

From: [Jen Myhre](#)
To: [BoardOperations](#)
Cc: [Ellenberg, Supervisor](#); [Chavez, Cindy](#); [Supervisor.Lee](#); [Supervisor Simitian](#); [District1](#)
Subject: [EXTERNAL] Items 16 and 32
Date: Monday, February 26, 2024 1:44:01 PM
Attachments: [suri logo full color\(1\).png](#)
[SURJ letter of support for SOS and CLC petition.pdf](#)

Please see attached.

To: The Santa Clara County Board of Supervisors

Re: Items 16 and 32

From: Showing Up for Racial Justice at Sacred Heart Community Serve

Date: February 26 2024

Showing Up for Racial Justice (SURJ) at Sacred Heart Community Service is writing to support the petition by Survivors of the Street and the Community Living Coalition submitted in response to the item to “Approve Request for Appropriation Modification No. 150 -\$5,345,659 increasing estimated revenue and expenditure appropriations in the Behavioral Health Services Department budget, relating to Behavioral Health Bridge Housing.” Their petition asks the county to center the voices of those who have lived in this type of housing. For example, the memorandum from Dr. Terao and Mr. Le does not include details for the “habitability improvements fund” it mentions and people with lived experience want to understand the specifics about this fund and the planning process for bridge housing, and be active participants in that process. As you discuss Item 16, move forward on this petition to integrate affected community members in the planning process for board and care housing.

Their petition asks the county to implement a community task force and develop a registry of independent living shared housing. SURJ's core principle is to follow the lead of our partners who are directly affected by a problem. At Sacred Heart Community Service we believe that those closest to the pain have the best solutions. For these reasons, we support the key principle of the SOS and CLC petition: that community members who know what it's like to live in board and care homes should be centered in a taskforce that will review standards for housing behavioral health clients in unlicensed independent living and make recommendations based on their review.

Santa Clara County is in the midst of a mental health crisis and has devoted considerable energy to work to address this crisis. However, many of our neighbors are still falling through the cracks. There is not enough licensed housing (otherwise known as Board and Care) to support those who have a mental illness. Often county resources and social workers resort to unregulated housing (otherwise known as Independent Living or Room and Board). People who have experienced living in these housing units face issues of overcrowding, non-nutritious meals, plumbing and heating issues, and a lack of staff

support who are trained to deal with the complexities of people with mental illness. Instead of being a place to encourage recovery, people have reported their conditions getting worse. It is inexcusable that county-contracted mental health providers need to resort to placing people with mental illness in homes that do not reflect the dignity and respect that human beings deserve. Providing stable housing can be a key contributor to someone's healing and recovery and is a better investment of county funds than a new jail.

A community task force will be able to identify how the county can both increase the capacity of housing for people with mental disabilities and as well as ways to improve the quality so the environment is conducive to the process of getting well. They have already developed detailed recommendations in their *Community Task Force to Review Current Standards for Housing Behavioral Health Clients in Unlicensed Independent Livings and Make Recommendations* document. And the county should work with that task force to develop a registry of all independent living shared housing so that quality and safety standards can be monitored. We urge the county to prioritize the formation of a task force that will help address capacity and quality issues that exist within the Continuum of Care in Santa Clara County.

Jen Myhre, on behalf of the members of Showing Up for Racial Justice at Sacred Heart Community Service



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Jen Myhre (she/they)
Senior Organizer, Showing Up for Racial Justice
<https://www.surjatsacredheart.org/>



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County of Santa Clara Behavioral Health Board

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February 12, 2024

County of Santa Clara Board of Supervisors
70 West Hedding Street
East Wing, 10th Floor
San Jose, CA 95110

Dear Honorable Supervisors,

As your appointed Behavioral Health Board, we are consumers, clinicians, clients and family members of clients of the behavioral health system that function to advise the Board of Supervisors and the Behavioral Health Services Department (BHSD) as to any aspect of the County behavioral health program. In January 2022, the Santa Clara County Board of Supervisors declared mental health and substance abuse a public health crisis. This historic declaration was a monumental recognition of the magnitude of the substance abuse epidemic occurring in our valley. In the spirit of this public health declaration, the BHB recently convened a public discussion to understand the needs of our Substance Use Treatment Services (SUTS) and our crisis intervention programs.

