

# Criminal Justice Council Report 2024

SANTA CRUZ COUNTY  
BEHAVIORAL HEALTH TREATMENT  
AND EMERGENCY CARE REVIEW  
AND ANALYSIS



CRIMINAL  
JUSTICE COUNCIL  
SANTA CRUZ COUNTY



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Source: <https://www.telecarecorp.com/santa-cruz-psychiatric-health-facility>

**KII PARTICIPANT**

***“Our community has a lot of really wonderful partners and people that are engaged in this – I see people going above and beyond to try and help and support our community. It’s one of our strongest assets.”***



Source: Santa Cruz Sentinel

# INTRODUCTION

Treatment and medical partners are critical in addressing the needs of individuals engaged in the criminal legal system who have behavioral health needs (e.g., mental health (MH) needs and/or substance use disorder (SUD)). While the criminal legal system has adapted out of necessity to find solutions to the increasing need, a robust system of emergency, on-demand care and treatment provision is needed to prevent further criminal legal system engagement for this population. Emergency medical care and treatment providers, including County Behavioral Health (County BH), Dominican Hospital and Telecare, work in collaboration with the Superior Court, Probation Department, and the District Attorney (DAO) and Public Defender's Offices (PDO), to address individual's needs and ensure public safety.

This is the fourth and final report in a multi-year review of behavioral health and the criminal legal system in Santa Cruz County. It provides important perspectives directly from key system partners. Surveys and key informant interviews were conducted with staff from both treatment and non-treatment related partners, and explored barriers to accessing treatment, care coordination and reentry support, transitional housing, and policy priorities. The report also shares available data from system partners related to treatment provision, an overview of current legislation impacting behavioral health treatment, and a scan of local initiatives addressing service needs. While this report provides a broad overview of treatment related factors in Santa Cruz County, it is not exhaustive but does contribute to the ongoing local discussion of the need for continued work on this issue.

# KEY TAKEAWAYS

The results of primary data collection provided rich information about the current system of care for individuals in the criminal legal system with behavioral health needs, as well as many potential solutions for improvements that can be made. The following themes emerged from the participants:

- There is a widely understood need for more treatment options including step-down, locked and on-demand options, especially for those in the criminal legal system.
- Issues with referrals, eligibility criteria, and inequitable access to existing treatment options and supports has led to disparities among those that are experiencing homelessness, using drugs, or are deemed "harder to treat".
- Local system partners acknowledge the need for more reentry planning and care coordination prior to release from jail and treatment settings.
- Access to a continuum of housing options including transitional housing, sober living environments (SLEs), and affordable housing options are needed at transition points when individuals are released from custody or treatment, but the current supply of these options are not enough to meet the local need.
- Some policies or legislative changes have led to an increased and burdensome administrative load on agencies, which has led to staffing and capacity challenges, ultimately hindering support for individuals in need.
- Those with lived experience and their families bring a valuable perspective that should be included in the discourse to truly understand the barriers they face in trying to access treatment and other support services.
- There is a need for coordinated data collection across providers and system partners on key measures to better understand challenges and results for improved decision-making.

# METHODOLOGY

## SECONDARY DATA COLLECTION

Between July-August 2024, initial meetings were held with the Executive Committee and Ad Hoc Committee of the Criminal Justice Council (CJC), County BH and leaders of local treatment agencies to better understand the local system of medical and treatment providers as they relate to cases with a behavioral health (BH) component. Discussions with County BH and other treatment providers took place to identify available and relevant data. Data review and analysis included seeking data on needs, treatment utilization, and payer information. Although every effort was made to solicit treatment-related data for this report, the process highlighted the need for better and more consistent data collection, as well as the need for a more comprehensive tracking of the local treatment landscape.

## PRIMARY DATA COLLECTION

In October 2024, Applied Survey Research (ASR) worked with members of the CJC Ad Hoc Committee to develop a survey for treatment providers and criminal legal system partners to complete. ASR administered online surveys, utilizing Survey Monkey, to selected individuals in each agency who had a unique perspective related to working with cases with a BH component. Survey responses were anonymous, but participants did identify which system partner they represented. The purpose of the survey was to learn more about the availability of mental health and substance use treatment and the emergency medical/treatment response to BH cases intersecting with the criminal legal system.

In October-November 2024, key informant interviews (KIIs) were conducted with representatives from system partner agencies, treatment providers, and community partners covering similar questions as the survey but delving deeper into the issues. A breakdown of survey and interview participation by agency/system partner can be found on page 16.

In this report, survey and interview question responses have been aggregated.

## LIMITATIONS

Extensive effort was made to obtain current and accurate data and policy/legislation information. This report shares what data and information was available and does not assume to be a complete representation of secondary data, policies or programs impacting services, the local treatment landscape, or stakeholder perspective.

# DECISIONS OR LEGISLATION IMPACTING BEHAVIORAL HEALTH TREATMENT AND SERVICE PROVISION

Legislative shifts at the state (and national) level can greatly impact local decisions and conditions. Below is an overview of some of the more recent and impactful state legislative decisions affecting the provision of BH treatment in Santa Cruz County.

## JUSTICE INVOLVED INITIATIVE/CALAIM (Fall of 2024)

The CalAIM Justice-Involved Initiative supports individuals involved in the criminal legal system by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry. In addition, qualifying individuals also receive covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate) and durable medical equipment (DME) upon release, consistent with approved state plan coverage authority and policy.

## PRE- AND POST-RELEASE CARE MANAGEMENT TO SUPPORT REENTRY

Correctional facilities and community-based care managers play a key role in reentry planning and coordination, including notifying implementation partners\* of release date, if known, supporting pre-release warm handoffs, facilitating behavioral health linkages, and dispensing medications and/or DME upon reentry.

### Enhanced Care Management (ECM)

Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.

### Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, Department of Health Care Services (DHCS) will require correctional facilities to:

- **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health, and SUD).
- **Share information with the individual's health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).

### Warm Handoff Requirement

Prior to release, the pre-release care manager must do the following:

- **Share transitional care plan** with the post-release care manager and MCP.
- **Schedule and conduct a pre-release care management meeting** (in-person or virtual) with the member and pre- and post-release care managers (if different) to:
  - Establish a trusted relationship.
  - Develop and review care plan with member.
  - Identify outstanding service needs.

*\*Implementation partners include social services departments, post-release care manager (if different from pre-release care manager), MCPs, and county behavioral health agencies.  
Source: [https://www.counties.org/sites/main/files/file-attachments/california\\_calaim\\_1115\\_demonstration\\_waiver\\_csac\\_april2024.pdf?1714080319](https://www.counties.org/sites/main/files/file-attachments/california_calaim_1115_demonstration_waiver_csac_april2024.pdf?1714080319)*

To learn more about eligibility and services provided, see: [CalAIM Information Sheet](#).

## CARE COURT

The Community Assistance, Recovery, and Empowerment (CARE) Act allows specific people to ask the court to create a voluntary CARE agreement or court-ordered CARE plan for someone who has been diagnosed with schizophrenia or other psychotic disorders and is experiencing untreated severe mental illness. The CARE plan may include treatment, housing support and other services. The CARE process involves assessments and a hearing to determine if someone is eligible. Implementation of the CARE Act is phased. Santa Cruz County is in the second phase of implementation and began accepting CARE Act filings on December 1, 2024.

### BH-CONNECT (Starting July 2025)

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative builds upon investments and policy transformations to establish a continuum of community-based behavioral health services and improve access, equity, and quality for Medi-Cal members. Some of the BH-CONNECT aims are to:

- Expand the continuum of community-based services and evidence-based practices (EBPs) available through Medi-Cal.
- Connect members living with significant behavioral health needs to employment, housing, and social services and supports.
- Strengthen the workforce needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs.
- Reduce the risk of individuals entering or re-entering the criminal legal system due to untreated or under-treated mental illness.
- Incentivize outcome and performance improvements for children and youth involved in child welfare that receive care from multiple service systems.

Santa Cruz County is one of 24 counties across the state participating in this initiative. For more information, see: <https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx>.

### CALIFORNIA PROPOSITION 1 (Voter approved in March 2024)

California Proposition 1 is a ballot measure that authorized the state to sell \$6.4 billion in bonds to fund mental health treatment facilities and housing for people experiencing homelessness. The measure also changed the Mental Health Services Act (MHSA) to require counties to spend more of their MHSA money on housing and personalized support services. The goal of Proposition 1 is to improve California's behavioral health system to ensure access to services for all Californians. Money raised by the bond will be funneled into two existing state programs: the Behavioral Health Continuum Infrastructure Program and Project Homekey:

- The Behavioral Health Continuum Infrastructure Program will get \$4.4 billion to build 6,800 in-patient mental health and SUD treatment beds. The Department of Health Care Services will award grants to counties and local organizations to construct, acquire and expand treatment capacity.
- Project Homekey will get \$2 billion to build 4,350 units of supportive housing for people with mental health and addiction challenges. A little more than half of the units will be reserved for homeless veterans. Project Homekey is an extension of pandemic-era efforts to house people living in encampments during the height of the COVID-19 pandemic.

## **CALIFORNIA PROPOSITION 36 (Voter approved in November 2024)**

California [Proposition 36](#) reclassifies some misdemeanor theft and drug crimes as felonies. The measure also creates a new category of crime — a “treatment-mandated felony.” People who don’t contest the charges can complete drug treatment instead of going to prison, but if they don’t finish treatment, they still face up to three years in prison. Proposition 36 reverses some of the changes California voters made to the criminal legal system a decade ago with Proposition 47, which lowered the penalties for some crimes while seeking to reduce the state’s then-swollen prison population.

# **LOCAL EFFORTS**

## **COORDINATED ACCESS FOR EMPOWERING SUCCESS (CAFES)/PROP 47/ COHORT III (September 2022-June 2026)**

Continuing the work of the Probation Department’s CAFES Cohort II funding that spanned 2019 to 2023, the Cohort III CAFES program provides an array of diversion and reentry services to prevent unnecessary engagement in the criminal legal system, and reduce recidivism for those already system involved, while improving individual and community health and well-being. The program model is designed to address specific gaps in services available to people who are experiencing low-level or first-time criminal legal system involvement and are ineligible for county behavioral health services or who are not eligible for funding through Assembly Bill (AB) 109.

Intending to serve 300 individuals annually over the three-year grant period, CAFES clients can be referred to the program by attorneys (DAO, PDO or private attorney), judges or collaborative court staff and probation or pretrial staff. Clients are eligible to receive early representation after a contact with law enforcement, participate in restorative justice programs, and receive mental health treatment, substance use treatment, case management, and housing support based on established criteria and assessed need.

For additional information about CAFES and to access current program data, see the [CAFES Cohort III Data Dashboard](#).

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## **FOCUSED INTERVENTION TEAM (FIT) PROGRAM**

Through high-frequency contacts (including in a custody setting) and evidence-based practices such as motivational interviewing, trauma-informed counseling and cognitive behavioral therapy, FIT works to reduce public impacts and improve outcomes for FIT participants. FIT clinicians and deputies provide support to address basic needs, medication adherence, scheduling doctor appointments/medical care, and helping clients access MH services, along with helping them access MH and SUD residential and outpatient treatment. The team has helped clients get into shelters, linked them to payee services, and helped them acquire cell phones and navigate setting up or transferring Medi-Cal services. FIT works closely with other BH teams, the courts and probation to connect clients with on-going services. The FIT team consists of one Sergeant, one Deputy and one Administrative Assistant from the Sheriff’s Office and two Behavioral Health Clinicians and one Supervisor from Behavioral Health. FIT receives referrals from local law enforcement jurisdictions, and program data show that the majority of FIT clients are experiencing homelessness, use some type of substance and/or have a diagnosed mental illness. See page 11 for FIT program data.

## **WOMEN'S RECOVERY AND REENTRY PROGRAM**

The Santa Cruz County Sheriff's Office's Women's Recovery and Reentry Program (WRRP) is an integrated treatment and reentry program addressing the complex traumatic histories and diverse needs of incarcerated women using three primary components: (1) validated assessment instruments, (2) evidence-based, trauma informed, and gender-responsive curricula, and (3) structured reentry case management via individual and group work. WRRP addresses the high rate of SUD in Santa Cruz County (SCC) through gender-specific, evidence-based efforts to reduce relapse and recidivism in women experiencing incarceration with continuity of care designed to extend beyond incarceration and into the community through expanded Aftercare support. See page 12 for WRRP data.

