Data Notebook containing numerical data only.
Motion / Second: Wagnermarsh / Neidig
Ayes: Rivas, Kashino, McCormick, Arlt, Wagnermarsh, Neidig, Cabanes
Nays: None.
Passed.
- XII. Request Board authorization for BHAB to use alternative teleconferencing procedures under CA Government Code 54953.8.6
- Approve sending a letter to the BOS requesting authorization to use alternative teleconferencing procedures for future meetings.
Motion / Second: Neidig / Rivas
Ayes: Rivas, Kashino, McCormick, Arlt, Wagnermarsh, Neidig, Cabanes
Nays: None
Passed.
- XIII. Grand Jury Report Update
Item not discussed.
- XIV. Future Agenda Items
- Presenters: Heather Rogers, Sheriff, Prevention & Early Intervention Services (January), County Office of Education, Mobile Crisis, United Way (211), Youth Justice Services, PVUSD, Telecare, Foster Youth Services, Balfour (November)
 - MHCAN/Peer Tree Clubhouse to return in spring once operations stabilize.
- XV. Adjournment
Meeting adjourned at 5:02pm.

Patients' Rights Advocate Report

September 2026

The September 2026 Patients' Rights Advocate Report from the Patients' Rights Advocacy Program summarizes telephone calls, reports, emails, certified clients, hearings, contested hearings, and Riese hearing activity.

TELECARE

On September 12, 2026, A client recently placed at the Telecare PHF requested help in contacting their mother, stating they do not have her current phone number and only have her former address, which she is renting out. This advocate explained that without current contact information, it would be difficult to locate her. The Advocate offered to ask the clinical director to assist in locating Gammon Favro's mother, noting that Marcela's ability to help would be limited to minimal efforts. This writer agreed to reach out to the Clinical director and follow up. The client expressed understanding and appreciation for the assistance, emphasizing that the situation is not life or death. The call concluded with George Carvalho planning to contact Marcela and follow up. This writer placed a call to the Clinical director voicing the client's stated need.

On September 14, 2026, this Advocate received a call from a patient held on a 5250 hold at the Telecare Psychiatric Facility about her current hospitalization and discharge plans. The client expressed readiness to leave the facility due to improved mental health and support from her external psychiatrist. This advocate explained the legal process for discharge and potential continued hold if applicable and scheduled a follow-up discussion for the next day to review her case and the relevant paperwork.

On September 24, 2026, received a voice message from a client at the Telecare Psychiatric Health Facility. The caller reported being raped 10 times at the facility and claimed staff did not act, also stated they had prevented him from calling law enforcement and physically assaulted when attempting to do so. This writer advised the caller to speak with their doctor to understand the reasons for their continued stay and the steps needed for release, suggesting the caller ask staff to facilitate a meeting with the doctor. This writer met with the clinical director about this client and the allegations of rape. These daily allegations were not substantiated by this writer, and the client was informed about the findings. The client continued to voice the same allegations.

On September 28, 2026, a client received a client from Telecare Santa Cruz, confirming her identity and current location at the inpatient. The client expressed her desire to go home but was informed she would not be going home today; her upcoming hearing was scheduled for the following day. This writer explained the process and the possibility of her boyfriend attending the hearing.

The boyfriend was contacted about the 14-day hold, and about the hearing scheduled for the next day, per the client's request and permission.

On September 30, 2026, this writer received a call from a client held on a 5150 hold. After voluntarily admission. Injuring her foot but was later placed on despite protests and claims of no danger to herself or others. Further, the caller reported that the hospital staff refused to give the prescribed medications in a timely manner. This advocate received permission to speak with staff about her concerns. Staff reported that the medication issue was corrected and reviewed the information on the 5150 notice with this writer. The caller did not want to hear the information and continued to argue with this writer for her release and was amenable to hearing anything about her rights while at the facility.

7th Avenue Center

On September 29, 2026, This writer received a report of a resident-to-resident abuse. This writer spoke with the reported victim who received declined to contact local law enforcement. The resident described his current condition as "fine." This did not request any further assistance on this matter, nor did he voice any other concerns.

On September 27, 2026, this writer received a call from a resident of the 7th Avenue Center, MHRC. The resident reported that staff use excessive force; dragging the resident to the ground in a choke hold. This writer received permission to speak to the facility administrator and did so. This writer requested a review; a review was conducted by the administrator who informed me that the incident described did not occur, but the resident was escorted to the medication room for a PRN medication.