We respectfully ask that the Board of Supervisors:

- 1. Ensure that SUTS and crisis intervention services are not negatively impacted during the upcoming FY 24-25 budget process.**
- 2. Prioritize filling key vacancies to ensure our SUTS have adequate personnel resources to meet the demand.**
- 3. Work to reduce the ongoing negative impact of CalAIM implementation for service providers.**
- 4. In the event that Prop 1 is approved by California voters, ensure that SUTS and Community Mobile Response Teams are not negatively impacted.**

There is Great Demand

In mid 2023, the County of Santa Clara shared that “fentanyl-related overdose deaths for 2023 in Santa Clara County more than doubled at the end of May, with 41 deaths compared to 17 recorded deaths at the end of April 2023”.¹ This opioid epidemic is a symptom of a larger underlying substance abuse crisis. This is also an indicator that there is great demand for SUTS, evident by the staff reported approximately 22,000 calls annually received through the BHSD Call Center. This notion of existing high demand can also be illustrated by the figure below, showing the sheer number of SUTS referrals by modality in 2022:

¹ <https://news.santaclaracounty.gov/news-release/fentanyl-deaths-spike-santa-clara-county>



County of Santa Clara Behavioral Health Board

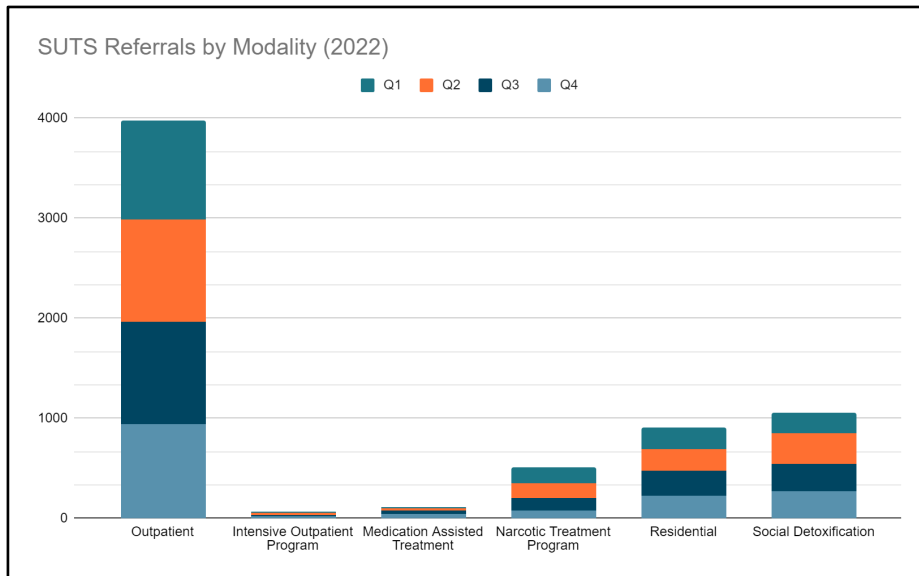
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Crisis Intervention as a Tool

As a board, we continue to stand by the County's racial equity goals that were shaped following the George Floyd protests in 2020. To that end, we must reiterate our strong support for the critical work that the Community Mobile Response Teams offer. Programs such as Mobile Crisis Response Team (MCRT) and Psychiatric Emergency Response Team (PERT) create alternative paths away from incarceration, prioritizing de-escalation and treatment over enforcement and criminalization.

Furthermore, our Crisis Intervention programs have shared from firsthand encounters that substance abuse is often associated with the crises they encounter. Programs such as the Trusted Response Urgent Support Team (TRUST) receive an average of 35-50 calls each week with most being deescalated over the call center and 5% of calls resulting in the dispatch of one of the onsite field teams which conducts careful follow ups post-de-escalation to help direct the individual to the appropriate resources. With the growing awareness of 988 and expansion of services such as TRUST throughout the county, the demand for SUTS will most likely increase as well.

