



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

NOTICE OF PUBLIC MEETING – County of Santa Cruz
MENTAL HEALTH ADVISORY BOARD

APRIL 18, 2024 ♦ 3:00 PM-5:00 PM

HEALTH SERVICES AGENCY

1400 EMELINE AVENUE, BLDG K, ROOMS 206-207, SANTA CRUZ, CA 95060

THE PUBLIC MAY JOIN THE MEETING BY CALLING (831) 454-2222, CONFERENCE ID 113 995 654#

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

Felipe Hernandez Board of Supervisor Member	
Tiffany Cantrell-Warren Director, County Behavioral Health	Karen Kern Deputy Director, County Behavioral Health
Stella Peuse – Youth Representative	

**IMPORTANT INFORMATION REGARDING PARTICIPATION IN THE
 MENTAL HEALTH ADVISORY BOARD MEETING**

The public may attend the meeting at the Health Services Agency, 1400 Emeline Avenue, Bldg K, Rooms 206-207, Santa Cruz. Individuals may click here to **[Join the meeting now](#)** or may participate by telephone by calling (831) 454-2222, Conference ID 113 995 654#. 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 Mental 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.

MENTAL HEALTH ADVISORY BOARD AGENDA

ID	Time	3:00 Regular Business
1	15 Min	<ul style="list-style-type: none"> • Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • <i>Approval of March 21, 2024 minutes*</i> • Secretary's Report
3:15 Standing Reports		
2	15 Min	Patients' Rights Report – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	35 Min	Behavioral Health Report – Tiffany Cantrell-Warren Director, County Behavioral Health
4	10 Min	Update on committees
4:15 New Agenda Items		
5	40 Min	<ul style="list-style-type: none"> • School District Update – Stella Peuse • <i>Discussion and vote on revised Santa Cruz County Code 2.104*</i> • <i>Letter of recommendation regarding the Santa Cruz County budget for FY24-25*</i>
4:55 Future Agenda Items		
5:00 Adjourn		

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

NEXT MENTAL HEALTH ADVISORY BOARD MEETING IS ON:
MAY 16, 2024 ♦ 3:00 PM – 5:00 PM
HEALTH SERVICES AGENCY
1400 EMELINE, BLDG K, ROOMS 206-207
SANTA CRUZ, CA 95060



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

MINUTES – Draft

MENTAL HEALTH ADVISORY BOARD

MARCH 21, 2023 ♦ 3:00 PM - 5:00 PM
1400 EMELINE, ROOMS 206-207, SANTA CRUZ
Microsoft Teams (831) 454-2222, Conference ID 311 280 892#

Present: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Artl, Michael Neidig, Valerie Webb, Xaloc Cabanes, Stella Peuse
Excused: Laura Chatham, Jennifer Wells Kaupp, Supervisor Hernandez
Staff: Tiffany Cantrell-Warren, Casey Swank, Karen Kern, Jane Batoon-Kurovski

-
- I. Roll Call – Quorum present. Meeting called to order at 3:05p.m. by Chair Xaloc Cabanes.
 - II. Public Comments
 - Public member shared her personal experience with the system in Santa Cruz County.
 - III. Board Member Announcements
 - The Chair announced that the board should vote to submit the Biennial Report if no one wants to update the content in the report.
 - IV. Business / Action Items
 - A. Approve February 15, 2024 Minutes.

Motion/Second: Dean Kashino / Antonio Rivas
Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Artl, Michael Neidig, Valerie Webb, Xaloc Cabanes
Nays: None
Absent: Laura Chatham, Jennifer Wells Kaupp, Supervisor Hernandez
Motion passed.
 - B. Approve the Biennial Report with changes as discussed (see item VI.B)

Motion/Second: Dean Kashino / Antonio Rivas
Ayes: Antonio Rivas, Celeste Gutierrez, Dean Kashino, Hugh McCormick, Jeffrey Artl, Michael Neidig, Valerie Webb, Xaloc Cabanes
Nays: None
Absent: Laura Chatham, Jennifer Wells Kaupp, Supervisor Hernandez
Motion passed.
 - V. Reports
 - A. Secretary's Report
 - All training should be completed by the end of March.
 - No issues on attendance.
 - CalBHBC website has training announcements.
 - B. Presentation: Handle with Care Registry
Supervisor Manu Koenig, 1st District
Jacob Ainsworth, Operations Chief of the Sheriff's Office
 - The Handle with Care Registry is a program which allows anyone with a family member who suffers from mental illness to provide law enforcement with detailed information about this person such as particular triggers and calming methods so that when law

enforcement responds to calls for service, they are better equipped to deescalate the situation.

- Family members are able to register loved ones and provide detailed information that is then attached to the residence where the individual lives. If there is a call for service at that residence, dispatch can immediately send the responding officers' information over the computer screen which says there is a "handle with care" resident that lives there. This is not broadcasted; no name is put out.
- The program name has been used in the school systems that are directly related to mental health for younger children, so another possible name for this program is Creating Awareness Responding Effectively (CARE).
- The information in the system would expire after a year, and then there will be work for staff to go back and update the information.
- The link to register individuals will be posted on the home page of the Sheriff's website.
- There are no boundaries for this registration system. They are looking at dementia patients as well.
- Feedback from the board and public: 1) Handle with Care is a better name; 2) make sure that those registered are comfortable with the registry that is being put out about them; 3) like the idea of yearly refresher to ensure that information is updated and still consistent with what was reported a year earlier; 4) providing the person the opportunity to opt out entirely.

