



County of Santa Cruz

HEALTH SERVICES AGENCY Behavioral Health Division



Salud Mental y
Tratamiento del Uso
de Sustancias

NOTICE OF PUBLIC MEETING MENTAL HEALTH ADVISORY BOARD RETREAT

JUNE 12, 2025, 10:00 AM-3:00 PM

**SOUTH COUNTY GOVERNMENT CENTER, 500 WESTRIDGE, GREG CAPUT COMMUNITY ROOM
WATSONVILLE, CA 95076**

THIS MEETING IS IN-PERSON ONLY, NO VIRTUAL OPTION IS AVAILABLE.

Xaloc Cabanes Chair 1 st District	Valerie Webb Member 2 nd District	Michael Neidig Co-Chair 3 rd District	Antonio Rivas Member 4 th District	Jennifer Wells Kaupp Member 5 th District
Kaelin Wagnermarsh Member 1 st District	Dean Shoji Kashino Member 2 nd District	Hugh McCormick Member 3 rd District	Lourdes Barraza Member 4 th District	Jeffrey Arlt Secretary 5 th District

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Director, County Behavioral Health	Karen Kern Deputy Director, County Behavioral Health

Information regarding participation in the Mental Health Advisory Board Meeting

The public may attend the meeting at the South County Government Center, 500 Westridge, Greg Caput Community Room, Watsonville. This is an in-person meeting only, no virtual option is available.

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 RETREAT AGENDA

ID	Time	Regular Business
1	10:00	<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)
2	10:10	Connections
3	10:55	Break
4	11:00	Committees
5	11:20	Review 2024-2025 Goals and Objectives
6	11:40	2025-2026 Goals and Objectives: Service Priorities / Peer Support
7	12:20	Break
8	12:30	Questions on changes MHAB – BHAB (funding / SUDS) – Karen Kern, BH Deputy Director
9	1:15	Board Member Commitments and Calendar of Events for the Upcoming Year
10	2:00	Discussion changes MHAB – BHAB (funding / SUDS) – Mike Beebe, NAMI
11	2:20	Site Visits
12	2:40	Deliverables
	3:00	Adjourn

**NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
JUNE 18, 2025, 3:00 PM – 5:00 PM
HEALTH SERVICES AGENCY, 1430 FREEDOM, SUITE F, CONFERENCE ROOM
WATSONVILLE, CA**

2024-2025 Goals/Objectives

- Site Visits at Jail, Encompass, Janus
- Attend grand opening of the Children's Crisis Center at 5300 Soquel
- Ask Director to prioritize site visits (for the MHAB)
- Do site visit and ask if MHAB meeting can be held in that facility for that month
- Visit armory and Housing Matters
- Tour of County BH building/facility
- Needs:
 - Education, presentations on fundamentals, duties and jurisdiction of BH
 - Onboarding ad hoc subcommittee
 - Engagement services / more publicity, update website
 - Crisis continuum stakeholder committee

NAMI SCC Recent Communications to the County Regarding Support of Behavioral Health

Purpose: Share the rationale for both the need to restore the planned cuts to HSA staff and the need to develop a plan to address shortcomings in support for those with mental health and substance use disorders across the county

Agenda:

1. Demographics & statistics

2. Our current state

-Consistent assessments

-Capacity observations

3. Current initiatives dependence on increased capacity

4. Framework for funding solutions

5. Our request

County Demographics

Of Santa Cruz County's population of 261,000 statistically 85,000 (33%) have mental health and/or substance use disorders. A third of our community deserve support in achieving lives which are healthy and fulfilling.

-43,000 have a range of mental illness

9,700 will have serious mental illness (SMI)

33,300 will have any mental illness (AMI) mild-moderate-severe impairment

2.4 times the general public with mental illness will be in the justice system

50% of those in our jail are on mental health medication

-42,000 will have substance use disorder

12 times the number of individuals in general public with the same DSM-IV diagnosis will be in justice system

92 individuals in our jail are receiving medication assisted treatment for substance use

-17,000 individuals with mental health illness will also have a co-occurring substance use disorder

