



# 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

APRIL 16, 2026, 3:00 PM-5:00 PM

1400 EMELINE AVENUE, CONFERENCE ROOMS 206-207, SANTA CRUZ

THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR  
CALL (831)454-2222, CONFERENCE 955 693 524#

Xaloc Cabanes Chair 1 <sup>st</sup> District	Valerie Webb Member 2 <sup>nd</sup> District	Michael Neidig Co-Chair 3 <sup>rd</sup> District	Antonio Rivas Member 4 <sup>th</sup> District	Vacant Member 5 <sup>th</sup> District	Natalie Stott Transitional Age Youth
Kaelin Wagnermarsh Member 1 <sup>st</sup> District	Dean S. Kashino Member 2 <sup>nd</sup> District	Hugh McCormick Member 3 <sup>rd</sup> District	Rachel Montoya Member 4 <sup>th</sup> District	Jeffrey Arlt Secretary 5 <sup>th</sup> District	Vacant Transitional Age Youth

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Behavioral Health Director	Meg Yarnell Behavioral Health Deputy Director

### Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference Rooms 206-207, Santa Cruz. Individuals may click here to [Join Meeting Now](#) or may participate by telephone by calling (831)454-2222, Conference ID 955 693 524#. 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.

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**

<b>ID</b>	<b>Time</b>	<b>Regular Business</b>
1	3:00–3:15	<ul style="list-style-type: none"> <li>• Roll Call</li> <li>• 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)</li> <li>• Board Member Announcements</li> <li>• <i>Approval of March 19, 2026 minutes*</i></li> <li>• Secretary’s Report</li> </ul>
<b>Standing Reports</b>		
2	3:15–3:25	March Patients’ Rights Reports – George Carvalho, Patients’ Rights Advocate for Advocacy, Inc.
3	3:25–3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35–4:10	Behavioral Health Director’s Report – Marni Sandoval, Behavioral Health Director Behavioral Health Services Act (BHSA) Public Comment Hearing – Amy Rhoades, Behavioral Health Services Act Manager
5	4:10–4:25	BHSA Integrated Plan Ad Hoc Committee – <i>discuss response and approve comments for submission*</i>
6	4:25–4:35	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
<b>New Agenda Items</b>		
7	4:35–4:50	<i>Review revised sections of Jail Packet* - Hugh McCormick</i>
8	4:50–4:55	Appointment of Nominating Committee for Officer Elections
	4:55–5:00	<b>Future Agenda Items</b>
	5:00	<b>Adjourn</b>

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

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**NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:  
MAY 21, 2026, 3:00 PM – 5:00 PM  
1400 EMELINE, CONFERENCE ROOMS 206–207, SANTA CRUZ**



# County of Santa Cruz

## HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION



Salud Mental y  
Tratamiento del Uso  
de Sustancias

**MINUTES – Draft**

### BEHAVIORAL HEALTH ADVISORY BOARD

MARCH 19, 2026, 3:00 PM - 5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ 95060  
MICROSOFT TEAMS (831) 454-2222, CONFERENCE 203 120 58 #

Present: Antonio Rivas, Dean Kashino, Jeffrey Arlt, Kaelin Wagnermarsh, Michael Neidig,  
Natalie Stott, Valerie Webb, Xaloc Cabanes, Supervisor Kimberly De Serpa  
Absent: Hugh McCormick (virtual-public member), Rachel Montoya  
Staff: Marni Sandoval, Amy Rhoades, Danielle Long, Jane Batoon-Kurovski

- 
- I. Roll Call – Quorum present. Meeting called to order at 3:04 p.m. by Chair Xaloc Cabanes.  
Note: Hugh McCormick participated remotely at 3:12pm, attendance noted as a public member.
  - II. Public Comment – 1 individual addressed the BHAB in the conference room.
  - III. Board Member Announcements
    - Recognized Social Worker Month.
    - Highlighted Civic Summit which encourages kids to get interested in the political process.
    - Announced upcoming Wellness Walk on March 28<sup>th</sup>, 12-3pm, Sky Park in Scotts Valley.
  - IV. Approve January 15, 2026 Minutes  
Motion / Second: Dean Kashino / Antonio Rivas  
Ayes: Rivas, Kashino, Arlt, Wagnermarsh, Neidig, Stott, Webb, Cabanes, De Serpa  
Nays: None  
Abstain: McCormick, Montoya  
Passed.  
  
Approve February 19, 2026 Minutes  
Motion / Second: Dean Kashino / Antonio Rivas  
Ayes: Rivas, Kashino, Arlt, Wagnermarsh, Neidig, Stott, Cabanes, De Serpa  
Nays: None  
Abstain: McCormick, Montoya, Webb  
Passed.
  - V. Secretary’s Report
    - New cycle for trainings begins on April 1<sup>st</sup>.
    - Training opportunities announced: CalBHBC on April 17<sup>th</sup>-18<sup>th</sup>, Crisis Jam on Youtube Wednesday’s at 9am, NAMI in person and online, Commission on Behavioral Health March 26-27.
    - Two BHAB vacancies: Transitional Age Youth and District 5.
    - Three members’ terms expiring, reappointment required to continue voting.
  - VI. Presentations
    - Crisis Now Fidelity Update – Kristen Ellis, Sr. Director, Consulting Operations of Recovery Innovations International
      - System-Level Rating

- County improved from Level 2 to Level 4. Level 5 is fully fledged crisis system.
- Status of System Implementation: All components at Level 3 or higher. MCT and Facility at Level 4. Growing cross-system integration.
- Status of Call Center Hub – Level 3 Progressing
  - o Stronger system integration and active refinement of continuity-of-care partnerships.
- Status of Mobile Crisis Services – Level 4 Close
  - o Strong foundational model in place and several Level 5 elements underway.
- Status of Facility-Based Services – Level 4 Close
  - o Well-established Crisis Receiving Services and second facility planned, expanding capacity.
- What's Next: 1) system-wide data integration & dashboards, 2) real-time coordination, 3) formalized peer roles and 4) high-performing Key Performance Indicators.
- Santa Cruz Behavioral Health Crisis Now Evaluation – Inti Chomsky, Sr. Consultant of RDA Consulting and Julia Owens
  - Mid evaluation update: July 2024-March 2025
    1. Patient Access
      - o MCRT responded to a total of 1453 incidents from July 2024 through March 2025 for a combined average of about 163 incidents per month during the time period. Total MHL incidents: 748; Total MERT incidents: 481, Total MERTY incidents: 234
      - o CSP Admissions, CSP which operates through Telecare, admitted a total of 909 patients for FY24-25, with an average of 101 admissions per month. Voluntary admits 105, 295 from Law Enforcement, 509 from MCRT or ED.
    2. Patient Outcomes
      - o More assessments, fewer holds.
      - o Most referrals involve individuals already connected to behavioral health services.
    3. System-Level Indicators
      - o EMS behavioral health calls decreased in FY23–24, with an average reduction of 4.2 calls per day (128 fewer per month), improving ambulance availability (6–8 hours/day) Fewer behavioral health patients require ambulance transport, reducing cost and stress and allowing for more appropriate, specialized response.

VII. Patient's Rights Report – George Carvalho, Advocate  
February report was provided. George did not attend the meeting.

- VIII. Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director
1. Adults Behavioral Health Update
    - Anticipate opening the Bridge House Project in mid-April.
    - BHSA Integrated Plan supporting adult services program design.
    - Evidence Based Practices Implementation: The State has provided 5 years of funding to support training and technical assistance for all county staff. Practices being advanced within the adult system of care include Assertive Community Treatment, First Episode Psychosis, and Individual Placement Services
    - Implementing the LOCUS Level of Care Determination Tool in the adult system to streamline initial screenings, assess needs and symptoms, and ensure individuals are matched to the most appropriate level of behavioral health care.
    - System Level Support items
      - The Deputy Director is helping to update the BH website.
      - Conducting interviews to fill the Senior Manager position in the adult system of care.
  2. Children's Behavioral Health Update
    - o Received a supplemental award through the Behavioral Health Student Services Act, administered by the state commission, to support school-based programs in partnership with the County Office of Education. Additional funding of up to

\$450K will expand substance use disorder linkage efforts through the Companion Project and extend the grant for two years.

3. Substance Use Disorder Update
  - Strengthening youth access and engagement – working closely with our DMC-ODS youth outpatient providers to identify strategies for increasing referrals and improving retention for young people in need of services.
  - System Improvements – addressing documentation deficiencies with a residential treatment provider and troubleshooting authorization challenges related to residential care.
  - Application submitted for Proposition 36 (Theft Reduction Act) funding, which aims to divert individuals with multiple prior convictions from incarceration to drug and mental health treatment; award status pending.
  - System Level Support – Casey Swank has postponed her resignation to the end of August.

Presentation: Santa Cruz County Behavioral Health Integrated Plan & Open 30 days Public Comment - Amy Rhoades, Health Services Manager

- Overarching System Strengths and Resources: 1) Mental Health Services & Supports, 2) Workforce – Dedicated Providers, 3) Care Coordination, 4) Community Education / Resource Awareness, 5) Access to Care.
- Overarching System Gaps and Needs: 1) Insufficient Treatment Beds, 2) Mental Health Services and Supports, 3) Care Coordination, 4) Insufficient Housing, 5) Community Education / Resource Awareness.
  - Full-Service Partnership (FSP) includes: 3 Children/Youth FSPs and 1 High Fidelity Wraparound program; 3 Adult/Older Adult FSP programs; utilization of required Evidence Based Practices and implementation of FSP Levels of Care; Implementation of referral pathways between FSP LOC and Outpatient LOC; expansion of the required assertive field-based strategies for SUD treatment and rapid access to Medications for Addiction Treatment.
  - Housing Interventions for BH Consumers include rental subsidies for those with BH needs; provide operating subsidies and Participant Assistance Funds for those with severe BH needs; implement the required Housing First model; strengthen coordination with MCPs and Community Supports providers; and strengthen partnership with Housing for Health.
  - Submit Public Comment by 5pm, April 16, 2026.

IX. Site Visit Committee Update

- El Dorado site visit scheduled on 03/25/26, 10am-12pm.

X. Funding Ad Hoc Committee

- Advised BHAB to meet with their BOS to review two recommendation letters, seek feedback, and assess commitment to incorporating them into the six-year plan.
- Explore maximizing Measure K funds for Behavioral Health, including potential support for mobile crisis services, with approximately \$10M available annually.

XI. Jail Packet Revisions: Two Sections for review - Hugh McCormick

- Shared current work with the board. Postpone discussion until the next meeting.

XII. Response to the BHSA Integrated Plan – draft letter to be reviewed at next meeting.

XIII. Future Agenda Items – None.

XIV. Adjournment

Meeting adjourned at 4:58 p.m.

