



SANTA CRUZ
COUNTY
GRAND JURY

Grand Jury <grandjury@scgrandjury.org>

Response to 2022-2023 Report "Diagnosing the Crisis in Behavioral Health"

Caitlin Smith <Caitlin.Smith@santacruzcountyca.gov>

Wed, Sep 20, 2023 at 9:23 AM

Good Morning,

Please see attached for responses to the 2022-2023 Grand Jury Report titled "Diagnosing the Crisis in Behavioral Health" from the Santa Cruz County Board of Supervisors which was approved at the Board of Supervisors meeting on September 12, 2023.

Best,

Caitlin C. Smith

County Supervisors' Analyst

Santa Cruz County Board of Supervisors

701 Ocean Street, Room 500

Santa Cruz, CA 95060

831-454-2200 main

831-454-3516 direct

caitlin.smith@santacruzcountyca.gov

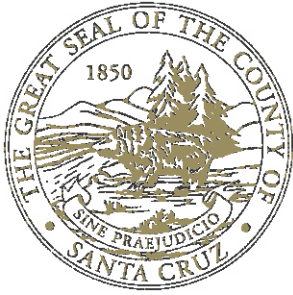
To email all five members of the Board of Supervisors at once,

please use: boardofsupervisors@santacruzcountyca.gov



Board of Supervisors Response to Grand Jury Report Diagnosing the Crisis in Behavioral Health.pdf

316K



County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069
(831) 454-2200 • FAX: (831) 454-3262 TDD/TTY - Call 711

MANU KOENIG
FIRST DISTRICT

ZACH FRIEND
SECOND DISTRICT

JUSTIN CUMMINGS
THIRD DISTRICT

FELIPE HERNANDEZ
FOURTH DISTRICT

BRUCE MCPHERSON
FIFTH DISTRICT

September 18, 2023

The Honorable Syda Cogliati
Santa Cruz Courthouse
701 Ocean Street
Santa Cruz, CA 95060

**RE: Response to the 2022-2023 Grand Jury Report "Diagnosing the
Crisis in Behavioral Health"**

Dear Judge Cogliati:

The purpose of this letter is to formally transmit the responses of the Santa Cruz County Board of Supervisors to the 2022-2023 Grand Jury Report "Diagnosing the Crisis in Behavioral Health".

Sincerely,

ZACH FRIEND, Chair
Board of Supervisors

ZF: cs
Attachment

CC: Clerk of the Board
Santa Cruz County Grand Jury



**The 2022–2023 Santa Cruz County Civil Grand Jury
Requires the**

Santa Cruz County Board of Supervisors

to Respond by September 11, 2023

**to the Findings and Recommendations listed below
which were assigned to them in the report titled**

**Diagnosing the Crisis in Behavioral Health
Underfunded, Understaffed & Overworked**

Responses are **required** from elected officials, elected agency or department heads, and elected boards, councils, and committees which are investigated by the Grand Jury. You are required to respond and to make your response available to the public by the California Penal Code [\(PC\) §933\(c\)](#).

Your response will be considered **compliant** under [PC §933.05](#) if it contains an appropriate comment on **all** findings and recommendations **which were assigned to you** in this report.

Please follow the instructions below when preparing your response.

Instructions for Respondents

Your assigned [Findings](#) and [Recommendations](#) are listed on the following pages with check boxes and an expandable space for summaries, timeframes, and explanations. Please follow these instructions, which paraphrase [PC §933.05](#):

1. **For the Findings, mark one of the following responses with an “X” and provide the required additional information:**
 - a. **AGREE with the Finding**, or
 - b. **PARTIALLY DISAGREE with the Finding** – specify the portion of the Finding that is disputed and include an explanation of the reasons why, or
 - c. **DISAGREE with the Finding** – provide an explanation of the reasons why.
2. **For the Recommendations, mark one of the following actions with an “X” and provide the required additional information:**
 - a. **HAS BEEN IMPLEMENTED** – provide a summary of the action taken, or
 - b. **HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – provide a timeframe or expected date for completion, or
 - c. **REQUIRES FURTHER ANALYSIS** – provide an explanation, scope, and parameters of an analysis to be completed within six months, or
 - d. **WILL NOT BE IMPLEMENTED** – provide an explanation of why it is not warranted or not reasonable.
3. **Please confirm the date on which you approved the assigned responses:**

We approved these responses in a regular public meeting as shown
in our minutes dated September 12, 2023.

