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SANTA CRUZ COUNTY
Civil Grand Jury

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County Behavioral Health Services – A State of Mind

Focus. Fund. Save.

Summary

The Grand Jury's investigation of the Behavioral Health Division (BHD) showed poor or non-existent metrics on BHD programs and services displayed on County web portals. Serious gaps in addressing South County health care needs were also found. This report highlights the above facts and provides the recommendations to address them.

Recommendations include:

- **Transparency Overhaul:** Improve reporting of program outcomes and costs to enable program evaluation and enhance public transparency.
- **Enhanced Case Management:** Increase emphasis on enhanced case management services which will reduce long term health care costs.
- **Local Care Focus:** Reduce costly out-of-county inpatient transfers by investing in local resources.
- **South County Investment:** Address socioeconomic disparities in South County to improve overall health outcomes.

The Grand Jury believes that these approaches will improve outcomes for residents through increased and better targeted mental health services. Improving behavioral health services will create a healthier and more vibrant South County.

Table of Contents

Summary	1
Table of Contents	2
Background	3
Scope and Methodology	4
Performance Measurement	4
Programs	4
Patient Profiles	4
Investigation	5
Lack of Data Transparency and Program Effectiveness	5
Out-of-County Transfers	6
How Much Do These Transfers cost?	8
Prevention and Social Determinants of Health	8
Case Management Programs	10
Conclusion	12
Findings	12
Findings on Lack of Data Transparency	12
Findings on Out-of-County Transfers and 95076 Zip Code	12
Findings about Case Management	13
Recommendations	13
Commendations	13
Required Responses	14
Invited Responses	14
Definitions	14
Sources	15
References	15

Background

The Grand Jury is charged with investigating the budget of one or more of the Santa Cruz County departments. The Grand Jury decided to investigate the budget of the Health Services Agency (HSA). Within that organization, the Behavioral Health Division which provides services to address mental health, substance use disorders as well as other public health programs, has the largest single budget. Therefore, HSA's Behavioral Health Division became the focus of the Grand Jury's investigation.

Santa Cruz County Behavioral Health Division struggles to meet the mental health needs of our community. It has neither the fiscal means nor staff resources to adequately do so.

The 2022-2023 Grand Jury report, *Diagnosing the Crisis in Behavioral Health*, stated: "Santa Cruz has more homeless people per capita than anywhere else in California." At the time of the 2022-2023 report publication:

Some 2,300 of our residents were without housing. An estimated 37% of the Behavioral Health Services clients were homeless. About 67% of homeless residents were experiencing chronic substance abuse, and 43% of Behavioral Health Services substance use disorder clients were involved with the criminal justice system.^{[1][2]}

The Behavioral Health External Quality Review (EQR) revealed that Santa Cruz County has three times the number of behavioral health high-cost beneficiaries (HCB) when compared to the state average for calendar years 2018 through 2020. HCBs are identified as those with approved claims of more than \$30,000 in a year.^[3]

In addition to this challenge, there are fiscal barriers to providing the various types of services and the volume of services our community needs. The fiscal year 2023-2024 budgeted expenses for BHD are 54.9% of the HSA total expense budget of \$259 million. To put this figure in perspective, only 22% of this same HSA budget is allocated for medical clinical services by County health clinics.^[4] Even with the size of the BHD budget, the need outstrips fiscal resources.

According to the Grand Jury report from 2022-2023, *Diagnosing the Crisis in Mental Health*, the staff vacancy rate in the Behavioral Health Division was 30%.^[5] The report stated that the hard-to-fill positions within BHD included psychiatrists, psychiatric nurses, licensed mental health practitioners, and other direct service practitioners—especially bilingual staff.^{[6][7]} This year's interviewees indicated that challenges in filling vacancies continue to exist.

All of the above statistics point to a disturbing reality: Santa Cruz County's Behavioral Health Services, relative to other California counties, is charged with providing mental health services to a substantial, high-need population that the County does not have the resources to adequately address.