## Summary

This is a March 2026, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reise Hearing activity, including the number of Riese Hearings filed, the number of Riese conducted, and the number that was lost.

### Patients' Rights Advocate Report March 2026

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#### **Telecare CSP/PHF**

On March 5, 2026, this writer received a forwarded message from a conservatee of Santa Cruz County currently receiving services from the Telecare Psychiatric facility (PHF). This client had been placed out of county for three months and requested the services of an advocate. This writer contacted the client and provided a rights advisement. The client was not eligible for a rehearing but will contact his writer for assistance when he becomes eligible.

On March 12, 2026, this writer received a voice mail from a client on a 5150 hold at the Crisis Stabilization Program. I returned her call the same day and reviewed her situation and evaluated her safety and self-care plan. During which she informed me that a social worker would meet with her. I encouraged her to be clear and consistent when speaking with the social worker and to return a call back to my office if she remained at the CSP or transferred to the PHF. The client was discharged the same day.

On March 20, 2026, I received a phone message from a client on a 5150 hold at the Telecare CSP. The caller requested that I advocate the treating psychiatrist for her release from the facility. I returned a call back to the client and listened carefully to all the information provided which included information about her family and the circumstances of her detention. I advised the client that I could not contact the treating psychiatrist and advised her about her right contest, the 5250 hold as well as the right file a writ to file a writ.

On March 26, 2026, Ms. Davi Schill, Patients' Rights Advocate, responded to a cross report originating with the Adult Protective Services. About allegation of a patient over medication. Ms. Davi responded and investigated the allegation and did not substantiate the allegation.

#### **Front Street Residential**

On March 19, 2026, Ms. Davi, Patients' Rights Advocate (PRA) received a voice message of a resident-to-resident abuse in that resident laid hands on another resident in a threatening manner. The reported victim stated that he did not feel safe at the facility. With the client's permission, this information was reported to the staff. The staff informed both the advocate and the resident of their ongoing support. The resident who was encouraged to reach out to the advocate was given the advocates contact information

**AB2275 Hearings**

Responded to 3 potential AB2275 hearings which did not occur time with social workers:  
2.5 hrs.

**Reise and Certification Review Hearings  
March 2026**

1. TOTAL NUMBER CERTIFIED	17
2. TOTAL NUMBER OF HEARINGS	17
3. TOTAL NUMBER OF CONTESTED HEARINGS	7
4. NO CONTEST PROBABLE CAUSE	10
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	
9. CONTESTED PROBABLE CAUSE	3
10. NON-REGULARLY SCHEDULED HEARINGS	

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

Reise Hearings. /Capacity Hearings

Total number of Riese petitions filed by the Telecare treating psychiatrist: 3

Total number of Riese Hearings conducted: 0

Total number of Riese Hearings lost: 0

Total number of Riese Hearings won: 0

Total number of Riese Hearings withdrawn: 0

Hours spent on conducted hearing representation: 0

Hours spent on hearings not conducted: .75 hr.

Hours spent on all Reise hearings:

Reise appeal: 0

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



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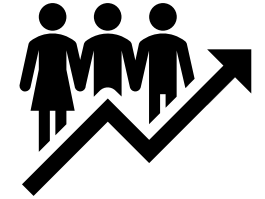
# Behavioral Health Director's Report

Dr. Marni R. Sandoval

Behavioral Health Advisory Board Meeting – April 16, 2026

# Adults Behavioral Health Update

## Bridge House Ribbon Cutting Celebration



Tuesday, April 21  
10:30-11:30 a.m.

**A referral-only center with on-site comprehensive healthcare, behavioral health, and supportive services that will connect individuals to stable housing and help reduce homelessness in Santa Cruz County.**

RSVP at: [Bridge House Ribbon Cutting RSVP Site](#)

Parking Information  
St. Stephen's Lutheran Church  
2500 Soquel Avenue



# Children's Behavioral Health Update



Opened on April 2, 2026!

5300 Soquel Avenue, Santa Cruz, CA 95062  
Available 24/7, 365 days a year.  
To request services, call: 831-540-4141

Santa Cruz County Behavioral Health, in partnership with Apiranet, is pleased to announce the official opening of the Crisis Stabilization Unit at the Hope Forward | Esperanza Adelante Youth Crisis Center.

## Purpose of the CSU:

The CSU provides a safe, supportive, and trauma-informed environment for youth experiencing a mental health crisis. Services are designed to stabilize, assess, and connect youth to ongoing care, helping to reduce unnecessary Emergency Department (ED) visits and out-of-county placements.

## The CSU accepts:

- Voluntary admissions (youth may self-refer or be brought by a parent/caregiver and
- Youth on involuntary psychiatric holds (5585/5150)

## Youth CSU will serve:

- Youth ages 5-17
- Young adults ages 18-20, when appropriate
- **Services are available regardless of insurance status**

# Substance Use Disorder Services Update

Our RENEWPath Program  
*52 enrolled participants!*

Recovery Incentives  
program first monitoring  
visit.



DUI program providers  
identified:

- Sobriety Works
- Alert Driving, Inc
- programs open for enrollment in the next 6 months.

Prop 36 funding application  
submitted individuals.

- Awaiting award information



OPEN: SUBG bi-annual RFP  
application deadline  
May 20<sup>th</sup>, 2026



# 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](mailto: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

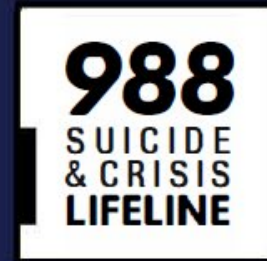
Santa Cruz County Mobile Crisis Response Team

**1-800-952-2335**

[santacruzhealth.org/CrisisResponse](http://santacruzhealth.org/CrisisResponse)

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

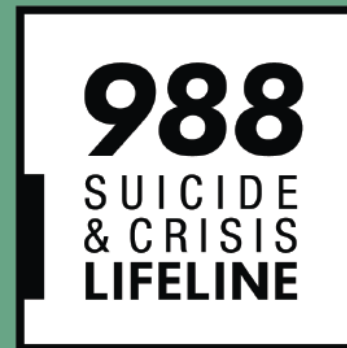
**Call or text 988 or chat 988lifeline.org, or reach out to a mental health professional.**



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**YOU  
MATTER**

Text.  
Call.  
Chat.



PEP23-08-03-012

# Questions?

Thank You



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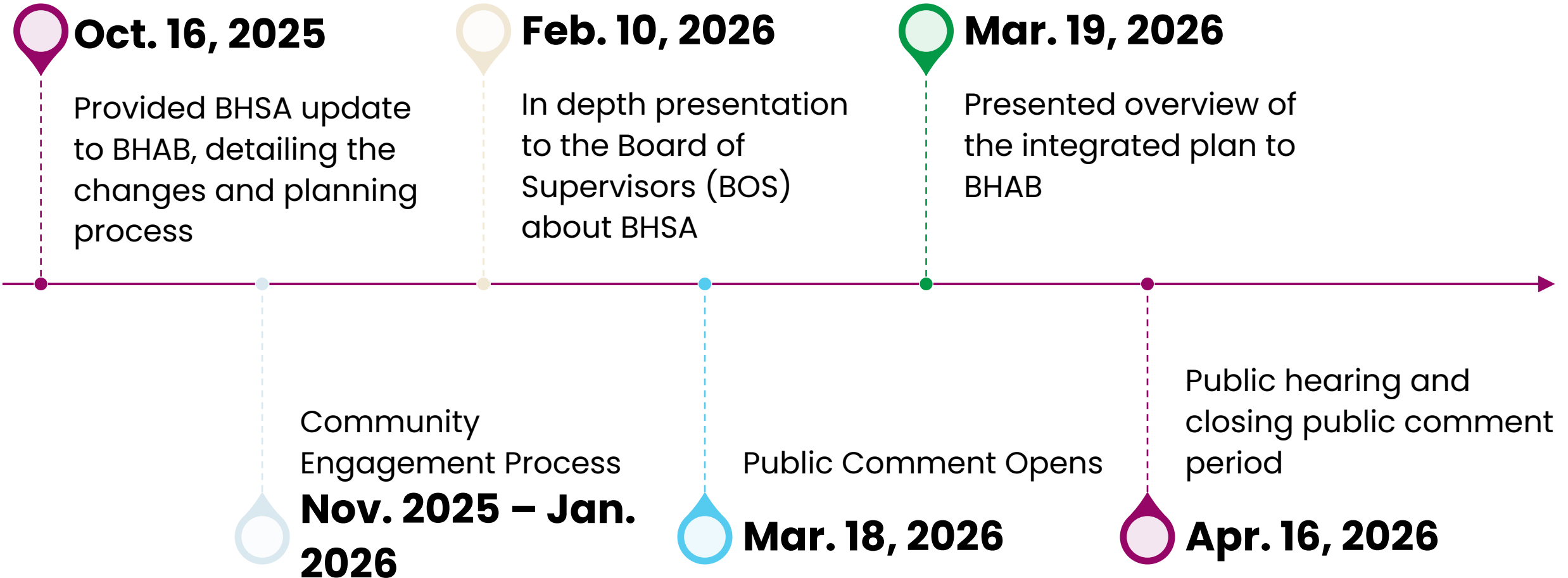
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# **Santa Cruz County Behavioral Health Services Act Draft Integrated Plan Public Hearing**

## **Behavioral Health Advisory Board Meeting**

### **April 16, 2026**

# BHSA Planning Process Recap





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# Submit your Public Comment Today!