-By age 14, 50% of youth will experience their first serious mental illness

-Suicide is the second leading cause of death for people aged 10-34

86,900 individuals are in this age group in our county

29.2% of SC adults 25-44 have seriously thought about suicide in 2022-2023

Our Current State: The following sources consistently recommend the need for: increased behavioral health staff & programs, more treatment beds & outpatient options, 7/24 non police crisis response, deflection from jail, and MH & SUD treatment in jail:

MHSA Report FY 2024-2025

39% strongly or somewhat disagree that Santa Cruz County's services meet the needs of people experiencing a mental health crisis. (an additional 14% neither disagree or agree). Similar findings on whether the County's behavioral health services met the community needs

Feedback on experiences with behavioral health team was positive with only 15% on average responding negatively to questions in 6 categories

June 2023 Grand Jury Report- "Diagnosing the Crisis in Behavioral Health-Underfunded, Understaffed, Overworked"

-BHD seriously understaffed-as much as 30%

-Lack of enough beds in higher level facilities can lead to people with serious mental health repeatedly cycling through the system

-Lack of step-down for patients completing both inpatient and outpatient treatment often results in patients relapsing and needing retreatment, which is bad for the patient and increases cost for the Behavioral Health Division

-Santa Cruz has three times the number of high- cost beneficiaries (approved claims of \$30,000/ year) that the state average

May 2023 Grand Jury Report- "Envisioning the Future of our Jails- We Continue to "Kick the Can"

-The Santa Cruz Jail has been described as the largest mental health holding facility in the County

-40% have been diagnosed with mental illness, 65% have active substance used disorder, 20% under the influence of drugs or alcohol at the time of the crime

June 2024 Grand Jury Report- “We Can Do Better in Our Jails! -Better Health Care and Reentry Support”

-the Grand Jury is deeply concerned with the poor mental health treatment provided to our inmate population. This extends to the treatment of inmates living with or developing mental health challenges, through jail time and post release (see CJC statistics below: majority of those in jail are awaiting trial & assumed innocent)

June 2024 Grand Jury Report- “County Behavioral Health Services- A State of Mind”

-Enhanced Case Management: Increase emphasis on enhanced case management services which will reduce long-term health care costs

-Local Care Focus: Reduce costly out-of-county inpatient transfer by investing in local resources

**** in the year 2022, transfers to hospitals outside the County were made at a cost of \$23,540,750 (these transfers were not eligible for a 50% cost match from Medi-Cal)*

Criminal Justice Council – “Santa Cruz County Mental/ Behavioral Health & Criminal Legal System Review 2021-2025

-Recommendations included: Improve jail infrastructure, improve continuity of care, increase program and treatment funding, expand treatment options and improve access, and increase housing availability

-in 2022, 263 of the 327 individuals in jail were not sentenced and average days in custody was 235 days

Sheriff Clark reporting on Jail Statistics as of 4/30/25

-With a jail population at 340: 78% were on some form of medication, 50% were on mental health related medication, 37% had a chronic medical condition, 92 were receiving medication treatment for substance use disorder, 11 were incompetent to stand trial (due to severe mental illness), and 11 had a disability or needed accommodation for disability.

-Conclusion of above is that the jail is of a default hospital without the design and staffing to support that function

Current State-Capacity Observations

Goal 1. Implement the appropriate level of capacity for the size of the community: Action- determine what the recommended number of beds and out-patient treatment options should be for our county.

Current State:

<u>Population Impacted</u>	<u>Available Beds</u>	<u>Comments</u>
Mental Health:		
43,000	-16 <u>In-County Acute</u> beds	Telecare discharged 368 in 2024 with average treatment time of 14.4 vs 2023 discharges 437 at 10.9 days
	-32 bed estimate for <u>acute out-of-county</u>	Experience in FY 18/19 was that 474 in-county discharges and 629 out-of-county for a total of 1103
	- <u>In-county Sub-Acute:</u>	
	16 beds-El Dorado	60-100 clients in 2024
	10 beds-Telos	79-100 clients in 2024 (closing 6/30/25)
Substance Use Disorder:		
42,000	46 beds	Three providers with 5 facilities one for Latino men and one for perinatal women
Co-occurring Disorders:		
17,000	30 beds	Encompass Residential Recovery. (Santa Cruz Residential Recovery has 23 pay beds)

Conclusion: Current capacity is significantly under needed level. The 2021 Rand/ MHSA Report commends we have 56 acute and 53 sub-acute bed capacity based on our population. Our current use of out-of-county treatment resources is incurring unnecessary and unreimbursed costs. Lack of sub-acute and step-down facilities means lack of treatment options for many and inability redirect individuals in need to access lower cost facilities plus a shortage in an appropriate range of treatment options limits where crisis teams and law enforcement can deflect individuals.

