



County of Santa Cruz
HEALTH SERVICES AGENCY
Behavioral Health Services Division

Santa Cruz County Mental Health Advisory Board

1400 EMELINE AVENUE Santa Cruz, CA 95060

(831) 454-4170 FAX: (831) 454-4663 TDD: (800) 523-1766

Re: 2016-2017 Biennial Report of the Santa Cruz County Mental Health Advisory Board

Dear Members of the Board:

On behalf of the Santa Cruz County Mental Health Advisory Board, we are enclosing the 2016-2017 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, and to our Board.

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

The 2015-2016 Civil Grand Jury report "Santa Cruz County Mental Health Advisory Board Revisited" criticized us for not effectively fulfilling our mission. We have worked hard to make improvements addressing those concerns.

We invite you to read the highlights of our last two years of efforts, advocacy, and caring. We look forward to continued support and involvement from the Santa Cruz County Board of Supervisors and Behavioral Health staff, and invite community participation as we work to achieve our goals for 2018-2019.

Sincerely,

Xaloc Cabanes, Chairperson, Mental Health Advisory Board

Cc: Erik Riera, Behavioral Health Director
Dr. Vanessa De La Cruz, Chief of Psychiatry
Giang Nguyen, Health Services Agency Director
Mental Health Advisory Board members

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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 it's 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, the Bronzan-McCorquodale Act, and the Brown Act.

The Mental Health Division staff designated as support to the Board was Yolanda Pao, Recorder, who left the Mental Health Division in September 2017. Interim staff support was provided by Linda Betts. Beginning in February 2018, staff support will be provided by Jane Batoon-Kurovski.

Meeting Dates, Times and Locations

January 21, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
February 18, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
March 17, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
April 21, 2016	3:00p.m. - 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
May 19, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
June 16, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
July 21, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
August 18, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
September 15, 2016	3:00p.m. - 5:00 p.m.	Mariposa Wellness Center, 10-12 Carr Street, Watsonville
October 20, 2016	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
November 2016 (no meeting held)		
December 15, 2016	3:00p.m. - 5:00 p.m.	MHCAN, 1051 Cayuga Street, Santa Cruz
January 19, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
February 3, 2017 (Retreat)	9:00a.m. - 3:00 p.m.	Walnut Commons 190 Walnut Ave, Santa Cruz
February 16, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
March 16, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
April 20, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
May 18, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
June 15, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
July 20, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
August 17, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
September 21, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz
October 19, 2017	3:00p.m. - 5:00 p.m.	Veterans Memorial Building 215 East Beach Street, Watsonville
November 2017 (no meeting held)		
December 21, 2017	3:00p.m. - 5:00 p.m.	Health Service Agency, 1400 Emeline, Bldg K, Santa Cruz

Board Structure

The Welfare and Institutions Code requires that every County have a Mental Health Board or Commission, and establishes specific mandates for the membership 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.

Membership

At the close of 2017, membership on the MHAB consisted of 11 members. A change in our by-laws is pending to allow two non-voting at-large members. This will make it easier to fill vacancies as they arise. There is room for improvement to adequately represent the ethnic make-up of our community. We will work on addressing this issue.

Members leaving the board during 2016 and 2017 were Denise Ostlund, Jenny Kaupp, John Laue, Maria Correia (past Chair), Richard Martinez, Ryan Coonerty (Board of Supervisors, past Chair), and Sheryl Lee.

Current Membership

Board Member	Representing District / Category	Appointment Date	Term Ends
Xaloc Cabanes	1 st / Consumer	2/7/17	4/1/19
Lynda Kaufmann	1 st / Family	12/21/17	4/1/19
Aimee Beckstron Escalante	2 nd / Family	1/10/17	4/1/20
Bek Sabedra	2 nd / General Public	9/12/17	4/1/18
Hugh McCormick	3 rd / Consumer	8/4/15	4/1/19
Charlotte Nolan Reyes	3 rd / General Public	3/15/16	4/1/20
Jim Roszell	4 th / Family	1/24/17	4/1/20
Jodie Wells	4 th / Consumer	2/23/16	4/1/19
Kathleen Aver Avraham	5 th / Consumer	2014	4/1/20
Rebekah Mills	5 th / Consumer	6/27/17	4/1/18
Greg Caput	Member, Board of Supervisors		