Scope and Methodology

The objective of this investigation is to determine which of the many County behavioral health programs are the most effective. The approach is to examine treatment results and the costs associated with each program. Specific topics the Grand Jury investigated include:

Performance Measurement

- Identifying funding sources of the BHD programs.
- Identifying the number of patients being treated, programs serving these patients, and the volume of service provided.
- Evaluating data that can be used to determine the value of specific programs.
- Identifying the number of high-cost beneficiaries and the percentage of the HSA resources consumed treating these patients.
- Analyzing quantitative data of patients transferred out of the county for treatment and their associated costs.
- Ensuring that interested residents can find all the above information easily from County websites.

Programs

- Determining the number of programs in place that are “preventative” in nature and the percentage of the HSA budget being allocated to these programs.
- Analyzing the correlation of socioeconomic indicators on healthcare outcomes.

Patient Profiles

- Determining if high-cost beneficiaries are being tracked and provided case management services.

The sources of information gathered for this report include:

- Interviews with HSA staff as well as outside public health experts.
- Program data collected and reported by Santa Cruz County BHD.
- Program data collected and reported by other government entities, both state and federal.
- Budget data for Santa Cruz County and other government entities, including data posted on the California Health and Human Services (CalHHS) website.
- Review of relevant articles, published reports, newspaper articles, and documents found online regarding mental health.
- Attendance at monthly Mental Health Advisory Board meetings.

Investigation

The Grand Jury conducted an in-depth investigation of mental health issues in our county. This investigation discusses in detail core issues that the Jury has identified as needing to be addressed in order to meet our community’s growing mental health needs. The Grand Jury believes that if the mental health program issues can be effectively addressed, then the social issues raised by this Grand Jury report and other Grand Jury reports can also be alleviated.

Lack of Data Transparency and Program Effectiveness

Currently, data as presented to the public does not help to allocate the agency’s resources to the most effective program and to populations with the highest need for mental health services. The following are specific areas where there is a lack of data transparency:

- **County of Santa Cruz Finance Data:** Santa Cruz County’s website has made tremendous strides in improving financial transparency through the OpenGov Website which allows the public to view County budgets.^[8] However, it does not provide the functionality that would allow users to filter down to financial information by individual programs and therefore is not usable for that purpose by the general public.^[9]

There are no instructions targeted to the layperson on how to use the website or interpret the financial data. As an example, it is hard to find the exact funding amount the County receives from the Mental Health Services Act, (MHSA) Prop 63.^[10] It is not clear where the MHSA funding is embedded among the various State Funding sources the County receives.^[11]

The 2017-2018 Grand Jury report *Data-Driven Budgeting – New Ways To Get Better Results* stated, “A budget document is more meaningful to the general public when it correlates spending priorities to the public value of services. The County’s comparative interactive budget tool, while publicly accessible, does not include performance measures or provide a broader performance data dashboard tool that County departments can leverage.” Budgeting based on performance data is known as “performance budgeting.”^[12]

- **Diverse Sources:** Funding sources include Medi-Cal, California Mental Health Services Act funds, and County General Fund contributions. Budget and individual program analyses are challenging due to the mix of funding streams.^[9]
- **Services Provided by External Providers:** Independent health providers such as hospitals and urgent care medical facilities provide services to patients also being served by the County. Data collected by these external providers is not necessarily available to the County BHD. Missing data can skew the calculation of performance metrics.^[13]
- **High-Cost Beneficiaries Root Cause Analysis:** None of the officials interviewed could provide a satisfactory answer regarding why Santa Cruz

County ranks so high among California counties in the number of high-cost beneficiary patients. No data was available to the Grand Jury for high-cost beneficiaries by zip code.^{[14][15]} The BHD does not have enough staff to do a root cause analysis.^{[6][7]}

County and State Reporting: The HSA data collection required to comply with mandated county and state requirements does not measure the outcome. As an example, the data collected may be by the number of people served by a program. This does not include the number of rehospitalizations or improvements in industry-accepted scores like the Adult Needs and Strengths Assessment (ANSA).^[16]

Metrics Gap: Public access to County contract provider program metrics is limited. Key programs like the Janus Withdrawal Program^[17] and County Volunteer Center's services^[18] lack publicly available performance measurements. This makes evaluation of contract-provided program services challenging.

Out-of-County Transfers

The Grand Jury was motivated to look into out-of-county (OOC) transfers based on interviewees indicating that this was an example of where costs could potentially be saved.^[19] The Grand Jury was interested in knowing how many such transfers occur and the cost of such transfers.