## **In Person**

Behavioral Health Advisory Meeting  
April 16, 2026 3pm | 1400 Emeline Ave. Room 206



## **Phone**

Leave a voicemail at 831-713-8285



**Email** your feedback to  
[MentalHealth.ServicesAct@santacruzcountyca.gov](mailto:MentalHealth.ServicesAct@santacruzcountyca.gov)



## **Online Portal**

Visit [santacruzhealth.org/BHSA](http://santacruzhealth.org/BHSA)



**Mail:** Santa Cruz County Behavioral Health  
Attention: Amy Rhoades  
1400 Emeline Ave. Santa Cruz CA 95060

# Formal Close of Public Comment

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- Public Comment Period:
  - March 18, 2026 – April 16, 2026
- Public comment will close at end of day today, April 16, 2026
- All comments submitted will be reviewed and considered
- Final plan will be presented to the Board of Supervisors in June for approval



# Thank You!

For BHSA information:

Email: [MentalHealth.ServicesAct@santacruzcountycalifornia.gov](mailto:MentalHealth.ServicesAct@santacruzcountycalifornia.gov)

**[santacruzhealth.org/BHSA](https://santacruzhealth.org/BHSA)**





## 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).



*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.*

## » 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.

## » 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.

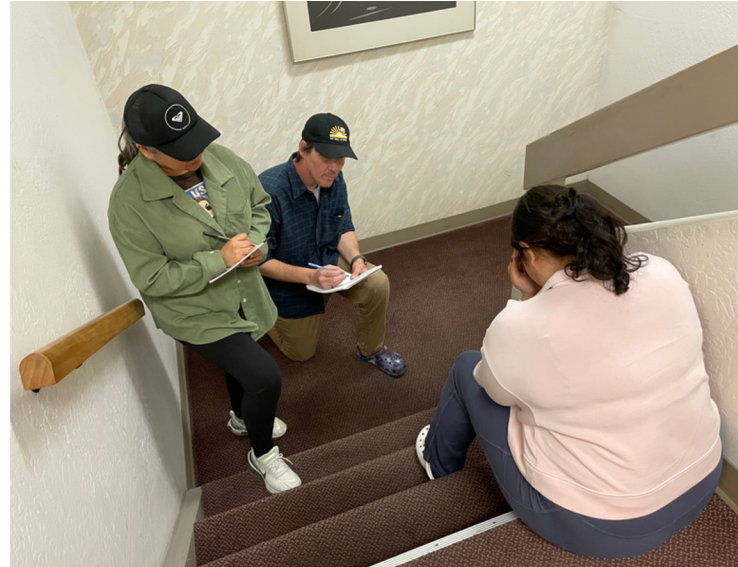
SCCBHD continues to work in close partnership with Housing for Health and other housing providers to support Behavioral Health clients in finding and maintaining stable housing. Strengthening housing coordination and expanding supportive housing programs for community members with serious mental illness 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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Quick to respond, with compassion and expertise.  
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## **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.



# RESUMEN EJECUTIVO 2026-2029

Plan Integrado de la Ley  
de Servicios de Salud  
Conductual (BHSA)

CONDADO DE SANTA CRUZ



# CARTA DE LA DIRECTORA DE SALUD MENTAL Y TRATAMIENTO DEL USO DE SUSTANCIAS



Estimados miembros de nuestra comunidad, socios y colegas:

Es un privilegio para mí presentar el Plan Integrado de la Ley de Servicios de Salud Conductual (BHSA IP) del Condado de Santa Cruz para el próximo ciclo de tres años. Compartimos este plan en un momento de considerable incertidumbre fiscal para los sistemas de salud conductual en todo California y en la nación. Si bien el plan se ha elaborado utilizando las mejores estimaciones de ingresos disponibles, prevemos la necesidad de ajustar —y posiblemente reducir— algunos de sus componentes a medida que obtengamos más información sobre los impactos fiscales estatales y federales, tanto a corto como a largo plazo, que influirán en nuestros recursos locales.

Mientras nos preparamos para posibles disminuciones en los ingresos, también anticipamos un aumento en la demanda de servicios de salud mental y tratamiento del uso de sustancias. Un mayor número de residentes del Condado de Santa Cruz dependerá de la atención financiada con fondos públicos a medida que otras vías de acceso a los servicios se vuelvan menos accesibles o asequibles. Esto crea un panorama desafiante: menos recursos frente a una mayor necesidad. Seguimos comprometidos a responder de manera reflexiva, transparente y en colaboración con nuestra comunidad a medida que navegamos por estas circunstancias.

La elaboración de este Plan Integrado de la BHSA ha sido guiada por las voces de la comunidad a la que servimos. Deseo expresar mi sincero agradecimiento a todos aquellos que participaron en nuestro sólido proceso de planificación. Sus aportaciones, sus experiencias vividas y su participación constante han dado forma a este plan de maneras significativas. En todos los grupos de discusión, encuestas y sesiones de escucha, hubo un tema que resonó de manera constante: una atención accesible y equitativa sigue siendo una prioridad absoluta para el Condado de Santa Cruz. Este plan refleja dicha prioridad.

También quisiera extender mi más sincero reconocimiento a nuestro personal de Salud Mental y a nuestros socios proveedores contratados. Su compromiso de servir a esta comunidad —a pesar de la escasez de personal, la incertidumbre financiera y la creciente demanda— se ha mantenido inquebrantable. Su labor garantiza que los residentes continúen recibiendo el apoyo, el tratamiento y la conexión esenciales, tanto en tiempos de estabilidad como en momentos de dificultad. Este sistema depende de su experiencia, compasión, adaptabilidad y dedicación.

De cara al futuro, sabemos que la flexibilidad será esencial. A medida que cambien las realidades fiscales, revisaremos nuestras prioridades, mantendremos una comunicación abierta y trabajaremos de manera colaborativa para asegurar que sigamos brindando el nivel de atención más alto posible a nuestra comunidad.

Gracias nuevamente por su colaboración, su confianza y su participación en la elaboración de este plan. Juntos, mantenemos nuestro compromiso de construir un Condado de Santa Cruz más saludable y resiliente.

Con agradecimiento,  
***Dra. Marni R. Sandoval***

Directora de Salud Mental y Tratamiento del Uso de Sustancias | Condado de Santa Cruz



## » Introducción

Como resultado de la aprobación de la Proposición 1 (Prop 1) por parte de los votantes de California en marzo de 2024, la Ley de Servicios de Salud Conductual (BHSA) está reemplazando a la Ley de Servicios de Salud Mental (MHSA), la cual ha financiado los servicios de salud mental de los condados desde 2004. La BHSA introduce cambios significativos en los usos permitidos de los fondos de la Proposición 1, así como cambios fundamentales en la forma en que el estado distribuye los fondos y en cómo los departamentos de Salud Mental y Tratamiento del Uso de Sustancias de los condados pueden utilizarlos. Estos cambios exigen que los condados reajusten sus programas, presupuestos y operaciones para cumplir con los nuevos requisitos definidos por el estado.

La BHSA exige que todos los departamentos de Salud Conductual de los condados presenten un Plan Integrado (IP) trienal para los Servicios y Resultados de Salud Conductual, en el que se describa el uso previsto de los fondos y el presupuesto para los programas de salud conductual administrados, comenzando con los Años Fiscales (AF) 2026-2029 (del 1 de julio de 2026 al 30 de junio de 2029).

Este informe fue elaborado por la División de Salud Mental y Tratamiento del Uso de Sustancias de la Agencia de Servicios de Salud del Condado de Santa Cruz. Los miembros de la comunidad y las organizaciones asociadas aportaron sus opiniones para orientar el desarrollo del Plan a través del Proceso de Planificación de Programas Comunitarios, el cual es un requisito obligatorio.

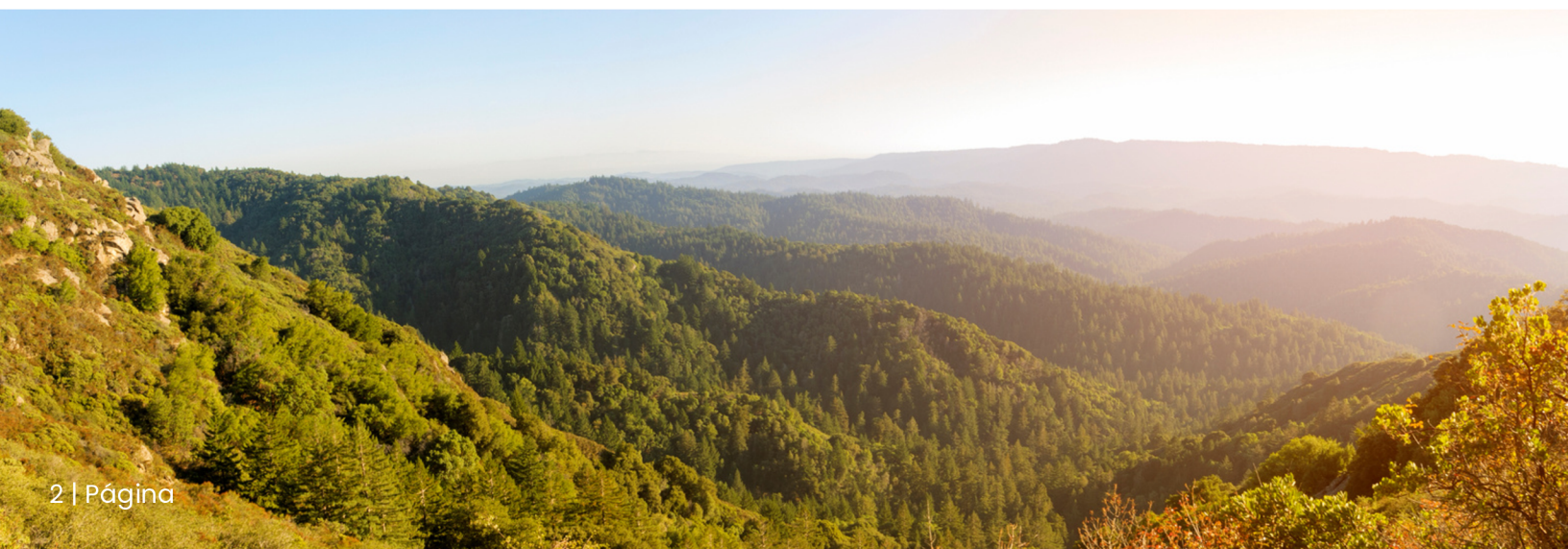
## » Proceso de Planificación de Programas Comunitarios

La participación comunitaria fue una parte fundamental del desarrollo de este primer Plan Integrado. La División de Salud Mental y Tratamiento del Uso de Sustancias del Condado de Santa Cruz (SCCBHD, por sus siglas en inglés) llevó a cabo un proceso de planificación comunitaria diseñado para garantizar que los residentes locales y las organizaciones comunitarias asociadas tengan voz en la definición de las necesidades y prioridades del sistema de Salud Mental a nivel local.

Las aportaciones se recopilaban a través de reuniones comunitarias, sesiones de escucha, encuestas, grupos de trabajo con partes interesadas y consultas con organizaciones asociadas. Entre los participantes se incluyeron personas con experiencia vivida en desafíos de salud mental y uso de sustancias, familiares y cuidadores, proveedores de servicios de salud conductual, socios del ámbito escolar, defensores de la juventud, proveedores de vivienda, representantes del sistema de justicia, organizaciones comunitarias con enfoque cultural específico y otros socios locales.

A lo largo de todas las actividades de participación, los miembros de la comunidad hicieron hincapié de manera constante en varias prioridades. Los residentes expresaron la necesidad de contar con servicios de salud conductual que sean más accesibles, que respondan mejor a las necesidades culturales y que estén mejor coordinados entre los distintos sistemas. Los participantes también destacaron la importancia del apoyo a la salud mental de los jóvenes, la respuesta oportuna ante situaciones de crisis, la estabilidad de viviendas y la provisión de servicios que eviten que las personas entren en un ciclo recurrente entre hospitales, cárceles y situaciones de falta de vivienda.