C. Patients' Rights Report – George Carvalho, Patients' Rights Advocate

The February report was provided. George was present at the meeting and addressed previous questions:

- Previous reports had a record number at the end of the report. The old record keeping program is no longer in use and now using Google Sheets, which doesn't generate an automatic record number. If board members are interested in additional information, then they should provide the month/date/incident/facility to George for him to look into it.
- George will do a presentation at a future meeting to address programs that are offered by Advocacy, Inc., etc.
- Other clarification items regarding current report:
 1. It is rare that Willowbrook get abuse reports, however in the past year there has been an uptick.
 2. There are approximately 22-25 hearings per month or 300 hearings/year, some are repeat. Most clients are within the following facilities: Willowbrook, Opal Cliffs, El Dorado, Telos, Front Street, Wheelock, Telecare.
 3. The advocates can do random and unannounced visits.

D. Presentation: Overview of County Substance Use Disorder Services (SUDS) Drug Medi-Cal Organized Delivery System (DMC-ODS) Health Plan – Casey Swank, Substance Use Disorder Services Director

- The number of people served each year has continually gone up, except for 2021 due to COVID, which impacted the ability to serve clients at certain levels of care, specifically residential, but they did transition as quickly as possible to offer telehealth services.
- The drug of choice for Santa Cruz County Medi-Cal beneficiaries for adults in order from most to least utilized are: 1) opioids, 2) alcohol, 3) stimulants, 4) cannabis. The primary substance for youth is cannabis at about 60%, alcohol is the second most abused by youth, followed by stimulants being the third, and opioids being the last.
- The race and ethnicity breakdown of persons who are engaged in treatment/services - the majority is white and second largest population is Mexican American/Chicano.
- The client base gender for Fiscal Year 20-23 is 62% male and 38% female which is consistent with prior years.
- The ASAM continuum shows the different levels of care. The ranges are early intervention to outpatient to intensive outpatient, and then residential treatment

level 3.1, withdraw management is 3.2 (withdrawal management is the new word for detox) and then 3.5 level of care residential which is a higher intensity need.

- The most impacted service is the residential programs. There are four providers for both youth and adults. There are 96 beds available for adults in our community. The Camp, located in Scotts Valley, is the youth withdrawal management and residential treatment provider. The Camp is not a Medi-Cal provider, but want to prioritize youth so they are paid private pay prices to support youths who have Medi-Cal.
- Prevention activities for 2024 include education and outreach to parents and caregivers; SUD prevention education in schools; peer education models; curricula for mental health needs, including emotional modulation and resilience skills; promote youth Wellness centers; data tracking and reporting; and convening across organizations to improve coordination of policy efforts.

E. Behavioral Health Updates: Tiffany Cantrell-Warren, Director of County Behavioral Health

- Update on 5300 Soquel Ave building
Demolition has begun. Reviewing Construction proposals.
Request For Qualifications for an operator has closed. They are in conversation with a potential operator of BH services. Anticipate the Youth CSP to open late summer 2025, and the Crisis Residential Program after that.
- Update on Youth Diversion project
The WCH ED Youth Diversion Project is almost operational, Pacific Clinics has hired their full-time staff. The final hurdles are a credentialing process for those staff to practice in the WCH ED. They hope to be operational between mid-April to May 1st.
- Mobile Crisis Response
The focus right now is to comply with State mandates under BHIN 23-025 and this means their initial implementation of 24/7/365 services will be lightly staffed. The county teams will provide daytime coverage and 24/7 licensed support (a BHIN requirement) and Family Service Agency will provide swing and night shift coverage. BH is pushing for early May, but this will be dependent on hiring and staff retention and coordinating training. Regarding Mobile Crisis Response, they are about to make offers to two additional staff for MERT and MHL positions at the County. Family Service Agency is in the hiring process to implement services.

F. Update on committees – postponed to next meeting.

VI. New Agenda Items

- A. School District Update – postponed to next meeting.
- B. Approved draft Biennial Report with the following changes:
 1. Add the MHAB has Youth Representation
 2. Add that Hayley Newman trains all teachers in the County on Mental Health First Aid.
- C. Discussion and vote on the revised Bylaws to include the SUDS Commission and change name from MHAB to Behavioral Health Board – postponed to next meeting.

VII. Adjournment

Meeting adjourned at 5:03 p.m.

Summary

This is a March 2024 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 were lost.

Patients’ Rights Advocate Report

March 2024

7th Avenue Center

On April 6, 2024, this writer received a call from a resident of the 7th Avenue Center. The client said that he had been misjudged about his actions while riding in the facility van and has then been banned from using it to make medical appointments. The resident further elaborated that several medical appointments would be scheduled for him soon. I assured the resident that staff would need to make other arrangements to ensure his medical needs are met and requested verbal permission to speak with the resident’s conservator. Two days later this writer spoke with the conservator who assured this writer that he would speak with staff and work out a plan to bring the resident to his appointments. I spoke with the resident once again who was satisfied with my efforts.