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## **SOBERING CENTER**

Janus of Santa Cruz partners with the County of Santa Cruz Sheriff's Office to provide health and SUD services while preserving the county's jail resources. Located across from the county jail and courthouse, the Sobering Center, which re-opened in February 2024, offers an alternative for publicly intoxicated individuals by diverting them from jails and local emergency rooms, providing a more appropriate care setting that not only prioritizes well-being but also optimizes law enforcement's time, allowing them to focus on essential patrols. Operating around-the-clock with a capacity for 10 eligible adults, the Sobering Center provides behavioral and medical screening by Janus staff, significantly reducing processing times compared to traditional jail procedures. For more information, [view this article](#) or [watch this video](#).

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## **MENTAL HEALTH LIAISONS**

Mental Health Liaisons are non-sworn mental health clinicians that provide mental health crisis response services in collaboration with law enforcement officers in the field. The Santa Cruz Police Department, the Santa Cruz County Sheriff's Office and the Watsonville Police Department all utilize Mental Health Liaisons. In most jurisdictions, both the dispatcher and the responding officer have the authority to make the determination on whether or not a Mental Health Liaison is dispatched on a call. Mental Health Liaisons provide referrals to appropriate support agencies while on calls and they provide additional follow-up with individuals to ensure they have the information they need to access necessary support and services. The Mental Health Liaisons are now part of the larger mobile crisis continuum and work collaboratively within the Crisis Now framework to support ongoing care.

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## **MAINTAINING ONGOING STABILITY THROUGH TREATMENT (MOST) TEAM**

The MOST Team is County BH's forensic outpatient mental health team and includes case management, therapy and psychiatric interventions for participants. The team works closely with the Probation Department to provide support to specialty mental health clients who are engaged with the criminal legal system. Joining the team is voluntary, and participants must agree to certain mental health probation terms. MOST clients participate in Behavioral Health Court to review their progress in treatment. If there are challenges and the client must be return to "home" court, the MOST Team provides treatment recommendations to that court. The MOST clinicians also work with mental health diversion (MHD) clients who are not on probation. The MOST MHD clients receive "release terms" that are identical to the MOST probation terms. The clinicians support the MHD clients and provide reports to the court.



## HARVEY WEST STUDIOS HOUSING PROJECT (Groundbreaking September 2024)

Harvey West Studios will provide 120 units of permanent supportive housing for people experiencing chronic homelessness. The project is the largest of its kind in Santa Cruz County and represents the commitment by Housing Matters to significantly increase the supply of supportive housing in the community. This project is a No Place Like Home housing project, and will have 59 Permanent Supportive Housing units set aside for people experiencing a serious mental illness with behavioral health services provided by the County Full-Service Partnership teams. Harvey West Studios will feature both recuperative care and health clinics on the ground floor, as well as community space for case management and peer support services. For more information, go to: <https://housingmatterssc.org/housing-matters-celebrates-groundbreaking-of-harvey-west-studios-project/>.

## RENEWPATH/PROP 47/COHORT IV (October 2024-June 2028)

Santa Cruz County Health Services Agency will use Proposition 47 funds to support adults involved in the criminal legal system who have a history of SUD and or mental health needs. These funds will support individuals with Recovery Residence housing, co-occurring treatment and wraparound care coordination to support diversion from the criminal legal system and reduce recidivism. The primary use of these funds will support the expansion of Recovery Residences which are an innovative housing model that combines sober living environments with SUD treatment. Recovery Residences leverage Drug Medi-Cal treatment services and funding to provide outpatient, intensive outpatient, narcotic treatment, medication assisted treatment, individual/family counseling and care coordination including housing navigation to beneficiaries. Mental Health outpatient treatment services will also be leveraged to support individuals with mental health and co-occurring disorders.

## ASCEND/PROP 47/COHORT IV (October 2024-June 2028)

Santa Cruz County Office of Education's Project ASCEND combines the efforts of all Santa Cruz County law enforcement agencies with several community-based organizations to implement an Attachment G-2 8 diversion program for juvenile offenders, ages 12 to 17 years, who have been arrested and charged with or convicted of a nonviolent criminal offense and have a history of mental health needs and/or SUDs.

## CRISIS NOW (First phase by September 2024 with full implementation by mid-2027)

Crisis Now is the current MHS Innovation Project to evaluate, provide technical support and assistance, in order to implement a full service crisis continuum of services that is based on national standards and evidence based interventions. The Crisis Now PROJECT is being used to leverage support around current services while identifying service gaps that will lead to improvements in client outcomes and overall cost savings. The Crisis Now Project will also correspond with State level changes that are in process through BHIN 23-025 and AB 988.



## **MOBILE EMERGENCY RESPONSE TEAM (MERT) AND MOBILE EMERGENCY RESPONSE TEAM FOR YOUTH (MERTY)**

MERT provides crisis services in the field to individuals experiencing a mental health crisis including deescalation, safety planning, crisis assessment, intervention disposition and linkage to post crisis resources. Mobile Crisis Teams provide services reflected here regardless of whether County-operated or Family Service Agency (FSA)-operated. Some calls are responded to with a mobile emergency response, while other calls can be referred to law enforcement, paramedics or include transportation to the county's crisis stabilization unit. MERTY includes a mobile clinic staffed by a bilingual clinician and bilingual family support partner. The program provides culturally responsive and clinically appropriate services in the community and responds quickly with urgent crisis services to help stabilize youth, support families and provide linkages to additional services.

The MERT/MERTY crisis response teams expanded their service provision to seven days a week from 8 am- 6 pm in November 2024. Additionally, MERT is available on evenings and weekends to provide reassessments of individuals on 5150 holds in the emergency department (ED). The MERT/MERTY program expands the County's community-based crisis services with a focus on removing barriers and providing easily accessible, high-quality care. The FSA operates mobile crisis teams from 5:30 pm through 8:30 am in two shifts seven days a week. See page 12 for MERT/MERTY data.

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## **BEHAVIORAL HEALTH BRIDGE HOUSING PROGRAM (Projected to open Winter 2025)**

Behavioral Health Bridge Housing (BHBH) is an innovative, 32-bed treatment center with temporary housing located at 2022 Soquel Avenue (next to Telecare). The Bridge Housing program offers priority to CARE Act participants and provides temporary housing for people experiencing serious mental illness or co-occurring mental illness and substance use disorders, and partners behavioral health services with housing navigation and connection to the housing Continuum of Care. This project is made possible through a \$10.2 million grant from DHCS and is a joint project for the County BHD and Housing for Health.

Input from various groups, including individuals with lived experience of mental illness, have emphasized the urgent need for housing solutions with integrated behavioral health services. The first of its kind in Santa Cruz County, this referral-based center is a step forward in addressing the intersection of homelessness and behavioral health challenges in our community. For more information, go to <https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/BehavioralHealthBridgeHousing.aspx>.

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## **GRAND JURY REPORTS**

Two grand jury reports were released in June 2024 that looked at two critical systems in Santa Cruz County. County Behavioral Health Services – A State of Mind was released in June 2024 and evaluates Health Services Agency's Behavioral Health Division's budget and provides recommendations related to transparency, case management services, investments, and reducing disparities. The other report, We Can Do Better with Our Jails! looked at conditions and management of the public prisons, jails, and juvenile detention facilities within the county and provided recommendations related to medical and mental healthcare in the jail and reentry and rehabilitation.

# OVERVIEW OF BEHAVIORAL HEALTH TREATMENT IN SANTA CRUZ COUNTY

The behavioral health continuum of care in Santa Cruz County consists of prevention and early intervention services, non-specialty mental health services, and residential and non-residential specialty mental health services (SMHS). Non-specialty services are outpatient services for lower acuity patients, like while SMHS involve intensive services to those who require higher levels of care.

The County Behavioral Health Division is responsible for the Specialty Mental health and SUD care for Medi-Cal beneficiaries through two plans - the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System Plan (DMC-ODS), which function as health plans and reimburse eligible services. Non-Specialty mental health services are reimbursed through the Managed Care plan for Medi-Cal beneficiaries. Non-Specialty Mental health or SUD services may also be covered by private insurance plans. Below is an overview of the BH continuum of care in Santa Cruz County:

BEHAVIORAL HEALTH CONTINUUM OF CARE			
PREVENTION AND EARLY INTERVENTION SERVICES	NON-SPECIALTY MENTAL HEALTH SERVICES	SPECIALTY MENTAL HEALTH AND DRUG MEDI-CAL	
Community Behavioral Health Care	Outpatient Behavioral Health Care	Non-Residential, Crisis Response and Stabilization	Intensive, Residential
<ul style="list-style-type: none"> <li>• Primary care wellness/behavioral health checks</li> <li>• Health screens, tests, immunizations</li> <li>• Behavioral health education</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health evaluations and treatment (individual, group and family therapy)</li> <li>• Psychological and neuropsychological testing</li> <li>• Outpatient services to monitor drug therapy</li> <li>• Psychiatric consultation</li> <li>• Integrated behavioral health in health systems</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health evaluation and treatment (assessment, treatment planning, individual and family therapy)</li> <li>• Crisis call centers</li> <li>• MERT and MERTY</li> <li>• Peer-based crisis respite</li> <li>• Intensive care coordination</li> <li>• Intensive home-based services</li> <li>• Outpatient substance use services</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis stabilization units</li> <li>• Psychiatric emergency programs</li> <li>• Short-term residential therapeutic program</li> <li>• Medically monitored intensive inpatient services</li> <li>• Psychiatric residential treatment</li> <li>• Sobering centers</li> </ul>
			See a further breakdown of Mental Health Services provided by Santa Cruz County on the next page

# SPECIALTY MENTAL HEALTH SERVICES PROVIDED BY SANTA CRUZ COUNTY BEHAVIORAL HEALTH

	Description	Hours	Location(s)	Insurance	How to Access	Provider
<b>Walk-in Crisis</b>	Crisis assessment and intervention services for adults and children. Also provides linkage and referrals for follow up care.	M-F 8am to 4pm	1400 Emeline, Santa Cruz  1430 Freedom Blvd, Watsonville	Any insurance- Medi-Cal, commercial, no insurance	self-refer	County
<b>Mobile Emergency Response</b>	Mobile Crisis Team responding in the field for individuals experiencing a serious mental health crisis.	MERT/ MERTY Everyday 8am-6pm FSA Everyday 5:30pm-8:30am	Field Based	Any insurance- Medi-Cal, commercial, no insurance	(800) 952-2335	County/ FSA
<b>Mental Health Liaison Program</b>	Mental Health Clinicians embedded with Santa Cruz Police Department, Santa Cruz Sheriff's Office, and Watsonville Police Department.	Everyday 8am to 6pm	Law Enforcement Dispatch	Any insurance- Medi-Cal, commercial, no insurance	Law Enforcement Dispatch (911)	County
<b>Crisis Stabilization Program</b>	Crisis Assessment, intervention and referral services in a locked setting for up to 24-hours for adults and children. Dispositions to locked inpatient care or community resources.	24-hours a day, 365 days per year	2250 Soquel Drive, Santa Cruz	Medi-Cal or private insurance	self-refer or 5150 Hold	Telecare
<b>Psychiatric Health Facility</b>	Locked 16-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. Twenty-four-hour treatment and care.	24-hours a day, 365 days per year	2250 Soquel Drive, Santa Cruz	Medi-Cal or no insurance	self-refer or 5150 Hold	Telecare
<b>After hours On-call Services</b>	BH Staff on-call to respond to existing clients and families experiencing a crisis	After-hours & weekends	Triage and assessment with disposition planning from home, referral for further assessment, or in person services when appropriate	Medi-Cal	800-952-2335	County

Source: Crisis Services Santa Cruz County 4.4.22

# SYSTEM DATA SUMMARY

Secondary data related to local treatment programming was obtained through a combination of research and outreach to system partners. A limited snapshot of data from local programming is provided to show some of the ways this population is being supported. Improving data collection across the system to document work, progress, challenges and opportunities for collaboration and or expansion of successful programming is needed.

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## CRISIS NOW STAKEHOLDER ENGAGEMENT DATA

To develop the Crisis Now Program in 2023, Santa Cruz County representatives co-facilitated key stakeholder engagements with members of the local community crisis services, including executive leadership, public safety, county officials, health, hospitals, BH treatment providers, schools, advocates, those with “lived experience” (personal and/or family members), and other key parties and safety net services providers.