Certification Review Hearings September 2026

1. TOTAL NUMBER CERTIFIED	39
2. TOTAL NUMBER OF HEARINGS	33
3. TOTAL NUMBER OF CONTESTED HEARINGS	12
4. NO CONTEST PROBABLE CAUSE	21
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	1
7. DISCHARGED BEFORE HEARING	5
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	8
10. NON-REGULARLY SCHEDULED HEARINGS	0

**Ombudsman Program & Patient Advocate Program shared 0 clients this month
(Shared = skilled nursing resident with dementia sent to a behavioral health unit or mental health client placed in skilled nursing care at Telecare Santa Cruz Psychiatric Health Facility)**

Riese Hearings / Capacity Hearings

Total number of Riese petitions filed by the Telecare treating psychiatrist: 4

Total number of Riese Hearings conducted: 4

Total number of Riese Hearings lost:

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on conducted hearing representation: 3 hours

Hours spent on hearings not conducted: 0

Hours spent on all Riese hearings: 3

Riese appeals: 0

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



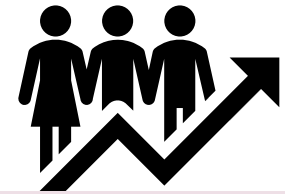
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Behavioral Health Director's Report

Dr. Marni R. Sandoval

Behavioral Health Advisory Board Meeting – October 15, 2026

Adult System of Care Update



- ❖ Bridge House operations fully supported; site now at full occupancy with ongoing collaboration with Housing Matters.



- ❖ Staff successfully transitioned to SmartCare EHR on October 1; teams adjusting well post-launch.



- ❖ Training underway for BQuIP; the new SUD screening tool replacing the ASAM Brief within SmartCare.



- ❖ Continued partnership with County SUDS team to strengthen coordination and responsiveness to client needs.



- ❖ Ongoing support for MSW intern cohort through training and group facilitation.



- ❖ Focused on meeting BHSA requirements, refining processes with contract partners, and improving HMIS accuracy.

- ❖ New FSP client introductory video created to explain on-call support; updated on-call policy and procedure nearing completion.

Children's System of Care Update



Secured \$450,000 in new funding with the County Office of Education to sustain and expand The Companion Project (TCP).



- TCP provides Behavioral Health Navigators who support schools countywide by connecting students and families to behavioral health and substance use services.



- Navigators assist through the entire referral process, ensuring warm handoffs to appropriate providers across all insurance/coverage types.



- New funding supports TCP operations for FY2026-27 and 2027-28, including Navigator staffing and continued cross-system training for COE and CBH staff.



- Sustains the SUD Navigator position, strengthening capacity to address student and family substance use needs in partnership with Janus of Santa Cruz.



- County and COE continue leveraging BHSSA-developed infrastructure to enhance pathways to behavioral health and SUD services for students and families.

Substance Use Disorder Services Update



- Completed and submitted Opioid Settlement Expenditure Report to DHCS to ensure transparency and compliance.



- Preparing for countywide transition from Brief ASAM to the BQuIP SUD Screening Tool within Smartcare to streamline access and improve consistency.



- Supporting clients in Recovery Incentives, promoting motivation, stabilization, and sustained engagement in treatment.



- Expanding recovery residence capacity using Prop 47 resources to increase stable housing for long-term recovery.



- Integrating SUD clinicians into Access and Adult Outpatient teams to enhance coordinated care and reduce program silos.



- Strengthening referral pathways for clients in custody through closer collaboration with criminal justice partners.



- Refining internal workflows to improve assessment timelines, streamline service authorizations, and strengthen follow-up care.

Accessing Care

Medi-Cal Members



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Mild – Moderate Level of Care Managed Care Plan (MCP)

Central California Alliance for Health
(CCAH)



How Members Access BH Care

Member in need of BH Services

- Member can self-refer by calling Alliance directly
- Member can call contracted BH provider directly for services and bypass Alliance
- Member can call/walk into local MHP access for screening and assessment
- PCP can access referral forms online at Behavioral Health - Central California Alliance for Health (will be updated for internal processes come 7/1/25)



MCP or MHP completes DHCS Screening Tool

- If member is referred to Alliance or the Mental Health Plan (MHP), a BH CM staff member will screen member for correct system of care and need and provide appropriate referrals within timely access requirement. The Alliance and our 5 MHPs coordinate daily on these referrals

Member Connected to Care

- Member will be offered appointment assistance and to be connected to a provider with an appointment within timely access requirements

Members can call 800-700-3874
All members will be getting new CCAH ID cards



Mild – Moderate Level of Care Managed Care Plan (MCP)

Central California Alliance for Health
(CCAH)

Behavioral Health CM Referral



Providers can call the alliance case management line 800-700-3874 X5512



Providers can submit a care management referral form directly through the Alliance website. [Care Management Referral Form - Central California Alliance for Health](#) or Referrals via fax to (831)430-5850.