Patients are transferred to OOC hospitals when Santa Cruz County is at capacity and has no beds for its patients or does not have available treatment services. Figure 1 below shows the number of times Santa Cruz County patients were transferred to OOC hospitals for inpatient, emergency, or ambulatory surgery treatment. This data from California Health and Human Services (CalHHS) shows the distribution of patient transfers sorted by zip codes over the past three years.

Figure 1 below shows that the zip code of 95076 had the highest number of patient transfers outside the county for the previous 3 years. This indicates that almost 40% of all the transfers occur from one zip code - 95076. For context, Figure 2 below shows the zip codes within Santa Cruz County.

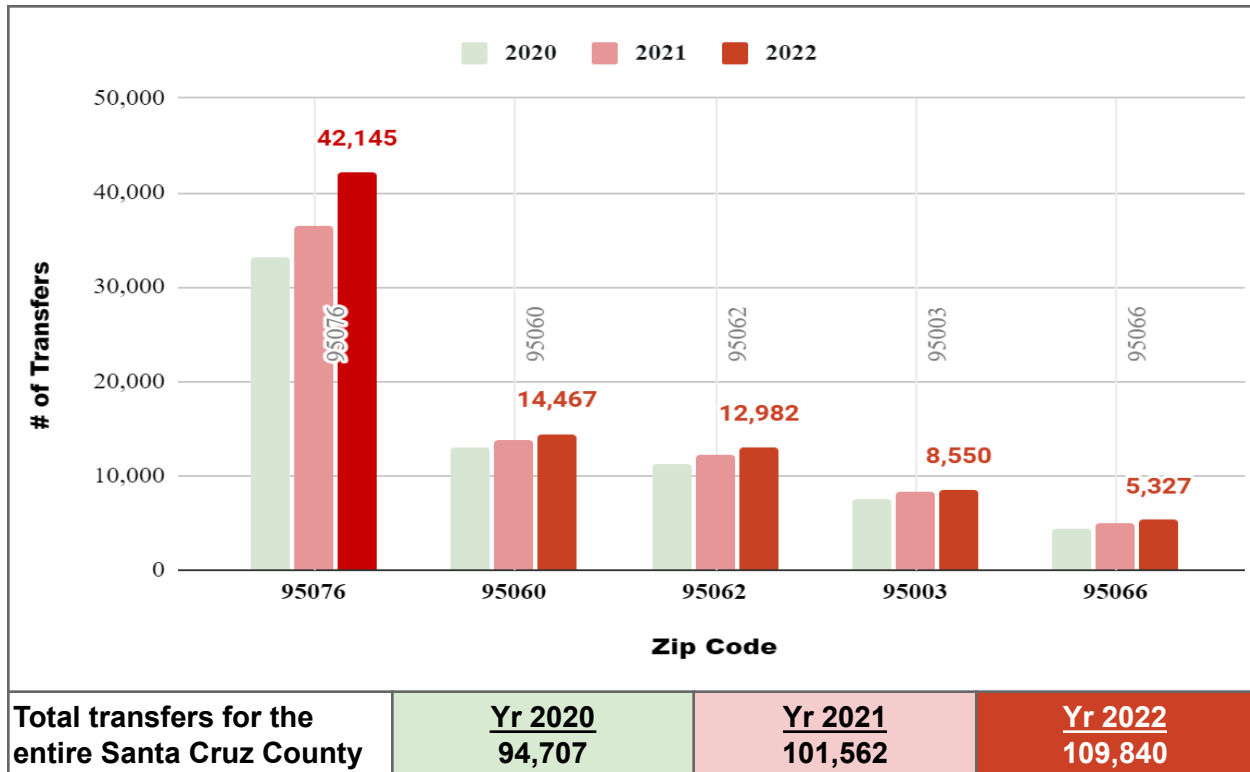


Figure 1: Patient Discharges to Hospitals Outside of the County (Top five zip codes).^[20]