El Plan Integrado refleja estos comentarios al priorizar la atención accesible, servicios de intervención temprana, las intervenciones de vivienda para personas con afecciones graves de salud conductual, y el apoyo coordinado para las personas con las necesidades más complejas.



## » Barreras para el acceso a la atención

Aunque el Condado de Santa Cruz ofrece una amplia gama de servicios, muchos residentes aún enfrentan dificultades para acceder a la atención. El uso de servicios especializados de salud mental sigue siendo inferior a los promedios estatales, lo que indica que algunos residentes que necesitan atención no la están recibiendo. Las barreras incluyen diferencias idiomáticas, estigma cultural, limitaciones de transporte, escasez de proveedores, reglas de elegibilidad complejas y desafíos para navegar por múltiples sistemas.

Los datos también muestran disparidades en el acceso entre los residentes hispanos y latinos, los residentes de habla hispana, los adultos jóvenes y algunos adultos mayores. Estas inequidades resaltan la necesidad de realizar actividades de divulgación culturalmente sensibles, ofrecer servicios bilingües y establecer vías simplificadas para acceder a la atención.

## » Apoyo a la estabilidad habitacional para personas con enfermedades mentales graves o trastornos por uso de sustancias

El Condado de Santa Cruz continúa experimentando altas tasas generales de falta de vivienda, y la demanda de vivienda asequible supera la disponibilidad local. Para recibir servicios de apoyo habitacional de la División de Salud Mental y Tratamiento del Uso de Sustancias, las personas deben cumplir con los criterios de elegibilidad de los servicios de Salud Mental del Condado, según los requisitos del plan de salud conductual para enfermedades mentales especializadas y trastornos por uso de sustancias. La SCCBHD continúa trabajando en estrecha colaboración con la iniciativa "Housing for Health" (Vivienda para la Salud) y otros proveedores de vivienda para apoyar a los clientes de salud conductual en la búsqueda y el mantenimiento de una vivienda estable. Fortalecer la coordinación habitacional y ampliar los programas de vivienda con apoyo para los miembros de la comunidad con enfermedades mentales graves o trastornos por uso de sustancias siguen siendo prioridades fundamentales.

## » Presiones sobre el sistema de crisis

Las crisis de salud mental y tratamiento del uso de sustancias requieren una respuesta inmediata y alternativas seguras a la hospitalización o el encarcelamiento. Los servicios de crisis para jóvenes han sido históricamente limitados en el condado, lo que a menudo obliga a los jóvenes a buscar atención fuera del condado o en los departamentos de emergencia.

Es necesario ampliar las opciones locales para situaciones de crisis a fin de garantizar una intervención oportuna, reducir las estancias hospitalarias innecesarias y mantener a los clientes cerca de sus familias y comunidades como parte de su proceso de recuperación.

## » Atención institucional y servicios de transición

Actualmente, el Condado de Santa Cruz carece de suficientes instalaciones de tratamiento de transición (o "step-down") que apoyen a las personas que pasan de niveles superiores de atención psiquiátrica o institucional a entornos comunitarios. Esta brecha limita la capacidad del Condado para proporcionar niveles de atención adecuados y puede retrasar la recuperación y la reintegración comunitaria. Ampliar las instalaciones de transición es fundamental para garantizar que los residentes reciban atención en el entorno menos restrictivo posible, al tiempo que se promueven la estabilidad, la recuperación y un uso más eficiente de los recursos hospitalarios e institucionales.

## » Escasez de personal

Los proveedores de salud conductual enfrentan escasez de personal, lo que limita la capacidad de servicio y aumenta los tiempos de espera para recibir una cita. La contratación y retención de profesionales calificados sigue siendo un desafío importante.



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# ESTRATEGIAS PRINCIPALES E INVERSIONES (2026–2029)



## Mejora del acceso mediante un sistema de entrada centralizado

La SCCBHD fortalecerá su Equipo Centralizado de Acceso a la Salud Conductual para ofrecer un punto de entrada claro y sencillo a los residentes que busquen servicios. Este equipo ofrece evaluación bilingüe, valoración clínica, derivaciones y coordinación de la atención, tanto para servicios de salud mental como para los relacionados con el uso de sustancias. Un enfoque centralizado reduce la confusión, aumenta la disponibilidad de citas, y garantiza que los residentes sean conectados con el nivel de atención más adecuado.

## Ampliación de los servicios vinculados a las escuelas y servicios para jóvenes

La salud mental de los jóvenes sigue siendo una prioridad absoluta. La SCCBHD seguirá apoyando a los servicios escolares y los programas de Navegadores de Salud Conductual que ayudan a los estudiantes y a sus familias a acceder a la atención de manera temprana. Los servicios de intervención temprana abordarán la ansiedad, la depresión, el trauma, el uso de sustancias y los factores estresantes familiares antes de que estas afecciones se agraven.

## Nuevos programas de crisis para jóvenes

La SCCBHD está invirtiendo en nuevos programas residenciales de corta duración y de estabilización de crisis para jóvenes, con el fin de ofrecer alternativas seguras y apropiadas a las salas de urgencias y a la hospitalización interna. Estos programas permitirán a los jóvenes recibir atención más cerca de su hogar y lograr la estabilización en entornos terapéuticos de apoyo.

## Fortalecimiento de las intervenciones de vivienda para usuarios de servicios de salud conductual

Una vivienda estable es esencial para la recuperación y el bienestar a largo plazo. La SCCBHD continuará invirtiendo en programas de tratamiento integrado que combinan la atención de salud conductual con servicios de orientación y estabilización de vivienda. Equipos multidisciplinarios ayudarán a las personas que se encuentran en situación de calle a conseguir una vivienda, al mismo tiempo que reciben tratamiento continuo y apoyo para su recuperación.

## **Mejora de la respuesta a crisis basada en la comunidad**

Los equipos móviles de respuesta a crisis continuarán brindando intervención en el campo, técnicas de desescalada y vinculación con servicios las 24 horas del día. Los servicios ampliados de estabilización de crisis ofrecerán atención terapéutica a corto plazo que previene hospitalizaciones innecesarias y favorece la recuperación en entornos comunitarios.

## **Ampliación de los servicios de tratamiento y recuperación del uso de sustancias**

La SCCBHD continuará prestando servicios para trastornos por uso de sustancias, incluyendo atención ambulatoria, programas de tratamiento intensivo, servicios residenciales, manejo de la abstinencia, medicamentos para el tratamiento de adicciones, apoyo entre pares y servicios de recuperación. Los programas de prevención e intervención temprana se centrarán en los jóvenes y en las poblaciones de alto riesgo.

## **Apoyo a las personas involucradas con el sistema de justicia**

Los programas de colaboración entre los sectores de salud conductual y de justicia continuarán desviando a las personas con afecciones graves de salud conductual fuera del encarcelamiento y hacia el tratamiento. Equipos especializados proporcionarán servicios intensivos, planificación para la reinserción social y coordinación con los servicios de libertad condicional, los tribunales y las fuerzas del orden.

## **Fortalecimiento de las alianzas para el bienestar de las familias y los niños**

La SCCBHD continuará trabajando en estrecha colaboración con los socios del ámbito del bienestar infantil para apoyar a los niños y las familias que atraviesan situaciones de trauma, inestabilidad y desafíos de salud conductual. Los servicios centrados en la familia ayudan a prevenir los internamientos fuera del hogar y favorecen la reunificación familiar cuando esta es segura y apropiada.





## **Compromiso con la equidad**

La equidad ocupa un lugar central en la estrategia de salud conductual del Condado de Santa Cruz. El Condado se compromete a reducir las disparidades mediante la ampliación de los servicios bilingües, el establecimiento de alianzas con organizaciones comunitarias de confianza, la mejora del alcance a las poblaciones desatendidas y el uso de datos para identificar inequidades en el acceso y en los resultados.

La atención culturalmente sensible reconoce los diversos orígenes, idiomas, experiencias e identidades de los miembros de la comunidad. Los servicios continuarán evolucionando para garantizar que todos los residentes se sientan respetados, comprendidos y apoyados.

## **Mirando hacia el futuro**

El Plan Integrado de la BHSa ofrece una hoja de ruta, fundamentada en la opinión de la comunidad, para respaldar el sistema de Salud Mental y Tratamiento del Uso de Sustancias del Condado de Santa Cruz durante los próximos tres años. Los Departamentos de Atención Médica y de Salud Conductual enfrentan actualmente numerosas presiones normativas y financieras, en medio de un clima político nacional y estatal en constante y rápida transformación. Este plan fue elaborado con la intención de apoyar y mantener las operaciones y los servicios clínicos críticos del sistema de salud conductual del Condado de Santa Cruz.

La colaboración continua con los residentes, los proveedores de servicios y las organizaciones comunitarias seguirá siendo fundamental a medida que el Condado de Santa Cruz se adapta a las cambiantes necesidades y condiciones fiscales. La SCCBHD mantiene su compromiso con la colaboración comunitaria, la transparencia y la asociación con las partes interesadas, con el fin de garantizar que los residentes del Condado de Santa Cruz tengan acceso a servicios de salud conductual que contribuyan a su bienestar.

# Behavioral Health Services Act Integrated Plan

## Public Comment Form

Thank you for taking the time to review and provide feedback on the County's Behavioral Health Services Act (BHSA) Integrated Plan (IP). Your input will help ensure the plan reflects community needs and priorities.

The public comment period for this IP is March 18, 2026 to April 16, 2026. All feedback submitted during the public comment period will be reviewed and considered prior to final submission.

**1. Please identify which community partner group you represent. Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Providers                               | <input type="checkbox"/> Consumer of behavioral health services in Santa Cruz County |
| <input type="checkbox"/> Community Organizations                 | <input type="checkbox"/> Law Enforcement   |
| <input type="checkbox"/> Person with Lived Experience            | <input type="checkbox"/> Continuum of Care representatives                           |
| <input type="checkbox"/> Community Member                        | <input type="checkbox"/> Representatives from LGBTQIA+ communities                   |
| <input type="checkbox"/> Veterans or active military service     | <input type="checkbox"/> Managed Care Plan   |
| <input type="checkbox"/> County Public Health Representative     | <input type="checkbox"/> Local education agencies                                    |
| <input type="checkbox"/> County Behavioral Health Representative | <input type="checkbox"/> Child Welfare Agencies                                      |
| <input type="checkbox"/> Health Care Organizations               | <input type="checkbox"/> Other (please specify):                                     |
- 

**2. Overall, do you feel the BHSA Integrated Plan addresses the most pressing behavioral health needs in our community?**

- Yes
- Somewhat
- No
- Unsure

**1a. Please explain:**

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**Behavioral Health Services Act Integrated Plan**

**Public Comment Form**

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**3. What strengths do you see in the proposed plan?**

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**4. Are there gaps, concerns, or areas for improvement that you would like to share?**

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**5. Any additional comments or recommendations?**

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Thank you for helping shape the future of behavioral health services in our community.