Attendance 2016

Santa Cruz County Mental Health Advisory Board
Attendance Roster 2016

Meeting Dates	Jan 21	Feb 18	Mar 18	Apr 21	May 19	Jun 16	Jul 21	Aug 18	Sep 15	Oct 20	Nov NM	Dec 15
Charlotte Reyes	NBM 3/15/16				X	X	X	E	X	X		X
Denise Ostlund	X	X	X	X	E	U	X	R 7/21/16				
Hugh McCormick					X	E	X	U	X	U		U
Jenny Kaupp	NBM 4/12/16			X	X	X	E	X	E	U		U
Jodie Wells	NBM 2/23/16			X	X	E	X	U	X	X		X
John Laue	E	X	X	X	E	X	X	X	X	X		R 12/14/16
Kate Avraham				X	X	X	X	X	X	X		X
Rick Martinez				E	X	X	X	U	X	E		X
Maria Correia	E	X	X	E	X	E	X	X	X	E		X
Sheryl Lee	X	E	X	TERMINED								
Supv Greg Caput				X	X	X	E	U	X	X		X
Supv. Ryan Coonerty	*1/27	E	X									

Board currently consists of: 3 Consumers; 2 Family Members; 2 General Public; eff.12/14/16

- X – Present
- E – Excused
- U – Unexcused
- R – Resigned from Board
- N – Not Appointed Yet
- NBM – New Board Member
- NM – No Meeting Unless Needed
- SV – Seat Vacated, too many absences
- CI – Conflict of Interest
- SM – Special Meeting

II. Meetings

D. When a member fails to attend three (3) consecutive meetings without good cause entered in the minutes of the Mental Health Board, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the Mental Health Board Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health Board.

Attendance 2017

**Santa Cruz County Mental Health Advisory Board
Attendance Roster 2017**

	Jan 19	Feb 3	Feb 16	Mar 16	Apr 20	May 18	Jun 15	Jul 20	Aug 17	Se p 21	Oct 19	Nov NM	Dec 21
Aimee Escalante	NBM	X	X	X	X	X	E	X	X	X	X		X
Bek Sebedra									NBM	X	X		X
Charlotte Reyes	X	X	X	X	U	E	X	X	E	X	E		E
Hugh McCormick	X	X	E	X	X	X	X	X	X	X	E		X
Jenny Kaupp	X	X	X	X	X	R	Resign						
Jim Roszell	NBM	X	X	X	X	X	X	E	E	X	X		X
Jodie Wells	E	X	X	X	X	X	E	X	E	X	X		X
Kate Avraham	X	X	X	X	X	X	E	X	E	X	X		X
Lynda Kaufmann													NBM
Maria Correia	E	X	X	X	X	X	X	E	X	X	Resign		
Rebekah Mills							NBM	X	X	X	X		X
Rick Martinez	E	X	U	X	X	E	X	R	Resign				
Xaloc Cabanes		NBM	X	E	X	X	X	X	X	E	X		X
Supervisor Greg Caput	X	X	X	X	X	X	X	E	X	X	X		X

One Vacancy, eff. 9/21/2017: Board consists of 5 Consumers; 2 Family Members; and 2 General Public

- 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

When a member fails to attend three (3) consecutive meetings without good cause entered in the minutes of the Mental Health Advisory Board, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the Mental Health Board Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health Board.

Goals and Accomplishments during the reporting period

A. Objective: Fulfill the Mandated Responsibilities of the Mental Health Advisory Board

1. Goal: Review and evaluate the County's mental health needs, services, facilities and special problems

Accomplishments:

- Throughout the year, the MHAB hosted a variety of speakers related to Santa Cruz County mental health issues and services, including: the Integrated Behavioral Health program; the Second Story Peer Respite program; children's mental health services in Santa Cruz County; the Patients Rights Advocacy program; and behavioral health services for older adults in Santa Cruz County. (A complete list of presentations is included as Appendix A.)
- Behavioral Health Director Erik Riera or his representative provided a monthly report to the MHAB
- Conducted a public hearing for review and comment on the Mental Health Services Act FY 2016-2017 Annual Update
- Conducted a public hearing in October 2017 for review and comment on the Mental Health Services Act Three-Year Program and Expenditure Plan FY 2017-2018 through FY 2019-2020
- Reviewed and evaluated mental health facilities and services through scheduled site visits. (A site visit report is included as Appendix B.)
- Sent a letter of support for the Mental Health Client Action Network (MHCAN) to the City of Santa Cruz in August 2017 regarding proposed changes to MHCAN's use permit. (Included as Appendix C.)