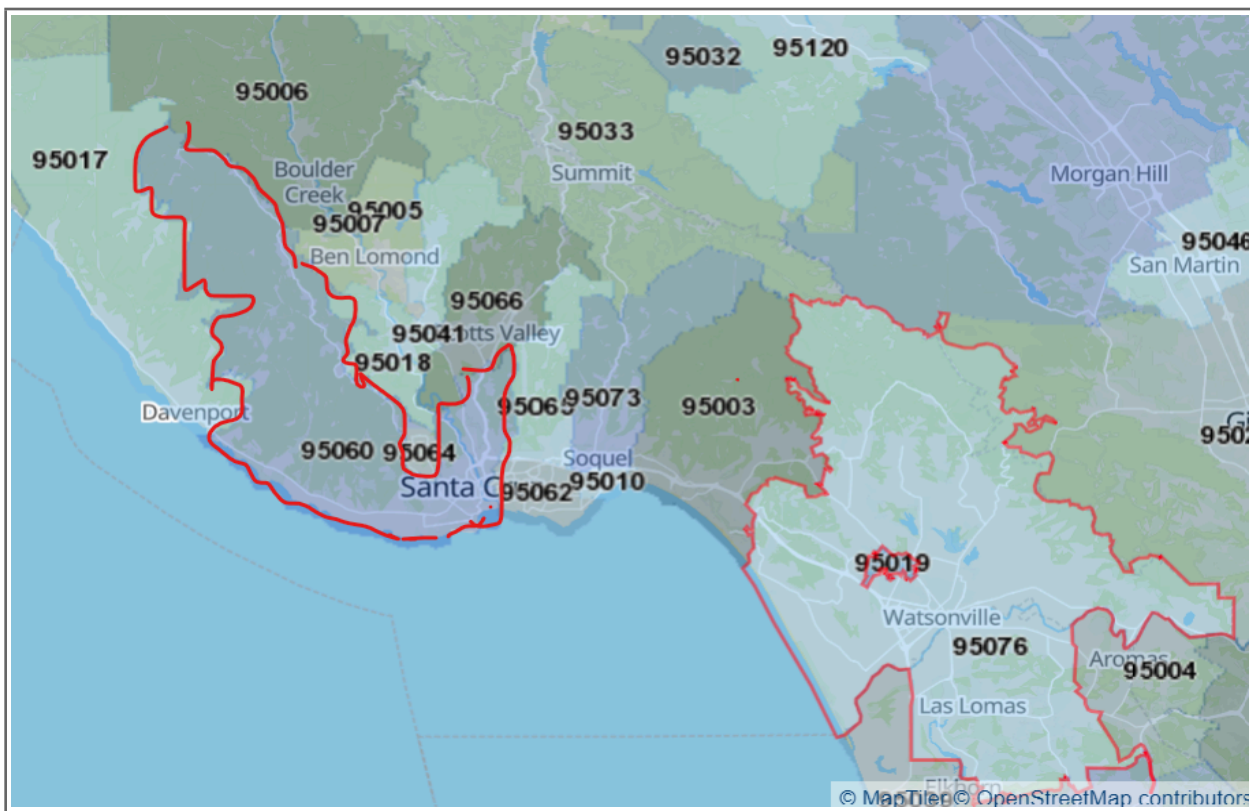


Figure 2: Zip codes within Santa Cruz County, showing cities.^[21]

How Much Do These Transfers cost?

The County pays 100% of the cost for the care when Santa Cruz County HSA patients are transferred to an out-of-county inpatient facility. The County does not receive the Federal match for any Medi-Cal out-of-county inpatient care. This is in contrast to health care services provided within the county where the Federal funds match 50% of the Medi-Cal expenses.^[22]

Figure 3 below shows the cost of out-of-county transfers or “Outside Hospital Expenses” in the County HSA Budget for years 2020-2022.

Data				
	2020-21 Actual	2021-22 Actual	2022-23 Adopted Budget	2022-23 Estimated Actuals
Outside Hospital Expense	\$ 16,568,173	\$ 20,759,402	\$ 17,679,129	\$ 18,846,400
Outside Expense Medical Care	3,985,277	3,495,324	4,294,350	4,294,350
Outside Physicians	255,881	255,561	400,000	400,000
Total	\$ 20,809,332	\$ 24,510,287	\$ 22,373,479	\$ 23,540,750

Figure 3: Derived from Santa Cruz County FY 2023-24 Financial Summary^[23]

The high number of out-of-county transfers takes away funding from healthcare services like mental health and addiction treatment. The relative lack of inpatient health care services especially impacts the residents of 95076, as shown by these statistics. Increased inpatient facilities would reduce out-of-county transfers and associated costs to the county.