4. **When your responses are complete, please email your completed Response Packet as a PDF file attachment to both**

The Honorable Judge Syda Cogliati Syda.Cogliati@santacruzcourt.org and

The Santa Cruz County Grand Jury grandjury@scgrandjury.org.

If you have questions about this response form, please contact the Grand Jury by calling 831-454-2099 or by sending an email to grandjury@scgrandjury.org.

Findings

F1. The chronic understaffing in the Behavioral Health Division (BHD) and their contractors is negatively impacting the department's ability to meet goals and to provide services in a timely and effective manner.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The vacancy rate for administrative and clinical positions in the Behavioral Health Division (BHD) has an adverse impact on our ability to meet goals and provide services in a timely manner.

However, BHD made a number of hires in the past 18 months to fill vacancies. With 288 funded positions in FY 2022-23, BHD hired 45 new employees and made 62 promotions between January 2022 and June 2023. This data reflects positive efforts amidst numerous challenges that were either not included or not examined as part of the Grand Jury's report.

A longstanding shortage of mental health workers in the country, compliance with Civil Service Rules, standard employee churn, nature of the work, and specific recruitment challenges given Santa Cruz County's challenging cost of living and lack of available housing all impact the County's recruitment efforts. Furthermore, the global COVID-19 pandemic profoundly impacted labor markets in ways economists are still striving to understand, leading to unprecedented circumstances such as record quit rates across all job sectors.

As outlined below, the County had taken and continues to take numerous and specific efforts to increase the number of new hires while reducing recruitment times.

Regrettably, these efforts were either not examined or not included in the Grand Jury's report.

F2. The County Personnel Department has been slow to respond to the chronic understaffing in the Behavioral Health Division. It has not put measures into place to speed up the hiring process or to create competitive salaries and incentives for the non-medical personnel who staff the BHD positions. Nor have they created connections with nearby universities to groom a clinical workforce. This causes unnecessary delays in hiring mental health professionals.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

In fall 2021, the County Personnel Department and Health Services Agency (HSA) created the HSA Recruitment and Retention Committee. The purpose of the committee was to achieve measurable improvements in recruitment and retention of difficult-to recruit-classifications.

As a result, the County created three dedicated positions to support the various functions of HSA's recruitment and hiring process, resulting in strengthened partnerships with the Health Improvement Partnership and local colleges and universities (Cabrillo College, UCSC, CSUMB) and internal process changes intended to expand recruitment efforts, accelerate time-to-hire durations and reduce vacancies. These tools included: management training; procedural improvements around application review, examinations, interviews and reference checks; conducting continuous recruitments and modifying Civil Service Codes to eliminate undue delays, which were approved by the Board of Supervisors on June 27, 2023.

There is a national shortage of health care workers including behavioral health workers. This problem preceded but was exacerbated by the COVID-19 pandemic. A 2018 paper by the Healthforce Center at the University of California, San Francisco found that the gap between supply and demand for behavioral health workers was wide was predicted to grow larger.¹

¹ <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/California%E2%80%99s%20Current%20and%20Future%20Behavioral%20Health%20Workforce.pdf>

The pandemic only exacerbated these issues. The 2022 “State of the Workforce Report”²² by the Santa Cruz County Workforce Development Board found health care in general to be a rapidly growing field, accounting for 28 percent of all County job growth between 2010-2019. But the growing demand for workers was significantly undermined during the pandemic when, the report found, 30 percent of all health care workers either quit or were laid off during the pandemic. While focusing on private sector providers, the report documented high turnover and early retirements, and forecasted industrywide difficulties in replacing these workers. There is no reason to believe BHD is immune from these national, State and local forces, and the Workforce Development Board’s findings are in line with the Grand Jury’s findings.