Goal 2. Install a range of solutions are in place which are cost effective & provide options for the least restrictive treatment environment

Relative cost of treatment options

<u>Treatment Setting</u>	<u>Bed Cost</u>	<u>Cost Per Stay</u>
Residential:		
Acute Bed	\$450K / year	\$12,600 per person with a 10 day stay
Sub-Acute Bed	\$150K / year	\$4,200 per person with a 10 day stay
Co-occurring	\$150K / year	\$12,500 For mild to initial stabilization with a 30 day stay \$25,000 for complex & severe with a 60 day stay
Substance Use	\$125K / year	\$10,400 per person for a 30 day stay
Residential MH & SUD	\$228K / year	\$56,800 for 13 weeks average at \$624/day
State Hospital	\$154K / year	\$51,300 for a four month stay at \$4,337/ day
Local Jail*	\$89K/ year	\$ 57,900 / person with 237 average days in custody
Non-residential:		
Partial Hospitalization/		
Intensive Outpatient	\$7k/person	3-5 sessions/ week, 3-5 hours/ session, duration 8-12 weeks
Outpatient	\$2K/person	1-2 sessions/ week, 1-2 hours/ session, duration 45-60 days
Probation	\$4,438/ person	California average

Conclusions: Sub-acute are a third of the cost of acute and outpatient can be less with individuals at living at home. Local treatment is less expensive than State Hospitals and Jail and probation is a fraction of jail cost. Creating a range of options with the right capacity should increase the number of people receiving the right support and reduce repeated episodes and justice system involvement.

*Jail cost relatively fixed but medical cost within the jail isn't. Medical care provided does not equal outside options.

Note: Above financial statistics require review and refinement but should provide comparisons on treatment options

Building our staff & programs and treatment capacity is essential to supporting County initiatives

One of six strategic goals for the County is Comprehensive Health and Safety with four areas of focus: health equity, community support, local justice and behavioral health

Focus to achieve above

Adequate range of cost- effective capacity of treatment options for the size of our county

Reduction in cost from the use of out-of-county treatment facilities

Timely and effective crisis response and dispatch to most appropriate destination: 988 implementation, 7/24 Crisis Now, law enforcement's additional option of deflection to treatment (in addition to charge or release)

Improved medical treatment for those in jail

Reduction in jail population and reduction of average days in custody

Ideas to Fund and Support Needed Changes

New Revenue Sources for the County:

- Renegotiate current county Medi-Cal reimbursement status *
- Increase percent of property tax received without impacting other organizations *

Harvest Savings from Current System:

- Accelerate \$125M FEMA reimbursements: pick up \$40M after bond retirement and \$5M interest savings *
- Incrementally reduce current out-of-county treatment cost \$23.5M for a 50% savings
- Focus on high-cost beneficiaries and increase their resilience and reduce cost
- Review Telecare average treatment time to ensure increase utilization and reduce transfers out of county

Capacity Building for Cost Effective Treatment:

- Utilization of Prop 1 capital *
- Increased use of step-down and outpatient to increase coverage at less cost
- New bond issue once FEMA bond retired
- Address needed in-county acute beds and jail mental health needs as a shared goal
- Long-term contracts with outside providers where their capital investments are assured
- Partnering with private insurance companies to create facilities used for Medi-Cal and those privately insured
- Receive financial support for capacity growth from the cities of Santa Cruz, Watsonville, Capitola & Scotts Valley

*May require active support from our elected State and Federal legislators

OUR REQUEST

In the FY 25/26 Budget restore HSA funding for staff and their supporting organizations so current deficits are not increased and critical staff is retained.

In FY25/26 elevate the issue of capacity and its interdependency across county departments to create an agreed to assessment of current gaps and their impacts, and a multi- year plan to close the gaps

(Following included in earlier communications)

- Appropriate HSA staffing levels and staffing mix**
- Targeted in- county treatment beds/ options: acute, step down, outpatient**
- Mental health care in jail and future configuration of jail (medical support major jail function)**