The passing of Measure N,^[24] a \$116M bond initiative for Watsonville Community Hospital, may allow for better healthcare facilities in the 95076 zip code in the coming years. It may not stem the flow of patients needing emergency services in the short term.

Prevention and Social Determinants of Health

Continuing to build more facilities and providing more healthcare is a stopgap solution.

Recent action has been taken by the BoS and the County HSD to improve the situation in the form of a \$500,000 CORE Funding allocation for South County Prevention Services. The County has opened a South Government Services Center, in part for the delivery of these critical services for South County residents.^{[25] [26] [27]}

Prevention is the only way to reduce long term health care costs.^[28] Health care activities must include not only treatment of existing health conditions, but also promote health and prevention services that create healthier communities.

The Grand Jury decided to look at social determinants of health (SDOH) as advocated for by the Centers for Disease Control and Prevention (CDC).^[29] SDOH are the conditions in the environments where people are born, live, learn, work, play, worship,

and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.^[30] The SDOH is a more accurate indicator of health outcomes than either genetic factors or access to healthcare services.^{[31] [32] [33] [34]} This means that things like a person's income level, education, and neighborhood environment have a larger impact on their health than the medical treatment they receive.

To look into the possible drivers of these indicators, the Grand Jury looked at Healthy Places Index® (HPI) data and Mental Health Index (MHI) data across zip codes of Santa Cruz County.

Healthy Places Index®

A project of the Public Health Alliance of Southern California, the Healthy Places Index® (HPI), is a powerful data and policy platform created to advance health equity through open and accessible data.^[35] This index maps data on social conditions that drive health such as education, job opportunities, healthcare access, and clean air and water. Higher numbers are indicative of better healthy community conditions compared to the rest of the California zip codes.