The County operates under a Limited Civil Service System. While this system does not give us the same flexibility enjoyed by the private sector when it comes to hiring practices, it does serve important public policy goals – ensuring fair, equitable and uniform procedures to hire the best-qualified individuals. These requirements include public advertisement of job openings, identification of minimum qualifications, competitive examinations and candidate rankings, all of which expand time-to-hire and may create higher baseline vacancy rates.

Furthermore, during 2021 Service Employees International Union (SEIU) negotiations, a committee consisting of representatives from the County Personnel Department, BHD and SEIU was created to expand the Mental Health Client Specialist series, improve compensation for specific skillsets, and create a career ladder to improve the County’s ability to recruit and retain candidates. Additionally, all BHD classifications received a 6% pay increase in 2022 along with improved benefits.

Taken together, the Board of Supervisors believes these efforts demonstrate the County’s recognition of the importance of these issues to the community. Prior to the commencement of the Grand Jury’s investigation, our response was significant and focused on addressing issues later identified in the Grand Jury’s report.

²² <https://workforcescc.com/wp-content/uploads/2022/05/Santa-Cruz-County-SoW-Final-2022.pdf>

F3. Both the Personnel Department and the Behavioral Health Division do not have enough analysts to allow an adequate review of their programs and systems, including analyzing the County’s hiring process. This makes it difficult for them to improve services.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

As noted above, the County added staff to assist with HSA recruitment. This team made a number of improvements to recruitment and hiring processes.

While we do not accept that the County has not sufficiently budgeted enough staff to provide “adequate” reviews of departmental program and systems, we recognize that the recruitment challenges outlined above can impact a department’s abilities to conduct these analyses. However, County services including services offered by BHD are constantly being reviewed and assessed, and changes through continuous process improvement are common. In recent years, for example, BHD has expanded available substance use disorder beds in the County, secured funding for a Children’s Crisis Stabilization Center, established mental health liaisons to work with local law enforcement, established Mobile Emergency Response Teams for adults and youth, is overseeing expanded jail mental health services, implemented Whole Person Care and is implementing further changes through California Advancing and Innovating Medi-Cal (CalAIM). These examples represent a segment of improvements made during the last few years.

F4. The Crisis Stabilization Program (CSP) has been diverting patients experiencing a mental health crisis to hospital emergency departments too frequently, delaying diagnosis, delaying treatment, and placing an extra burden on the emergency departments, which are already overcrowded. The emergency departments then become responsible for finding an inpatient facility for patients who cannot be safely discharged to outpatient care, which further stretches limited resources.

- AGREE**
- PARTIALLY DISAGREE**
- DISAGREE**

Response explanation (required for a response other than **Agree**):

While staffed by a third-party vendor, the CSP has also experienced staffing challenges that adversely impacted staffing ratios. Furthermore, capacity in that program is limited, sometimes leaving local hospitals as the only treatment option for those experiencing a mental health crisis.

Since October 2022, steps have been taken to mitigate this issue. By June 30, 2023, diversion of adults decreased from 19% to 6%, and diversion of children decreased from 70% to 21%. As referenced above, BHD is developing a Children’s Crisis Stabilization Center including an eight-bed all youth Crisis Stabilization Unit and 16-bed all youth crisis residential program.

On August 22, 2023, the Board of Supervisors approved new two-year agreements with Telecare to operate the CSP and Psychiatric Health Facility. The total value of these contracts is \$34.8 million.

F5. The limited hours that the Mobile Emergency Response Team and Mobile Emergency Response Team for Youth operate interfere with a timely assessment of patients in a mental health crisis, negatively impacting patient care.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The Mobile Emergency Response Team (MERT) and the Mobile Emergency Response Team for Youth (MERTY) are part of the overall crisis continuum and were not designed to be the sole source for crisis response and transportation in Santa Cruz County. BHD provides a range of services and programs to the community and has numerous avenues for response, including Mental Health Liaisons, Walk-In Crisis services at both of our Emeline and Freedom campuses, and assessment access available 24 hours/day, seven-days-a-week at the CSP. BHD also operates a 24-hour Behavioral Health Services hotline.

To meet increased community needs, the County is currently developing a mobile crisis response based on the Crisis Now model to bring 24/7/365 mobile crisis response to the community. The Crisis Now model utilizes peers and mental health professionals, rather than law enforcement, as the first responders to most mental health crises. The County anticipates operating 24/7/365 mobile crisis response by July 1, 2025.

