



Santa Cruz County Commission on Disabilities

701 Ocean Street, Room 510, Santa Cruz, CA 95060
P: (831) 454-2772 F: (831) 454-2411 TTY/TDD 711
commissions@santacruzcountyca.gov
www.scccod.net

Notice of Public Meeting and Agenda

DATE: Thursday, April 9, 2026
TIME: 12:30 PM to 2:00 PM
LOCATION: Santa Cruz County Building, Coastlines Conference Room
701 Ocean Street, Santa Cruz, CA 95060

****As a courtesy to those who are affected, kindly attend the meeting *scent-free* and *smoke-free*.****

AGENDA

1. Call to Order/Roll Call
2. Agenda Review
3. Approve *March 12, 2026 Minutes*
4. Public Comment: *Any person may address the Commission for a period not to exceed three minutes on any issue within the jurisdiction of the Commission.*
5. New/Continuing Business/Action Items:
 - 5.1. Accessible Recreation Updates - Sara Shea (*County Parks Superintendent*), Mariah Roberts (*County Park Friends Executive Director*)
 - 5.2. Officer Elections
 - 5.3. Consider 2027 Regular Meeting Calendar
 - 5.4. Community Life Services & County Employment Partnership – Jessica Liddy-Hayford
 - 5.5. Consider *2026-2029 Behavioral Health Services Act Integrated Plan Advocacy*
6. Commission Priority Reports
 - 6.1. Accessibility Awareness Report
 - 6.2. Accessible Recreation Report
 - 6.3. Affordable Accessible Housing Report
 - 6.4. Affordable Accessible Transportation Report
7. Ad Hoc Subcommittee Reports
 - 7.1. Legislative Priorities Ad Hoc Subcommittee Report
8. Correspondence
9. Staff Report
10. Announcements/Emerging Matters
11. Adjournment

Next Regular Meeting: Thursday, May 14, 2026, from 12:30 – 2:00 PM

The County of Santa Cruz does not discriminate on the basis of disability, and no person shall, by reason of a disability, be denied the benefits of its services, programs, or activities. If you have a disability and require assistance to participate, please contact 454-2772 or TDD/711 at least 72 hours in advance to make arrangements.



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Meeting Minutes

DATE: Thursday, March 12, 2026
TIME: 12:30 PM to 2:00 PM
LOCATION: Santa Cruz County Building, Fifth Floor – Coastlines Conference Room
701 Ocean Street, Santa Cruz, CA 95060
PRESENT: John Daugherty (*1st District*), Tymothie Hale (*2nd District*), Becky Taylor (*3rd District*),
Richard Gubash (*3rd District*), Brenda Gutierrez Baeza (*4th District Co-Chair*), David
Molina (*5th District Co-Chair*),
EXCUSED: Jessica Liddy Hayford (*4th District*), Mitali Weiglein (*5th District*)
ABSENT: None
STAFF: Kaite McGrew (*Commissions Manager*)
GUESTS: 3 members of the public were present.

1. Call to Order/Roll Call

Meeting convened at 12:35 PM.

2. Agenda Review

3. Approve February 12, 2026 Minutes

Motion to approve minutes as written

Motion/Second: Molina/Gutierrez Baeza

Motion passed unanimously.

4. Public Comment

5. New/Continuing Business/Action Items:

5.1. Consider IHSS Commission Representation

Commission discussed nominating an at-large representative to the IHSS Advisory Commission. Molina will serve as the at-large liaison and Gutierrez-Baeza will apply to serve as an IHSS service recipient. Staff will communicate this decision to IHSS Advisory Commission Staff.

Motion to nominate David Molina as at-large representative to the IHSS Advisory Commission

Motion/Second: Daugherty/Taylor

Motion passed unanimously.

5.2. Consider Advocating for a Disabilities Policy and Services Coordination Council

Commission reviewed a potential strategy for establishing a Disabilities Policy and Services Coordination Council in Santa Cruz County and considered possible next steps to explore the concept. Molina suggested advocating for the Board to establish a task force to consider if the creation of such an entity is feasible and, if so, recommend how best to achieve it.