7th Avenue Center

On April 25, 2024, this writer responded to an SOC report of a resident-to-resident altercation. I explained my role to the client and my responsibility to follow up on any report or allegation of abuse, including resident-to resident abuse. The client appreciated my involvement and said that he had been treated unfairly by staff and did not feel safe after the altercation with the other resident. The client also wanted help to obtain a California ID card. The client reported that he spoke with local law enforcement but did not receive a case number. I received permission to speak with Mr. Burke about his concerns. This writer spoke with Mr. Burke before leaving the facility. Mr. Burke assured me that he would speak with the resident about the facility policy and if necessary, assist him to contact his conservator about obtaining the California ID

Telecare

Telecare

On April 20, 2024, this writer* received a phone call from a community member whose daughter was on an LPS (Lanterman Petris Short) hold at the Crisis Stabilization Program. The community member said the daughter was held at the CSP for over 24 hours, and that the facility's plan would be to transfer the daughter to Sacramento for treatment. This writer recommended that the mother have the daughter call the Patients' Rights Advocates. After further discussion with the daughter, the mother informed the PRA that the daughter wished to be transferred and did not want to remain at the CSP any longer. After the client was transferred to Sacramento, the mother contacted the Advocate* and informed the Advocate that her daughter wanted to return home as soon as possible. The mother was advised that she could contact the facility to offer third party assistance. The mother voiced appreciation for our services.

*Davi Schill

Telecare

On April 20, 2024, this writer* received a cross report from the county Adult Protective Services. The report was called in to them by the mother, about a staff person at the Telecare Psychiatric Facility. The report alleged neglect on the part of this staff member. This writer interviewed the staff member as well as the client. Although there was a differing opinion about the best course of treatment between the client and the mother. Our client was continuing to receive treatment at a step-down facility and stated that he wished to continue to receive treatment at that facility. The Patients' Rights Advocate could not substantiate any finding for neglect of our client.

*Ms. Davi Schill

ADVOCACY INC.
TELECARE CLIENT CERTIFICATION AND
REISE HEARING/PATIENTS' RIGHTS

March 2024
Third Quarter

1. TOTAL NUMBER CERTIFIED	20
2. TOTAL NUMBER OF HEARINGS	20
3. TOTAL NUMBER OF CONTESTED HEARINGS	10
4. NO CONTEST PROBABLE CAUSE	16
5. CONTESTED NO PROBABLE CAUSE	4
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	0
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	6
10. NON-REGULARLY SCHEDULED HEARINGS	0

*One hearing uncontested but released due to facility error

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))

Riese Hearings. /Capacity Hearings

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

Total number of Riese Hearings conducted: 1

Total number of Riese Hearings lost: 1

Total number of Riese Hearings won: 1

Total number of Riese Hearings withdrawn: 2

Hours spent on conducted hearing representation: .5

House spent on all Riese hearings: 1 hour Reise Appeal: 0

Respectfully: Davi Schill PRA, George Carvalho, PRA



Behavioral Health Division

Director's Report to the Mental Health Advisory Board

April 18, 2024

Services to People Experiencing Homelessness

1. Final Report on Healing the Streets
2. Development of Integrated Housing and Recovery Team (IHART)
3. Behavioral Health Bridge Housing Project
4. No Place Like Home update

Healing the Streets Final Report



Project Aims:

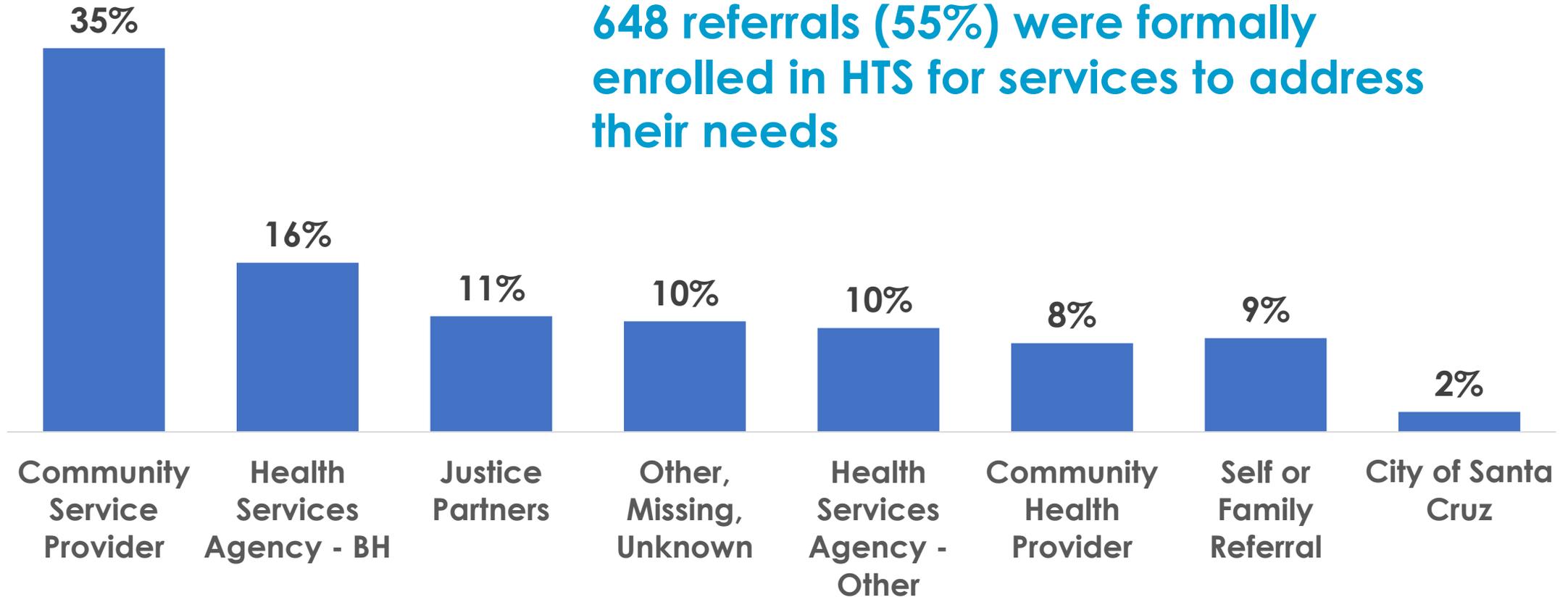
- Provide direct services to people experiencing homelessness and serious mental illness with or without a co-occurring substance use disorder
- Develop a sustainable model for this population of focus that produces the best outcomes possible for our community