2. Goal: Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process

Accomplishments:

- The public was invited to attend and participate in all monthly MHAB meetings.
- MHAB participated in the August 26, 2017 Twin Lakes Church "A Community Gathering on Mental Health", providing a display table and two workshop sessions to inform attendees about the MHAB's role and learn about community concerns.
- Meeting Agendas and Minutes are posted on the Santa Cruz Behavioral Health website.
- A committee was established to improve stakeholder involvement in Mental Health Services Act (MHSA) planning.

3. Goal: Review and comment on the County's performance outcome data and communicate its findings to the State Mental Health Commission

Accomplishments:

- Completed the California Mental Health Planning Council's 2016 Data Notebook questionnaire, focused on mental health programs for youth.
- Anticipate January 2018 completion of the California Behavioral Health Planning Council's 2017 Data Notebook questionnaire, focused on mental health programs for older adults.

B. Objective: Respond to Concerns Raised in the 2015-2016 Civil Grand Jury Report "Mental Health Advisory Board Revisited"

The MHAB provided responses to the Grand Jury report on June 16, 2016. Chair Kate Avraham provided effective leadership to address the concerns raised in that report.

1. Goal: Conduct monthly MHAB meetings according to county code, schedule them well in advance, conduct them according to parliamentary procedure, and record complete and accurate minutes that include discussion, decisions, actions, and public comments.

Accomplishments:

- Robert's Rules of Order are used to conduct meetings.
- Minutes are kept and published on the Santa Cruz Behavioral Health website.
- The upcoming month's meeting time and location is announced on the agenda of the current month's meeting.

- The meeting room is arranged so that the MHAB faces the public, members have name tags to identify them, and there is plenty of public seating room.

2. Goal: *Fill vacant positions and maintain a full membership on the MHAB.*

Accomplishments:

- All vacancies were filled as of July, 2016.
- The MHAB currently has a full membership.
- Three vacancies occurred in 2017 due to resignations. Vacancies were filled within one or two meetings.

3. Goal: *Provide annual professional training for all members on how to serve effectively on an advisory board.*

Accomplishments:

- MHAB members participated in a day-long retreat training in February 2017 facilitated by Terry Bohrer from the Mental Health Board of San Francisco.

4. Goal: *Hold an annual meeting to establish and evaluate strategic goals, prioritize those goals by focusing on problem areas, and establish committees to develop plans for problem resolution.*

Accomplishments:

At the retreat in February 2017:

- Strategic planning for 2017-2018 took place
- Several committees were established: Site Visit, Jail, By-Laws, Outreach, and Nomination.

5. Goal: *The appointed member of the Board of Supervisors should be an advocate for the Mental Health Advisory Board, meeting regularly with the Chair to establish goals, identify problem areas, suggest possible solutions, and should personally attend the monthly meetings.*

Accomplishments:

- Supervisor Greg Caput regularly attends monthly MHAB meetings in person.
- There has been regular communication between Supervisor Caput and the MHAB Chair.
- Supervisor Caput provides monthly standing reports at MHAB meetings.

6. Goal: *Increase efforts to raise community awareness of mental health.*

Accomplishments:

- MHAB meetings were announced in local newspapers and attracted increased public participation.
- The MHAB participated in the August 26, 2017 Twin Lakes Church "A Community Gathering on Mental Health" by tabling and hosting two workshop sessions.

Future Goals

1. Goal: *Provide comprehensive training on how to be an effective advisory board*

This was a recommendation of the 2015-2016 Grand Jury Report.

- With a large number of new members (five of our 11-member board started serving in 2017), training is essential to help our Board operate effectively.
- The California Association of Local Behavioral Health Boards and Commissions can provide assistance and guidance in this area.
- Other local behavioral health boards and commissions are another resource.

2. Goal: *Develop and follow through on annual strategic plans*

- Having a clear focus is essential to effectively fulfill our mandated responsibilities.
- Annual strategic planning was conducted in 2017 and needs to continue.
- Framing our work in the context of an annual strategic plan will encourage Board member and community participation.

3. Goal: *Maintain an active, involved Board*

- Maintain full membership.
- When vacancies occur, recruit members to reflect the diversity of the population served.
- Maintain high attendance at MHAB meetings and committees.
- Visit mental health programs in our county and submit written reports.

4. Goal: *Support MHAB committee work*

- Encourage MHAB members to serve on committees.
- Identify clear timelines, goals, and processes for committee work.
- Support the work of existing committees: the Jail Committee, working to make improvements affecting the mental health of people in jail; the Site Visit Committee; and the MHSA planning committee, working to make improvements to stakeholder participation in MHSA planning.
- Establish additional committees to support identified strategic goals.