Two virtual meetings were held and in each there was a discussion around the current state of crisis response services in Santa Cruz County. Over the course of public meetings, the following major themes were identified related to behavioral health crisis care in the Santa Cruz County community:

- Lack of 24/7 access to mobile crisis response
- Workforce shortage, leading to “Code Red” at the only Crisis Stabilization Unit (CSU)
- Lack of appropriate crisis services for the youth population
- Lack of appropriate aftercare options to ensure recovery

Source: <https://www.documentcloud.org/documents/23863707-santa-cruz-county-staff-report-crisis-now-june-28-2023/>

Note: ASR did not have access to source data. The number of community participants in the virtual meetings is unknown.

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## FOCUSED INTERVENTION TEAM (FIT) PROGRAM DATA

Selected FIT Program data related to referrals and enrollment, arrests and treatment have been provided. For an explanation of the FIT program, see page 5.

### REFERRALS AND CLIENT ENROLLMENT

- One hundred and sixty-nine (169) clients have been accepted to FIT and were served between January 2019 and December 2023.
- Fifty-five percent (55%) of clients (93 of 169) had been living in Santa Cruz County for at least 10 years.

### ARRESTS

- As of December 31, 2023, the percentage of clients arrested declined from 77% to 61%.

### MENTAL HEALTH AND SUBSTANCE USE TREATMENT

- Among 49 clients in need of MH treatment, participation in MH treatment programs increased from 39% (N=19) before FIT to 63% (N=31) during FIT.
- The average number of days in MH treatment doubled after joining FIT, from 1.2 days per month to 2.4 days per month among those in need.
- Among 28 clients in need of SUD treatment, participation in SUD treatment programs increased from 18% (N=5) before FIT to 50% (N=14) during FIT.
- The average number of days in SUD treatment increased after joining FIT, from 0.4 days per month to 2.6 days per month.

Source: Santa Cruz County Sheriff's Office/ASR, FIT Final Evaluation Report 2021-2024.

## WOMEN'S RECOVERY AND REENTRY PROGRAM (WRRP) DATA

Selected WRRP data related to enrollment, arrests and accomplishments have been provided. For an explanation of WRRP, see page 6.

### ENROLLMENT

- Between July 2021- June 2024, 84 women were served in the WRRP program; 63 participated in in-custody programming and 50 participated in aftercare programming

### ARRESTS

- By the end of the funding cycle, only 24% of participants returned to custody on new charges after participating in WRRP

### PROGRAM ACCOMPLISHMENTS

- 78% of in-custody participants made progress on their individualized treatment plans, and 73% of aftercare participants made progress on their individualized treatment plans
- 91% of Aftercare participants achieved or maintained functioning levels at “Stable” or “Thriving” in each of the seven primary domains for the Reentry Goal Matrix (SUD, MH, physical health, recidivism, social support network, coping skills, safe and stable housing)

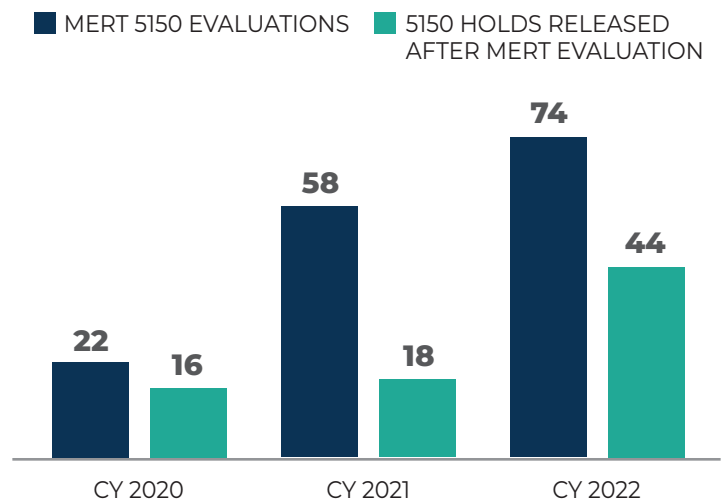
Source: Santa Cruz County Sheriff's Office/ASR, WRRP Final Evaluation Report 2021-2024.

## MOBILE EMERGENCY RESPONSE TEAM (MERT) DATA

Selected MERT Crisis Team data related to re-evaluations in the ED and Telecare have been provided. For an explanation of the MERT programs, see page 7.

In addition to crisis response, MERT meets with individuals in the emergency room to determine if they are stable enough to lift the 5150 hold and return home with a plan in place for accessing additional services in the community, or whether they need the hold continued with a transfer to a locked inpatient facility. The chart below show the increased need for MERT services at the ED between 2020 and 2022.

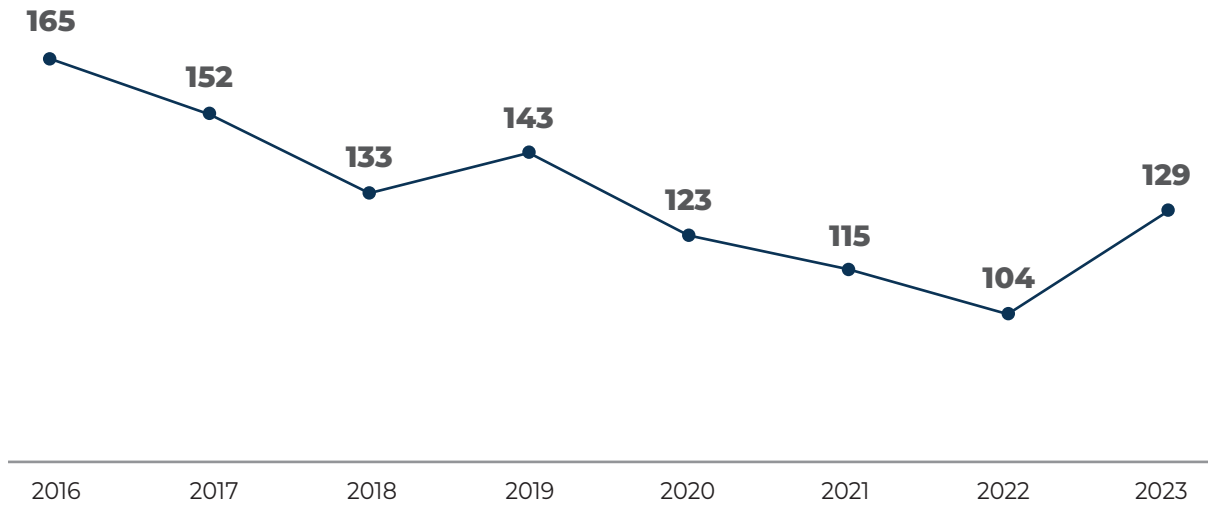
### Use of MERT to Reevaluate Adult Patients in the ED on 5150 Holds, 3-Year Comparison (Calendar Years 2020-2022)



Source: Sante Cruz County Staff Report on Crisis Now to Board of Supervisors, June 28, 2023, P. 49  
Note: ASR did not have access to source data.

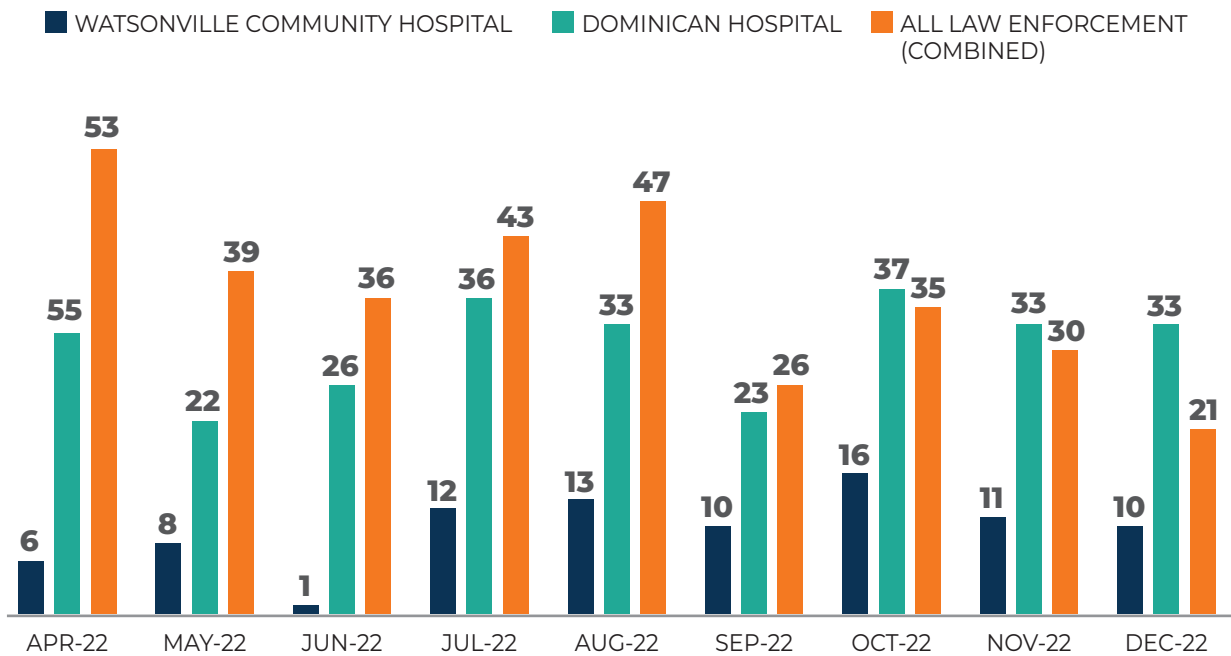
## DATA RELATED TO TELECARE USAGE

### Average Monthly Adult Telecare Admission, by year



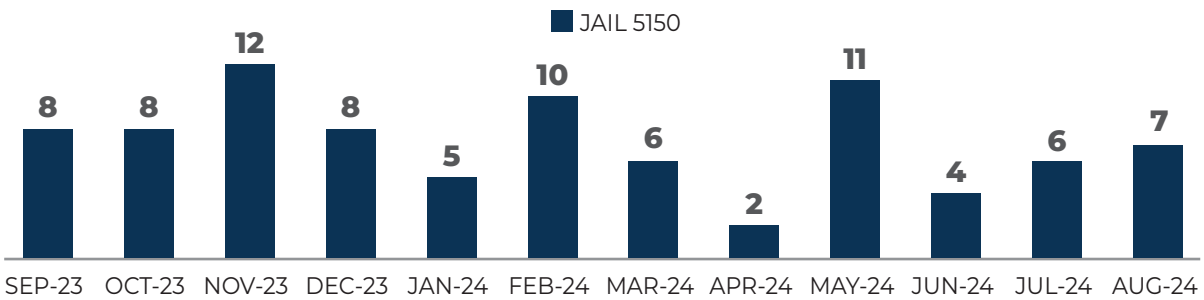
Source: Sante Cruz County Staff Report on Crisis Now to Board of Supervisors, June 28, 2023, P. 44  
 Note: ASR did not have access to source data.

### Number of Admissions to Telecare, by referral source (April 2022-December 2022)



Source: Crisis Now Multi-County Innovation Plan (July 2023) - APPENDIX 10  
 Note: ASR did not have access to source data.

