



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: Health Services Agency

Subject: Report on Various Behavioral Health Grants

Meeting Date: February 11, 2025

Formal Title: Accept and file final grant reports on Healing the Streets and Building Hope and Safety-Santa Cruz, and a report on mobile community crisis response activities and Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Grant Pilot Program

Recommended Actions

1. Accept and file the final grant report on Healing the Streets, as awarded by Substance Abuse and Mental Health Services Administration (SAMHSA);
2. Accept and file the final grant report on Building Hope and Safety-Santa Cruz, as awarded by SAMHSA; and
3. Accept and file a report detailing progress on mobile community crisis response activities and the Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S.) Grant Pilot Program, administered by the California Department of Health Care Services.

Executive Summary

The Health Services Agency (HSA) requests the Board to accept and file this written report for two concluded grant-funded programs, including any activities, outcomes, outputs, and any implementation barriers that may have occurred. Both grant programs were funded by the Substance Abuse and Mental Health Service Administration (SAMHSA) to further treatment, prevention and education goals of the Health Services Agency Behavioral Health Division (BHD). HSA also requests the Board to accept and file a report on mobile community crisis response activities and the C.R.I.S.E.S. Grant Pilot Program, administered by the California Department of Social Services (CDSS).

Discussion

On November 16, 2021, the Board accepted four separate multi-year grants to support expansion of Behavioral Health programs, including two from SAMHSA, the Healing the Streets grant in the amount of \$3,000,000, and the Building Hope and Safety-Santa Cruz grant in the amount of \$799,632. HSA has provided a total of five subsequent grant updates to the Board, and on February 28, 2023, the Board directed HSA to submit a final report at the conclusion of each grant.

On October 17, 2023, the Board accepted a multi-year award in the amount of \$2,480,855 from CDSS for the C.R.I.S.E.S. Grant Pilot Program, and authorized BHD to negotiate an agreement with Family Services Agency of the Central Coast (FSA) to provide mobile crisis response services, as per the grant application, which was later approved on January 9, 2024 and amended on April 9, 2024. The Board also requested ongoing reporting to keep informed of BHD's progress on mobile crisis response activities associated with the C.R.I.S.E.S. Grant, which was deferred to February 11, 2025.

Healing the Streets Grant

The SAMHSA Healing the Streets grant was awarded September 2021 and concluded December 2023. When BHD completed a data review on participant care and impacts of COVID-19 in late 2020, it was discovered that the most significant gap in care was the loss of services to people experiencing homelessness who were enrolled in BHD services and active prior to March of 2020 but with whom BHD lost contact. The grant proposal was a joint effort between BHD, the Housing for Health Division (H4H) in the County Human Services Department (HSD), and the Homeless Persons Health Project (HPHP), drawing from cross-departmental data and experience in working with people experiencing homelessness and serious mental illness.

The Healing the Streets grant had two aims:

1. Provide direct services to people experiencing serious mental illness or co-occurring disorders and homelessness using the Critical Time Intervention Model.
2. Develop an integrated and coordinated system of care for people experiencing serious mental illness or co-occurring disorder and homelessness.

A full evaluation of the Healing the Streets grant is attached. A summary of grant activities and findings follows.

Process and Outcome Evaluation

The evaluators, at Research Development Associates (RDA), asked three questions to determine process outcomes of the grant:

1. In what way is the Critical Time Intervention Model effectively meeting the needs of participants experiencing homelessness and/or co-occurring disorders?

The evaluation found that based on participant characteristics, the program successfully connected with the intended population. The field-based behavioral health and case management services had the biggest impact in meeting participant needs. By partnering with the HPHP Street Medicine team and expanding street-level services to include medication, case management, and therapy support in the field, staff engaged and treated individuals in the community. Staff met participants' needs by providing thousands of individual services and using skills grounded in multiple evidence-based modalities. The evaluation found that high caseloads and limited housing availability, along with challenges coordinating with the H4H Coordinated Entry system, exposed the misalignment of the Critical Time Intervention model. The team subsequently shifted to a Strengths-Based Case Management Model, also an evidence-based practice. Staff implemented workflows with varying success, challenged by resource restraints and initial model misalignment, but still saw significant individual successes.