Referral via e-mail to list CM behavioral health team

ListBHCmintakecoordinators@thealliance.health



***CCAH's website is not current for referral pathways until 7/1/25. Current CM referral is on our Provider Care Management landing page [Behavioral Health - Central California Alliance for Health](#)*



Specialty Mental Health & Substance Use Level of Care Behavioral Health Plan (BHP)

Santa Cruz County Behavioral Health
(SCCBH)

**Member can call for screening and assessment/referral anytime Monday-Friday 8:00-5:00
800-952-2335**

Member can self-refer by walking into our offices:

1400 Emeline Ave., Santa Cruz

1430 Freedom Blvd., Watsonville

Monday -Friday 8:00-4:00

Member will talk to a clinician who will offer a screening to determine appropriate level of care

Will be referred to CCAH if screened mild to moderate

Will be scheduled for an assessment with a licensed clinician if screened severe

Will be offered ongoing behavioral health services at the appropriate level of care

Substance Use Services will be screened for and services offered depending on level of care determined



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Easy Referral to Care

Mild-Moderate

Managed Care Plan -
CCAH

Online Portal

<https://thealliance.health/for-providers/care-management-referral-form/>

800-700-3874 x5512



Severe

County Behavioral Health
Plan

Access Line

800-952-2335
(24 hour line)



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Crisis



HEALTH SERVICES AGENCY
BEHAVIORAL HEALTH

Santa Cruz County Mobile Crisis Response Team

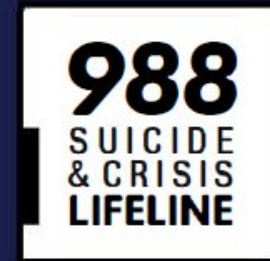
1-800-952-2335

santacruzhealth.org/CrisisResponse



If you or someone you know is struggling
or in crisis, help is available.

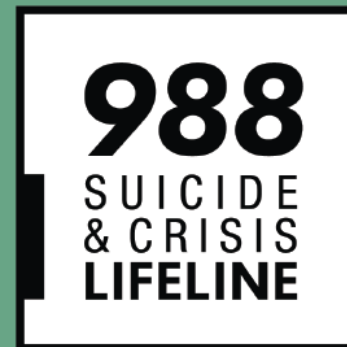
**Call or text 988 or chat 988lifeline.org,
or reach out to a mental health professional.**



PEP23-08-03-001
331859-L

**YOU
MATTER**

Text.
Call.
Chat.



PEP23-08-03-012

Questions?

Thank You



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BEHAVIORAL HEALTH ADVISORY BOARD OBJECTIVES

JAIL

We should consider a recommendation for the county long range plan to include a new inpatient unit. This would be one where a wing would be designed for incarcerated individuals with mental health issues who had previously been in the main jail. The other wing would be a traditional acute inpatient unit for citizens of Santa Cruz County. This would negate the need for a new jail since the existing facility could be renovated and house inmates needing secure detention. This is a recommendation that was made in the Mike Bebee report.

CLUB HOUSE

Continue to advocate for at least one club house in the county by supporting MHCAN as they transition from a drop-in center to a club house.

PEER SUPPORT

Continue to advocate for expanded peer support in the county. Encourage the use of peer support specialists in the transition of inmate to outpatient services upon their release from incarceration.

EVALUATE NEW POLICIES AND PROCEDURES IN LIGHT OF THE THREE CRITERIA SUGGESTED BY THOMAS INSEL

1. Does it enhance the experience of the care by the consumer
2. Does it lead to improved outcomes
3. Does it reduce cost

ASSIST IN IMPROVING AREAS OF CONCERN AS POINTED OUT IN THE BEHAVIORAL HEALTH SERVICES ACT INTEGRATED PLAN

CONTINUE OUR SITE VISITS TO HELP EVALUATE GAPS IN SERVICES AS WELL AS POSSIBLE DUPLICATION OF SERVICES

EXPLORE WAYS TO ENHANCE SMOOTH TRANSITION OF CONSUMERS AS THEY PROGRESS THROUGH THE SYSTEM OF CARE