### 5150's from County Jail to Telecare (CSP/PHF)

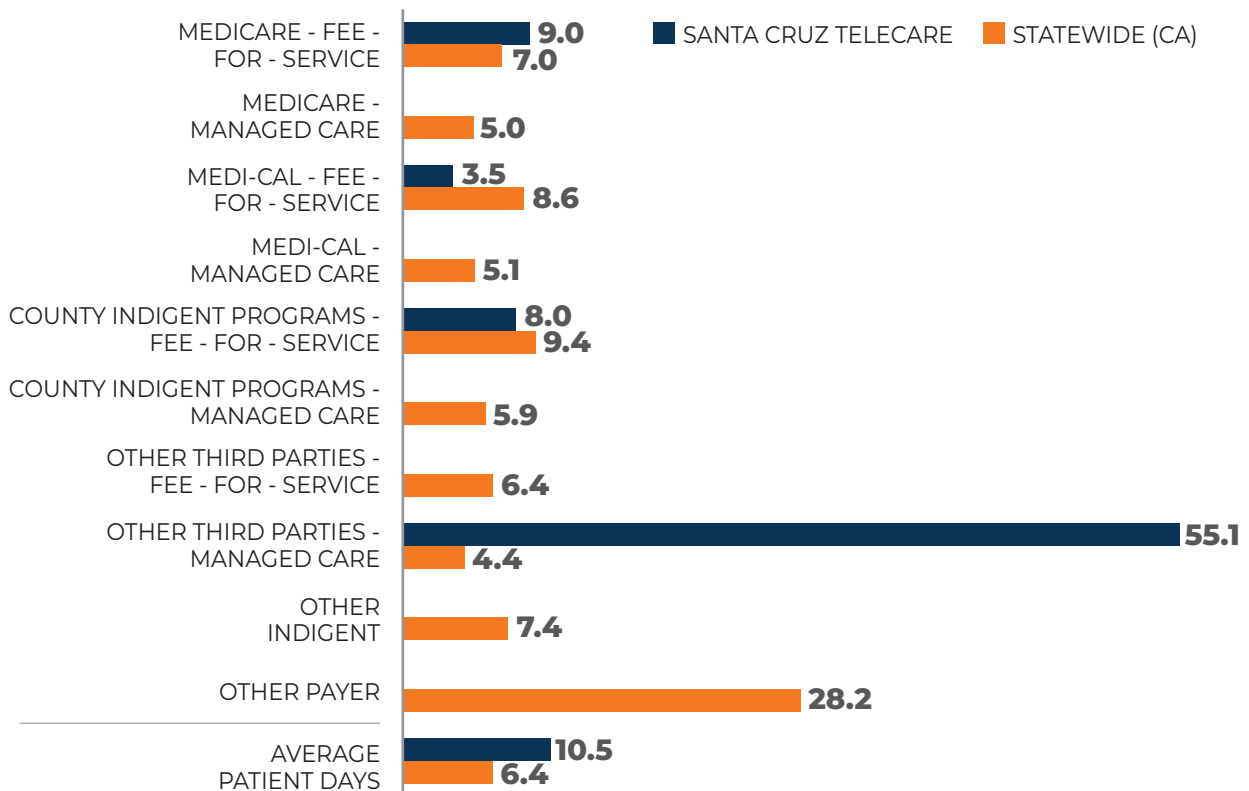


Source: Santa Cruz County Behavioral Health Department  
 Note: ASR did not have access to source data

### Inpatient Average Length of Stay at Telecare

The approximate average period of hospitalization, inclusive of long-term care (LTC) services, for inpatients formally admitted during the report period. The average is calculated by dividing total patient days by the number of discharges. Nursery days and discharges are excluded from this calculation.

### Inpatient Average Length of Stay (in days), Reporting period: July 1st, 2022 - June 30th, 2023



Source: California Department of Health Care Access and Information: <https://hcai.ca.gov/facility/telecare-santa-cruz-phf/>  
 Note: Santa Cruz Telecare has no data for: Medicare Managed Care, Med-Cal Managed Care, County Indigent Managed Care, Third Party Fee-for-service, Other Indigent or Other Payers

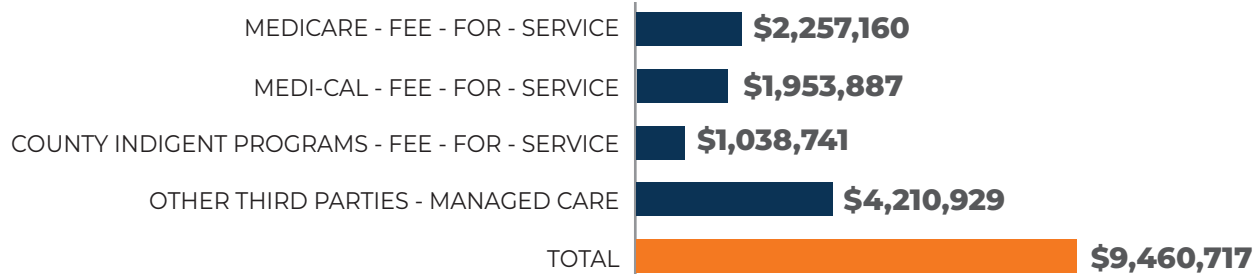


## Net Inpatient Revenue at Telecare

The amount received or expected to be received from third-party payers (insurers) and patients for hospital services provided. Net revenue includes the payments received for routine nursing care, emergency services, surgery services, lab tests, etc.

### In-Patient Revenue, By Payer Type

Reporting period: July 1st, 2022 - June 30th, 2023



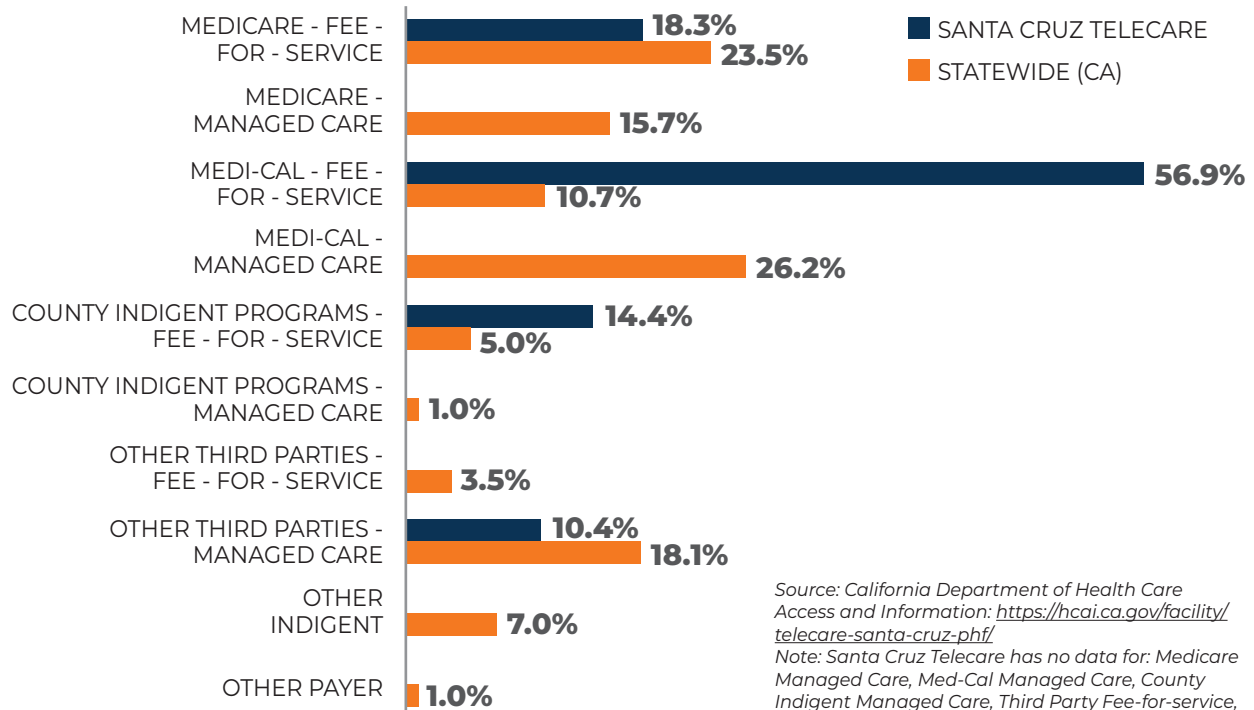
Source: California Department of Health Care Access and Information: <https://hcai.ca.gov/facility/telecare-santa-cruz-phf/>

Note: Santa Cruz Telecare has no data for: Medicare Managed Care, Med-Cal Managed Care, County Indigent Managed Care, Third Party Fee-for-service, Other Indigent or Other Payers

## Payer Mix at Telecare

Payer mix refers to the percentage of hospital revenue coming from payer categories comprised of Medicare, Medi-Cal, Other Third Parties, Indigent, and Self-Pay.

### Payer Mix, Reporting period: July 1st, 2022 - June 30th, 2023



Source: California Department of Health Care Access and Information: <https://hcai.ca.gov/facility/telecare-santa-cruz-phf/>

Note: Santa Cruz Telecare has no data for: Medicare Managed Care, Med-Cal Managed Care, County Indigent Managed Care, Third Party Fee-for-service, Other Indigent or Other Payers

# SYSTEM PARTNER PERSPECTIVES

To learn more about the landscape of treatment providers locally, the challenges individuals involved in the criminal legal system face trying to access supports and to understand what local stakeholders want to see to improve the system of care, ASR conducted a survey and key informant interviews. Participants represented each of the major system partners, including medical and treatment providers. Below is an overview of which sectors participated in the survey and interviews, and in the following sections the findings are presented including top themes and key insights from the feedback provided.

## SURVEY AND KEY INFORMANT INTERVIEW BREAKDOWN

PARTNER	# OF COMPLETED SURVEYS	# OF INTERVIEWS
SUPERIOR COURT	1	1
JAIL	7	1
COUNTY BEHAVIORAL HEALTH	5	2
PROBATION DEPARTMENT	9	1
PUBLIC DEFENDER’S OFFICE	5	1
DISTRICT ATTORNEY’S OFFICE	3	1
TREATMENT PROVIDER	3	4
MEDICAL PROVIDER OR EMERGENCY DEPARTMENT	2	
SOBER LIVING ENVIRONMENT/TRANSITIONAL HOUSING	2	
COMMUNITY-BASED ORGANIZATIONS	10	1
<b>TOTAL</b>	<b>47</b>	<b>12</b>

*Note: The community-based organizations that completed the survey included agencies who provide support to individuals with behavioral health needs who are involved in the criminal legal system.*



Indicates data collected by survey



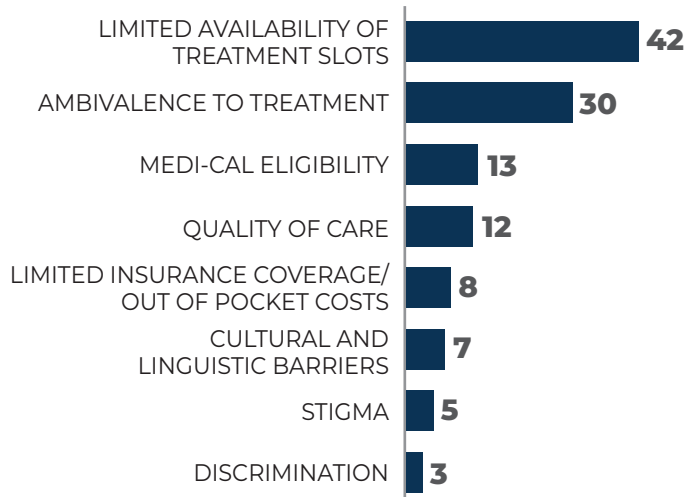
Indicates data collected by interview

## BARRIERS AND CHALLENGES TO TREATMENT

Survey and KII participants were asked about barriers and challenges to accessing mental health and substance abuse treatment services for individuals in the criminal legal system.



### In your experience, what are the top three barriers to accessing mental health and substance abuse treatment services for individuals in the criminal legal system in Santa Cruz County?



*n=47 respondents offering a total of 120 responses, as well as 18 open-ended comments.*

### INSIGHTS FROM SURVEY RESPONDENTS

- Lack of ability or willingness to accept highest need/most acute/complex cases
- Shelter/Housing: Needed for treatment step down and long-term stability
- Patients with MH needs not qualifying for the programming/treatment that is available
- Logistical barriers: Out of county Medi-Cal coverage, transportation barriers

#### KII PARTICIPANT

*“It’s asking a lot of someone to be responsible enough to go to services and stay connected when they are unwell.”*



### For people involved in the criminal legal system in Santa Cruz County, what are the primary challenges to providing treatment or connecting individuals to behavioral health services/treatment?