Key Takeaways:

- Improved workflows developed across providers serving the unhoused community
- Improved outreach and engagement in treatment with BH Street Medicine Team
- Identified barriers to meaningful connection with the Housing Continuum

Healing the Streets Final Report

A total of 359 unique individuals out of 648 referrals (55%) were formally enrolled in HTS for services to address their needs



Healing the Streets Final Report

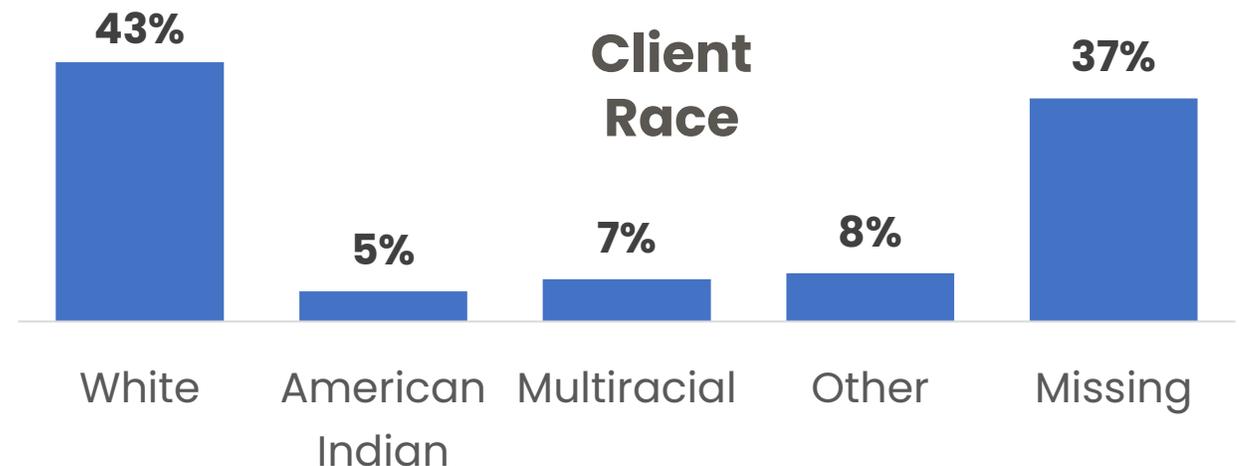
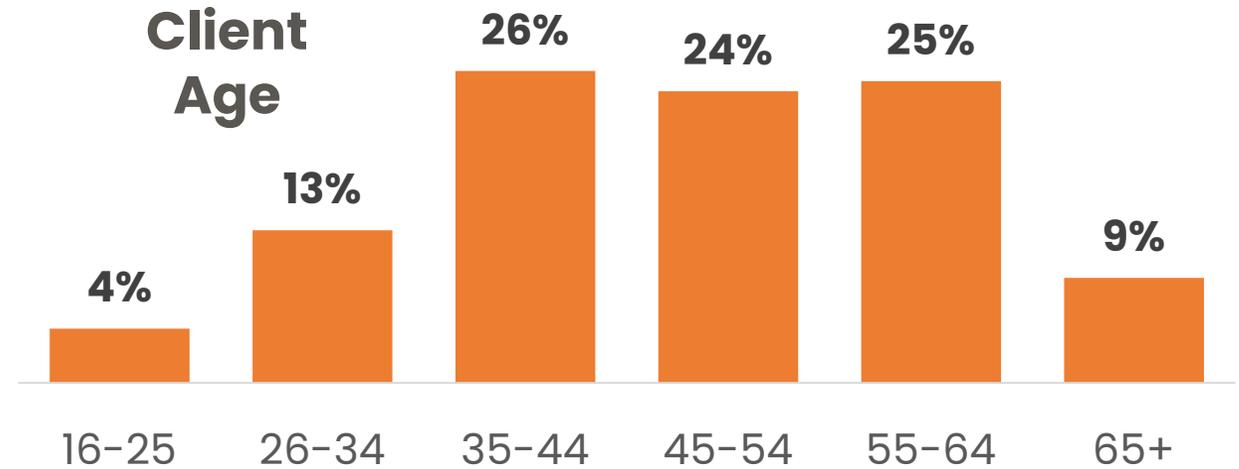
Enrolled Client Demographics

