

# Application: 0000000113

County of Santa Cruz - Health Services Agency  
Hub and Spoke System SOR IV

## Summary

**ID:** 0000000113

**Last submitted:** Nov 21 2024 01:06 PM (MST)

## H&SS SOR IV Application

**Completed** - Nov 21 2024

## HSS SOR IV Application

Welcome to the Hub and Spoke System SOR IV Application. Please refer to the RFA for details, instructions, and the application template. Please note:

- You must submit one complete application for each H&SS SOR IV location for which your organization is requesting funding.
- No document attachments are allowed.
- When responding to financial questions, insert whole numbers only. Do not use any words, symbols, or punctuation (e.g. comma or period). For instance, if your budget is \$100,000.49, write 1000000.
- Please email questions to [hss\\_sor4@ahpnet.com](mailto:hss_sor4@ahpnet.com).

### Section I. Applicant Organization Form and Attestations

Part A: Applicant Information

#### Applicant Organization Name:

County of Santa Cruz Health Services Agency – Homeless Persons Health Project

#### Street Address:

115 A Coral Stree

**City:**

Santa Cruz

**County:**

Santa Cruz

**State:**

CA

**ZIP:**

95060

**County/ies where services will be provided (catchment area)**

**Responses Selected:**

Santa Cruz

**Representative Name:**

Danny Contreras

**Representative Title:**

Health Services Manager

**Email Address:**

[Danny.Contreras@santacruzcountyca.gov](mailto:Danny.Contreras@santacruzcountyca.gov)

**Phone Number:**

831-212-3498

**Alternative Contact Name:**

Joseph Crottogini

**Alternative Contact Email Address:**

[joseph.crottogini@santacruzcountyca.gov](mailto:joseph.crottogini@santacruzcountyca.gov)

**Alternative Contact Phone Number:**

831-359-0536

**Website Address**

*(if none, write N/A)*

<https://santacruzhealth.org/healthcenters.aspx>

**Nonprofit Tax ID #**

94-6000534

**Applicant's annual budget amount over past two years**

2023:	7,684,340
2024:	7,498,103

**Does applicant organization have an annual financial audit?**

Yes

**Is the applicant organization committed to processing a contract for execution within six (6) weeks from the Notice of Award?**

Yes

**Is the applicant organization authorized to do business in California?**

Yes

**Section I. Applicant Organization Form and Attestations**

**Part B: Attestation About Area Served**

**The applicant organization attests that the geographic area for which funds are requested is highly affected by SUD/overdose and/or reaching a particularly underserved community.**

**Responses Selected:**

By checking this box, we attest that this statement is true.

**Please describe this location’s unique community needs and situational context.**

Up to 500 words

The introduction and expansion of harm reduction programs in Santa Cruz County coincided with a notable 34% decrease in opioid-related overdose deaths between 2016-2020, according to the California Department of Public Health (CA Opioid Overdose Surveillance Dashboard, 2019). During this same period, a steady increase in synthetic opioids began to saturate drug markets up and down the West Coast. Fatal overdoses caused by fentanyl skyrocketed (Santa Cruz Coroner Data, 2021-2024). Recent coroners and Emergency Medical Services (EMS) data shows that fentanyl related overdoses continue to climb along with accidental overdose deaths. In 2023, of the 123 recorded fentanyl related accidental overdoses in Santa Cruz County, 66 were people experiencing homelessness. That same year, the Homeless Persons Health Project distributed over 8,000 units of nasal Narcan and their staff reversed 46 accidental overdoses outside the clinic.

In 2024, Santa Cruz County had 1,850 people experiencing homelessness (PEH), 80% of whom are unsheltered living outside. Inequities in shelter access are apparent between North and South Santa Cruz County. North Santa Cruz County has more shelters for PEH, with 52% of PEH remaining unsheltered, as opposed to Watsonville, where there are no shelters for single adults and 86% of PEH are unsheltered (2025 Point-In-Time Count, County of Santa Cruz Human Services Department Housing for Health Division, 2024).