- **Limited treatment option and capacity:** Need more options for dual diagnosis treatment and a locked facility. Jail is the only facility where restraint is an option.
- **Jail is not a good setting for those with mental health needs:** Available supports are not sufficient to meet the need
- **Eligibility/referral issues:** Lack of follow up on referrals, unclear process/criteria for accessing specialty care limits accessibility
- **Inequitable access to treatment:** Disparities in treatment opportunities for those that are experiencing homelessness, using drugs, or are “harder to treat”
- **Some resist services/treatment**
- **No on-demand services available:** Limited accessibility when people need support or are ready for treatment
- **Support both newly diagnosed/new to the system in addition to high utilizers**
- **Staffing issues:** Staffing shortages, challenges with recruiting and retaining staff due to high cost of living and competitive wages in other locations
- **Being unhoused makes getting stable even harder**
- **It takes time to “get better”:** Individuals in programming are constantly being reassessed to see if they are releasable



### Is there a gap in treatment availability that exists for individuals with private insurance?

#### PRIVATE INSURANCE CHALLENGES/FACTORS:

- Individuals with private insurance must seek help with private providers
- With private insurance you have to start by going to a primary care provider and try to get referred (multi-step process to access care)
- Those with private insurance including Kaiser, may not be getting all their needs met; very limited mental health services through Kaiser
- There is a misconception that if they have private insurance including Kaiser, they are not eligible to be screened through County Behavioral Health
- Don't think that most people's insurance coverage would even cover a full residential treatment stay

#### MEDI-CAL CHALLENGES/FACTORS:

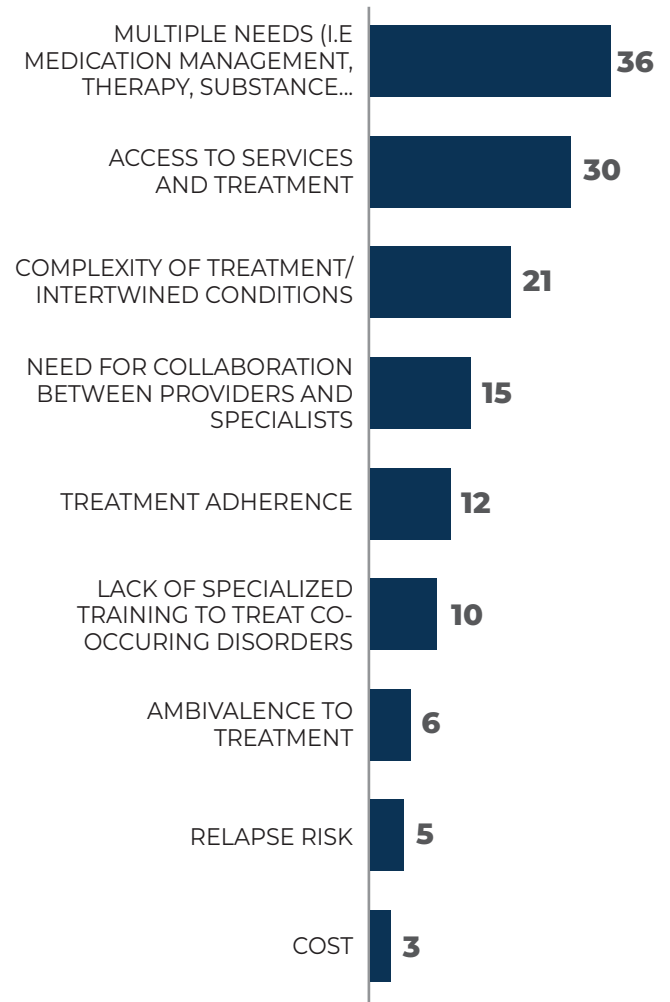
- Being covered out of county delays access to treatment
- Medi-Cal coverage for treatment may end at 30 days: frequent re-assessment is needed to continue coverage

#### KII PARTICIPANT

***“I will say [working with people who have private insurance] is difficult because they can't access any county clinics and we don't have access to their insurance system to tell them who they need to follow-up with. Feels like a failure because all you can do is direct them to call the number on their insurance card.”***



### Specifically for individuals with co-occurring disorders who are involved in the criminal legal system in Santa Cruz County, what are the top three challenges in providing effective treatment?



*n=47 respondents offering a total of 138 responses, as well as 4 open-ended comments*

#### INSIGHTS FROM SURVEY RESPONDENTS

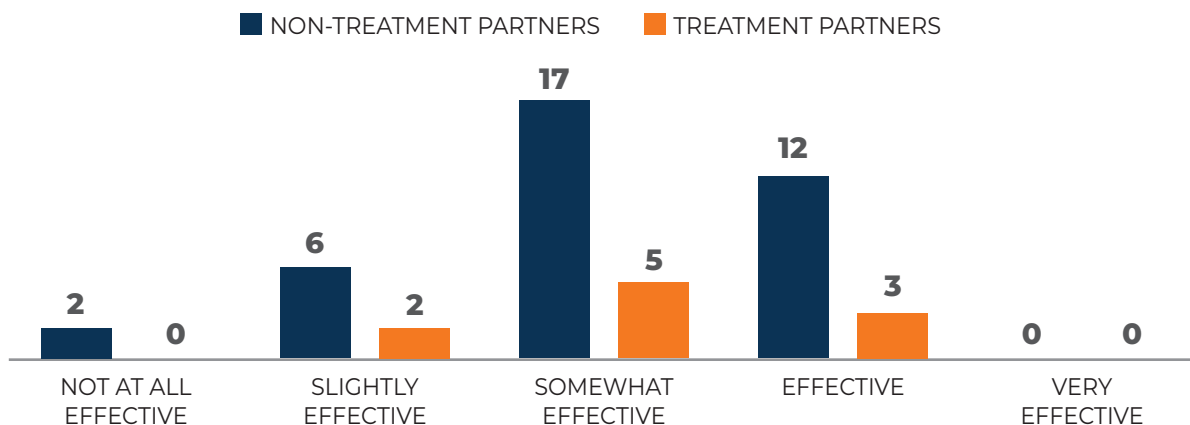
- Hard to get people with high needs who are currently in crisis into Telecare
- Programs are quick to discharge clients when they relapse
- Most drug programs will not take mental health clients with co-occurring disorders

## CARE COORDINATION AND REENTRY SUPPORTS

Survey and KII participants were asked about the effectiveness and challenges related to care coordination and reentry supports for individuals in the criminal legal system. This discussion also touched on the need to address social determinants of health and potential improvements that can be made at critical transition points between custody, treatment, and reentry into the community.



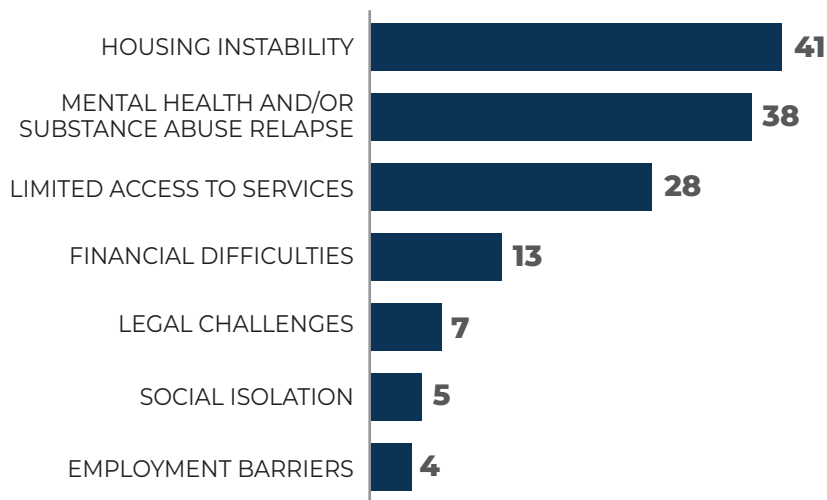
### How effective are the referral processes between system partners in Santa Cruz County when connecting individuals in the criminal legal system with community-based mental health and substance abuse services?



n=47



### During transition points (e.g. between incarceration, treatment, release), what are the top three challenges faced by individuals with mental health or substance abuse issues involved in the criminal legal system in Santa Cruz County?



n=47 respondents offering a total of 136 responses, as well as 7 open-ended comments.

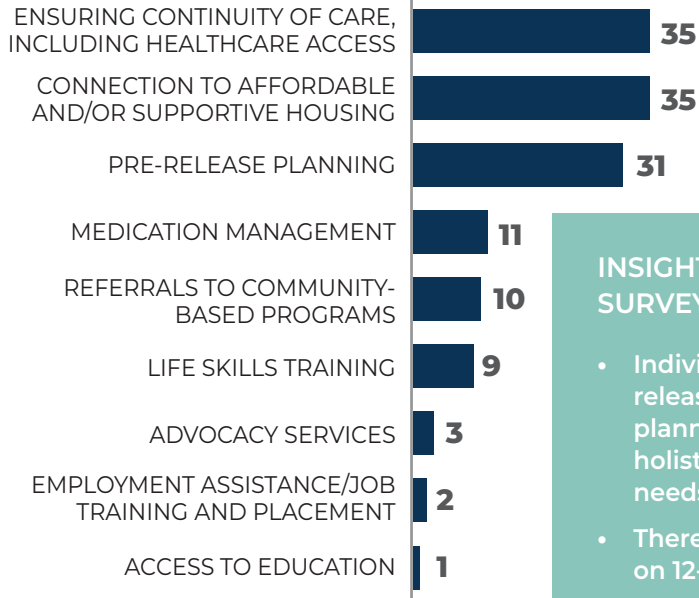
### INSIGHTS FROM SURVEY RESPONDENTS

- Lag in service availability leads to gaps: clients can be left waiting for long periods in limbo
- Inability to meet basic needs (e.g., phone, ID cards, etc.)
- Lack of access to medication follow up
- Individual ambivalence to adhering to treatment, medication, and sobriety



**In your view, what are the top three strategies to address the needs of individuals involved in the criminal legal system with mental health or substance abuse issues to support successful reentry into the community in Santa Cruz County?**

*n=47 respondents offering a total of 137 responses, as well as 7 open-ended comments.*



**INSIGHTS FROM SURVEY RESPONDENTS**

- Individualized, pre-release wraparound planning support that holistically addressed needs
- There is an overreliance on 12-step meetings



**How can the continuity of care be improved during transition points and what are the top strategies to support successful reentry into the community for individuals with behavioral health needs who are involved in the criminal legal system?**

- **Ensure access to a continuum of treatment options:** address barriers to current care options and increase options along the continuum of need, build/develop a MH treatment facility with authority to require treatment and medication
- **Engage in reentry planning and care coordination prior to release from jail and treatment settings:** Conduct needs assessments as a part of discharge planning, utilize community partners in these settings, plan to address basic needs immediately upon release, prioritize Safe Release process to ensure smooth transition from custody to programming, provide families of people in custody with information and reentry support
- **Ensure access to a continuum of housing options including transitional housing, SLEs, and affordable housing options:** Needed at transition points when individuals are released from custody or treatment, need to build political and community will to support housing development options for this population
- **Staffing is key:** Fund positions (case managers, peer supports, case coordinators, and reentry planners) that can be consistent points of contact in and out of custody to build rapport and support transition points and system navigation
- **Increase transparency and communication among partners:** Improve understanding of each other's roles, create workarounds to address confidentiality issues, differing agency mandates, and information/data sharing, increase efficiency, and leverage each other's strengths and abilities
- **Support medication adherence upon release:** Ensure individuals have a minimum 30-day supply (or more, if possible) of medication in hand when released from custody
- Need more **warm handoffs** at transition points

**KII PARTICIPANT**

***“We do people a disservice when we send people to treatment from jail and once they complete the program they have nowhere to go.”***

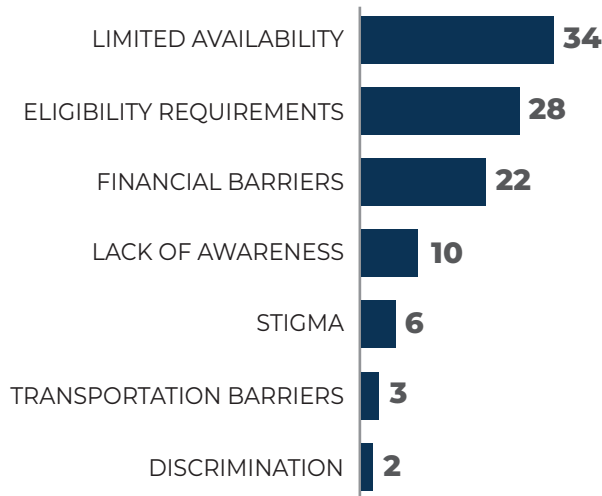


### Which prevention strategies could be implemented, or strengthened, in Santa Cruz County to best address the social determinants of health for this population?

- CalAIM initiative
- Behavioral Health Bridge Housing grant
- Pajaro Valley Prevention and Student Assistance (PVPSA) family strengthening programs
- Healing the Streets SAMSHA grant
- No Place Like Home



### When accessing transitional housing programs, what are the top three barriers for individuals with mental/behavioral health needs involved in the criminal legal system in Santa Cruz County?



*n=47 respondents offering a total of 108 responses, as well as 6 open-ended comments.*

#### INSIGHTS FROM SURVEY RESPONDENTS

- Not having people that can support with navigation through the process of accessing transitional housing
- Not having places where people with criminal records can go

All participants were asked specifically about challenges and opportunities related to transitional housing:



### What are the challenges related to transitional housing for individuals with behavioral health needs who are involved in the criminal legal system when they are discharged from treatment, jail, or emergency medical care?