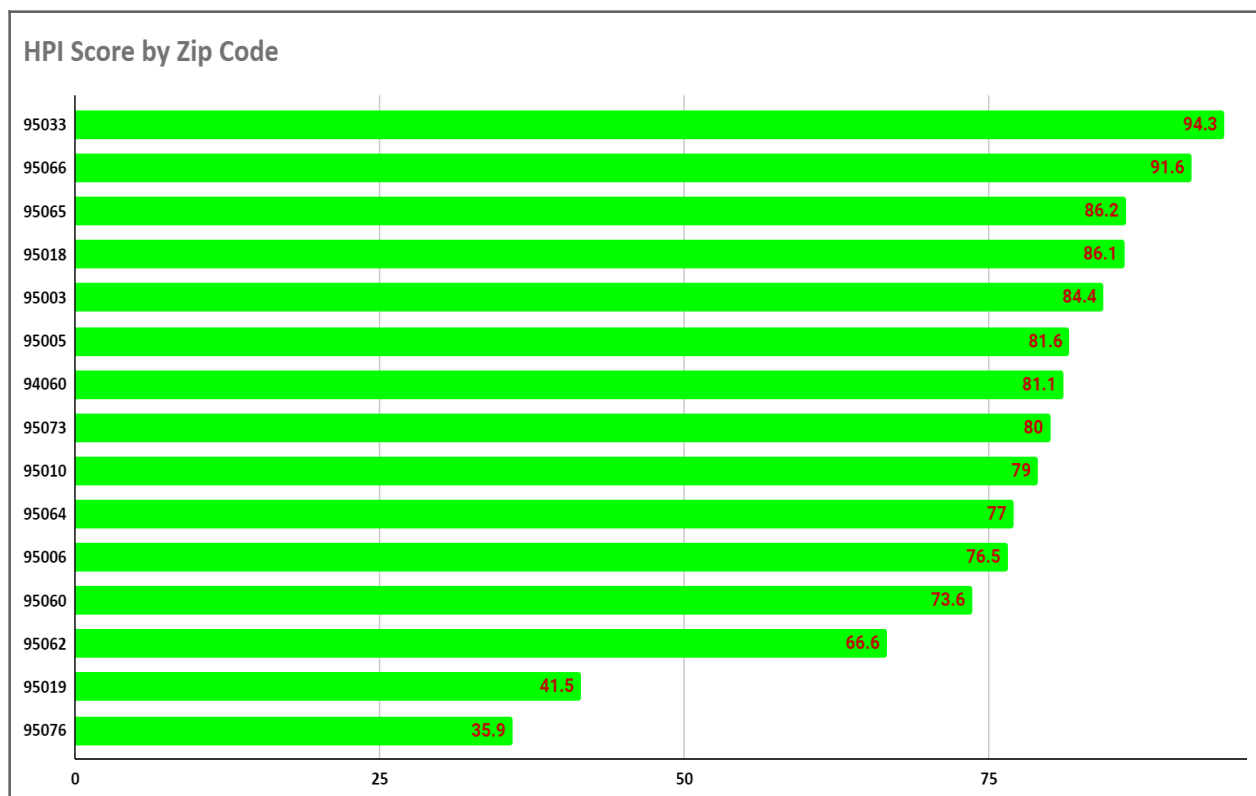


Figure 4: A comparison of HPI Scores for all zip codes in Santa Cruz County.^[36]

Figure 4 above shows that the South County zip codes 95019 and 95076 have the lowest HPI scores within Santa Cruz county. These South County zip codes lag far behind the rest of the County zip codes on socioeconomic indicators for healthy living. This contributes to increased South County healthcare costs.

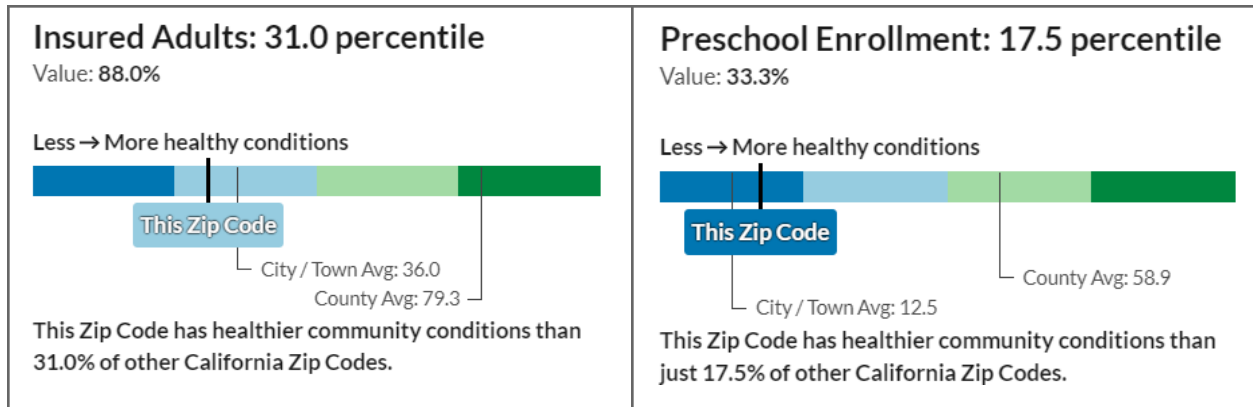


Figure 5: Examples of two socioeconomic indicators in zip code 95076^[37]

Figure 5 above shows that even though 88% of adults residing in 95076 are insured, its percentile ranking is only 31% compared to other California zip codes. This indicates the effectiveness of being “insured.” Being insured by itself does not guarantee better health outcomes if the health services are poor or not available in the area. This is the case for 95076.^{[38] [39]} The same is true for Preschool Enrollment indicating a very low enrollment compared to other zip codes.

California Proposition 1 (2024) is intended to address the socioeconomic indicators related to homelessness. This funding may eventually alleviate the housing, overcrowding and affordability issues in the 95076 zip code, reducing the incidence of mental health cases, hence improving general health outcomes.^[40]

Mental Health Index

The Mental Health Index developed by Conduent Healthy Communities Institute and part of the SocioNeeds Index® Suite, is a measure of the SDOH correlated with self-reported poor mental health. It identifies areas of high need within the community, requiring targeted interventions.^[41] The MHI for the zip code 95076 has a rank of 5 indicating “High Need” with respect to socioeconomic indicators Homelessness, Unemployment, Healthcare Access, and Single Parent Household.^{[42] [43]}

In summary, both HPI Index and Mental Health Index of 95076 reveal poor socioeconomic conditions compared to the rest of Santa Cruz County, calling for urgent attention to address these issues and reduce health care costs.