2. What is the nature and extent of collaboration and coordination between Healing the Streets and partner agencies?

Overall, most partners reported positive relationships with Healing the Streets or positive perceptions of Healing the Streets in the community. As the program established itself within the landscape of social service providers, program

partners reported having a better understanding of their role in coordinating services to people experiencing homelessness. Regular huddles between services providers allowed for individual care planning and sharing. One of the identified gaps is the challenge with communication and non-duplication of services with shared participants. While the grant aim included developing a shared platform for data on participant activities and information, challenges with data-sharing strategies and siloed systems created barriers to achieving housing goals in particular.

3. Are program services improving outcomes for individuals experiencing homelessness with mental health and/or co-occurring disorders?

Overall, participants reported being better off as a result of participating in the program. Participants reported that the program helped them stay connected to or get connected to health care providers, including behavioral health providers and Medication Assisted Treatment (MAT) providers. Data shows an improvement in mental health conditions, a reduction in homelessness, and an increase in social connectedness.

A total of 359 unique individuals out of 648 referrals (55%) engaged with program staff and formally enrolled in services to meet their needs, which were varied. Participants self-reported demographic information and were able to choose what they wanted to work on with their case manager. Of the enrolled participants, 55% identified as male, 32% identified as Hispanic, 70% identified as heterosexual, and 68% experienced street homelessness in the past month.

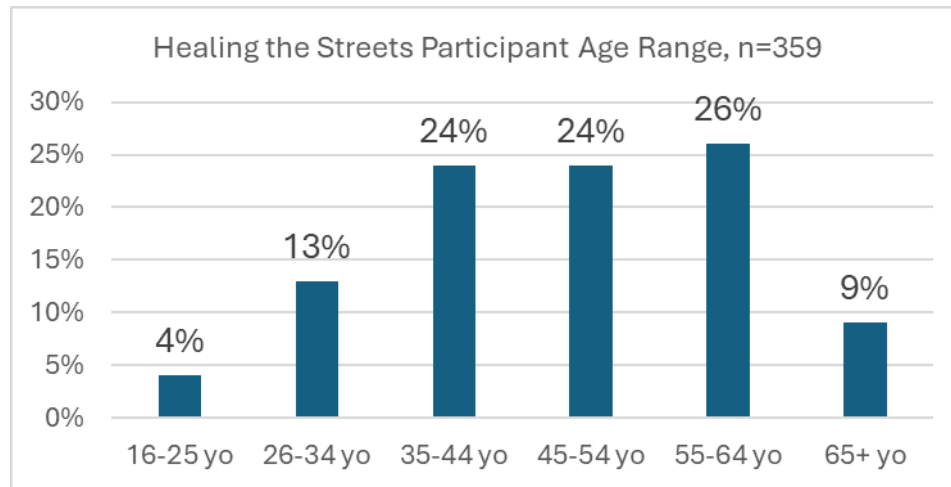
Key outputs and outcomes include:

- 3,492 individual direct services were provided to 346 unduplicated participants.
- 59% of participants were initially engaged in Santa Cruz, and 41% in Watsonville.
- The average length of service was 168 days (5-6 months).
- 11% of participants received 288 individual therapy sessions.
- 46% of participants showed a decrease in psychological distress.
- Homelessness among participants decreased by 6%.

Figure 1 – Referrals to Healing the Streets (n=648)



Figure 2 - Age of Healing the Streets Participants 2021-2023 (n=359)



Sustaining Gains and Integrating Learning

The BHD Adult Mental Health Services Branch convened a workgroup made up of staff in direct service and supervisory roles to ensure that learnings from the grant were integrated into service delivery of Full-Service Partnership (FSP) teams and that strategies were put in place to mitigate barriers to care for people in the community experiencing homelessness and serious mental illness. This workgroup determined that developing a FSP team with homelessness as a population of focus and including close coordination with the H4H Continuum of Care will improve outcomes and best support a recovery path. Without housing, treatment gains of symptom reduction and improvement in functioning are almost impossible to sustain. The Integrated Housing and Recovery Team (IHART) was developed by redirecting current County staff from other teams along with the associated client caseloads where current clients also experienced homelessness. BHD is working with H4H to ensure coordination with housing services and enrollment into Coordinated Entry.