Doing More with Less

This past year has been a year of challenges for our behavioral health community. Aside from the demand for SUTS, tough countywide budgetary decisions were made reducing capacity building for the department. Our service providers had to also contend with the horrendous implementation of CalAIM, as well as the growing fentanyl epidemic and a declining vocational pipeline have further compounded this crisis. Nevertheless, despite these challenges and the diminishing resources, our County continues to rise and meet head on our substance abuse crises. This would not be possible without the incredible work of our behavioral health community including our Behavioral Health Services Department and the cadre of partners and



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service providers that help maintain and grow our system of care. The following highlights the key strengths of our system of care²:

- Santa Clara County provides far more outpatient substance use treatment services than other counties statewide and is working to significantly increase access to other forms of substance use treatment, including residential treatment. One area where we are doing slightly better than other counties is in provision of SUTS services to minors.
- A total of 98% of patients who needed withdrawal management secured services within the 48-hour standard and readmission rates (within 30 days of discharge) were significantly lower than the statewide average.
- BHSD has a 15% higher rate of treatment completion compared to other counties across the state.
- No patients are on a waiting list for medical detox services, as individuals experiencing severe withdrawal symptoms are directed to the nearest hospital emergency department where they will be provided medical detox.
- Any patient seen at the County's three hospitals who need medical detox is admitted to the hospital and provided care until they are ready for discharge; none are ever placed on a waiting list for this level of care.
- Individuals who are justice involved may access SUTS programs through the Re-Entry Resource Center and the BHSD Treatment Courts, which include the following: Mental Health Court, Drug Court, Dependency Wellness Court, and Juvenile Hall.
- BHSD also has several screening sites where individuals can walk-in and receive services offered by BHSD SUTS contracted providers.

Furthermore, as the demand remains/grows, BHSD aims to do the following³:

- **Prevention:** Broad community awareness campaigns, educate community on partnerships, how to access treatment to increase connection to treat and coordinate data collection.
- **Harm Reduction:** Maximize broad community distribution of harm reduction training, naloxone, fentanyl test stripes, and other SUD harm reduction programs and resources to connect those to treatment.
- **Outpatient Treatment:** Expand outpatient treatment for youth, expand SUTS to primary care to broaden access, improve direct client access to treatment, implement low-barrier MAT

² <http://sccgov.igq2.com/Citizens/FileOpen.aspx?Type=4&ID=238358&MeetingID=14706>

³ <http://sccgov.igq2.com/Citizens/FileOpen.aspx?Type=4&ID=242801&highlightTerms=SUTS>



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- **Residential Treatment:** Increase bed capacity for residential treatment for those who require SUTS and housing/residential options, expand withdrawal management beds
- **Acute Treatment:** Improve linkages to SUTS in inpatient settings, expand medical detoxification beds

These much-needed actions and strategies that can place our County on a path to meeting the demand for Substance Use Disorders and addressing the substance abuse crisis at-large. However, we are concerned of the potential barriers looming ahead such as further county budgetary reductions, staffing loss, continuing impacts from CalAIM, and the uncertainties of the Behavioral Health Services Act (Prop 1) that is on the ballot for the March 5, 2024 primary election.

There has never been a more urgent time to combat our substance abuse crisis. We thank you for the continuing opportunity to serve our community.

Sincerely,

Anne Baumgarten
Chair, Behavioral Health Board

CC:

James Williams, County Executive

Ky Le, Deputy County Executive

Sherri Terao, Director, BHSD

Darren Tan, Deputy Director, Administration, BHSD

Margaret Obilor, Director, Adult/ Older Adult System of Care, BHSD



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February 25, 2024

County of Santa Clara Board of Supervisors
70 West Hedding Street
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San Jose, CA 95110

Santa Clara County BOS:

It has been well documented and discussed that the number of licensed Board and Care (B&C) beds nationally, as well as locally, are in decline. Santa Clara County has been especially hard hit, relative to the number of licensed B&C beds due to a variety of factors. As a result of the decrease in available licensed beds, the number of unlicensed beds are becoming more frequently utilized by County BH providers and case managers in the quest to secure housing for County clients. Many of those unlicensed beds are in substandard environments, with substandard services, i.e., dietary offerings, medication management, over-crowding, etc. It is not uncommon for many of these homes to struggle with infestations of cockroaches, bedbugs, illegal substance use, etc.

In an effort to improve the quality of bed offerings in unlicensed homes, the County BHB is in full support of the proposed formation of a Task Force to examine options for improving living conditions in the aforementioned homes. Additionally, it is anticipated that the BHB will be included as a Task Force partner in the quest for solutions for the dire issues impacting our County's most vulnerable residents.

Respectfully,

Anne Baumgarten
Chair, Behavioral Health Board

CC:

James Williams, County Executive

Ky Le, Deputy County Executive

Sherri Terao, Director, BHSD

Darren Tan, Deputy Director, Administration, BHSD

Margaret Obilor, Director, Adult/ Older Adult System of Care, BHSD