# SANTA CRUZ COUNTY JAIL (SYSTEM) VISITATION GUIDE

## EXPLORING ALL INMATE VISITATION AVENUES: IN-PERSON (CONTACT AND NON-CONTACT) VISITATION AND VIRTUAL/VIDEO VISITATION OPTIONS

### BACKGROUND: IMPORTANCE AND IMPACT OF INMATE VISITATION – IN ALL FORMS AND MODALITIES

The evidence is clear. Decades of research and comprehensive assessments have proven that frequent highly-quality connections and visitations (between inmates and their support networks on the “outside”) reap massive rewards for *all parties involved*. Numerous studies illustrate that effective correctional visitation programs, including those within the Santa Cruz County Jail system, lead to enhanced physical and emotional wellness (for inmates and families), better in-Jail conduct and behavior, reduced recidivism (re-offending), and greater odds for post-release success and successful re-entry. For inmates in the Santa Cruz County Jail system, visitors often represent their sole lifeline and connection to the “real” world — beyond dreary institutional walls, bars, chains, violence, and colored jump suits — and the often chaotic and confusing environment they will most likely return to after paying their debt to society. Regular visitation and familial contact — through any one of the Jail’s in-person, virtual, or text-based connection avenues - allows local inmates to maintain social and familial bonds (with children, significant others, and parents), smooth their re-entry processes and planning, provide (and receive) immediate emotional support, coordinate legal defenses, and share vital information regarding internal/external policies, situations and events.

Healthy and regular visitations (and other forms of correspondence) between inmates and their families, friends, and supporters reap impressive physiological and psychological rewards for all individuals involved — during a time in which each party’s outlook, financial and social stability, and mental health is otherwise deteriorating. The toll that incarceration can and does exert on families and loved cannot be underestimated. Recent studies indicate that (just) having a family member in lockup is directly correlated with poorer physical and behavioral health, and even comes with a special prize: an earlier death sentence (i.e. shorter lifespan). In particular, children of incarcerated men and women seem to be even more negatively impacted by their parent’s and/or loved one’s time in jail or prison. These under-the-radar victims are found to suffer from more pronounced drug and substance use disorders, behavioral health conditions, and struggle or fail in educational settings compared to children without an incarcerated family member. The visitation programs embedded in correctional institutions — like the ones in the Santa Cruz County Jail — do wonders to keep families connected and keep them together. It’s been shown that familial ties and supports enhanced by visitation efforts lead to a higher probability of families staying together post-release and better mental health — including reduced depressive symptoms — for all.

From an inmate’s point of view, frequent highly-quality connections and correspondence with friends, families, and out-of-wall support networks are critical to maintaining their emotional, financial, and physical health and wellbeing during their time in lockup. Regular in-person and virtual visitations with family members strengthen foundational family bonds, smooth the process and enhance the possibility of successful reentry into the community, and wear down the intergenerational cycle of incarceration. Visits strengthen inmates’ ties and associations with the world outside of jail or prison walls — and gives them a semblance of hope and a (more) positive outlook during a time when it is needed most. The quality time in which inmates plan for and anticipate future/upcoming visits with their friends or family members can be incredibly valuable — and not only for the inmate his or herself, but for their entire correctional institution. Multiple studies have linked (increased) jail and prison visitations to reduced behavioral issues and overall inmate misconduct, and a greater adherence to institutional rules, policies and edicts. Because, visitation “rights” can be taken from inmates at any time, and for a variety of (sometimes unfair or punitive) reasons, inmates tend to be on their best — or at least better - behavior in the days leading up to an anticipated visit. Giving credence to the supposition that increased inmate visitations lead to better overall behavior and rule adherence, an Iowa-based researcher pronounced that in-prison misconduct (using official citations as a measurement) was visibly reduced in those who received visits in his state’s penitentiaries. Each additional visit per month, concluded the enthusiastic reporter reduced misconduct by an impressive, further 14 percent. Misconduct and inmate misbehavior decreased markedly in the three weeks before a planned in-person visit, another similar study found. The uplifting and anticipatory effects that upcoming or planned friend and familial visitations are also linked to improved mental health (reduced depression and anxiety concerns) — existing as a bright light on the horizon in an otherwise isolated jail or prison environment bereft of warmth, love, and affection.

In addition to (increased) visitations being linked to helping keep inmates on their p's and q's, friend and family jail and prison visits have also been tied to reducing criminal reoffences, or "recidivism." There is probably no one better to undertake an in-depth study and careful evaluation of the potential benefits and effects of inmate visitation than the actual administrators of a state prison. In a recently released comprehensive report, the Minnesota Department of Corrections presented data that showed that inmates who received (any) in-person visits during their incarceration were dramatically less likely to reoffend and re-enter the correctional system post-release. Evaluating the progress and movement of just over 16 thousand state prisoners, the group of Gophers reported that prisoners who received visits were a full 13% less likely to be reconvicted of a felony after being released. And equally impressively, more than 25% less likely to violate their probation or have their parole eliminated. Another impactful recent study, created and based in central Florida, concluded that of the 7,000 men and women tracked leaving the state's expansive prison system, each visit (first and additional) received during their time in lockup cut the odds of two-year recidivism by 3.8 percentage points. The number, size and scope of studies like these - proving the considerable (positive) impact and ready rewards that frequent visitations can have of inmates, their families and loved ones, and correctional systems themselves — continues to grow. The visitation programs established within jails and prisons are important correspondence vehicles that contribute to public safety as much as they benefit families and inmates themselves.

Even though periodic visitation has proven to be a critical component of successful rehabilitation efforts — dramatically enhancing the quality of life, mental and physical outlook, health and wellbeing of inmates and their support networks — friends and families often face systemic barriers and impediments in their attempts to arrange, schedule, and attend visitation sessions with their incarcerated loved ones. Families and inmate supporters planning, coordinating, and eventually attending a scheduled in-person visitation session, often do so at a steep financial toll. In many instances, families and friends must travel considerable distances to reach their incarcerated loved one's jail or institution. Between gasoline, costly hotel stays, and in some cases pricy airline flights, corrections advocates estimate that a weekend familial visit to an inmate in the California correctional system typically costs around \$435. In the mid-nineties, California became one of the first states in the nation to change inmate visitation from a "right" to a "privilege. The official aim of the 90's legislative efforts was to give Jail and correctional officers more control and dominance over in-house activities — allowing them to block planned and upcoming inmate visitations at their whim and individual discretion (including instances of misconduct and/or misbehavior completely unrelated to visitation). The overall importance and impact of scheduled in-person visitation sessions can't be underestimated — this modest block of time and communication truly matters — emotionally and financially for both inmates and their families and out-of-wall supporters.

More recent policy initiatives- like Assembly Bills 2959 and 2709 - were pushed forward to curtail this often-overreaching power, limiting the reasons that jail and prison corrections officers could block upcoming inmate visits. By mandate, officers would lose the ability to block a party's visits unless it is for a disciplinary infraction directly related to visitation — including possessing contraband or committing acts of violence during a visitation session. Those behind the push for AB 2959 and 2709 hoped to reverse decades of punitive and inequitable correctional officer behavior — contending that there can be no effective rehabilitation without the restoration and rebuilding of bonds between family members, incarcerated men and women, and their communities. The legislative efforts are part of a larger groundswell of policy initiatives and activism focusing on (and eliminating) the prodigious financial and emotional costs that families must pay to maintain healthy connections with their incarcerated loved ones. (We focus on the inherent costs and effects of Jail Phone Call, Mail, Commissary, and E-Messaging policies, issues, and potential impacts in separate sections of this Jail 101 Guide).

Due to ever-changing policies, conditions, and complicated operating procedures it can be difficult for friends and concerned family members to establish initial connections with inmates in jail or prison and find clear and detailed information regarding the intricacies and specifics of an institution's visiting process. Initial or overall confusion and frustration can lead some to abandon visitation possibilities altogether — so facilities must ensure that they deliver clear, easily digestible, in-depth, up-to-date information to the public. In order to support individuals in and outside of jail - and to make society a safer more connected place for all - officials designing inmate visitation programs must make the entire process, rules, and expectations as clear and easy as possible.

### INMATE VISITATION WITHIN THE SANTA CRUZ COUNTY JAIL (SYSTEM)

The visitation policies and processes in Santa Cruz County Jail(s) are complex and ever-changing — difficult to navigate through and completely grasp even for the most veteran of the County criminal justice system. But substantial empirical evidence proves that when local inmates are allowed to and able to visit their family members and support networks (in-person or virtually) all parties involved are rewarded not only emotionally, but in many other impactful ways as well. Knowing this, it's entirely worth — imperative actually- thoroughly investigating and carefully guiding readers through the current, and often-times overwhelming visitation policies, procedures and avenues (contact, no-contact, and virtual visitation) endemic to the Santa Cruz County Jail (system). Non-contact visitations — in which allow inmates and their families/ loved ones to speak (through phone systems) and see one another in an enclosed space separated by a thick pane of opaque glass — are available at multiple Jail sites including the Main Jail, Blaine Street and Rountree campuses, and the Jail's Rehabilitation and Reentry Facility (known as "T-Unit"). Effective April of 2025, "Family Contact Visits" are available (monthly) for inmates with minor children who are housed in the Blaine Street and T-Unit as well. To supplement and enhance the Jail's vital in-person visitation options, the Jail (system) now provides and supports video or "virtual" visits and correspondence between inmates and contacts on the "outside" via a fleet of in-unit electronic tablet computers and digital kiosks operated by contracted telecommunications provider Smart Communications. We'll delve into the ins, outs, and specifics of *each viable visitation option* — including scheduling, external and internal policies, and other key pieces of pertinent information — in the forthcoming sections of the Jail 101 Guide.

The Jail 101 Visitation Guide begins, with a synopsis of the ins and outs of "In-Person Family Contact" Visitation — available to inmates and their friends and loved ones *only* at the Blaine Street Women's (Jail) Facility and the Rountree Rehabilitation and Reentry Facility. And continues with a complete breakdown of In-Person Non-Contact Visitation policies and procedures — within all Santa Cruz County Jail Facilities. The Guide concludes with a deep exploration of the local Jail system's newest (and increasingly popular) inmate visitation method/service: Virtual or Video Visitation (also available to all inmates within the local criminal justice system). Enjoy.