- **Limited transitional housing opportunities/ capacity:** Long waitlists, no on-demand options, need more graduated, step-down options, more acute beds, more options for those with co-occurring disorders, and more long-term supports, shelters for people experiencing homelessness closing in South County, need local youth services to keep youth in county
- **Improve collaboration and communication:** Increase partnerships with SLEs and first responders, develop a transitional housing list, increase Probation Officer referrals to CAFES/AB109 programs
- **Resistance to rules** or restrictions in transitional housing programs

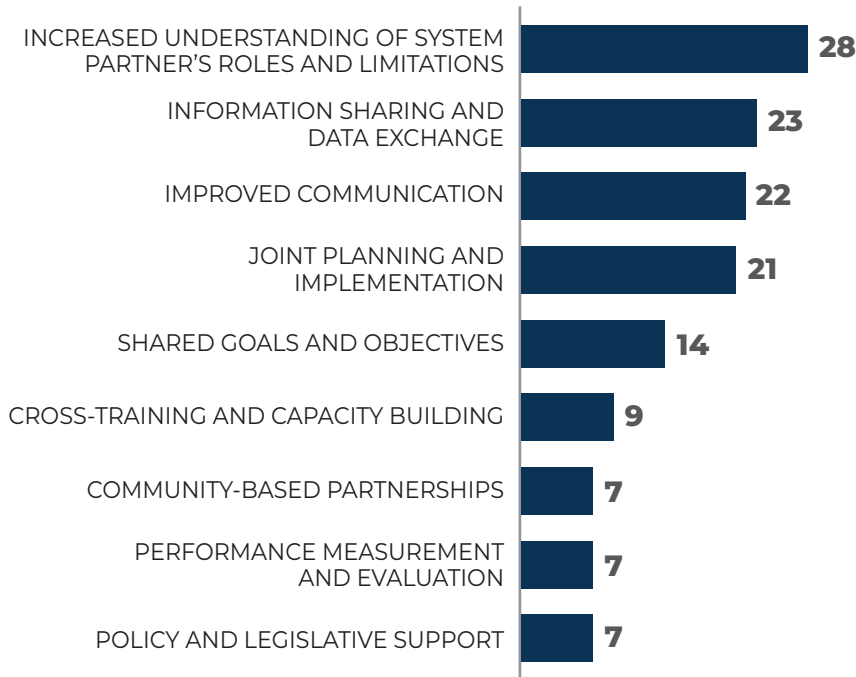


### What are the most promising opportunities for addressing these challenges and/or improving the effectiveness of transitional housing programs for individuals with behavioral needs who are involved in the criminal legal system in Santa Cruz County?

- **Provide more supports in transitional housing programs:** Offer case management, connection to medical services, and support with securing employment, require progress on individualized treatment plans
- **Invest in long-term housing options** rather than expensive temporary housing options
- **Engage in more multi-county partnerships** to access/share resources beyond county borders
- **Sobering Center** plays a key role in making sure people get connected to the resources



**What are the top three strategies for improving collaboration and coordination between the criminal legal system, treatment providers, community-based organizations, and other system partners in Santa Cruz County?**



n=47 respondents offering a total of 139 responses, as well as 4 open-ended comments.

**INSIGHTS FROM SURVEY RESPONDENTS**

- Eliminating duplication of data entry would be much more efficient
- There are so many different private companies and contracted agencies involved in the issue - need fewer entities and/or more centralized coordination across all entities
- Need assessments and discharge planning to take place in the jail and centralized case management to ensure care supports/services are coordinated



**How can system partners – the emergency department, jail system, probation, public defender’s office, court, treatment providers & behavioral health services - work better together in response to individuals with behavioral health needs who are involved in the criminal legal system?**

- **Collaboration/Communication:** Be more collaborative, ensure collaboration is efficient and effective, improve/increase communication, stop pointing fingers
- **Increase understanding** of the service landscape and each other’s roles and limitations
- **Be strategic:** Collectively identify goals and actions to address gaps
- **Increase leadership and staff continuity at the jail**
- **Advocate for continued funding** for specialty courts/diversion options

KII PARTICIPANT

*“Takes intentional commitment to be on the same team. Have to wade through the hard stuff and stick with it.”*

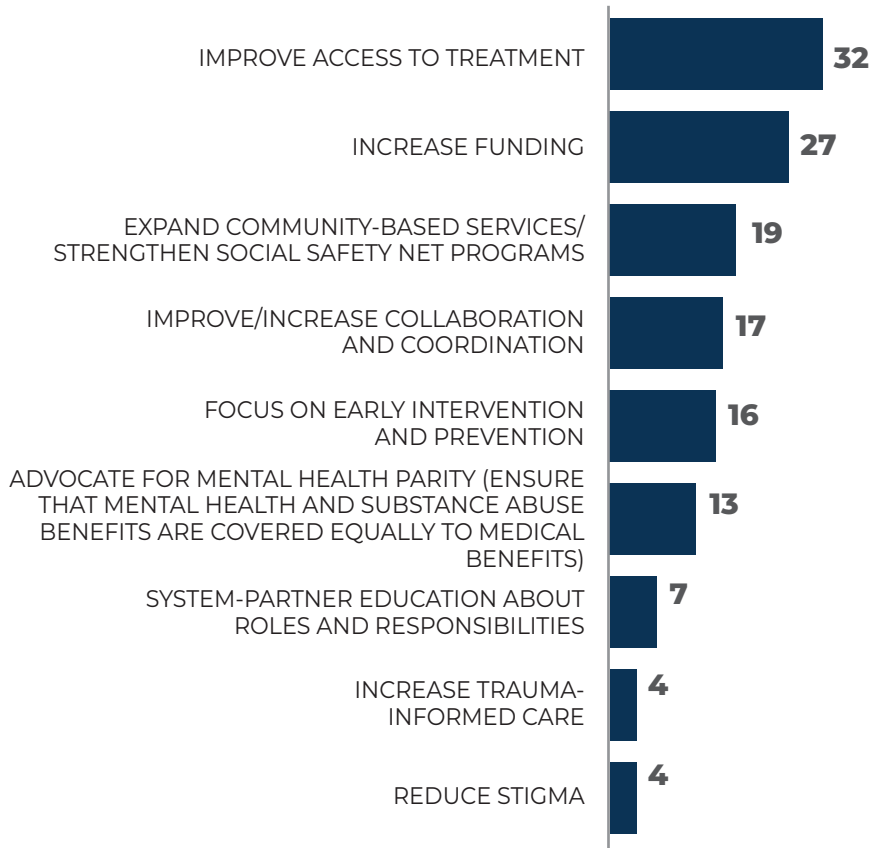


## POLICY PRIORITIES

Survey and KII participants were asked to identify policies or reforms that should be implemented or strengthened to allow systems to better support individuals in the criminal legal system.



### What top three policy priorities would best address the challenges of providing mental health and substance abuse treatment within the criminal legal system in Santa Cruz County?



*n=47 respondents offering a total of 140 responses, as well as 9 open-ended comments.*

### INSIGHTS FROM SURVEY RESPONDENTS

- Funding is not properly utilized; Direct funds to providing for needs and services rather administration/bureaucracy
- Invest in community education to reduce stigma and build support for funding future treatment strategies
- Better train staff to work with this population
- Address overwhelming documentation requirements
- Advocate for higher reimbursement rates to ensure qualified staffing can be retained



### In general, what policies or reforms would improve the delivery of behavioral health services for individuals involved in the criminal legal system in Santa Cruz County?

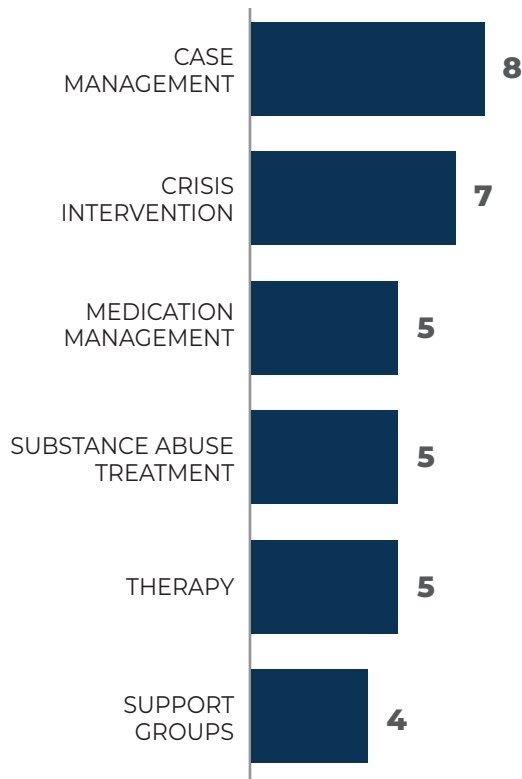
- **Fund better ways of working:** Use funds more efficiently, change policies that add unnecessary administrative workload, expand the Medi-Cal reimbursements to cover all the types of services, fund whole support teams
- **Fund more treatment options,** including acute, step-down options and a locked facility as an alternative to jail
- **Fund better jail treatment infrastructure**
- **Improve data collection:** Need coordinated data collection across providers and system partners on key measures

## MEDICAL/TREATMENT PROVIDER DATA

On the survey, medical/treatment providers were asked additional questions about their treatment services, where they receive referrals from and the type of data collection they conduct.



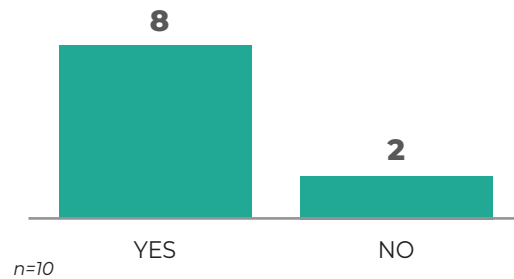
### What specific evidenced-based behavioral health services do you offer?



*n=10 respondents offering a total of 34 responses. Other responses included: "clinical supervision" and "MI, TIC, FIT, CBT, DBT, Seeking Safety, etc. Residential"*



### Does your agency receive referrals for service from partners in the criminal legal system (i.e., Public Defender's Office, Probation, Courts, etc.)?

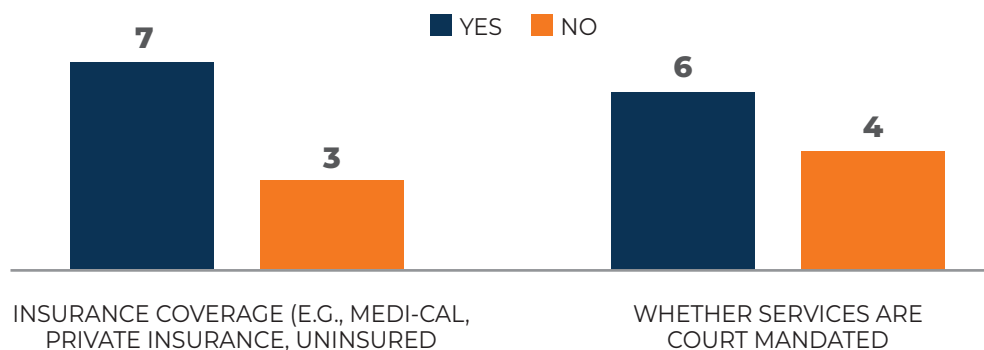


### What do you think is the most effective evidence-based service you provide for your clients who are involved in the criminal legal system?

- Case management
- Medication support/management/ MAT services
- SUD counseling/treatment
- Pre-release services and warm hand-off to post-release services



### Does your agency/department collect data on the following?



*n=10*

# SOLUTIONS TO IMPROVE OUTCOMES

Survey and KII participants offered a number of potential solutions for improving the system of care for individuals in the criminal legal system with mental health and/or SUD. Ideas included:

## LAW ENFORCEMENT AND/OR JAIL

- Need to **build a new jail** designed to house and treat people (e.g., a LPS facility).
- **Police officers need a third option** beyond just book and release: Need to be able to send/refer people to treatment services.
- Jail staff need to be able to make **housing or treatment referrals**.
- **Build a reentry planning facility** that all incarcerated persons would go through when they are released: Could house services all in one place with one-stop support and wrap-around services provided immediately upon release (use empty building in front of the jail).
- **Fund a Coordinator position** that focuses only on the +/- 20% in the jail who are sentenced.

## TREATMENT

- If a new jail is not possible, **build a large capacity (80-100 beds) MH treatment facility** that can handle higher level MH needs and those involved in the criminal legal system.
- **Reverse the requirement to discharge patients for 24 hours after a positive marijuana drug test.**
- Ensure treatment providers are not **just serving those they think will be most successful**.
- **Return residential treatment pre-authorization back to 90-days:** less time than that is too short and overburdens staff with assessments, paperwork and admin, rather than focusing on clients.