Building Hope and Safety-Santa Cruz Grant

In 2018, the community formed the Santa Cruz County's Suicide Prevention Task Force (SPTF) to gain a better understanding of local experience with suicide, to gather and understand data, review best practices, and create a Suicide Prevention Strategic Plan. The Task Force was comprised of a wide array of community members including community-based health care employees and faith-based organizations, school officials, law enforcement, hospice personnel, behavioral health and public health staff, veterans' advocates, and other stakeholders. This represents the County's first formal suicide prevention plan, which was formally adopted by the Board on June 11, 2019. BHD staff submitted the Building Hope and Safety grant proposal to SAMHSA to support some of the work on the Suicide Prevention Plan and initially received a denial. BHD was notified in September 2021 that the application status changed and was awarded the grant.

A full evaluation of the Building Hope and Safety-Santa Cruz grant is attached. A summary of grant activities and findings follows.

Building Hope and Safety-Santa Cruz consisted of the following activities:

Rapid Follow-up: BHD operated a program called "Rapid Connect" for persons who

attempted suicide or were at risk of a suicidal crisis. The program provided case management and linkage for youth and adults who were treated in local emergency departments and hospitals or received at the Crisis Stabilization Program.

Screening and Assessment: BHD, in partnership with Applied Crisis Training and Consulting, Inc. (ACT), hosted training on the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning. The training was offered to BHD Clinicians, contracted provider agencies, and other community clinicians by The Columbia Lighthouse Project and ACT.

Training: ACT provided workshops on these evidence-based practice (EBP) trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, Mental Health First Aid (MHFA), and Counseling on Access to Lethal Means (CALM) for service providers in Santa Cruz.

Community Recovery Supports: ACT partnered with BHD to implement Community-Based Supportive Services (CBSS) including a system mapping, creation of a pocket guide for services, universal and selective public education campaigns, postvention services, and expansion of supportive services for victims of domestic violence.

Enhanced Services for Victims of Domestic Violence: These services were provided in partnership with Monarch Services and ACT. Monarch advocates and therapists actively worked on addressing the increased need for mental health services for survivors resulting from the COVID-19 shelter-in-place (SIP) order through counseling services and collaboration with community partners.

Access to Telehealth Services: Throughout the COVID-19 pandemic, BHD, ACT, and Monarch have offered services through telehealth and, once safe, in person. Telehealth services included telephone only and video telehealth appointments. In addition to standard telehealth visits, telehealth rooms were available on-site in two BHD locations (North and South County) to provide participants without access to technological means the availability of services. ACT partnered with Monarch to develop or update a list of local resources to provide to participants needing suicide crisis support, including the suicide crisis line 24/7/365, which offers access to language interpretation in 140 languages. Monarch, Behavioral Health, and partners provided follow-up calls to individuals at risk of suicide, offering three-way calls to connect participants with other sources of support as needed. ACT also partnered with local organizations to connect survivors of loss with audio-visual telehealth support group meetings. Monarch has continued to fully serve participants since the beginning of the COVID-19 pandemic and Santa Cruz County's SIP order. Cell phones and laptops were provided to participants and staff as needed. In addition to this, all Monarch staff were thoroughly trained in responding to the 24-hour crisis line, making them uniquely prepared to offer teleservices to participants during this time. As a result, advocates and therapists continued to work with survivors to provide counseling support and safety planning as necessary.

Applied Survey Research (ASR) performed the evaluation for this grant. Key findings include:

- More than half (58% to 93%) of service providers reported increased awareness of, or familiarity with, other system partners and their services/role.
- Over 800 service providers and community members received at least one evidence-based training, and tailored training and technical assistance plans

were developed for and provided to 13 local organizations.

