Application: 0000000116

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Hub and Spoke System SOR IV

Summary

ID: 0000000116
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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 punction (e.g. comma or period). For instance, if your budget is $100,000.49, write 1000000.
- Please email questions to 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 – Santa Cruz Health Center (Emeline)

Street Address:

1080 Emeline Building D

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

Phone Number:

831-212-3498

Alternative Contact Name:

Raquel Ruiz

Alternative Contact Email Address:

Raquel.Ruiz@santacruzcountyca.gov

Alternative Contact Phone Number:

831-454-5492

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:	13,077,156
2024:	13,409,073

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 Santa Cruz Health Services Agency's (SCHSA) Health Centers primary service area extends across Santa Cruz (SC) County's 607 square miles. The Santa Cruz Health Center (SCHC) is submitting this application to maintain and increase capacity to serve patients with opioid use disorder (OUD) and substance use disorder (SUD). Health Centers provides patient-centered and integrated primary health, dental, behavioral health, and substance use disorder services to the low-income residents of Santa Cruz County, California, and presently serves the county at four health center sites and one mobile medical clinic located in the population centers of Santa Cruz and Watsonville. Health Centers program's target population of focus are the approximately 68,000 low-income and homeless residents located throughout SC County.

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. 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, Health Center 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

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 (SCHSA) has been developing and implementing quality and impactful programs to improve the health and wellness of its most vulnerable individuals since 1973. The Health Centers Division implemented the County's first and only MAT program in 2014 with one waivered provider and plans to develop the MAT Program. 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. The MAT Program is offered at four FQHC clinic locations and one mobile program includes two sites in the north county and two sites in the south county.

SCHSA is the largest spoke in Santa Cruz County and serves more patients than other spokes. It is the fastest to initiate low barrier, same day MAT services. Other spokes take multiple days and often weeks to initiate medication. The MAT program has earned recognition across the county and nation as an exemplary site, and regularly provides training to other agencies to improve or implement their MAT program.

The current process is to offer medications and services as quickly as possible for every individual. This is done through MAT program enrollment, treatment team placement, and waivered provider appointments. Upon enrollment, they complete a GPRA, patients are assigned to a Mental Health Client Specialist (Case Manager) to provide evidence-based practices of harm reduction for substance use disorder treatment counseling and other support services.

Due to patient demand, SCHSA's current Case Managers have exceeded the best practice patient case load of 40 patients. SCHSA has developed and implemented a low threshold approach for OUD care that has minimal requirements for patients to access services, thus removing or reducing barriers to treatment and expanding access to care. SCHSA is a partners with the Harm Reduction Coalition of Santa Cruz and provides several different avenues available for patients to receive an evaluation for entry into the MAT Program including an internal referral from a Health Center's primary care or behavioral health provider; a referral from a local provider; a referral from the county's syringe services program (SSP), jail, state prison, or local hospital; a self-referral, and community health outreach by SCHSA staff.

SCHSA is also a part of several local collaboratives with the hub, spokes, agencies, and key stakeholders to address stigma and access to care for OUD. Although we have an effective enrollment process into MAT treatment, we have a high volume of patients that need additional emotional and social services. Due to the high volume of

caseloads, the Case Managers are forced to reduce in-person and telephone contacts. Additional funding will allow us to expand our program and improve access to care.

The applicant organization has policies and procedures in place regarding timely patient enrollment in Medi-Cal 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	0800-1700
Wednesday	0800-1700
Thursday	0800-1700
Friday	0800-1700
Saturday	(No response)
Sunday	(No response)

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

No

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

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 patents 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.

We have developed a new track for our more stable patients by moving them off case management services and to be managed by their PCP. This increases access to MAT services for patients in need of more support at the beginning of their recovery.

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	132
2023 and 2024 Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post- induction	61
2023 and 2024 Average number of patients receiving SUD treatment monthly	195

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	445

Patient Population Payment

	Percent
Patients receiving MAT using Medi-Cal coverage	97
Patients receiving MAT using private insurance	2
Patients receiving MAT using self-pay/out-of-pocket payment	1
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	Jessica Candelario - Medical Assistant	28	38867
2	Marissa Hernandez - Mental Health Client Specialist	29	57963
3	Evelyn Cermeno - Medical Assistant	28	20295
4	Daniel Contreras - Health Services Manager	28	38889
5	Jose Fernandez - Mental Health Client Specialist	29	57237
6	Cindy Garibay - Medical Assistant	29	38828
7	Jim Rodriguez - Mental Health Client Specialist	28	21863
8	Rosa Saldivar - Medical Assistant	28	23827
9	Gabriel Tapia - Mental Health Client Speacilist	29	24967
10			

B. Fringe Costs (taxes + employee benefits):

427262

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 (Deterra) 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

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: $749998.00

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).

Administration Fee Rate %:

0

Administration Fee Rate Cost:

0

Total Direct Expenses: $749998.00

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.*

Indirect Rate %

0

Indirect Rate Cost

0

Total Budget (with Indirect Costs): $749998.00