Individuals who are unsheltered are less likely to obtain adequate health care services or have access to items to meet their basic needs. People experiencing homelessness are more likely to have no health insurance coverage or lapses in available coverage. In the California, accidental fatal overdose remains the leading cause of death among people experiencing homelessness (CDPH, 2022).

There are many barriers to obtaining and adhering to substance use treatment for people experiencing homelessness. Competing priorities (food, clothing, shelter), no address, no phone, involuntary displacement by law enforcement, and lack of transportation are common barriers to treatment. In Santa Cruz County, to address rising accidental opioid overdoses and maintain access to MAT to people experiencing homelessness, street medicine teams implemented low barrier MAT services. One of the objectives of this grant is to expand low barrier MAT services provided by street medicine teams in Santa Cruz County.

**Section II. Applicant Organization Program Description**

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**Describe the applicant organization, including distinguishing programming, SUD and MAT services in your community, target population, and harm reduction/outreach.**

**Please include information on infrastructure, mission, history, and how MAT fits into the organization.**

Up to 500 words

The County of Santa Cruz Health Services Agency's (HSA) Health Centers Division Homeless Persons Health Project (HPHP) has been a leader in providing innovative, multidisciplinary services to our patients since it opened. HSA has an outstanding track record of responsible grant management and service provision to the community, and a long history of designing and operating public/private partnerships and collaborative projects with community-based agencies in the areas of permanent supportive housing, homeless services, substance use services, education, and treatment. Our Agency implement the MAT program in the County clinics in 2016, which has grown from 2 providers with one Mental Health Client Specialist seeing 44 patients to over 20 providers with approximately 1,700 unique MAT patients across our county. As the largest spoke in Santa Cruz County, we specialize in low barrier MAT services often involving unhoused individuals who have several barriers to accessing health care services at traditional clinic sites. The MAT program has earned recognition across the County as an exemplary program at all its sites, and we regularly provide training to other MAT programs. The MAT program's Peer Support Specialist Program was awarded the California State Association of Counties (CSAC) Annual Challenge Award for its innovative and creative implementation of efficient programming.

Operationally, HPHP's Street Medicine Team utilizes a 23' mobile health clinic that is deployed at shelters, drop-in centers, and encampments to provide a range of health care services, including low barrier MAT services, COVID-19 vaccines, housing navigation, benefits advocacy, and HCV testing/treatment. The majority of the patients seen by the Street Medicine Team are uninsured or underinsured, who do not regularly follow up with any clinic. HPHP's team leads a multiagency collaborative dedicated to conducting outreach and to providing services. Our community partners include our local narcotic treatment program, Janus of Santa Cruz, other "spokes" like Salud Para La Gente and Encompass Community Services, SSP's like Santa Cruz County Public Health or Harm Reduction Coalition, and homeless service providers like Housing Matters, Community Action Board, and the Salvation Army. The Health Centers Division of the Health Services Agency operates four clinic sites, two in Santa Cruz, and two in Watsonville. Each clinic has its own MAT team comprised of case managers and support staff with training in our program's protocols.

The Homeless Persons Health Project is located in Santa Cruz but provides health and housing services throughout the County with its street medicine team and housing case managers. Our clinic manages permanent supportive housing programs that we try to place our patients engaged in MAT services who are unhoused, providing them with housing navigation and case management services throughout the process. SOR 4 funding

will vastly increase our capacity to provide MAT services to the most vulnerable individuals experiencing homelessness in our community in the most accessible way.

**The applicant organization has policies and procedures in place regarding timely patient enrollment in Medical or other insurance programming.**

If yes, the organization will be required to produce these documents upon grant award.