55% identify as male

32% identify as Hispanic

70% identify as heterosexual

68% experienced homelessness in the past month



Healing the Streets Final Report

Healing the Streets staff provided 3,492 individual direct services to 346 clients

59% of clients were initially engaged in Santa Cruz, and 41% in Watsonville

Average length of service – 168 days (5-6 months)

11% of clients (40) received 288 individual therapy sessions

46% showed a decrease in psychological distress

Homelessness among clients decreased by 6%



INTEGRATED
SYSTEM OF
CARE

Broad, flexible array
of services and
supports

- Field-based health and behavioral health services
- Case management and peer support
- Connection to housing resources

Coordinated
Network

- Meaningful partnerships, integrated service planning
- Seamless pathways into care via a universal referral process
- Participation in a data-sharing system

Person-centered,
Self-directed

- Low barrier access
- Harm reduction approach
- Culturally responsive and humble

Integrated Housing and Recovery Team (IHART)

- **Sustaining services to people experiencing homelessness with SMI**
- County Behavioral Health **Full-Service Partnership** Team
- Embedded **Housing for Health** staff
- Services in **North and South County**
- **Enhanced Care Management (ECM)** to support whole care



Development of an Integrated Housing and Recovery Team (IHART)

- Designed from learnings from the Healing the Streets project to **sustain services**
- Seamless coordination with Coordinated Entry and the Housing Continuum of Care – **people and systems**
- Small caseload, **intensive level of service**
- Follow clients from **homelessness to housing** until stable
 - Low Barrier Navigation Center, Shelter
 - No Place Like Home (NPLH)
 - Scattered site housing with vouchers

- **Low Barrier Navigation Center (LBNC) Temporary Housing**
- **24/7 On-site Resident Services and BH IHART team**
- **Priority for placement - CARE Act Participants**
- **Joint Project with Housing for Health**

- \$10.2m to develop temporary housing for people experiencing homelessness and serious mental illness or co-occurring disorders.
- \$2.6m from Whole Person Care dollars requiring a housing focus

Behavioral Health Bridge Housing



No Place Like Home (NPLH)



Leasing:

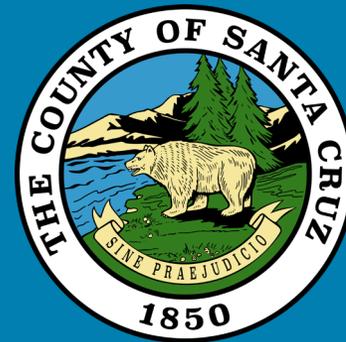
- Bienestar (Live Oak)
- Tabasa Gardens (Watsonville)

In Progress:

- Miles Lane (Watsonville)
- Jesse St (Ocean)
- Harvey West Studios

Questions?

Thank You





A Cumulative Evaluation of Healing the Streets Report Brief

Healing the Streets

Healing the Streets (HTS) was a two-year pilot program focused on meeting the needs of people experiencing homelessness who have serious mental illness and possible co-occurring substance use disorders. HTS operated from March 2022 through December 2023.

Through partnerships with County programs and other local providers, HTS worked to connect people experiencing homelessness with medical, behavioral health, basic needs, and housing services. The HTS program used a Critical Time Intervention case management model and other evidence based best practices to provide connections to care and needed services in ways that were low barrier, field-based, and self-directed. The County contracted with Front Street Inc. to provide case management and peer support services.

This innovative program was supported by Santa Cruz County Behavioral Health Division with grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Program Goals

1. **Provide integrated services and establish stable ongoing connections** to health, behavioral health, and housing providers for people experiencing homelessness who also have serious mental illness and possible co-occurring disorders.
2. **Strengthen safety net infrastructure** and develop seamless, universal pathways into care through care collaboration and coordination that reduces duplication of services.
3. **Incorporate harm reduction and trauma-informed practices** that promote wellness, stability, and recovery for people experiencing homelessness and behavioral health challenges.
4. **Vet Critical Time Intervention as a best practice** for people experiencing homelessness with mental health needs in Santa Cruz County.
5. **Ensure that people receive access to behavioral health support** in the community without the barrier and stigma associated with brick-and-mortar services.
6. **Improve client quality of life** through supporting people experiencing homelessness in reaching their self-identified goals.



Evaluation Overview

In December 2021, the County contracted with RDA Consulting, SPC (RDA) to conduct a multi-year evaluation of its HTS program. RDA's approach was to evaluate both program implementation and program outcomes, to support the County in continuous quality improvement efforts, and to support compliance with SAMHSA requirements. This cumulative evaluation of the HTS program includes data from the outset of the program in March 2022 through September 2023. The evaluation looked at both quantitative data (program service and outcome data) and qualitative data (feedback and experiences collected from clients, staff, and partners).