- A majority (63% to 98%) of service providers reported improved skills or increased abilities to identify, evaluate, and/or manage risk of suicide in clients, and more than half (57% to 97%) reported increased comfort or competence in using screening, assessment, and/or safety planning tools.
- One hundred percent (100%) of CALM training participants reported that the training was effective or highly effective in helping them provide support to clients at risk of suicide.
- Monarch Services provided housing support to over 100 individuals and screened all for suicide risk, in addition to referring for crisis services.
- Nearly three-quarters (73%) of service providers reported increased knowledge of resources for those affected by suicide death. Program staff distributed materials and referrals for support to individuals exposed to a suicide death, conducted grief support calls, and offered suicide loss group support.

C.R.I.S.E.S. Grant Pilot Program

On October 17, 2023, the Board accepted the C.R.I.S.E.S. grant, a pilot program from the CDSS Civil Rights, Accessibility and Resource Equity (CARE) Branch. The grant term is October 1, 2023, through August 31, 2026. The grant pairs BHD with a community-based organization, Family Services Agency (FSA). CDSS believes that the complexities of emergency issues surrounding crises in mental health, intimate partner violence, community violence, substance use, and natural disasters can, at times, be addressed more safely, with greater impact, and more cost effectively and efficiently by community-based organizations, which often have deeper knowledge and understanding of the issues, trusted relationships with the people and communities involved, and specific knowledge and relationships surrounding the emergency.

The C.R.I.S.E.S. grant enables BHD to further the goals of implementing a 24/7/365 Mobile Crisis Response Team response to the community by augmenting existing services and providing after-hours crisis response with a focus on the cities of Santa Cruz and Watsonville, without involving law enforcement unless there is a safety concern. The city-centric approach is in response to field data and identified needs of at-risk and marginalized individuals.

The California Department of Health Care Services (DHCS) issued a mandate for 24/7/365 mobile crisis response via BHIN 23-025 on July 19, 2023, requiring all County BHDs to provide mobile crisis response around the clock for Medi-Cal beneficiaries by January 1, 2024. BHD will continue to support crisis response needs in the community regardless of payor. BHD was out of compliance with this mandate for 11 months and worked with the DHCS on a Corrective Action Plan. The main barrier to implementation was FSA's challenges in hiring qualified staff as well as BHD and FSA restructuring of existing resources.

BHD and FSA reached full 24/7/365 implementation on December 5, 2024. Shifts came online to seven (7) days a week as follows:

- FSA fully implemented the swing shift from 4:30pm to 12:30am in July 2024.
- BHD expanded day shift services from 8:00am to 6:00pm in September 2024, moving from five (5) days a week to seven (7) days a week.
- Full implementation was brought by FSA with the night shift, operating from 12:00 midnight to 8:00am seven (7) days a week on December 5, 2024.

The FSA teams will respond to behavioral health crises and will engage, assess, de-escalate, safety-plan, and link individuals to appropriate community services and supports. In compliance with BHIN 23-025, BHD has additional clinical staff available on call 24 hours a day to provide clinical consultation and Telehealth services. Both teams are capable of transporting individuals to services needed to further stabilize the crisis being faced.

The next phase of the grant is to convene regular, quarterly meetings with a minimum of two impacted member groups, with a focus on at-risk, underrepresented populations, by partnering with agencies that have existing relationships with community members. These include National Alliance on Mental Illness (NAMI) - Santa Cruz Chapter, Pajaro Valley Prevention and Student Assistance (PVPSA), and the Diversity Center. BHD and FSA staff will ask for feedback regarding services during follow up contact, and BHD will utilize RDA, an independent third-party evaluator, to review the community feedback and effect on the overall Pilot Program. CDSS will also perform evaluation on grant deliverables.

Financial Impact

The programs detailed in this memo are funded by the grants under which they are listed - the Healing the Streets and the Building Hope and Safety-Santa Cruz grants from SAMHSA, and the C.R.I.S.E.S. grant from CDSS. The Healing the Streets and Building Hope and Safety-Santa Cruz grant awards were accepted through Board action on November 16, 2021, the C.R.I.S.E.S. grant was accepted through Board action on October 17, 2023, and funding for all three grants has been budgeted appropriately. No new County General Funds are needed or requested.

Strategic Initiatives

Operational Plan - Operational Excellence

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Artificial Intelligence Acknowledgment:

Artificial Intelligence (AI) did not significantly contribute to the development of this agenda item.