Motion to authorize Staff, in coordination with the Chair, to draft and submit a letter to the Board of Supervisors advocating for the establishment of a short-term task force to explore the creation of a Disabilities Policy and Services Coordination Council.

Motion/Second: Molina/Gubash

Motion passed unanimously.

6. Commission Priority Reports:

6.1. Accessibility Awareness Report: No Report

6.2. Accessible Recreation Report

Molina plans to meet with Parks and Recreation Commissioners to advocate for activities for people with disabilities. Gutierrez-Baeza asked Commissioners what questions they would like County Parks and County Park Friends to address in their April presentation. Molina emphasized the importance of integrating programming for people with disabilities with general programming to promote inclusion, rather than offering segregated programs. He also noted the lack of all-access parks on the Westside and in the San Lorenzo Valley, as well as the need for an inclusive and accessible teen center. Additional topics of interest included how to support Parks in re-establishing programs that have been reduced or eliminated due to funding constraints, and expanding beach accessibility, such as the installation of "Mobi-Mats" seasonally at County beaches.

6.3. Affordable Accessible Housing Report: No Report

6.4. Affordable Accessible Transportation Report: No Report

7. Ad Hoc Legislative Priorities Subcommittee Reports

7.1. Legislative Priorities Ad Hoc Subcommittee Report: No Report

8. Correspondence: None

9. Staff Report: None

10. Announcements/Emerging Matters:

Gutierrez Baeza will attend the Cabrillo Accessibility Support Center meeting in May.

11. Adjournment

Meeting adjourned at 1:57 PM.

Respectfully submitted by:

Kaite McGrew, *Commissions Manager*



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Community Life Services & Santa Cruz County Employment Partnership

Summary for the Santa Cruz County Commission on Disabilities

Meeting Date: January 23, 2026

On January 23, 2026, representatives from Community Life Services (CLS) and Santa Cruz County met to explore opportunities for collaboration between CLS employment programs and County internship and workforce development initiatives. The discussion focused on expanding access to meaningful, inclusive employment opportunities for people with disabilities through sustainable, person-centered pathways.

Participants shared a common understanding of access as the removal of barriers, full inclusion, dignity, and citizenship through employment. There was broad agreement that employment should move beyond short-term placements and instead support long-term career development aligned with individual strengths and goals.

Community Life Services outlined its customized employment and paid internship model, which emphasizes individualized job development, paid internships, and customized job descriptions. CLS supports multiple pathways to employment, including direct hire, internships, volunteer-to-paid transitions, and self-employment. The program primarily serves adults 18 and older and prioritizes skill development, resume building, and long-term employment outcomes.

County representatives described an approach that begins with the individual and then identifies suitable projects or departments. Potential placement areas discussed included administrative, clerical, IT, legal-adjacent roles, and animal services. Typical timelines include approximately three to four weeks for onboarding and placements of up to one year, with a preference for six-month experiences when possible.

Next steps include a one-month follow-up meeting, CLS providing resumes of potential candidates, and the County continuing to identify appropriate projects and departments.



EXECUTIVE SUMMARY

2026-2029

Behavioral Health Services Act Integrated Plan

SANTA CRUZ COUNTY



Letter from the Behavioral Health Director



To Our Community Members, Partners, and Colleagues,

It is my privilege to present the Santa Cruz County Behavioral Health Services Act Integrated Plan (BHSA IP) for the upcoming three-year cycle. We share this plan at a moment of significant fiscal uncertainty for behavioral health systems across California and the nation. While the plan has been developed using the best available revenue estimates, we anticipate the need to adjust—and potentially reduce—components of the plan as we learn more about the short- and long-term State and Federal fiscal impacts that will influence our local resources.