Evaluation Findings

Findings, presented below, are intended to inform future programming to support individuals who are experiencing homelessness and have severe mental illness and possible co-occurring substance use disorders.

Evaluation Question 1: In what ways is the HTS model (Critical Time Intervention) effectively meeting the needs of clients experiencing homelessness with mental health and possible co-occurring substance use disorders?

-  **The need for HTS services in Santa Cruz County is significant, with most clients expressing a need for housing, behavioral health, and basic needs services.** HTS clients were generally aligned with characteristics of people experiencing homelessness, suggesting that HTS successfully connected with their intended population.

-  **Field-based behavioral health and case management services had the biggest impact in meeting client needs.** Staff met client needs by providing thousands of individual services, which clients shared were easily accessible. Staff worked to meet client needs by employing their background, skills, expertise, and training in multiple evidence-based program modalities.

-  **Due to high caseloads and limited housing availability, the Critical Time Intervention model was not an appropriate fit in this context.** In working to meet client needs through multiple program practices and services, staff reported that workflows were implemented with varying levels of success. Many internal and external factors complicated HTS's implementation of key program practices to meet client needs, including resource constraints, model misalignment, and several community-level contextual challenges surrounding technology infrastructure for care coordination. The program



shifted towards a Strength-based case management model, abandoning CTI.

Evaluation Question 2: What is the nature and extent of collaboration and coordination of care between HTS and partner programs?

➤ **Overall, most partners reported positive relationships with HTS or positive perceptions of HTS in the community.** When HTS initially launched, program partners lacked familiarity with the program. As HTS established itself within the landscape of social service providers, program partners identified having a better understanding of what HTS did and their role in service provision. Partnerships and collaborations grew with this increased familiarity, allowing partners to provide more explicit recommendations for ways HTS could improve. Specifically, partners expressed a desire for stronger communication with HTS and the use of a shared data platform to improve client care and coordinate efforts to support the population of individuals they collectively served.

Evaluation Question 3: Is HTS improving outcomes for individuals experiencing homelessness with mental health and possible co-occurring substance use disorders?

➤ **Overall, clients reported being better off as a result of participating in the program.** Both clients and direct service staff shared that HTS helped clients stay connected to existing healthcare providers as well as getting connected to new providers. Clients generally experienced improvements to their mental health, which they attributed in part to their relationship with their case manager. Clients most often expressed feeling very connected to their case managers and a majority of clients were very satisfied with the services they received at HTS. However, most clients remained unhoused.

“They're just very compassionate about helping me get back on my feet and showing me the ropes of what I needed to do and guiding me.” –
HTS Client

Overall Implementation Success and Finding

HTS found **success in offering field-based behavioral health services.** Future programming should include this model of care for behavioral health care service delivery and case management.



"Overall, we served a lot of people, touched a lot of people's lives, we showed a lot of compassion, we got people back on track. That's the street medicine component, I feel like that is important. You don't need to do anything, just be where you are and we'll come to you."
– HTS Leadership

Recommendations

The following recommendations were developed based on information shared by HTS program staff, individuals served by the program, and program and community partners. As HTS's program learning and evaluation partner, RDA added additional recommendations from research into best practices and program observation. These recommendations will be used to inform future programming.

Program Infrastructure Recommendations

The County would benefit from **conducting a robust planning process** to best support new and continued programming, including the following essential planning aspects:

- Work to identify and procure **flexible funding** to support programming.
- Development and implementation of a **marketing and socialization plan** focused on partners, potential clients, and community awareness.
- Identify and implement a **shared data management platform** to increase collaborative care across behavioral health and other service providers.
- Prioritize the development and consistent use of **standardized processes for collecting and recording data**.
- **Improve program guidance documentation and training materials** to best support program staff and partners.
- Use a case management model that **balances robust client support and staff capacity** (e.g., ensure caseloads do not become too large for staff).

Service Provision Recommendations

Sustain core program strengths identified through the evaluation: **field-based behavioral health and case management**. In addition, consider the following:

- Continue to **provide transportation** to clients as this was a key reason HTS clients were able to receive medical care and pick up prescriptions.
- **Increase communication and frequency of in-person contacts** between case managers and clients.
- Provide **more information on community resources to clients** as well as more direct support with basic needs.
- Continue to **grow partnerships to secure dedicated housing units and temporary shelter** resources for clients.

Collaboration Recommendations



Increase program visibility with service providers, potential clients, and community partners and focus on alignment with future CalAIM changes. The extent of future program success relies on the **development of a coordinated system of care**.

Client Story

Ethan's Story*

Before Ethan enrolled in HTS, he had been cycling through behavioral health providers and was on a waitlist for services. Once connected with HTS, Ethan faced ongoing challenges with engagement and connection to services. His case manager, Rebecca, advocated tirelessly to get Ethan assigned to a coordinator. All the while, HTS ensured he had his basic needs met, like water, a tent, and a blanket. Ethan was eventually assigned to a specialty mental health coordinator. With the help of HTS and his legal team, his court cases were also resolved.