Yes

**Current Days of Operation (Check all that apply)**

**Responses Selected:**

Monday

Tuesday

Wednesday

Thursday

Friday

**Current Hours of Operation**

*Use 24-hr clock for daily hours, for example Mon. 0900-1700.*

Monday	0800-1700
Tuesday	1300-1700
Wednesday	0800-1700
Thursday	1300-1700
Friday	0800- 1500
Saturday	(No response)
Sunday	(No response)

**Is your organization proposing to operate additional days or extend hours of operation?**

Yes

**Additional Days of Operation (Check all that apply)**

**Responses Selected:**

Monday

Thursday

**Additional Hours of Operation**

Use 24-hr clock for daily hours, for example Mon. 0900-1700.

Monday	0830 - 1130/ 1230-1530
Tuesday	(No response)
Wednesday	(No response)
Thursday	0830-1230
Friday	(No response)
Saturday	(No response)
Sunday	(No response)

**If additional explanation is required, please enter narrative here:**

*Up to 200 words*

These are additional 10 hours of operation to provide low barrier MAT, primary health care to the most marginalized populations in our community. The street medicine team, dates and times are dynamic and are decided on a number of factors including community need, input from patients, staff, and population health trends.

**Please list all languages in which MAT services are provided:**

English  
Spanish  
Mandarin  
Cantonese  
Tagalog  
Vietnamese  
Korean  
ASL

**MAT Telehealth services are available at our organization.**

Yes

**Peer specialists support MAT patients in their care.**

No

**This organization participates in a local Opioid Coalition.**

Yes

**MAT patients routinely receive a naloxone kit or prescription.**

Yes

**Family members of MAT patients receive naloxone.**

Yes

**This organization partners with and/or refers to safe syringe programs.**

Yes

**Section III. H&SS SOR IV Management and Staffing**

**Describe the following core elements of the organization's H&SS team:**

- What types of staff with what qualifications will be part of the MAT Navigation team? Who will manage and implement the MAT services?
- How will direct MAT patient care be maintained while TTA and site visits occur?
- Who will be responsible for the GPRA, AHP and UCLA data collection? What quality assurance checks will you deploy?
- What strategies will you implement to increase the Hubs and Spokes capacity to refer to and interact routinely with other Hubs & Spokes?

*Up to 500 words*

Our agency employs Mental Health Client Specialists as the Substance Use Disorder Case Managers (SUDCM), Community Mental Health Aides, and a Community Health Worker for its MAT program. Our staff come with lived experience and education in this field, staff perform the following duties:

- MAT staff performs all MAT intakes and GPRA intakes.
- Carry a minimum caseload of 40 patients.
- Assist patients in completion of ROIs and consents. Review treatment agreement with patients and clarify information; gather signature.
- Provides education to patients about program guidelines/expectations and treatment goals.
- Work to support patient's friends and family by providing resources, education, and counseling.
- Makes appointment with MAT prescriber for medical and lab clearance.
- Performs outreach to potential patients in the field. Participates in outreach shifts in Syringe Services Program and with the street medicine team.
- Takes referrals from providers, outside agencies, and directly from patients.
- Helps identify insurance status, clinic assignments, and assists with establishing benefits and establish a medical home.
- Provide resources and coordinates referrals to community agencies, and tracks patient follow-through.
- Presents curricula for MAT group meetings, and engaging other clinic professionals as needed.
- Facilitates MAT Shared Medical Appointments and group meetings at various locations.
- Updates the MAT FYI flag (tier promotion based on achieved metrics and

recommendation of the treatment team).

- Updates the Care Team in the Electronic Health Record-Epic.
- Facilitate weekly case conferencing meetings with MAT staff to review tier assignments, and MAT patients who require additional treatment considerations.
- Coordinates warm handoffs to IBH clinician and/or schedules IBH intake appointments within 30 days, as needed and available.
- Provides SUD counseling and case management appointments.
- Coordinates referrals to the Narcotic Treatment Program hub (Janus).

Our clinics plan for training and technical assistance (TTA) and site visit events to make sure services are not interrupted. We have a great track record and have held site visits over the years so other clinics could learn from us and improve their MAT services.