As we prepare for possible decreases in revenue, we also anticipate an increase in demand for behavioral health services. More Santa Cruz County residents will rely on publicly funded care as other avenues for services become less accessible or affordable. This creates a challenging landscape: fewer resources paired with greater need. We remain committed to responding thoughtfully, transparently, and in partnership with our community as we navigate these conditions.

The development of this BHSA Integrated Plan has been guided by the voices of the community we serve. I want to offer my sincere thanks to everyone who participated in our robust planning process. Your insights, your lived experience, and your ongoing engagement shaped this plan in meaningful ways. Across all discussion groups, surveys, and listening sessions, one theme resonated consistently: accessible, equitable care remains a top priority for Santa Cruz County. This plan reflects that priority.

I would also like to extend heartfelt appreciation to our Behavioral Health staff and contracted provider partners. Their commitment to serving this community—through workforce shortages, funding uncertainties, and growing demand—has remained steadfast. Their work ensures that residents continue to receive essential support, treatment, and connection during times of stability and during times of strain. This system relies on their expertise, compassion, adaptability, and dedication.

Looking ahead, we know that flexibility will be essential. As fiscal realities shift, we will revisit our priorities, maintain open communication, and work collaboratively to ensure that we continue to provide the highest level of care possible for our community.

Thank you again for your partnership, trust, and participation in shaping this plan. Together, we remain committed to building a healthier, more resilient Santa Cruz County.

With appreciation,

Dr. Marni R. Sandoval

Behavioral Health Director | County of Santa Cruz

» Introduction

As a result of California’s voters passing Proposition 1 (Prop 1) in March 2024, the Behavioral Health Services Act (BHSA) is replacing the Mental Health Services Act (MHSA), which has funded county mental health services since 2004. BHSA introduces significant changes in the allowable uses of Prop 1 funds as well as fundamental shifts in how funds are distributed by the state and how County Behavioral Health departments can use them. These changes require counties to realign programs, budgets, and operations to meet new state-defined requirements.

BHSA requires all county Behavioral Health Departments to submit a three-year Integrated Plan (IP) for Behavioral Health Services and Outcomes outlining intended use of funds and a budget for behavioral health programs administered, beginning with Fiscal Years (FY) 2026–2029 (July 1, 2026 – June 30, 2029).

» Community Program Planning Process

Community engagement was a critical part of the development of this first Integrated Plan. The Santa Cruz County Behavioral Health Division (SCCBHD) conducted a community planning process designed to ensure that local residents and community partners have voice in identifying the needs and priorities of the Behavioral Health system at the local level. Input was gathered through community meetings, listening sessions, surveys, stakeholder workgroups, and partner consultations. Participants included individuals with lived experience of mental health and substance use challenges, family members and caregivers, behavioral health providers, school partners, youth advocates, housing providers, justice-system representatives, culturally specific community organizations, and other local partners.

Across all engagement activities, community members consistently emphasized several priorities. Residents expressed the need for behavioral health services that are easier to access, more culturally responsive, and better coordinated across systems. Participants also highlighted the importance of youth mental health supports, timely crisis response, housing stability and services that prevent people from cycling through hospitals, jails, and homelessness.

The Integrated Plan reflects this feedback by prioritizing accessible care, early intervention, and housing interventions for people with severe behavioral health conditions, and coordinated support for individuals with the most complex needs.



The Integrated Plan was created by the Behavioral Health Division of the Santa Cruz County Health Services Agency. Community members and partners provided input to inform the development of the Plan through the required Community Program Planning Process.

» Barriers to Accessing Care

Although Santa Cruz County offers a broad range of services, many residents still face difficulties accessing care. Specialty mental health service use remains lower than statewide averages, indicating that some residents who need care are not receiving it. Barriers include language differences, cultural stigma, transportation limitations, provider shortages, complex eligibility rules, and challenges navigating multiple systems.

Data also show disparities in access among Hispanic and Latino residents, Spanish-speaking residents, young adults, and some older adults. These inequities highlight the need for culturally responsive outreach, bilingual services, and simplified pathways into care.