Case Management Programs

Case Management programs provide comprehensive care to patients with complex needs. Santa Cruz County implements this type of program as Santa Cruz Enhanced Care Management.^[44]

Santa Cruz County Care Management Background

Santa Cruz County participated in a California pilot program called the Whole Person Care program, which started in 2016 and ended in 2021. It was a grant-funded program to provide case management services to Medi-Cal patients that met multiple needs

criteria.^[45] There is evidence that case management programs such as Whole Person reduce costs and provide better outcomes for clients.^[46] Based on this success, the Whole Person Program has been rolled out as Enhanced Care Management (ECM) starting in January 2022. The ECM program allows the providers to charge Medi-Cal for these services.

Managed Care Services Provided

The Enhanced Care Management programs focus on high-cost beneficiaries requiring high touch service with multiple needs, including mental health services.^[47] The ECM programs provide each client with a lead case manager and each has a community health worker to assess needs. Health services are provided at County clinics. Services include assisting with housing and food needs in addition to mental and physical health support.^[48]

Step-down programs manage the transition of clients from treatment to independent living. These programs often involve therapy, skills training, and medication management, all designed to help people transition back into the community successfully. These programs provide connection to both physical and behavioral health services. Managed care services are greatly enhanced with the availability of step-down programs. This will ensure there is a continuous glide path to wellness. Currently the County step-down services are severely limited. For example, ECM is offered as a new benefit to people released from incarceration as of January 2024.^{[49] [50]}

Challenges of Meeting the Demand for Managed Care Services

Currently, ECM is reaching only 0.5% of the eligible ECM residents of Santa Cruz County.^[51] There are 300-400 ECM clients currently enrolled countywide. The county has five different ECM programs at present. All of them have waiting lists.^[52]

A major obstacle to expanding these services is the BHD job vacancy rate of up to 30%.^[6] Additional case managers are needed to meet the patient demand. Case managers with the required experience and licensure are difficult to recruit and these positions often go unfilled for long periods of time. Providing additional services would have a negligible budget impact because these services are covered by Medi-Cal. The additional services provided by newly-hired case managers will be self-funding and therefore increased services will have negligible budget impact.

BHD is not currently using outcome-based metrics. Doing so will enable them to provide more effective services. Interviews indicated that patients are not typically surveyed for their functional skills and needs (such as done by ANSA). It is important to survey patients at intake, periodically during their time in the program and then finally when they leave the program. Interviewees also mentioned they had considered such surveys but didn't have the direction or scope to do so.^{[53] [54] [55]} The RAND corporation had identified parameters for these surveys in its 2018 report.^[56]

Despite the potential benefits of Managed Care Services in providing services for our most vulnerable Santa Cruz County residents with the help they need, the challenges with recruiting and funding make our ideal outcomes difficult to achieve.

Conclusion

Santa Cruz has more homeless people per capita than anywhere else in California. A majority of these homeless residents are in need of behavioral health services. Compounding the problem is that the County's general budget is limited. Santa Cruz County is also an expensive place to live and therefore recruitment of health care providers is a challenge. Given these facts, Santa Cruz County is facing an uphill battle to provide adequate Behavioral Health Services both in terms of dollars and not having enough personnel. The Behavioral Health Services owes it to taxpayers to rigorously apply outcome-based metrics to determine which programs give the biggest bang for the buck.

The Grand Jury's preliminary analysis of regional service levels indicates South County residents have limited access to healthcare and lag other areas in socioeconomic indicators. Programs that improve socioeconomic indicators in South County will reduce behavioral healthcare and mental services costs in the long run.

Findings

The Grand Jury wishes to acknowledge the fiscal limitations of Santa Cruz County. The findings and recommendations of this report are made with these fiscal restrictions in mind.

Findings on Lack of Data Transparency

- F1.** The County budget website lacks HSA Financial data visible to the public to ensure transparency of programs and funding efficacy.
- F2.** The County has limited staff to analyze the data for identifying trends which would allow focusing resources more effectively.