## SANTA CRUZ COUNTY JAIL “IN-PERSON FAMILY CONTACT” VISITATION GUIDE

### SANTA CRUZ COUNTY JAIL FACILITIES (SITES) PROVIDING IN-PERSON FAMILY CONTACT VISITATION

#### ROUNTREE REHABILITATION AND REENTRY FACILITY

100 ROUNTREE LANE, WATSONVILLE CA, 95076



831-454-7873  
831-454-7800

#### BLAINE STREET WOMEN'S FACILITY

141 BLAINE STREET, SANTA CRUZ CA, 95060



### IN-PERSON FAMILY CONTACT VISITATION BACKGROUND INFORMATION:

When the COVID-19 pandemic slammed into many of us like an out of control MAC truck, it exerted an equally devastating toll on inmates inside the Santa Cruz County Jail. The coronavirus created havoc inside the County Jail system — leading to outbreaks, corrections staff fleeing in droves, and created even more distance between male and female inmates and their friends and families outside. A brand-new era of required vaccinations, face masks, ritualistic hand sanitization, toilet paper hoarding, and strict social distancing protocols put immense pressure on all of us. Through all of this drama, the already-substantial distance and problematic disconnections between incarcerated individuals and their friends, families and support networks was magnified dramatically. Almost overnight, many types of in-person interactions and social activities long taken for granted either went remote or were eliminated altogether. This certainly included the hugely important impactful in-person contact visitation programs (for families and inmates) in the Santa Cruz County Jail. When in-person family contact visits were terminated within the County correctional system, the action put pressure on already strained and fractured familial relationships — the maintenance of those vital for successful reentry, ultimate reunification, post-release success, and in-Jail mental and emotional health and wellbeing. The Santa Cruz County Jail stopped providing in-person family visits during the COVID-19 pandemic and didn't restore and relaunch this important communications avenue until very recently. For years, local advocates called the Jail's crucial ban on in-person visitation “inhuman” — to this the Jail and Sheriff's Office cited “staffing issues.” When current Sheriff Chris Clark took office, he boasted repeatedly that one of his top priorities was reestablishing in person visitation programs at the County's Blaine Street Women's Facility and the Rountree Rehabilitation and Reentry Facility. Today, at long last, in-person familial visits have been restored at both sites.

CONTINUE READING FOR SPECIFICS AND EXACT POLICIES AND PROCEDURES REGARDING SCHEDULING AND PREPARING FOR AN IN-PERSON FAMILY CONTACT VISIT WITH AN INMATE AT EITHER THE [BLAINE STREET WOMEN'S FACILITY](#) OR THE [ROUNTREE REHABILITATION AND REENTRY FACILITY](#).

### IN-PERSON FAMILY CONTACT VISITATION AT THE SANTA CRUZ COUNTY JAIL'S ROUNTREE REHABILITATION AND REENTRY FACILITY

#### BACKGROUND AND FIRST STEPS

It might be a bit confusing to some, but the Rountree Detention Center, located in the South County agricultural mecca of Watsonville, actually consists of two separate jail facilities — a medium security campus at 90 Rountree Lane, and the minimum-security Rehabilitation and Reentry Facility at 100 Rountree Lane. When most folks hear “Rountree” they immediately envision the older, medium security Santa Cruz County Jail site — a campus that has long housed local inmates who require incarceration and/or segregation from other detainees but who do not require the maximum level of segregation endemic to the Main Jail. But Rountree also houses another totally separate classification of inmates in the much newer (and lesser known) 29,000 square foot, 64-bed minimum security Rehabilitation and Reentry Facility. Inmates in the \$25 million Rehabilitation and Reentry Facility, also known as “T-Unit,” typically houses low-level offenders lacking criminal sophistication and posing no visible threat to other inmates in the Jail. It also is home to some inmates with low level felonies serving sentences in the Santa Cruz County Jail under realignment. Both the Rountree medium-security facility, and the Rehabilitation and Reentry Facility — literally a stone’s throw away from each other in a woody property near the bay— cater to inmate populations that have been convicted and sentenced to less than one year in jail. Only the less-restrictive Rehabilitation and Reentry Facility offers “In Person Family Contact Visitation” — not the medium security portion of the Rountree Detention Center. We hope that’s clear.

The Rountree Rehabilitation and Reentry Facility — the Santa Cruz County Jail’s most-recent State funded (\$24 million) expansion — offers low-level prisoners a sense of freedom and relative autonomy while still allowing for direct supervision. With almost 30,000 square feet of housing and 64 minimum-security beds (semi-private living areas), the Facility was created to break cycles of criminal activity and empower and equip inmates with the tools and resources they require for successful community reintegration. After two long years on construction and almost a decade of planning and scrambling for cash prior to that, the Rountree Rehabilitation and Reentry Facility has emerged as an important, impactful, and largely under the radar piece of the Santa Cruz County criminal justice system. With a well-lit dayroom, bright and open wings, work areas, classrooms and ample space for workshops and educational pursuits, and resources such as counseling and vocational development, most of the Facility’s inmate population spend their days and evenings outside of their bunks and semi-private “homes.” While they become rehabilitated and inch ever closer to reentry into the community.

Effective April 2025, “Family Contact Visits” are now being offered to (some) inmates in the Rountree Rehabilitation and Reentry Facility. Those with minor children are allowed to visit their families and loved ones in-person, face-to-face, with full contact opportunities and privileges once a month: On the 3<sup>rd</sup> Saturday of the month- wherever that may fall — one-hour visits can be scheduled for 8:00am, 10:00am, 12:00pm or 1:30pm. Familial contact visits occur in a nicely appointed visitation area within the Rountree Rehabilitation and Reentry Facility at 100 Rountree Lane, Watsonville CA, 95076. This small window of time may seem small or limiting to some, but remember, the precious privilege that local inmates now have to hug, hold, and intimately connect with their families and loved ones — at all — hasn’t been granted for many years. Family Contact Visitations are limited to one adult and the Rountree inmate’s minor children — who must be accompanied by either their parent or legal guardian.

While Family Contact Visits are a huge blessing for (some) inmates with minor children in the Rountree Rehabilitation and Reentry Facility, the Santa Cruz County Jail campus also provides “normal” non-contact visitations — with no specific familial limitations or rules — to all inmates weekly. Non-contact visits between inmates in the minimum-security Watsonville campus and their friends and families — held in visitation rooms/chambers in which parties are separated by thick glass - can be scheduled (in advance) weekly. One-hour visits (the max) can be arranged and scheduled weekly — on all Sundays with (chosen) start times of 8:00am, 9:00am, 10:00am, 1:00pm, 2:00pm, or 3:00pm.

We’ll carefully explain the pertinent information and specifics regarding scheduling and attending an In-Person Family Contact visitation or “normal” Non-Contact visitation with a friend or loved one in the Rountree Rehabilitation and Reentry Facility (or the Blaine Street Women’s Facility) below. And make the entire visiting process as easy, clear, and impactful as it can possibly be.

### IN-PERSON FAMILY CONTACT VISITATION AT THE SANTA CRUZ COUNTY JAIL'S BLAINE STREET WOMEN'S FACILITY

#### BACKGROUND AND FIRST STEPS

The Santa Cruz County Jail's minimum-security Blaine Street Women's Facility, situated near the San Lorenzo River and the Main Jail, has been on a circuitous up-and-down journey in recent years. After being shut down due to staffing and considerations in the middle of 2021, the 32-bed women's jail reopened after 18 months of dormancy in late 2023. The now-open "Blaine Street," as it's affectionately known, typically houses low-level female offenders deemed suitable for the Facility's more-relaxed, less-confining programs and atmosphere. Women with a violent or serious criminal history or who require medical or behavioral health supervision are alternatively housed in more supervised wings of the nearby Main Jail. Of the Santa Cruz Main Jail's average inmate population of just around 300, incarcerated females typically make up about 10% of the total. For some time, there was no less-restrictive and less-punitive setting or resources for low-level female offenders in the Santa Cruz County Jail system. The relaunch of the Blaine Street Women's Facility finally provides the setting, structure, support and supervision that qualified females, deemed worthy of the Jail campus' less-severe dorm-like environment and innovative programs, need to rehabilitate and plan for their gradual reentry, back into the community.

Blaine Street residents (technically prisoners or inmates) are given every opportunity to succeed — during their incarceration and their eventual reintegration into society. While the Main Jail offers female inmates little in the way of classes, support groups, or outside programs, the Blaine Street Women's Facility provides a bounty of offerings not typical to those found in normal institutions. Blaine Street inmates or residents are provided "Animal Bonding" programs in which by becoming trained to look after and care for cats, dogs, and even birds they gradually learn how to accept responsibility for the care of others (human people). Other classes and programs that would never be found in highly restrictive settings like the Main Jail include Skill and GED classes, Computer Labs and Applications, Job Skill Development, Knitting and Crocheting, Parenting Education and Non-Violent Communication, and all manner of Twelve Step Programs.

The uplifting, calmer, and far less traumatic environment created with the reestablishment and relaunch of the Jail's influential Blaine Street Women's Facility is a godsend for dozens of local women — many of them struggling as mothers and/or caregivers in the "real world." The COVID-19 pandemic put a dramatic end to always-impactful In-Person Contact Family Visitation program for the women of Blaine Street years ago. And it wasn't until this year — even after the relaunch of the downtown Jail site itself — that in-person visitations between inmate mothers of minor children and their family members were allowed to take place. Even though in-person contact familial visits are only offered at the Blaine Street Women's Facility once a month — the opportunity for physical touch, intimacy . . . even just a hug with long-separated loved ones is an almost-impossible blessing that Blaine Street mothers cherish deeply and look forward to.

In-Person Family Contact Visits between Blaine-streeters with small children and family members can be scheduled monthly: Visitations can be scheduled in one-hour blocks for the 1<sup>st</sup> Saturday of each month (wherever that may fall) at either 9:00am, 11:00am, 1:30pm, 3:00pm. These types of visits are limited to one adult and a Blaine Street inmate's minor-children — who must be accompanied by either a parent or caregiver.

Inmates in the Santa Cruz County Jail's Blaine Street Women's Facility aren't limited to \*just\* once-per-month Contact Family Visitations — they are also free to schedule in-person non-contact visits with friends, family members, and support networks each week as well. Non-contact visits can be scheduled and arranged weekly — in one-hour sessions (hourly) on all Saturdays and Sundays between the hours of 8:00am to 4:00pm. The procedures, protocols, and required preparations for more-frequently available (but less intimate) non-contact visits are very different from those endemic to the In-Person Family Contact Visitation program.