Appendix A - List of Presentations at MHAB meetings in 2016-2017

January 2016	Drug Medi Cal; Explain, Veterans Service Expansion
February 2016	Roadblocks to MHCAN Peer Certification
March 2016	Community Connection
April 2016	Senate Bill 614 – Medical Mental Health Services
May 2016	New services by ACCESS
June 2016	Karen Anderson – Chief Children’s Mental Health
July 2016	Second Story Peer Respite
Aug 2016	Advocacy Inc.
September 2016	Integrated Behavioral Health
October 2016	Sub Committee Reports and Consumer Compliant Protocol
December 2016	Care for the Caretakers
January 2017	Suicide Prevention
March 2017	Patient Rights Advocacy
April 2017	Suicide Prevention
May 2017	Karolin Schwartz- Quality Improvement Manger (quarterly report)
June 2017	Child Family Rights Response Team
July 2017	Rapid Connect
August 2017	National Alliance on Mental Illness (NAMI)
September 2017	Second Story, and the California Association of Local Behavioral Health Board and Commissions
October 2017	Mental Health Services Act three year update
December 2017	Steve Ruzicka, Behavioral Health Older Adult Services

Appendix B - Site Visit Report

Santa Cruz Mental Health Advisory Board Site Visits:

7th Avenue Center, January 17th, 2017 (Rebekah Mills and Hugh McCormick)

In January 2017, members of the Santa Cruz Mental Health Board visited 7th Avenue Center at 1171 Seventh Avenue, Santa Cruz, CA, 95062. Seventh Avenue Center LLC is a 99 bed I.M.D. (Institute of Mental Disease) located in our County of Santa Cruz. 7th Avenue Center is a State of California Department of Health Care Services licensed and certified, secured/locked Mental Health Rehabilitation Center (MHRC). The residents of Seventh Avenue Center are 66% male and 33% female with ages ranging from 18 to 80. Residents of 7th Avenue Center must be "conserved" and can stay there voluntarily or involuntarily (court ordered). All residents must take medications daily and are secured in a locked setting. A conservator deems it necessary for a client/resident to stay at the facility, and some clients "don't want to be there."

Our board learned that the average time residents stay at the facility is from 90 days to several years. Residents of 7th Avenue Center see psychiatrists an average of once a month, but sometimes are seen by a psychiatrist more regularly- once every 2 weeks. 7th Avenue Center has over 100 employees, with 10-14 staff members on the "the floor" at any given time. 7th Avenue Center said their facility is "always full," with a permanent wait list. Even though 7th Avenue Center is part of Santa Cruz County, we found that no priority is given to local residents. We were told that only around 10 out of the 99 residents of Seventh Avenue Center are residents of Santa Cruz County. We found it troubling that no priority is given to residents of Santa Cruz County even though 7th Avenue is within County lines. These concerns were voiced at the January meeting of the Santa Cruz County Mental Health Advisory Board, attended by Santa Cruz County mental health director Erik Riera.

Sometimes residents need to leave 7th Avenue Center and enter an inpatient hospital setting. Such residents leave 7th Avenue Center and enter the hospital (inpatient unit) in the county they are from - and then come back once they have stabilized. With over 80% of 7th Avenue Center residents coming from other counties, we found this process wasteful. Overall, our board found 7th Avenue Center to be a clean, well maintained, properly staffed, and valuable part of the Santa Cruz County mental health system. With the lack of mental health beds and facilities locally, it is a shame that more local residents - residents of Santa Cruz County- can't stay there, remain close to family and support networks, and take advantage of what it has to offer.

Residents are encouraged to shape programming at the Center and a "resident council" makes suggestions for improvements. Staff at 7th Avenue Center reported that there are no mental health "consumers" on staff, but that outside groups are frequently brought in to run groups and operate programs. "Recovery" is stressed at the Center, and guests are given ways to prepare for reintegration into their respective communities. There is DRA, Smoking Cessation, DBT, and many other groups and activities for residents to take advantage of. Most guests seemed happy, content, and enthusiastic.

3 balanced meals are provided to residents each day, and there are well maintained exercise areas, a pool table, and a ping pong table. Most areas at 7th Avenue Center are locked/fenced, and residents are given access at specific hours of the day. The "main yard" is open most hours of the day, and the "zen garden" is available to residents who earn "privileges." Most of the residents of 7th Avenue Center smoke cigarettes and are allowed 5 smoke breaks per day. A limited "canteen," with diet soda and healthy snacks is open at certain times a day, and residents of the Center are clothed/shoed with donations from the community. Staff asks residents to turn out their lights and music at 9 pm.