F6. An inadequate number of beds at the Psychiatric Healthcare Facility (PHF) results in the practice of sending patients out of county, which negatively impacts the patient's care, and is expensive for the Behavioral Health Division.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

While the PHF services and inpatient care out of county are expensive levels of care, it's possible that increasing services at lower levels of care, including residential and partial hospitalization, may reduce the need for additional PHF beds. As noted above, BHD is planning Crisis Now, a crisis continuum project funded by Mental Health Services Act (MHSA) Innovations. One of the goals is to understand how sufficient services at all levels of care might improve patient care and outcomes as well as reduce costs to the system.

F7. The County plans to close the current Crisis Stabilization Program (CSP) to patients under 18 after June 30, 2023, and the new CSP/PHF in Live Oak will not be open until late 2024 or early 2025 compromising crisis care to minors for 18 months or more.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The County's contractor requested, and the County agreed, to no longer admit patients under 18 to the CSP as of July 1, 2023. This was the result of months of negotiations. Considering the design of the physical building and the staffing ratios, admitting one youth into the CSP would remove the capacity of four chairs for adults, which diverted more adults to the emergency departments. Now that the CSP is no longer accepting patients under age 18, the admission of one adult to the CSP removes the capacity of only one chair and other chairs are available for adults up to a total of 12 chairs. Demand for CSP services is higher for the adult population than the youth population. This option, while not ideal, has the least negative impact to the crisis continuum. The County is working closely with a community provider and a local health system on an interim solution for youth CSP. The County has procured a building and is developing a youth only CSP with eight chairs and Crisis Residential with 16 beds to open by July 2025.

F8. The large number of high cost beneficiaries results in additional demands on an already overloaded behavioral health system.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

As noted in the report, external auditors found that our County's Med-Cal beneficiaries received more crisis stabilization and intervention services than the statewide average and postulated that it was due in part to more "robust" services than other counties. There is currently insufficient information to understand whether expanding our continuum of care at lower levels to divert beneficiaries from crisis and support them on a recovery path might reduce the need for higher cost services.

F9. The new Sí Se Puede Behavioral Health Center in Watsonville is a big step in the right direction, and will provide significantly increased service capacity, but it is still not enough.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The new Si Se Puede expansion will increase capacity. However, it will not completely close the gap.

F10. The lack of step-down care for patients completing both inpatient and outpatient treatment often results in patients relapsing and needing retreatment, which is bad for the patient and increases costs for the Behavioral Health Division.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

The continuum of care has gaps that adversely impact sufficient step-down capacity and also treatment capacity to intervene and support care to prevent crisis.

F11. The high rate of homelessness and Substance Use Disorder in the County results in the Behavioral Health Division's clients that are especially demanding and difficult to treat.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

While the County lacks a strong and affordable recovery path for those who enter treatment, insufficient housing is the main barrier.

F12. The Behavioral Health Division is insufficiently funded and staffed to provide adequate step down care for their patients, many of whom are homeless, and/or recently released from jail, and thus have a need for support.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

BHD's budget for FY 2023-24 exceeds \$134 million, a 65 percent increase compared to five years ago and more than any division in any department in the County. This commitment reflects the Board's emphasis on mental health in our community. We recognize that even at these funding levels, gaps in the continuum of care remain. Community mental health remains a priority of this Board, and we will continue to look for opportunities to expand services given the funding challenges faced by the County.

As every Grand Jury learns, the County faces structural challenges that make it difficult to compete and compare with other Bay Area counties. These include the County receiving only 13 cents from every property tax dollar, giving Board members difficult choices on how to divide scarce resources, particularly when the County must provide hometown services for half the County population living in unincorporated areas. Despite these challenges, the Board recognizes the importance of and need for adequate step-down care for patients.

F13. Outreach to the Latino/a community is insufficient because of the lack of bilingual and bicultural staff contributing to disproportionate underutilization of mental health services within the Latino/a community.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

BHD provides bilingual mental health services with bicultural staff in both Santa Cruz and Watsonville clinics for adults and children. BHD also contracts with numerous bilingual community-based providers to provide outreach and treatment services. BHD has done and will continue to do targeted recruitment toward potential candidates who are bilingual and bicultural to expand staffing and outreach to the Latino/a community.