## SERVICES & SUPPORT

- Develop and fund a **drop-in service center** in the Public Defender's Office.
- Fund additional **peer support** roles to guide people through accessing services/resources.
- **Partner with businesses** that hire people with criminal records.
- Local programming and services haven't evolved or restructured much for the last couple decades; need to **consider if needs have changed and if so, then responses need to also change**.

## HOUSING

- **Research other transitional housing models that are working:** Other places have adult group homes with structured support from peers and management/staff where individuals build skills for independent living. Additionally, compare service infrastructure to other counties of similar size.
- **Create safe settings** where people can get their basic needs met and get stable enough to understand their diagnosis.

## COLLABORATION & COMMUNICATION

- Need to **tap into the voices of those with lived experience** and their families to truly learn about the barriers to treatment.
- Develop a provision for **better sharing of data and information** between custody/jail, County BH and community providers.

# CONCLUSION

For this report, partners in the criminal legal system and the system of support, including medical and treatment providers, discussed a number of key challenges when supporting individuals engaged in the criminal legal system with mental health or substance abuse needs. While some of these challenges were widely understood, like the limited capacity of the local treatment landscape, other insights into the specific challenges faced by system partners and individuals in need were illuminated. Survey participants and interviewees also provided specific, actionable ideas for what improvements are needed to expand and streamline services and care coordination. Similar to previous reports, systems partners expressed a strong commitment to better understanding the needs of this specific population and working together to address the gaps and challenges that exist, to ultimately improve the quality of life for individuals in need and the community as a whole.

# APPENDIX A: Glossary of Terms and Acronyms

## GLOSSARY

### 12-Step Meetings

Twelve-step programs are international mutual aid programs supporting recovery from substance addictions, behavioral addictions and compulsions. Developed in the 1930s, the first twelve-step program, Alcoholics Anonymous (AA), founded by Bill Wilson and Bob Smith, aided its membership to overcome alcoholism.<sup>1</sup>

### 5150/5585

5150 and 5585 refer to the Welfare and Institutions Codes under California State Law, which allow involuntary detainment **of an adult** (5150) **or a minor** (5585) who is experiencing a mental health crisis for a 72- hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.

### Assembly Bill 109

establishes the California Public Safety Realignment Act of 2011 which allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State prison, are to be supervised at the local County level. Instead of reporting to state parole officers, these offenders are to report to local county probation officers.<sup>2</sup>

### Behavioral Health Unit (BHU)/Psychiatric Health Facility (PHF)/Telecare

Telecare's acute program provides a therapeutic inpatient environment for individuals experiencing a mental/behavioral health emergency. Services are provided on a voluntary or involuntary basis.<sup>3</sup>

### CalAIM (California Advancing and Innovating Medi-Cal)

It is a multi-year initiative by the California Department of Health Care Services to improve the quality and coordination of care for Medi-Cal beneficiaries, California's Medicaid program

### Co-occurring Disorder

(also referred to as a dual diagnosis) is a term used when someone experiences a mental illness and a substance use disorder simultaneously

### Code Red Status

when the facility is not accepting admissions

### Defendant

an individual, company, or institution sued or accused in a court of law

### Diversion

provides an alternative to criminal prosecution; Instead of the defendant going through a trial, a judge may "divert" the case and order the defendant to complete specific terms, conditions, and programs

### Felony

a crime, typically one involving violence, regarded as more serious than a misdemeanor, and usually punishable by imprisonment for more than one year or by death

### High Utilizers

are a small group of patients who impose a disproportionately high burden on the healthcare system due to their elevated resource use

### Incarcerated

imprison or confine to an institution such as a prison

<sup>1</sup> VandenBos, Gary R. (2007). APA dictionary of psychology (1st ed.). Washington, DC: American Psychological Association. ISBN 978-1-59147-380-0. OCLC 65407150

<sup>2</sup> <https://probation.lacounty.gov/ab-109/>

<sup>3</sup> <https://www.telecarecorp.com/santa-cruz-psychiatric-health-facility>

### **Inpatient Average Length of Stay**

The approximate average period of hospitalization, inclusive of long-term care services, for inpatients formally admitted during the report period. The average is calculated by dividing total patient days by the number of discharges (Nursery days and discharges are excluded from this calculation)

### **Legislation**

laws, considered collectively

### **LPS (Lanterman-Petris-Short) Act Facilities**

are mental health treatment centers in California that provide involuntary psychiatric care in certain circumstances.<sup>4</sup>

### **Mandates**

an official order or commission to do something

### **Medi-Cal**

free or low-cost health coverage for California residents who meet eligibility requirements

### **Medically Assisted Treatment (MAT)**

the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of Opioid Use Disorder.<sup>5</sup>

### **Mental Health Liaison (MHL)**

Mental health clinicians who are working with some local police jurisdictions to assist on calls where there are mental/behavioral health factors or anyone experiencing crisis.

### **Misdemeanor**

a nonindictable offense, regarded in the US as less serious than a felony

### **NAMI**

the National Alliance on Mental Illness is a mental health organization dedicated to improving the lives of those affected by mental illness.<sup>6</sup>

### **Naphcare**

Contracted medical services provider in the jail system in Santa Cruz County

### **Net Inpatient Revenue**

The amount received or expected to be received from third-party payers (insurers) and patients for hospital services provided. Net revenue includes the payments received for routine nursing care, emergency services, surgery services, lab tests, etc.

### **Payer Mix**

refers to the percentage of hospital revenue coming from payer categories comprised of Medicare, Medi-Cal, Other Third Parties, Indigent, and Self-Pay

### **Pretrial**

a hearing prior to trial, which all parties involved in the trial attempt to determine the issues, laws, or facts matter, before the court trial

### **Recidivism**

a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime

### **Reentry Goal Matrix**

a tool used in the criminal legal system to visually organize and track the specific goals and objectives for individuals transitioning back into the community after incarceration, outlining key areas like employment, housing, education, substance abuse treatment, and mental health support, allowing for a comprehensive assessment of individual needs and progress towards successful reintegration.<sup>7</sup>

<sup>4</sup> <https://www.dhcs.ca.gov/provgovpart/Pages/County-LPS-Facilities.aspx>

<sup>5</sup> <https://choosechange.ca.org/medication-assisted-treatment/about-mat/>

<sup>6</sup> <https://nami.org/Home>

<sup>7</sup> <https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf>

## **Restorative Justice**

a system of criminal justice which focuses on the rehabilitation of offenders through reconciliation with victims and the community at large

## **Sentenced**

refers to the term of imprisonment or probation imposed on a convicted defendant for criminal wrongdoing

## **Step Down Treatment Facility**

a healthcare setting where individuals transition from a more intensive level of care, like inpatient rehabilitation, to a less intensive level of care, such as intensive outpatient treatment, allowing them to gradually reintegrate into their daily lives while still receiving necessary support and therapy to maintain recovery; essentially, it's a structured process to "step down" from a higher level of care as their condition stabilizes.<sup>8</sup>

## **ACRONYMS:**

**AB** – Assembly Bill

**ASR** – Applied Survey Research

**BH** – Behavioral Health

**BHBH** – Behavioral Health Bridge Housing

**BH-CONNECT** - Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment

**BHC** – Behavioral Health Court

**CAFES** – Coordinated Access for Empowering Success

**CARE** – Community Assistance, Recovery, and Empowerment

**CSU** – Crisis Stabilization Unit

**CPC** – California Penal Code

**DAO** – District Attorney's Office

**DHCS** – Department of Health Care Services

**DME** – Durable Medical Equipment

**DMC-ODS** – Drug Medi-Cal Organized Delivery System

**DSH** – Department of State Hospitals

**EBP** – Evidence-Based Practices

**ECM** – Enhanced Care Management

**ED** – Emergency Department

**EMT** – Emergency Medical Technician

**FIT** – Focused Intervention Team

**FSA** – Family Service Agency

**KII** – Key Informant Interview

**LTC** – Long-term Care

**MERT** – Mobile Emergency Response Team

**MERTY** – Mobile Emergency Response Team for Youth

**MCP** – Managed Care Plan

**MHD** – Mental Health Diversion

**MHSA** – Mental Health Services Act

**MOST** – Maintaining Ongoing Stability through Treatment

**MOU** – Memorandum of Understanding

**PDO** – Public Defender's Office

**PVPSA** – Pajaro Valley Prevention and Student Assistance

**SAMSHA** - Substance Abuse and Mental Health Services Administration

**SCC** – Santa Cruz County

**SLE** – Sober Living Environment

**SMHS** – Specialty Mental Health Services

**SUD** – Substance Use Disorder

**WRRP** – Women's Recovery and Reentry Program

<sup>8</sup> <https://americanaddictioncenters.org/blog/what-does-stepping-down-or-up-in-addiction-treatment-mean>

# APPENDIX B: Survey and Interview Questions

## SURVEY QUESTIONS

1. Please indicate the type of agency/organization/department you represent?

- a. Treatment provider
- b. County Behavioral Health
- c. Medical provider or emergency department
- d. Community-based Organization (non-treatment provider)
- e. Probation department
- f. Jail
- g. Public Defender's Office
- h. District Attorney's Office
- i. Courts
- j. Other, please specify: \_\_\_\_\_

## BARRIERS AND CHALLENGES TO TREATMENT

2. In your experience, what are the top three barriers to accessing mental health and substance abuse treatment services for individuals in the criminal legal system in Santa Cruz County?

- a. Limited availability of treatment slots
- b. Medi-Cal eligibility
- c. Limited insurance coverage/out of pocket costs
- d. Ambivalence to treatment
- e. Stigma
- f. Discrimination
- g. Cultural and linguistic barriers
- h. Quality of care
- i. I'm not sure/I don't know
- j. Other (please specify: \_\_\_\_\_)

3. Specifically for individuals with co-occurring disorders who are involved in the criminal legal system in Santa Cruz County, what are the top three challenges in providing effective treatment?

- a. Complexity of treatment/intertwined conditions
- b. Multiple needs (i.e. Medication management, therapy, substance use treatment, housing support)
- c. Lack of specialized training to treat co-occurring disorders
- d. Access to services and treatment
- e. Cost
- f. Need for collaboration between providers and specialists
- g. Medication interactions
- h. Treatment adherence
- i. Relapse risk
- j. Ambivalence to treatment
- k. Stigma
- l. Discrimination
- m. I'm not sure/I don't know
- n. Other (please specify: \_\_\_\_\_)



4. How effective are the referral processes between system partners in Santa Cruz County when connecting individuals in the criminal legal system with community-based mental health and substance abuse services?
- a. Not at all effective
  - b. Slightly effective
  - c. Somewhat effective
  - d. Effective
  - e. Very effective

#### **CARE COORDINATION**

5. During transition points (e.g. between incarceration, treatment, release), what are the top three challenges faced by individuals with mental health or SUD needs involved in the criminal legal system in Santa Cruz County?
- a. Housing instability
  - b. Employment barriers
  - c. Limited access to services
  - d. Social isolation
  - e. Financial difficulties
  - f. Legal challenges
  - g. Mental health and/or substance abuse relapse
  - h. I'm not sure/I don't know
  - i. Other (please specify:\_\_\_\_\_)
6. In your view, what are the top three strategies to address the needs of individuals involved in the criminal legal system with mental health or SUD needs to support successful reentry into the community in Santa Cruz County?
- a. Pre-release planning
  - b. Connection to affordable and/or supportive housing
  - c. Ensuring continuity of care, including healthcare access
  - d. Medication management
  - e. Employment assistance/Job training and placement
  - f. Life skills training
  - g. Access to education
  - h. Advocacy services
  - i. Referrals to community-based programs
  - j. I'm not sure/I don't know
  - k. Other (please specify:\_\_\_\_\_)
7. When accessing transitional housing programs, what are the top three barriers for individuals with mental/behavioral health needs involved in the criminal legal system in Santa Cruz County?
- a. Limited availability
  - b. Eligibility requirements
  - c. Financial barriers
  - d. Transportation barriers
  - e. Stigma
  - f. Discrimination
  - g. Lack of awareness
  - h. I'm not sure/I don't know
  - i. Other (please specify:\_\_\_\_\_)

**8. What are the top three strategies for improving collaboration and coordination between the criminal legal system, treatment providers, community-based organizations, and other system partners in Santa Cruz County?**