Our board wishes to review the admissions process at 7th Avenue Center and find out why only a small percentage of residents come from Santa Cruz County. We were told that other counties are willing to pay more to house men and women at 7th Avenue Center. We would like to understand the exact economics of this arrangement, and figure out why Santa Cruz County mental health is not doing all it can to keep its citizens "local" and close to important family and support networks. Given our County's shortage of psychiatrists, we would also like to further investigate the way psychiatrists are brought to, hired, and used at 7th Avenue Center.

Appendix C - Letter to the City of Santa Cruz in support of MHCAN



Health Services Agency Behavioral Health Services Division

Santa Cruz County Behavioral Health Advisory Board
Post Office Box 962
Phone: (831) 454-4797 Fax (831) 454-4663

Thursday, 17 August 2017

Mike Ferry, Senior Planner
City of Santa Cruz
809 Center Street, Room 107
Santa Cruz, California 95060
miferry@cityofsantacruz.com

Dear Mr. Ferry:

We, the Santa Cruz County Behavioral Health Advisory Board, are tasked with advising about mental health services in Santa Cruz County. We are writing to express our support for the Mental Health Client Action Network (MHCAN) and the invaluable services it provides to our community.

MHCAN has served local residents with mental health diagnoses since 1995. The organization offers one of the only safe havens for some of Santa Cruz County's most vulnerable residents – many of whom experience homelessness or substance abuse issues in addition to their mental health challenges. MHCAN provides a safe place to heal, connect with community, receive support from peers and those in recovery, attend structured groups, and receive one-on-one counseling. In the computer room, members can use the Internet to maintain support systems and stay connected. Members can also watch TV, use the library/music room, receive free haircuts, holistic health care, coffee, snacks, a food pantry, and donated clothing, hygiene, and household items.

MHCAN also partners with other county mental health organizations including the county's transition team serving Transition Age Youth, the NAMI Connections peer support group, and Telecare's Psychiatric Health Facility. MHCAN also serves the community at large by providing trainings and hosting an annual holiday party, open to all, as well as hosting community meetings. This is by no means a comprehensive list of all of the gifts MHCAN gives to the community.

The proposed changes to MHCAN's use permit would make it impossible for MHCAN to continue to operate effectively to serve the community. Volunteers, people donating items to or visiting MHCAN, people attending community groups, and others must be able to continue to access MHCAN's premises – but are all prohibited by the new permit language. The annual

holiday party would be impossible. Coffee and snacks, staples in any kind of meeting or counseling environment, would be prohibited by the blanket ban on serving food in the new permit language. Haircuts, access to donated food, clothing, and hygiene items, and the services provided in the computer room and library/music room would not be allowed.

MHCAN members consistently express a need for MHCAN to be open for more hours and to more people. MHCAN would ideally be open to members every weekday during regular business hours, in addition to special events and groups outside of those hours. The new permit language restricts MHCAN's operating hours to 9 AM to 2 PM four days a week, and severely limits the hours when other events can happen – prohibiting the existing Transition Age Youth group from meeting. MHCAN's facilities can accommodate over 100 people at one time; limiting services to 50 people per day deprives people of necessary mental health services and for those who are homeless, forces them out into the street where they lack access to basic necessities including a restroom and a safe, legal place to rest.

Some of the new permit provisions appear to be designed to keep homeless people away from MHCAN's neighborhood. Requiring MHCAN to pay for security guards to patrol the neighborhood around MHCAN implies that MHCAN is responsible for the behavior of everyone in the neighborhood, whether or not they are an MHCAN member, and creates a huge financial responsibility that would be difficult for a nonprofit organization to handle. Requiring private security on MHCAN's premises during operating hours would create a hostile environment for MHCAN's members.

The Santa Cruz County Behavioral Health Advisory Board would like to see the City of Santa Cruz and MHCAN come to an agreement where MHCAN can continue to provide irreplaceable services to people in our community who are often stigmatized, maligned and misunderstood. We believe there are ways of addressing neighborhood concerns while keeping MHCAN open and available to those who so desperately need its services. We urge all parties involved to come together and work together to find common ground.

Sincerely,



Maria Correta, Chairperson
Santa Cruz County Behavioral Health Advisory Board

cc:

Sarah Leonard, MHCAN Executive Director
Erik Riera, Santa Cruz County Behavioral Health Director
Martin Bernal, Santa Cruz City Manager
Santa Cruz City Council
Santa Cruz County Board of Supervisors
Santa Cruz County Behavioral Health Advisory Board Members