» Supporting Housing Stability for Individuals with Serious Mental Illness or Substance Use Disorders

Santa Cruz County continues to experience high rates of homelessness overall and affordable housing demand exceeds the local supply. For community members to receive housing supportive services from Behavioral Health, individuals must also meet eligibility criteria for County Behavioral Health services as a part of the specialty mental health and substance use disorder behavioral health plan requirements.

SCCBHD continues to work in close partnership with Housing for Health and other housing providers to support Behavioral Health clients in finding and maintaining stable housing. Strengthening housing coordination and expanding supportive housing programs for community members with serious mental illness or substance use remain critical priorities.



» Crisis System Pressures

Behavioral health crises require immediate response and safe alternatives to hospitalization or incarceration. Youth crisis services have historically been limited in the county, often requiring young people to seek care outside the county or in emergency departments.

Expanding local crisis options is necessary to ensure timely intervention and reduce unnecessary hospital stays as well as keep clients close to their families and communities as a part of their recovery.



» Institutional Care and Step-Down Services

Santa Cruz County currently lacks sufficient step-down treatment facilities that support individuals transitioning from higher levels of psychiatric or institutional care back into community settings. This gap limits the County's ability to provide appropriate levels of care and can delay recovery and community reintegration. Expanding step-down facilities is critical to ensuring residents receive care in the least restrictive environment possible while promoting stability, recovery, and more efficient use of hospital and institutional resources.

» Workforce Shortages

Behavioral health providers face workforce shortages that limit service capacity and increase length of time to available appointments. Recruiting and retaining qualified professionals remains a major challenge.

Major Strategies & Investments (2026–2029)



Improving Access Through a Centralized Entry System

SCCBHD will strengthen its centralized Behavioral Health Access Team to provide a clear and simple entry point for residents seeking services. This team offers bilingual screening, clinical assessment, referrals, and care coordination for both mental health and substance use services. A centralized approach reduces confusion, increase timely appointments, and ensures residents are connected to the most appropriate level of care.

Expanding School Linked and Youth Services

Youth mental health remains a top priority. SCCBHD will continue to support school based services and Behavioral Health Navigator programs that help students and families connect to care early. Early intervention services will address anxiety, depression, trauma, substance use, and family stressors before conditions escalate.

New Youth Crisis Programs

SCCBHD is investing in new youth crisis stabilization and short-term residential programs to provide safe, appropriate alternatives to emergency rooms and inpatient hospitalization. These programs will allow young people to receive care closer to home and stabilize in supportive therapeutic settings.



Strengthening Housing Interventions for Behavioral Health Consumers

Stable housing is essential for recovery and long-term wellbeing. SCCBHD will continue to invest in integrated treatment programs that combine behavioral health care with housing navigation and stabilization services. Multidisciplinary teams will help individuals experiencing homelessness secure housing while receiving ongoing treatment and recovery support.

Major Strategies & Investments (2026–2029), continued

Enhancing Community Based Crisis Response

Mobile Crisis Response teams will continue providing field-based intervention, deescalation, and service linkage 24 hours a day. Expanded crisis stabilization services will offer short term therapeutic care that prevents unnecessary hospitalizations and supports recovery in community settings.

Expanding Substance Use Treatment and Recovery Services

SCCBHD will continue providing substance use disorder services, including outpatient care, intensive treatment programs, residential services, withdrawal management, medications for addiction treatment, peer support, and recovery services. Prevention and early intervention programs will focus on youth and high-risk populations.

Supporting Justice Involved Individuals

Collaborative programs between behavioral health and justice partners will continue to divert individuals with severe behavioral health conditions away from incarceration and toward treatment. Specialized teams will provide intensive services, reentry planning, and coordination with probation, courts, and law enforcement agencies.

Strengthening Family and Child Welfare Partnerships

SCCBHD will continue working closely with child welfare partners to support children and families experiencing trauma, instability, and behavioral health challenges. Family-centered services help prevent out-of-home placements and support reunification when safe and appropriate.