- a. Shared goals and objectives
- b. Improved communication
- c. Increased understanding of system partner's roles and limitations
- d. Information sharing and data exchange
- e. Joint planning and implementation
- f. Cross-training and capacity building
- g. Community-based partnerships
- h. Performance measurement and evaluation
- i. Policy and legislative support
- j. I'm not sure/I don't know
- k. Other (please specify:\_\_\_\_\_)

**POLICY PRIORITIES**

**9. What top three policy priorities would best address the challenges of providing mental health and substance abuse treatment within the criminal legal system in Santa Cruz County?**

- a. Increase funding
- b. Focus on early intervention and prevention
- c. Improve access to treatment
- d. Advocate for mental health parity (ensure that mental health and substance abuse benefits are covered equally to medical benefits)
- e. System-partner education about roles and responsibilities
- f. Increase trauma-informed care
- g. Reduce stigma
- h. Improve/increase collaboration and coordination
- i. Expand community-based services/Strengthen social safety net programs
- j. Increase research and evaluation to identify and promote evidence-based practices
- k. I'm not sure/I don't know
- l. Other (please specify:\_\_\_\_\_)

**ABOUT YOUR PROGRAM [ONLY TREATMENT PROVIDERS]**

**10. What specific evidenced-based behavioral health services do you offer to individuals who have been referred to your agency/department from the criminal legal system? (choose all that apply)**

- a. Therapy
- b. Medication management
- c. Crisis intervention
- d. Support groups
- e. Case management
- f. Substance abuse treatment
- g. Other (please specify:\_\_\_\_\_)

**11. What do you think is the most effective evidence-based service you provide for your clients who are involved in the criminal legal system? (open-ended)**

*We have heard that a gap in treatment availability exists for individuals with private insurance or no insurance coverage. In order to better understand this gap, we would like to collect deidentified aggregate data on types of insurance utilized to access treatment.*

**12. Does your agency/department collect data on the following?**

- a. Insurance coverage (Medi-Cal vs private insurance vs no coverage): Y/N
- b. Whether services are court mandated: Y/N

**13. If you answered “yes” to either of the questions above, may we contact you to discuss what de-identified data we might be able to include in the CJC report?**

- a. If yes, please provide your email address: \_\_\_\_\_

## **SURVEY QUESTIONS**

**1. For people involved in the criminal legal system in Santa Cruz County, what are the primary challenges to providing treatment or connecting individuals to behavioral health services/treatment? (probe for Medi-Cal vs. private insurance issue)**

- a. We have heard that a gap in treatment availability exists for individuals with private insurance. Can you talk about this? What are some solutions?

**2. How can the continuity of care be improved during transition points: For example, transitioning from jail to treatment or treatment to the community?**

**3. In your view, what are the top strategies to support successful reentry into the community for individuals with behavioral health needs who are involved in the criminal legal system?**

- a. For this population, how can we best address the social determinants of health, such as poverty, education, housing, and access to healthcare?
- b. Which prevention strategies could be implemented, or strengthened, in Santa Cruz County? (*Upstream prevention strategies that keep individuals with behavioral needs from becoming involved in the criminal legal system such as: school-based mental health programs, child and adolescent MH services, poverty reduction, etc.*)

**4. How can system partners – the emergency department, jail system, probation, public defender’s office, court, treatment providers & behavioral health services - work better together in response to individuals with behavioral health needs who are involved in the criminal legal system?**

**5. What are the challenges related to transitional housing for individuals with behavioral health needs who are involved in the criminal legal system when they are discharged from treatment, jail, or emergency medical care? (*i.e. availability, complex client needs, stigma/discrimination, high turnover/relapse, limited access to services*)**

**6. What are the most promising opportunities for addressing these challenges and/or improving the effectiveness of transitional housing programs for individuals with behavioral needs who are involved in the criminal legal system in Santa Cruz County?**

**7. In general, what policies or reforms would improve the delivery of behavioral health services for individuals involved in the criminal legal system in Santa Cruz County?**

**8. As we are looking at behavioral health treatment for people involved in the criminal legal system, what else should we be thinking about, asking, or looking into to gain a better understanding of the situation?**

**9. Is there anything else you would like to share?**

# APPENDIX C: Addressing Root Causes/Upstream Prevention Summary

## UPSTREAM PREVENTION OF BEHAVIORAL HEALTH NEEDS AND CRIMINAL LEGAL SYSTEM INVOLVEMENT

Upstream prevention is a public health approach that aims to address the underlying causes of health problems before they manifest. In the criminal legal system, this means targeting the root causes of crime, such as social, economic, and environmental factors.

## KEY STRATEGIES FOR UPSTREAM PREVENTION OF BEHAVIORAL HEALTH NEEDS AND CRIMINAL LEGAL SYSTEM INVOLVEMENT

<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• <b>Address poverty:</b> Implement policies and programs to reduce poverty and improve economic opportunities.</li> <li>• <b>Improve housing:</b> Ensure access to affordable, safe, and stable housing.</li> <li>• <b>Expand access to healthcare:</b> Increase access to quality healthcare, including mental health and substance abuse services.</li> <li>• <b>Enhance education:</b> Invest in education to improve literacy, numeracy, and life skills.</li> </ul>
<b>Early Childhood Development</b>	<ul style="list-style-type: none"> <li>• <b>Invest in early childhood education:</b> Support high-quality early childhood education programs to promote cognitive, social, and emotional development.</li> <li>• <b>Provide nutrition and healthcare:</b> Ensure access to nutritious food and preventive healthcare for young children.</li> <li>• <b>Address parental mental health:</b> Support parents' mental health to create nurturing environments for children.</li> </ul>
<b>Community-Based Prevention Programs</b>	<ul style="list-style-type: none"> <li>• <b>Implement community-based initiatives:</b> Support community-based programs that promote mental health, substance abuse prevention, and social-emotional learning.</li> <li>• <b>Foster positive relationships:</b> Encourage positive relationships between individuals and their communities.</li> <li>• <b>Reduce stigma:</b> Promote mental health awareness and reduce stigma associated with mental illness and substance abuse.</li> </ul>
<b>School-Based Interventions</b>	<ul style="list-style-type: none"> <li>• <b>Integrate mental health support:</b> Incorporate mental health support services into schools.</li> <li>• <b>Promote social-emotional learning:</b> Teach students social-emotional skills, such as problem-solving, conflict resolution, and empathy.</li> <li>• <b>Address bullying and harassment:</b> Implement policies and programs to prevent bullying and harassment in schools.</li> </ul>
<b>Substance Abuse Prevention</b>	<ul style="list-style-type: none"> <li>• <b>Educate youth:</b> Provide age-appropriate education about the dangers of substance abuse.</li> <li>• <b>Support healthy choices:</b> Encourage healthy lifestyle choices and provide alternatives to substance abuse.</li> <li>• <b>Address risk factors:</b> Identify and address risk factors for substance abuse, such as peer pressure and family dysfunction.</li> </ul>

Table continued on next page

<b>Trauma-Informed Care</b>	<ul style="list-style-type: none"> <li>• <b>Integrate trauma-informed practices:</b> Incorporate trauma-informed practices into all aspects of the criminal legal system and community-based services.</li> <li>• <b>Provide trauma treatment:</b> Offer specialized trauma treatment to individuals who have experienced trauma.</li> <li>• <b>Promote resilience:</b> Teach individuals coping skills and strategies to build resilience.</li> </ul>
<b>Mental Health Literacy</b>	<ul style="list-style-type: none"> <li>• <b>Increase public awareness:</b> Conduct public awareness campaigns to increase understanding of mental health needs.</li> <li>• <b>Reduce stigma:</b> Challenge negative stereotypes and promote positive attitudes towards mental health.</li> <li>• <b>Provide training:</b> Train professionals in the criminal legal system and community-based organizations in mental health literacy.</li> </ul>
<b>Policy and Systems Change</b>	<ul style="list-style-type: none"> <li>• <b>Advocacy:</b> Advocate for policies that support mental health, such as increased funding for mental health services and reduced stigma.</li> <li>• <b>System Integration:</b> Promote collaboration between healthcare providers, social service agencies, and community organizations to address the complex needs of individuals with mental health needs.</li> <li>• <b>Addressing systemic racism and inequality:</b> Addressing systemic racism and inequality can help reduce disparities in health outcomes.</li> </ul>

## UPSTREAM PREVENTION OF BEHAVIORAL HEALTH NEEDS AND CRIMINAL LEGAL SYSTEM INVOLVEMENT

- **Reduced crime:** By addressing the root causes of crime, upstream prevention can lead to a reduction in crime rates.
- **Reduced prevalence of mental health needs:** By addressing the root causes, upstream prevention can lower the overall rate of mental health problems.
- **Improved health outcomes:** Upstream prevention can also improve the overall health and well-being of communities.
- **Improved quality of life:** Healthy individuals are more likely to have better quality of life and contribute positively to society.
- **Cost-effective:** Prevention is often more cost-effective than treatment and/or incarceration.
- **Social justice:** Upstream prevention promotes social justice by addressing the underlying causes of inequality and ensuring that everyone has the opportunity to succeed.

# APPENDIX D: Treatment Facilities in Santa Cruz County

Below is a list of treatment providers in Santa Cruz County. The list is likely imperfect and incomplete, including information regarding bed capacity and the types of insurance the facilities accept. Trying to determine what types of insurance were accepted was a challenge.

FACILITY	SERVICE TYPE	# OF BEDS
Telecare (Santa Cruz County Psychiatric Health Facility)	Locked acute psychiatric inpatient program	16
7th Avenue Center	Locked residential care services; Co-occurring Disorders	99
County Walk-in – Santa Cruz	Crisis Services	N/A
County Walk-in – Watsonville	Crisis Services	N/A
Telos	Sub-Acute/Crisis Residential (short-term)	10
El Dorado Center (EDC)	Sub-Acute Residential Program	16
Front Street Residential Care Facility	Residential Care	47
Willowbrook Residential Care 1 (Adults 18-60)	Residential Care	34
Willowbrook Residential Care 2 (Adults 60+)	Residential Care	6
Wheelock Residential Care	Residential Care	16
Opal Cliff Residential Center	Residential Care	15
Pajaro Valley Prevention and Student Assistance, Inc. (PVPSA)	Mental health services, substance abuse and intervention and prevention services, and direct counseling to the students and families	N/A
Janus	SUD Counseling; Co-occurring Disorders	24
New Life	SUD Counseling	38
Sobriety Works	SUD Counseling	20
Second Story Respite House	Alternative for psychiatric hospitalization; Maximum of 15 days	6
Alto North and South Counseling Center	Outpatient SUD Counseling	N/A
Casa Pacific	Co-occurring Disorders	12
Santa Cruz Residential Recovery	Co-occurring Disorders; Co-ed residential recovery services for 30-90 days	30
Sí Se Puede	Co-occurring Disorders; bilingual and monolingual services for Spanish-speaking males for 30-90 days	23

<b>The Camp Recovery Center</b>	Residential SUD treatment	unknown
<b>Family Service Agency</b>	Counseling, suicide prevention, and supportive services	N/A
<b>Coastal Turning Point</b>	Co-occurring Disorders;	N/A
<b>Mental Health Client Action Network (MHCAN)</b>	Clean and sober mental health community center	N/A
<b>Gemma Transitional Housing Program</b>	Structured, transitional housing with residential treatment	6
<b>Front St., Inc. (Sites across county)</b>	Supported Housing Services	36+
<b>Encompass Community Services (Sites across county)</b>	Supported Housing Services	130



**The Criminal Justice Council of Santa Cruz County (CJC) was created over thirty years ago in an effort to provide a more effective criminal justice system for the residents of Santa Cruz County. The all-volunteer membership works to:**

- increase coordination and cooperation between criminal justice partners - government, non-profit, educational and others
- to reduce youth involvement in gangs
- to provide a forum for discussion and development of recommendations for strategies related to solutions to crime and violence locally
- provide long-range planning for the criminal justice system – with a focus on addressing countywide gang prevention and intervention
- provide timeline information on criminal justice matters and act as an advisory body to public entities in Santa Cruz County

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## **MEMBERSHIP AND PROCEDURES**

The CJC has a diverse membership that includes community leaders and subject matter experts from throughout the county. The membership includes local elected leaders from the Board of Supervisors and local City Councils, all of the Chiefs of Police and the Sheriff, the District Attorney and Chief Probation Officer, the Public Defender, the County Superintendent of Schools, the President of Cabrillo College, the Superior Court, the County Behavioral Health Director and local non-profit leaders. The CJC meets quarterly and these meetings are open to the public. More information about meetings and the CJC can be found on the CJC's website.

**[www.santacruzjc.org](http://www.santacruzjc.org)**