F14. The current pay differential for bilingual staff is insufficient to attract and retain suitably qualified staff making adequate outreach to the Latino/a community difficult.

AGREE

PARTIALLY DISAGREE

DISAGREE

Response explanation (required for a response other than **Agree**):

There is insufficient data to make a correlation between differential pay and staff recruitment and retention. However, the County offers services in a broad range of languages, including Mixteco, though Spanish is our threshold language. BHD has done and will continue to do targeted recruitment toward potential candidates who are bilingual and bicultural to expand staffing and outreach to the Latino/a community.

Recommendations

- R1.** Competitive salaries and hiring incentives should be put in place for all vacant Behavioral Health Division (BHD) positions that don't already have them. The BHD should consider the salaries and hiring incentives offered by Santa Clara County as a guide -- such as hiring bonuses, loan repayment, public service loan repayment, and workforce tuition. The Personnel Department must plan for increases in salary and incentives by the end of 2023 with the goal of including them in the next budget cycle. (F1, F2, F8)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

As noted above, the County increased pay for behavioral health workers, and programs such as Public Service Loan Forgiveness are open to all public employees.

Financial comparisons between Santa Cruz County and Santa Clara County – home of Silicon Valley, the greatest economic engine of the century – are unproductive and unrealistic. Santa Clara County has the second largest total property tax allocation and uses these higher tax dollars to serve the third smallest unincorporated population (4% of their entire county), resulting in California's highest per capital property tax allocation (over \$10,000 per unincorporated resident). Alternatively, Santa Cruz County has one of the lowest per capital property tax rates (under \$500) as its lower tax dollars are spread to directly serve 50% of the population that lives in the unincorporated area.

Furthermore, the connection between salary and local recruitment challenges has not been demonstrated. Between January 1, 2023 and June 30, 2023, of the 159 employees who left HSA, six stated their reason for leaving was salary.

Nonetheless, the County will continue to explore opportunities to improve our recruitment and retention efforts.

R2. The County Personnel Department should plan to do an analysis of the hiring process for BHD positions and put measures into place to reduce the time it takes to hire by at least half. They should streamline the process and make use of up to date automated processes by the end of 2023. (F1, F2, F3)

HAS BEEN IMPLEMENTED – summarize what has been done

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As noted above, the County Personnel Department and HSA created a Recruitment and Retention Committee to evaluate the hiring process, resulting in numerous improvements. However, the County is limited by Civil Service Rules and external factors such as job market shortages. Time will tell whether these improvements can meet the benchmarks set forth by the Grand Jury.

R3. The County Personnel Department should institute an annual competitive analysis for all open BHD positions that includes consideration of the extraordinarily high cost of living in Santa Cruz, benefits and incentives. This should be completed by the end of 2023. (F2, F3)

HAS BEEN IMPLEMENTED – summarize what has been done

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

The County analyzes employee classifications during the collective bargaining process with each bargaining unit.

R4. The County Personnel Department should develop connections and internships with nearby universities that have Psychology and Social Work programs to groom a clinical workforce. A plan for this should be completed by the end of 2023. (F1, F2)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

The HSA Recruitment and Retention Committee continues to build connections with the local university and colleges such as UCSC, Cabrillo College, CSUMB, San Jose State, Heald College, etc. The County Personnel Department has attended more than a half dozen career fairs at local educational institutions in 2023 alone.

Another effort recently launched is through the County Strategic Recruitment Partner Program. This group has representatives from various County departments, including the Health Services Agency, which collaborate to identify and develop recruitment strategies to attract and retain a diverse County workforce. The role of the partners includes recruiting departmental representatives to attend events, generate interest in the work, and help build the talent pipeline. Events where County representatives maintain a presence include industry specific job fairs, networking opportunities, schools, and community events.