We'll guide readers through the process and steps of planning, scheduling, and attending in-person Non-Contact visitations — available at the Main Jail, Blaine Street, Rountree, and Rehabilitation and Reentry Facilities — in a separate section of the Jail 101 Guide. Below we'll focus on the process, procedures, and important information relating to Contact Family visits — an avenue only available to in the Blaine Street and Rehabilitation and Reentry Facilities.

### HOW TO CONFIDENTLY SCHEDULE, ARRANGE AND PREPARE FOR AN IN-PERSON FAMILY CONTACT VISIT WITH AN INMATE AT (EITHER) THE BLAINE STREET WOMEN'S FACILITY OR THE ROUNTREE REHABILITATION AND REENTRY FACILITY

As previously stated, in-person “Contact Family Visitations” are not available in every Santa Cruz County Jail facility — just Blaine Street Women’s and the Rountree Rehabilitation and Reentry Facility (also known as T-Unit). And each planned one-hour visitation — between inmates with minor children and their family members at either listed Jail campus — can only be scheduled occur once per month: Each Santa Cruz County facility offers monthly in-person family contact visits on different days and hours.

#### DAYS AND HOURS FOR IN-PERSON FAMILY CONTACT VISITS AT THE BLAINE STREET WOMEN'S AND ROUNTREE REHABILITATION AND REENTRY FACILITIES

**@Blaine Street Women’s Facility** (141 Blaine Street, Santa Cruz CA, 95060) on the 1<sup>st</sup> Saturday of each month at either 9:00am, 11:00am, 1:30pm, or 3:00pm. **Phone: 831-454-7800**

**@Rountree Rehabilitation and Reentry Program** (100 Rountree Lane, Watsonville CA 95076) on the 3<sup>rd</sup> Saturday of each month at either 8:00am, 10:00am, 12:00pm or 1:30pm. **Phone: 831-454-7873**

### SCHEDULING AND PLANNING FOR A FIRST (INITIAL) IN-PERSON CONTACT VISIT WITH AN INMATE AT (EITHER) THE BLAINE STREET WOMEN'S OR ROUNTREE REHABILITATION AND REENTRY FACILITIES

Simply having a friend or loved one in (any) jail can be traumatizing and highly stressful in and of itself — but trying to successfully navigate through the Santa Cruz County Jail’s complicated and ever-evolving rules, operating procedures, and visitation policies and be overwhelming in and of itself. We’ll provide the link to the Santa Cruz County Jail’s in-house published “**Family Contact Visitation Scheduling and Information**” — effective April of this year — below. Between our own insights and the Jail’s, you should have enough information, courage and direction to confidently schedule an important first or upcoming visit with an inmate loved one. Here is the link to the Santa Cruz County Sheriff’s informative “Family Contact Visitation and Information” PDF.

#### FAMILY CONTACT VISITATION SCHEDULING & INFORMATION:

[https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/formsdocs/Family%20Contact%20Visit%2006\\_2025.pdf](https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/formsdocs/Family%20Contact%20Visit%2006_2025.pdf)

### FIRST/INITIAL STEPS AND IMPORTANT PREPARATIONS IN THE IN-PERSON FAMILY CONTACT VISITATION PROCESS

#### SUBMITTING A “VISITOR REQUEST FORM”

You can’t just call up the Jail — either the Rountree Rehabilitation and Reentry Facility or the Blaine Street Women’s Facility — and schedule a visit immediately. There is an established, slightly-problematic process and steps required to actually set up a visit — and it call starts with an inmate’s — not yours! — filing a “**Visitor Request Form**” while incarcerated. Visitor Request Forms are common, readily available documents in all Santa Cruz County Jails — and can be attained as a “paper version” or an equally common “digital” version on each inmate’s personal electronic tablet devices. Obviously, before an inmate can file this important paperwork, he or she must first understand its existence and importance, and second must know that someone outside of the Jail actually wants or needs to visit them. This usually requires clear contact, communication, coordination, and mutual understanding - typically by phone using an e-message platform within the Jail — between an inmate inside the Jail and often-desperate friends and family members. Only (ultimately) approved and checked individuals on an inmate’s Visitor List are allowed to enter the Jail. To ensure visitor vetting and approval, incarcerated individuals must submit each potential visitor’s full name, address, phone number, date of birth, and government ID number (driver’s license or passport). Just crossing these initial hurdles — searching for and finding an inmate in the Jail system, establishing initial contact and connection with them, sharing pertinent information, and then encouraging them (or explaining the process of) filing an accurate and valid Visitor Request Form — can be a tall order for many.

Once an inmate in the Santa Cruz County Jail files a completed and accurate Visitor Request Form — containing required personal information and details about *you, the outsider* - a background check on each requested visitor is performed by corrections staff. Inmates themselves must provide information and details for each and every person they want to visit — currently, or in the future. The Jail’s background checks can take up to 5 days to complete for each initial, or future visitor to the Jail. Once (or if) an inmate’s Visitor Request Form is approved, potential visitors can contact/call Jail Reception to schedule a visit. Before listing the required numbers for Jail Reception services at the Rountree Rehabilitation and Reentry Facility and the Blaine Street Facility below, we should note that the process of actually knowing if and when a Visitor Request Form is approved or not can be problematic — requiring further communication and cooperation between you, the outsider attempting to schedule an initial or future visit and inmates in any County Jail facility. Once learning of a Visitor Request approval by the Jail, calling Reception at Blaine Street or T-Unit is in order. Here are the direct phone numbers to ask questions and potentially schedule a visit in each Facility:

**Blaine Street Women’s Facility Reception Desk: 831-454-7800**

**Rountree Rehabilitation and Reentry Facility Reception Desk: 831-454-7873**

The Jail Reception staff at both above Facility’s are available to answer questions regarding Visitation Approvals and to schedule visitations — both Non-Contact and Contact Family Visit types — during office hours Monday through Friday from 8:00am to 3:30pm. Because in-person familial contact visits are only offered on one select Saturday each month, some one-hour time slots — or days altogether — may be unavailable as requested. Visits can be scheduled up to 3 weeks before a desired visitation date and is closed 14 days before a visit. Again, getting the timing right takes coordination, planning, and work between parties in and outside of the confines of the Jail — more so for non-contact visitations (available at T-Unit, Blaine Street, and all other Jail Facilities) that can be scheduled weekly. As readers can clearly see, the important but equally frustrating process of scheduling a visit — any type of visit — with inmates in Santa Cruz County Jails isn’t exactly a piece of cake. Another little wrinkle to consider is that even after successfully winding through the laborious Jail scheduling process for an all-important visit, the Jail Watch Commander can cancel the entire shindig at any time for a variety of reasons and circumstances as required. But we’ll cover issues like this “nicety” and other important Jail policies and visitation protocols in the post-scheduling information below.

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### WHAT TO EXPECT AND PREPARE FOR AFTER SCHEDULING AN IN-PERSON FAMILY CONTACT VISIT WITH AN INMATE AT THE BLAINE STREET WOMEN’S OR ROUNTREE REHABILITATION AND REENTRY FACILITY

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Even though No-Contact and Contact Family Visits are **both** supported and offered in programs operated by corrections officials at Blaine Street Women’s Facility and the Rountree Rehabilitation and Reentry Facility — the policies and procedures inherent to each visitation avenue/structure differ in some keyways. So, it’s worth investigating the specifics and requirements of each visitation modality separately. But the required visitation protocols and procedures for in-person Contact Family Visits at both T-Unit and Blaine Street are virtually the same. The only real difference between visitation policies in each Facility are the specific days and times Family Contact Visits are offered and supported.

No-contact visitation rules and policies — universal to all Santa Cruz County Jail facilities - should, and do, differ considerably from those central to in-person Contact Family Visitations offered only in T-Unit and Blaine Street. Though children are allowed to take part in non-contact visitations throughout the entire Jail system, they play a pronounced role in in-person hour-long full-contact visitations with incarcerated family members — mothers and fathers. There are more rules and requirements associated to these often more chaotic, loud, and potentially boisterous affairs. During each Contact Family Visit, male and inmates are free to meet with any or all of their minor children, but only one other adult. Jail policies require close supervision and monitoring of the youngsters during a visit — not allowing them to be left unattended in lobby areas or any other area on jail property for that matter. Because in-person Contact Family Visitations are largely rarities, some call luxuries, in the County criminal justice system — the list of rules, mandates, and corrections requirements is actually quite substantial. We’ll go into the long parade of “non-no’s” further, but first wish to detail what visiting families should expect and may encounter when arriving at and preparing for a face-to-face Contact visitation with an inmate loved one in either the Blaine Street or the Rehabilitation and Reentry Facilities.

### WHAT ADULT VISITORS AND THEIR (ACCOMPANYING) MINOR CHILDREN SHOULD EXPECT AND AFTER ARRIVING FOR AN IN-PERSON FAMILY CONTACT VISITATION SESSION

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Loved ones hoping to attend a scheduled Contact Family Visit need to do their homework and plan ahead. Running late — not arriving at least 30 minutes before a scheduled visit is supposed to commence — will lead to its immediate cancellation. This policy is pretty darn rigid as corrections officials takes any entry — especially complicated and fast-moving Contact Family visitations— into any County Jail Facility extremely seriously. If something — and many things can — go horribly wrong — a perspective visitor fails to show up on time, fails to cancel in advance, or is otherwise unprepared to a Jail facility under officer escort — not only will the visit not take place; it will put a ding on a person’s record and be counted as a “no show.” Future visitations could potentially be impacted with just a few “no shows” — 3 in a 12-month period will lead to visitation privileges being unilaterally suspended for 30 days. Again, these types of Jail rules are taken seriously.

The first step in the entry and check-in process at a scheduled visit at either Contact Family Visitation site is ensuring that personal information and documentation matches that contained within the pages of an inmate’s approved Visitor Request Form. All adult visitors must provide a valid form of government ID (Passport, California ID, or Driver’s License) with name and contact information matching that on documents at the Jail. Minor children are obviously not required to provide their own identification, but parent’s must deliver an original or copy of the youth’s birth certificate. A school ID and even a passport will not be accepted in the place of a child’s birth certificate. Legal guardians are required to submit valid court documentation that verifies guardianship or a appropriately notarized letter in addition to a minor’s certificate of birth. Failing to provide any required — matching — documentation can terminate a scheduled visit at the get go.

In addition to required documentation for all parties involved, visitors are frequently asked to submit to searches of themselves or their property (not that they’re technically allowed to carry much with them into a Facility. Refusal to a required person or property search can, yep, result in the termination of a planned familial visit. Contact Family Visits in the Rountree Rehabilitation and Blaine Street Facilities look and feel very different from those typically seen in Hollywood blockbusters. There’s no partying going on and definitely no sex or PDA. Not only can visitors not bring any food or drinks, alcohol, tobacco or any personal property (cell phones, purses, cameras, anything) into the jail, they can’t even bring in diapers. And absolutely nothing can be given to incarcerated loved ones during a visit either. There are no fancy vending machines or movie-like canteens in visitation areas either.