Our MAT staff will be responsible for the GPRA, AHP and UCLA data collection. Our IT department created a database to help us track all the GPRA requirements. Our case managers complete the GPRA intakes upon enrollment in the program. We have a dedicated Community Health Worker (CHW) who enters everything into our database and redcap. The CHW keeps track of the 6 month follow ups. The case managers notify CHW when a patient is being discharged so the CHW can complete all discharge required documentation. We deploy various Quality Assurance checks on our database and EMR by running reports and validating data to ensure everyone gets the appropriate 6 month follow ups. In addition to the pulling reports, there is data validation.

We work with our hub and clinic spokes for bi-directional referrals when needed. We will continue effectively communicate with our hub and the other spokes in our county to meet our patients' needs.

#### **Section IV. Budget Planning and Caseload**

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**Describe your recent and prospective patient MAT caseloads and ability to support Medi-Cal-eligible patients to enroll in a timely manner (e.g. how quickly are Medi-Cal eligible patients currently enrolled? What percentage of patients require co-pay assistance for existing insurance coverage, etc.?)**

*Up to 500 words*

As a Federally Qualified Health Center we serve everyone regardless of their ability to pay. We are the largest spoke in the county and place urgency to offer services at the time of patient readiness to seek care. There is no wrong door at our Health Centers, and we will absorb the cost for those that are under or uninsured. Our priority is to get reimbursed for the services to make the program sustainable. Often patients come in for help and are not yet insured. We work with the patient to get screened for insurance and sign up for benefits as soon as possible.

There are seven full-time equivalent case managers, one part-time case manager, two Community Mental Health Aides, one Community Health Worker, and a Health Services Manager. All their caseloads are over capacity. Each case manager has a case load of approximately 60 cases. We aim to have a minimum of 40 on a case load as the best practice for this level of service. We would like SOR 4 funding to support case managers, balance caseloads, and increase capacity for new MAT patients.

Our Street Medicine Team includes two Community Mental Health Aides, one community health worker, MAT SUDCM will work shifts from different clinics with the street medicine team, Health Client Benefits Representative that MAT case managers work with to assist their patients in obtaining benefits such as CalFresh and Medi-Cal, if eligible.

We are the largest spoke, and we are the fastest in getting a patient enrolled in the MAT program in the county of Santa Cruz. We practice low barrier medication first approach to serving our patients.

**MAT patient caseload for past 2 years: FY 2022–2023 & FY 2023-2024 (to date), or CY Jan–Dec 2023 & CY Jan–Oct 2024.**

Please put the numbers for both 2023 and 2024 in the corresponding right side column cell below.

If organization has not previously provided MAT, please enter Zero.

	Number or Percent
2023 and 2024 Average number of patients receiving methadone monthly	0
2023 and 2024 Average percentage of patients receiving methadone who are retained in care for six (6) months post-intake	0
2023 and 2024 Average number of patients receiving buprenorphine formulations monthly	110
2023 and 2024 Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post- induction	52
2023 and 2024 Average number of patients receiving SUD treatment monthly	150

**Anticipated average quarterly MAT patient caseload from January 1, 2025-September 29, 2027**

	Number
Average number of patients expected to receive methadone per quarter	0
Average number of patients expected to receive buprenorphine formulations per quarter	378

**Patient Population Payment**

	Percent
Patients receiving MAT using Medi-Cal coverage	98
Patients receiving MAT using private insurance	2
Patients receiving MAT using self-pay/out-of-pocket payment	0
Patients receiving MAT using a sliding scale/ability to pay	0
Patients receiving MAT using federal grant program coverage (e.g.: SOR III payment)	0
Other, please specify	0

**Please specify other payment option:**

*Put "N/A" if you did not select "Other" in the preceding table.*

N/A

**Section IV. Budget Planning and Caseload Continued**

Applications are NOT required to request funds under each budget category, however all personnel who receive any portion of their wages from SOR IV funds, including subcontractors and consultants, must be included.