R5. To eliminate the frequent offloading of the Behavioral Health Division (BHD) clients to local hospital emergency departments, the Board of Supervisors and BHD should evaluate ways to increase the number of Crisis Stabilization Program chairs and psychiatric beds available, which may include planning for another adult Psychiatric Healthcare Facility. This evaluation and planning process should be completed by the end of 2023. (F5, F7)

HAS BEEN IMPLEMENTED – summarize what has been done

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As part of BHD’s three-year MHSA Innovation project, the County will be undergoing a full assessment of the crisis continuum, including capacity needs at the Crisis Stabilization Program. While this project is targeting a start in fall 2023, the assessment will likely not be complete until fall 2024.

R6. The Behavioral Health Division should improve the services provided by the Mobile Emergency Response Team and the Mobile Emergency Response Team for Youth by improving staffing and expanding coverage to 24/7. This should be completed by the end of 2023. (F6)

—

HAS BEEN IMPLEMENTED – summarize what has been done

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

—

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

—

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

As part of BHD’s three-year MHSA Innovation project, the County will be implementing the Crisis Now model starting in fall 2023. The goal of this implementation is to expand mobile crisis services over the next two years – first to weekends, then evenings, and finally overnight. This phased approach will allow the County time to fully staff the team, which will be comprised of a mix of licensed clinicians, peers and behavior specialists, by July 2025.

R7. The Behavioral Health Division should ensure that there is a smooth transition plan and back up plan for the treatment of children and youths from the current Crisis Stabilization Program to the planned new facility in Live Oak other than diverting them to emergency departments. This should be completed by September 30, 2023. (F8)

HAS BEEN IMPLEMENTED – summarize what has been done

HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE – summarize what will be done and the timeframe

REQUIRES FURTHER ANALYSIS – explain the scope and timeframe (not to exceed six months)

WILL NOT BE IMPLEMENTED – explain why

Required response explanation, summary, and timeframe:

BHD has been working with community providers and a local health system for the past four months to develop an interim crisis receiving solution for youth. The options are complicated and require several layers of oversight and regulations, and we are working through these to determine the best and most expedient option. Research and planning for an interim crisis receiving solution for youth is a daily task in BHD leadership. BHD anticipates announcing a solution in July 2024 and will continue to provide monthly updates to the Crisis Continuum stakeholders, composed of hospital emergency departments, law enforcement agencies, and CSP providers.

R8. The Behavioral Health Division should request sufficient funding from the County to provide adequate step down care so patients do not relapse and need yet more care. This request should be in place by the end of 2023. (F8, F10 – F12)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

BHD is currently in the middle of implementing the new rates and services under CalAIM. In the next 12 months, the County will have a better understanding of the revenue generated to reinvest in much needed services. The Board will learn more about these efforts by fall 2024.

R9. The Behavioral Health Division should continue to improve bilingual/bicultural outreach to the Latino/a population, including whether any language besides Spanish reaches the threshold to warrant offering the bilingual pay differential. Improvements should be in place by the end of 2023. (F13, F14)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

BHD performs a population assessment per the California Department of Health Care Services Mental Health Plan (MHP) guidelines and analyzes the behavioral health needs of the County population inclusive of language and cultural supports. Based on that assessment, the County's threshold non-English language continues to be Spanish. The County serves other language needs through several interpretation services, including offering interpretation for indigenous languages like Mixteco.

Nonetheless, prevention and education activities continue to be needed that target the Latino/a community. The County will continue to explore grant opportunities that can help expand these services in our community.

R10. The Behavioral Health Division should review the recruitment and retention of bilingual staff, including an increase to the current bilingual pay differential, in an effort to improve bilingual services. This should be completed by the end of 2023. (F13, F14)

- HAS BEEN IMPLEMENTED** – summarize what has been done
- HAS NOT YET BEEN IMPLEMENTED BUT WILL BE IN THE FUTURE** – summarize what will be done and the timeframe
- REQUIRES FURTHER ANALYSIS** – explain the scope and timeframe (not to exceed six months)
- WILL NOT BE IMPLEMENTED** – explain why

Required response explanation, summary, and timeframe:

The 2021 SEIU negotiations neither raised nor resulted in any changes to the bilingual pay differential. The County will continue to review the recruitment and retention of bilingual staff and make improvements that are data driven.