Even though they are officially called “Contact Family Visits,” there is NO physical contact allowed between adults at the Blaine Street and Rountree Rehabilitation and Reentry facilities. Mothers and fathers are free to hug, comfort and be intimate with their minor children, but kissing, hugging and even draping arms around each other is a terminatable offense for themselves and adult loved ones. There are rigid policies and mandates that place limitations on the types, styles and amount of clothing and attire that visitors can wear during their scheduled visits with family members. Outfits that are deemed “revealing,” “offensive” or “distracting” — as determined by Jail Staff — will simply not be allowed. This includes open toed shoes, hats, skirts and dresses, clothing or shoes containing metal, medical attire, clothing that resembles jail or military patterned outfits, and revealing clothing like halter-tops, bare midriff outfits, tank tops, and strapless outfits. On one Saturday per month, after the extensive check-in process, successful appraisal and evaluations by Jail staff, and other necessary preparations, a scheduled one-hour oh-so-important Contact Family Visitation can commence at each minimum-security Jail Facility.

## SANTA CRUZ COUNTY JAIL “IN-PERSON NON-CONTACT” VISITATION GUIDE

### SANTA CRUZ COUNTY JAIL FACILITIES (SITES) PROVIDING IN-PERSON NON-CONTACT VISITATION

#### ROUNTREE REHABILITATION AND REENTRY FACILITY

100 ROUNTREE LANE, WATSONVILLE CA, 95076



831-454-7873  
831-454-7800

#### BLAINE STREET WOMEN'S FACILITY

141 BLAINE STREET, SANTA CRUZ CA, 95060



#### SANTA CRUZ COUNTY MAIN JAIL

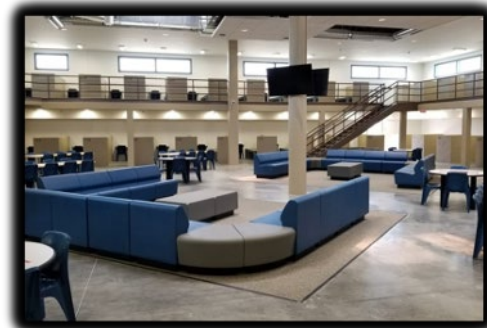
259 WATER STREET, SANTA CRUZ CA 95060

831-454-7800



#### ROUNTREE MEDIUM SECURITY FACILITY

90 ROUNTREE LANE, WATSONVILLE CA 95076



THE FORTHCOMING CONTENT WILL COVER EXACTLY HOW TO SCHEDULE, PREPARE FOR AND WHAT TO EXPECT DURING AN IN-PERSON NON-CONTACT VISITATION SESSION WITH AN INMATE IN ANY ONE OF THE ABOVE SANTA CRUZ COUNTY JAIL FACILITIES

### SCHEDULING AND PLANNING FOR AN INITIAL (OR FUTURE) IN-PERSON NON-CONTACT VISITATION WITH AN INMATE IN THE SANTA CRUZ COUNTY JAIL SYSTEM

Simply having a friend or loved one in (any) jail can be traumatizing and highly stressful in and of itself — but trying to successfully navigate through the Santa Cruz County Jail's complicated and ever-evolving rules, operating procedures, and visitation policies can be overwhelming in and of itself. We'll provide the link to the Santa Cruz County Jail's in-house published **"Incarcerated Person Non-Contact Visitation Scheduling and Information"**— effective April of this year — below. Between our own insights and the Jail's, you should have enough information, courage and direction to confidently schedule an important first or upcoming visit with an inmate loved one. Here is the link to the Sheriff Office's informative PDF for your review and reference.

#### INCARCERATED PERSON NON- CONTACT VISITATION SCHEDULING & INFORMATION:

[https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/formsdocs/Noncontact%20VISITOR%20INFORMATION%20%28ENGLISH%29%2004\\_2025.pdf](https://shf.santacruzcountyca.gov/Portals/1/County/sheriff/formsdocs/Noncontact%20VISITOR%20INFORMATION%20%28ENGLISH%29%2004_2025.pdf)

### INITIAL STEPS IN PREPARING FOR AND SCHEDULING AN IN-PERSON NON-CONTACT VISITATION SESSION WITH AN INMATE IN THE SANTA CRUZ COUNTY JAIL SYSTEM

#### FIRST STEP: SUBMITTING A VISITOR REQUEST FORM

You can't just call up the Jail — any facility — and schedule a visit immediately. There is an established, slightly-problematic process and steps required to actually set up a visit — and it all starts with an inmate's — not yours! — filing a **"Visitor Request Form"** while incarcerated. Visitor Request Forms are common, readily available documents in all Santa Cruz County Jails — and can be attained as a "paper version" or an equally common "digital" version on each inmate's personal electronic tablet devices. Obviously, before an inmate can file this important paperwork, he or she must first understand its existence and importance, and second must know that someone outside of the Jail actually wants or needs to visit them. This usually requires clear contact, communication, coordination, and mutual understanding - typically by phone using an e-message platform within the Jail — between an inmate inside the Jail and often-desperate friends and family members. Only (ultimately) approved and checked individuals on an inmate's Visitor List are allowed to enter the Jail. To ensure visitor vetting and approval, incarcerated individuals must submit each potential visitor's full name, address, phone number, date of birth, and government ID number (driver's license or passport). Just crossing these initial hurdles — searching for and finding an inmate in the Jail system, establishing initial contact and connection with them, sharing pertinent information, and then encouraging them (or explaining the process of) filing an accurate and valid Visitor Request Form — can be a tall order for many.

Once an inmate in the Santa Cruz County Jail files a completed and accurate Visitor Request Form — containing required personal information and details about *you, the outsider* - a background check on each requested visitor is performed by corrections staff. Inmates themselves must provide information and details for each and every person they want to visit — currently, or in the future. The Jail's background checks can take up to 5 days to complete for each initial, or future visitor to the Jail. Once (or if) an inmate's Visitor Request Form is approved, potential visitors can contact/call Jail Reception to schedule a visit. Before listing the required numbers for Jail Reception services at the Main Jail, Blaine Street Facility, and Rountree Rehabilitation and Reentry Facility, and Rountree medium-security Facility below, we should note that the process of actually knowing if and when a Visitor Request Form is approved or not can be problematic — requiring further communication and cooperation between you, the outsider attempting to schedule an initial or future visit and inmates in any County Jail facility. Once learning of a Visitor Request approval by the Jail, calling Reception at the Facilities listed below is in order. Here are the direct phone numbers to ask questions and potentially schedule a visit in each Facility:

**Santa Cruz County Main Jail Reception Desk: 831-454-7800**

**Rountree Medium Security Facility: 831-454-7873**

**Blaine Street Women's Facility Reception Desk: 831-454-7800**

### Rountree Rehabilitation and Reentry Facility: 831-454-7878

The Jail Reception staff at both above Facility's are available to answer questions regarding Visitation Approvals and to schedule visitations — both Non-Contact and Contact Family Visit types — during office hours Monday through Friday from 8:00am to 3:30pm. Visits can be scheduled up to 3 weeks before a desired visitation date and is closed 14 days before a visit. Again, getting the timing right takes coordination, planning, and work between parties in and outside of the confines of the Jail — more so for non-contact visitations (available at T-Unit, Blaine Street, and all other Jail Facilities) that can be scheduled weekly. As readers can clearly see, the important but equally frustrating process of scheduling a visit — any type of visit — with inmates in Santa Cruz County Jails isn't exactly a piece of cake. Another little wrinkle to consider is that even after successfully winding through the laborious Jail scheduling process for an all-important visit, the Jail Watch Commander can cancel the entire shindig at any time for a variety of reasons and circumstances as required. But we'll cover issues like this "nicety" and other important Jail policies and visitation protocols in the post-scheduling information below.

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### WHAT TO EXPECT AND PLAN FOR UPON ARRIVAL TO A SCHEDULED IN-PERSON NON-CONTACT VISITATION SESSION WITH AN INMATE IN THE SANTA CRUZ COUNTY JAIL SYSTEM

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The first step in the entry and check-in process at a scheduled Non-Contact visit is ensuring that personal information and documentation matches that contained within the pages of an inmate's approved Visitor Request Form. Non-Contact visitations at any one of Santa Cruz County's 4 Jail Facilities can include up to 2 adults, or one adult and up to 2 minor children. All adult visitors must provide a valid form of government ID (Passport, California ID, or Driver's License) with name and contact information matching that on documents at the Jail. Minor children are obviously not required to provide their own identification, but parent's must deliver an original or copy of the youth's birth certificate. A school ID and even a passport will not be accepted in the place of a child's birth certificate. Legal guardians are required to submit valid court documentation that verifies guardianship or a appropriately notarized letter in addition to a minor's certificate of birth. Failing to provide any required — matching — documentation can terminate a scheduled visit at the get go.

In addition to required documentation for all parties involved, visitors are frequently asked to submit to searches of themselves or their property (not that they're technically allowed to carry much with them into a Facility. Refusal to a required person or property search can, yep, result in the termination of a planned familial visit. There are rigid policies and mandates that place limitations on the types, styles and amount of clothing and attire that visitors can wear during their scheduled visits with family members. Outfits that are deemed "revealing," "offensive" or "distracting" — as determined by Jail Staff — will simply not be allowed. This includes open toed shoes, hats, skirts and dresses, clothing or shoes containing metal, medical attire, clothing that resembles jail or military patterned outfits, and revealing clothing like halter-tops, bare midriff outfits, tank tops, and strapless outfits.

Upon arrival to a scheduled No-Contact visitation with an inmate in any of the 4 eligible Santa Cruz County Jail facility, expecting visitors must report to the site's designated visitation reception area. After a security screening - which may include a pat down search, metal detector screening or electronic wand check — a thorough baggage (belonging) inspection, document review process, and successful check-in Jail visitors receive an official "visitor badge" and led to a Facility's designated visitation area/wing. Each of the Jail's four Facilities offering weekly one-hour Non-Contact visitations between inmates and their families, friends and loved ones have on-site visitation rooms consisting of individual booths to ensure privacy and intimacy between visiting parties. After an escort by Jail corrections staff to their assigned booths, inmates and outside visitors can speak for the duration of their visit through a thick glass partition. After an hour, when a visit wraps up, the more grounded and hopeful inmates and loved ones say their goodbyes and are guided in opposite directions. Visitors return to the visitation reception area, collect their belongings, gather

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