Findings on Out-of-County Transfers and 95076 Zip Code

- F3.** Zip code data can pinpoint areas of "High Need," which can direct data-driven funding for better health outcomes and give a better "Return on Investment."
- F4.** The 95076 zip code has an extraordinarily high number of patient transfers to outside the county compared to other zip codes of Santa Cruz county. This indicates a major lack of healthcare facilities and services to serve the community.
- F5.** A study of socioeconomic indicators of the 95076 zip code, compared to other zip codes of Santa Cruz county, reveal a dire need to improve the following:
 - Homelessness
 - Low Preschool Enrollment
 - Poor Health Care Access
 - Unemployment
 - Support for Single Parent Households

Findings about Case Management

- F6.** The ECM programs are currently at capacity and have waiting lists. More providers are needed to expand the program further to transition more residents to independent living.
- F7.** Though there is evidence that managed care programs like ECM are effective, lack of data leaves doubt in the public’s mind. Data supporting the success rate of ECM programs would ensure stronger public support.

Recommendations

- R1.** The Grand Jury recommends that Behavioral Health Services, in collaboration with the Chief Administrative Office Staff (CAO), provide a plan to report program performance on County websites. This plan should include data necessary to evaluate the effectiveness of each behavioral health program, including outcome-based metrics, patient feedback for each program, number of patients served, and financial details like budgeted expenses and revenue sources by program. This plan should be published by December 31, 2024. (F1, F2, F3)
- R2.** The Grand Jury recommends that the Board of Supervisors direct the CAO to implement performance budgeting of Behavioral Health Services over the next two-year budget cycle. This was also recommended by the 2017-2018 Grand Jury. The BoS should take this action by December 31, 2024. (F1)
- R3.** The Grand Jury recommends that because the 95076 zip code is the area of most need, Behavioral Health Division’s Enhanced Care Management programs should focus efforts on identifying and case managing clients in this area by December 31, 2024. (F3, F4, F5, F6, F7)
- R4.** The Grand Jury recommends that Behavioral Health Services, County Office of Education, and the Board of Supervisors develop and publish a plan, with measurable outcomes, that focuses on improving socioeconomic indicators in the 95076 zip code by December 31, 2024. (F3, F4, F5)
- R5.** The Grand Jury recommends that Behavioral Health Services and the Board of Supervisors include an outcome-based evaluation of contracted services through a summary report that is publicly available. This should be done for all new and renewed contracts by December 31, 2024. (F1, F2, F4, F5, F7)

Commendations

- C1.** County Behavioral Health Services are to be commended for their dedicated service to the community. They provide compassionate care with limited resources, all while being understaffed. Given the Behavioral Health Services high job vacancy rate, existing resource providers continue to provide exemplary services.

Required Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F1–F7	R1–R5	90 Days September 9, 2024
Santa Cruz County Superintendent of Schools	F3–F5	R4	60 Days August 12, 2024

Invited Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Behavioral Health Services Director	F1–F7	R1–R5	90 Days September 9, 2024
Santa Cruz County Chief Administrative Officer	F1	R1	90 Days September 9, 2024

Definitions

- **BHD:** Behavioral Health Division
- **CAO:** Chief Administrative Office - County Administrative Office supervises County departments and functions and is responsible for the County budget, strategic management initiatives, communications, legislative advocacy, intergovernmental relations, and emergency operations, as well as management of the Board of Supervisors' meeting agendas and records
- **CCHA:** California Central Coast Alliance for Health - Serve the Medi-Cal Managed Care for Santa Cruz County.^[47]
- **CDC:** Centers for Disease Control and Prevention
- **ECM:** Enhanced Care Management - Statewide Medi-Cal benefit available to eligible members with complex needs, including:
 - Access to a single Lead Care Manager who provides comprehensive care management and coordinates their health and health-related care and services.
 - Connections to the quality care they need, no matter where members seek care—at the doctor, the dentist, with a social worker, or at a community center.^[47]
- **EQR:** External Quality Review - an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services by Behavioral Health Concepts, Inc.^[57]

- **HCB:** High-cost beneficiary - Identified as those with approved claims of more than \$30,000 in a year
- **HSA:** Health Services Agency
- **MHI:** Mental Health Index - a measure of social determinants and health factors correlated with self-reported poor mental health^[41]
- **Performance Budgeting:** A performance budget is one that reflects both the input of resources and the output of services for each unit of an organization
- **SDOH:** Social determinants of health - Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life^[31]

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