Despite these positive developments, winter's arrival in Santa Cruz posed significant challenges for Ethan. He lost a dear friend to an overdose, began living in a wooded encampment, and struggled with worsening mental health. At this point, HTS and Ethan's specialty mental health coordinator placed him on a list for dual-diagnosis treatment through Casa-Pacific.

Ethan entered Casa-Pacific in April 2023 for treatment and has been sober ever since. He loves the structure and safety of the program and is now studying for his GED. Ethan dreams of going to welding school and getting his own living space.

** Name has been changed to protect client confidentiality. Interviews were provided by case managers with consent from their client. To read Ethan's full story, see the **Evaluation Report, Appendix S**.*

Conclusion and Next Steps

The HTS pilot program, ended on December 31st, 2023. The County began planning for the program's end in the Fall 2023. This planning led to decisions for the HTS program to evolve and be modified into a new program called **Integrated Housing and Recovery Team (IHRT)**.

The lessons learned from the HTS pilot and the findings and recommendations from this evaluation have supported and will continue to support the County in their development of IHRT, a specialty mental health service team. IHRT will officially launch in early 2024, carrying on the legacy of HTS in supporting the wellbeing of individuals experiencing homelessness with behavioral health needs with evidence based best practices.

18-APR-2024 **Draft**

Santa Cruz County Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060
831 454 2200

Re: Letter of recommendation to maintain staffing levels at Health Services Agency, both filled and open positions, for the Fiscal Year 2024-2025.

To: Santa Cruz County Board of Supervisors

The Santa Cruz County Mental Health Advisory Board recommends that the county maintain staffing levels at Health Services Agency, both filled and open positions, for the Fiscal Year 2024-2025 to ensure that there is continuity in providing life saving therapies and treatments for the over 12000 regular patients and the the numerous additional patients that receive services on a irregular basis.

The current proposed fiscal year 2024-2025 budget cuts 42 Full Time Employee positions from the Human Services Agency. This is over a 10% cut of the 725 FTE positions at HSA. 37 of these positions are in Public Health and noted as "...largely related to the end of COVID-19 funding." but not specifically. (Table 2 Proposed 2024-2025 Budget-All Funds, Financial Summary by department. Please see attachment). The Human Services Agency is chronically understaffed and the cutting of these positions will disrupt HSA from providing services that reduce suffering and save lives.

Again, we recommend that the county maintain staffing levels at Behavioral Health Services, both filled and open positions, for the Fiscal Year 2024-2025.

Please do not hesitate to contact Xaloc Cabanes, chair of MHAB, should you have any questions.

Santa Cruz County Mental Health Advisory Board

Table 2

Proposed 2024-25 Budget - All Funds							
Financial Summary by Department		Revenue	Expenditures	General Fund Contribution	Fund(s) Contribution	Funded Staff (FTE)	Change within Proposed
General Government							
Assessor-Recorder		3,088,827	8,182,110	(3,093,283)	-	30.00	1.00
Association of Monterey Bay Area Governments		-	32,173	(32,173)	-	-	-
Auditor-Controller-Treasurer-Tax Collector		3,987,070	8,605,077	(2,818,007)	-	44.00	-
Board of Supervisors		-	3,803,293	(3,803,293)	-	17.00	-
County Administrative Office		802,287	5,587,482	(4,785,225)	-	21.00	-
County Clerk - Elections		1,513,875	8,183,025	(4,668,150)	-	14.00	-
County Counsel		1,582,512	3,398,395	(1,836,883)	-	22.00	-
(1) General Services		24,458,795	24,284,280	-	164,515	81.00	11.00
Information Services		20,557,544	20,557,544	-	-	63.00	-
Personnel and Risk Management		35,812,288	75,144,453	(4,117,866)	(35,214,301)	43.00	-
Total		91,783,176	151,588,842	(24,755,880)	(35,049,786)	335.00	12.00
Health and Human Services							
Child Support Services		5,914,012	5,914,012	-	-	30.00	(1.00)
CORE Investments		1,080,000	5,958,853	(4,878,853)	-	-	-
Health Services Agency		247,931,412	286,885,879	(18,805,885)	(328,402)	725.25	(42.35)
Human Services Department		168,273,379	192,218,725	(25,945,348)	-	583.00	-
Total		421,198,803	470,957,269	(49,430,064)	(328,402)	1,338.25	(43.35)
Land Use and Community Service							
Agricultural Commissioner		5,450,534	7,213,591	(1,314,558)	(448,499)	28.81	-
Agricultural Extension		-	164,778	(164,778)	-	1.00	-
Cannabis Licensing		353,000	852,001	(499,001)	-	2.00	(1.00)
(1) Community Development and Infrastructure		187,345,791	218,437,881	(6,218,355)	(22,873,515)	352.50	(7.75)
Library Fund		8,815,528	8,151,818	-	783,908	-	-
Local Agency Formation Commission		-	138,755	(138,755)	-	-	-
Monterey Bay Air Resources District		-	88,283	(88,283)	-	-	-
Parks, Open Space, and Cultural Services		7,897,344	16,847,380	(8,184,528)	(1,065,507)	65.00	1.00
Redevelopment Successor Agency		16,467,718	16,541,773	-	(74,055)	-	-
Total		226,229,913	266,514,840	(16,587,259)	(23,697,668)	437.31	(7.75)
Public Safety and Justice							
911 Communications Center		500,000	2,721,333	(2,221,333)	-	-	-
Animal Control Services		-	2,010,210	(2,010,210)	-	-	-
Contribution To Superior Court		2,234,207	2,008,183	228,044	-	-	-
County Fire Protection		10,855,244	13,728,645	-	(3,071,401)	-	-
District Attorney		8,158,160	25,908,571	(17,750,411)	-	108.00	-
Grand Jury		-	51,422	(51,422)	-	-	-
Office of Response, Recovery, and Resilience		1,032,257	3,325,580	(2,293,303)	-	5.00	-
(2) Probation		25,486,362	38,879,815	(11,414,453)	-	134.00	-
Public Defender		437,029	17,540,506	(17,103,477)	-	82.00	3.00
Sheriff-Coroner		37,057,184	108,312,080	(72,254,896)	-	354.00	2.00
Total		85,540,423	213,485,285	(124,873,461)	(3,071,401)	664.00	5.00
Capital Projects							
Capital Projects	Total	4,172,820	9,287,716	-	(5,114,896)	-	-
County Financing							
Contingencies		-	1,500,000	(1,500,000)	-	-	-
Debt Service		554,718	8,588,810	(8,033,892)	-	-	-
General County Revenues		222,743,532	3,811,842	218,931,690	-	-	-
Total		223,298,250	13,900,452	209,397,798	-	-	-
Total All Funds		1,052,223,385	1,125,734,404	(6,248,866)	(67,262,153)	2,774.56	(34.10)