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24/7 In-person crisis support for all Santa Cruz County
Apoyo en persona para situaciones de crisis para todo el Condado de Santa Cruz



Quick to respond, with compassion and expertise.
Respuesta rápida, con compasión y experiencia.

santacruzhealth.org/crisisresponse





Commitment to Equity

Equity is central to Santa Cruz County's behavioral health strategy. The County is committed to reducing disparities by expanding bilingual services, partnering with trusted community organizations, improving outreach to underserved populations, and using data to identify inequities in access and outcomes.

Culturally responsive care recognizes the diverse backgrounds, languages, experiences, and identities of community members. Services will continue evolving to ensure that all residents feel respected, understood, and supported.

Looking Ahead

The BHSI Integrated Plan provides a community-informed roadmap for supporting Santa Cruz County's behavioral health system over the next three years. Healthcare and Behavioral Health Departments are currently facing many policy and financial pressures amidst the rapidly changing national and state policy climates. This plan was created with the intention of supporting and sustaining the operations and critical mandated clinical services of Santa Cruz County's Behavioral Health system.

Continued partnership with residents, service providers, and community organizations will remain essential as Santa Cruz County adapts to changing needs and fiscal conditions. SCCBHD remains committed to community collaboration, transparency, and stakeholder partnership, to ensure that Santa Cruz County residents have access to behavioral health services to support their well-being.



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April 9, 2026

Santa Cruz County Behavioral Health Advisory Board

c/o Amy Rhoades
Santa Cruz County Health Services Agency
1400 Emeline Avenue
Santa Cruz, CA 95060

Re: Public Comment on BHSA Integrated Plan – Ensuring Access and Equity for People with Disabilities

Dear Chair Cabanes and Board Members,

On behalf of the Santa Cruz County Commission on Disabilities, we submit this comment regarding the County's Behavioral Health Services Act (BHSA) Integrated Plan.

As the County develops its Integrated Plan under significant structural changes and funding constraints, we urge careful attention to the needs of people with disabilities—who both rely on behavioral health services and experience disproportionate barriers in accessing them.

People with disabilities, including those with co-occurring mental health and substance use conditions, often face challenges related to accessibility, transportation, fragmented systems of care, and gaps between physical health, behavioral health, and social services. The BHSA's shifts—including changes to funding, service delivery systems, and coverage of mild-to-moderate conditions—risk further complicating access if not implemented thoughtfully.

At the same time, the increased emphasis on housing, accountability, and system redesign presents an important opportunity to better serve this population—if accessibility and inclusion are centered from the outset.

The Commission on Disabilities respectfully urges the Behavioral Health Advisory Commission to:

- Ensure accessibility across all services and programs funded through the Integrated Plan, including physical accessibility, communication access (e.g., ASL, language access), and digital accessibility.
- Address system fragmentation, particularly as responsibility for some behavioral health services shifts to Medi-Cal managed care, which may create additional barriers for people with disabilities navigating multiple systems.
- Protect and prioritize community-based services, including peer supports, case management, and services that help individuals remain in the community and avoid institutionalization.
- Integrate housing with accessibility needs, ensuring that BHSA-funded housing and supports are accessible for people with physical, sensory, intellectual, and developmental disabilities.
- Engage people with disabilities meaningfully in the planning process, including individuals with lived experience, to inform program design and implementation.

- Track and report outcomes for people with disabilities, including disparities in access, service utilization, and outcomes.

The Commission is particularly concerned that reductions to prevention and early intervention programs, or gaps created through system transitions, could disproportionately impact people with disabilities—who already face significant unmet need.

We urge the Behavioral Health Advisory Commission to play an active role in ensuring that the County’s Integrated Plan advances accessibility, equity, and meaningful inclusion for people with disabilities.

Thank you for your leadership and consideration.

Respectfully,

Brenda Gutierrez Baeza
Commission on Disabilities Co-Chair

David Molina
Commission on Disabilities Co-Chair



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