Please see the [California State Opioid Response IV Allowable Expenditures](#) document updated July 2, 2024, for the development of your budget.

**Direct Expenses**

*Please describe and complete the cost of each item below.*

**A. Payroll (salaries)**

*List individual employee names & FTE on H&SS in rows below.*

	Staff Name and Title	FTE %	Cost
1	Isabelle Ballesteros - Community Mental Health Aide	33	23159
2	Daniel Contreras - Health Services Manager	33	45071
3	Jasmine Marozick - Nurse	33	90012
4	Gabriel Tapia - Mental Health Client Specialist	33	28452
5	Angelica Torres - Mental Health Client Specialist	33	60546
6	Samantha Galvan - Community Health Worker	33	32315
7	Santiago Madrigal - Community Mental Health Aide	33	42965
8			
9			
10			

**B. Fringe Costs (taxes + employee benefits):**

427476

**C. Subcontractor and Consultant Costs**

*List each projected subcontractor/consultant separately by function (e.g., recruitment, marketing consultant, IT, etc.) in the rows below.*

	Subcontractor Name	Services to be Provided	Cost
1	N/A	0	0
2			
3			
4			
5			
6			
7			
8			
9			
10			

**D. Treatment and Treatment Supply Costs:**

*(e.g. FDA-approved medication and devices for OUD and withdrawal management, methadone pump, patient care equipment, such as naloxone, fentanyl test strips, lockboxes, drug disposal (Detera) pouches, etc., drug testing and other laboratory tests)*

**NOTE:** Applicants providing MAT (buprenorphine) for the first time may include additional start-up costs here).

0
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**E. Outreach Material Costs:**

*(e.g. online advertising, fliers, bus & bus bench etc.)*

0

**F. Program Equipment and Supply Costs**

*(e.g. durable goods, printer, cell phone, EHR and other platform and app subscriptions, etc.)*

	Equipment Item Name (see allowable equipment guidance from CA DHCS)	Number of Items to be purchased	Cost
1	N/A	0	0
2			
3			
4			
5			
6			
7			
8			
9			
10			

**G. Patient GPRA Incentives and Other Direct Patient Support Costs:**

*(e.g. allowable food and beverage, etc.)*

0

**H. Patient Transportation Costs:**

0

**I. Staff Training and Education Costs:**

***(e.g. registration fees, tuition, certification and licensure fees, etc.)***

**NOTE:** Applicants providing MAT (buprenorphine) for the first time may include staff recruitment cost, hiring bonus, etc.)

0

**J. Staff Travel Costs**

*(includes local travel and approved travel to allowable conferences, etc.)*

0

**A-J Total Expenses: \$749996.00**

**K. Administration Fees**

*This cost is determined by multiplying your organization's Admin Fee rate percentage by the A-J Total Expenses above. Admin fees may not exceed 5% (e.g.: multiply A-J Total by .05 if using the maximum allowed Admin Fee).*

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**Administration Fee Rate %:**

0

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**Administration Fee Rate Cost:**

0

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**Total Direct Expenses: \$749996.00**

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**L. Indirect Costs**

*Indirect expenses include utilities, accounting, HR, rent, etc.*

*This cost is determined by multiplying your organization's Indirect rate percentage of the Total Direct Expenses above (e.g. multiply Total Direct Expenses by .15 if your Indirect rate percentage is 15%). The indirect rate may not exceed 15% except for tribes and tribal entities which are permitted to use their federal Negotiated Indirect Cost Rate (NICR) if they choose.*

**NOTE:** Use of Federally Negotiated Rate to calculate Indirect Cost is permitted ONLY for tribes and tribal entities.

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**Indirect Rate %**

0

**Indirect Rate Cost**

0

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**Total Budget (with Indirect Costs): \$749996.00**