(1) Public Works within Community Development and Infrastructure added 2.25 FTE and transferred 10.0 FTE to General Services

(2) Probation General Fund Contribution includes a contribution of \$469,728 from trust funds that are treated as part of the General Fund Contribution per GASB 84

As noted earlier, and as a sign of the changing State funding model for County Services and Pandemic support, the Health Services Agency includes a net reduction of 42.35 FTE positions, of which 36.80 FTE positions are in Public Health and largely related to the end of COVID-19 funding. Also included above is the transfer of 10.0 FTE positions from Community Development and Infrastructure to General Services for the Real Property and Capital Projects teams.

Table 3 illustrates the net contribution required from each fund type (or the amount revenues are below total expenditures).

Proposed 2024-25 Budget - All Funds	2022-23		2023-24		2023-24	2024-25	Change from
Net Fund Contributions by Fund Type	Actuals	Adopted Budget	Estimated	Actuals	Actuals	Proposed	Adopted
General Fund	2,496,264	(27,879,259)	(8,505,696)	(8,505,696)	(8,505,696)	(6,248,866)	21,630,393
Internal Service Funds	5,072,136	(24,840,894)	(22,604,922)	(22,604,922)	(22,604,922)	(35,093,808)	(10,252,914)
Enterprise Funds	3,762,018	1,568,878	9,578,680	9,578,680	9,578,680	2,049,548	480,670
Special Revenue Funds	(8,535,509)	6,910,897	17,685,204	17,685,204	17,685,204	(12,888,222)	(19,799,119)
Capital Project Funds	(5,735,273)	(8,401,252)	(6,606,078)	(6,606,078)	(6,606,078)	(3,460,787)	4,940,465
Special Districts and Other Agencies	(1,455,946)	(15,677,591)	(994,085)	(994,085)	(994,085)	(16,686,202)	(1,008,611)
Less Than Countywide Funds	1,461,325	(5,592,664)	(5,064,042)	(5,064,042)	(5,064,042)	(1,182,682)	4,409,982
Total	\$ (2,934,985)	\$ (73,911,885)	\$ (16,510,939)	\$ (16,510,939)	\$ (16,510,939)	\$ (73,511,019)	\$ 400,866

Total fund contributions for the Proposed 2024-25 budget represents the amount that the maximum budget authority exceeds available revenues and would be funded from prior year fund balances. The Proposed 2024-25 amount of \$73.5 million is equivalent to the \$73.9 million included in the 2023-24 Adopted Budget.

Excluding the General Fund, the budget would require fund contributions of \$67.3 million largely to continue multi-year capital projects whose funding has already been received (like Public Works Internal Service or Special District fund projects) or to budget for various types of liabilities and claims (such as Risk Internal Service Fund claims) that may take years to be realized.

General Fund Budget Changes

As shown above in Table 3, the budget would allow for \$6.25 million of previous year's General Fund carry-over fund balance to be used if the maximum budget authority was consumed. The \$21.6 million decrease in contributions is the result of one-time 2023-24 expenditures of \$5 million for General Fund Capital Projects (none proposed in 2024-25), \$1.15 million loan to the Road Fund for initial 2023 storms disasters, and an \$8.8 million advance to the Property and Liability Funds to fund claims exposures.

As shown in Table 4, the General Fund's Proposed 2024-25 Budget revenues would increase by \$9.5 million. The single largest change is an increase of \$8.4 million in higher interest earnings within the County's investment portfolio. The General Fund expenditures will increase by \$12.1 million from the 2023-24 Adopted Budget, largely from the \$9.8 million in salary and benefits.