Capstone Solutions
Transformational Consulting

A Report on Strengthening the System of Behavioral Healthcare for Children and Youth in San Luis Obispo County[1]

Prepared by Capstone Solutions Consulting Group, LLC

[1] Information was gathered from July 2023 - September 2023. The report does not reflect changes made since that time.

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Introduction

In 2021, Surgeon General Vivek Murthy issued a General Advisory regarding the state of mental health for children and youth in the United States. Entitled, "Protecting Youth Mental Health"[2], the document highlighted the declining mental health status of our young people. In his introduction, Dr. Murthy recognizes that the road to adulthood is challenging at best – and that at this time, the toll these challenges has taken is "devastating".

On the heels of this federal call to action, in August 2020 California Governor Newsom published "A Master Plan for Kids' Mental Health"[3] describing the worrisome state of children's behavioral health in California , citing the following statistics:

- 284,000 children in California suffer from depression;
- Of those children experiencing depression, 2/3 do not receive treatment; and,
- Between 2019 and 2020, suicide rates among children and youth ages 10-18 increased by 20%.

While the pandemic, economic struggles, rising rates of homelessness, a national opioid crisis, and the impacts of racism and political upheaval have had significant negative effects on the mental health and substance use status of California residents of all ages, additional stressors affect children in particular. These include the interruption in schooling, social development and age-appropriate employment that occurred as a result of the pandemic, the influence of social media, and increasing peer pressure to engage in risky behaviors - all of which are uniquely experienced by this age group. Children and youth are also impacted by mental illness, substance use disorders, domestic violence and family disruption among parents and family members. While public service campaigns, the media and the recent pronouncement of a behavioral health crisis by Dr. Murthy, have raised public awareness, they have also created increased demand for behavioral health services at a time when workforce shortages constrain the capacity to deliver what is needed. This is particularly challenging for youth mental health services due to the shortage of child and adolescent psychiatrists as well as those of other disciplines trained to serve young people.

To address the mental health crisis experienced by young people, in California several major initiatives are focusing on the redesign of the system of behavioral health services, including those addressing the needs of youth in the foster care and juvenile justice systems. For example, the Children and Youth Behavioral Health Initiative, a five-year infusion of funding, has invested $4.7 billion to increase the capacity of children's outpatient programs, place additional counselors in schools and expand suicide prevention and postvention programs. In addition, funding has been dedicated to expanding the mental health workforce needed to

[2] https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
[3] https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847

ensure the success of these new programs. Currently, the State – and by extension the counties – are in the process of implementing California Advancing and Innovating Medi-Cal (CalAIM), a federally approved program designed to ensure vulnerable Californians (e.g., children and youth in the foster care and / or juvenile justice system as well as those who require a whole person approach to services) receive enhanced care management or community supports (e.g., housing navigation, respite care) to enable them and their families to live successfully in their communities without the need for higher levels of care. Future components of CalAIM include a move toward payment reform. In July 2023, counties began transitioning from a cost reimbursement method of accounting for and drawing down funding to fee-for-service. Ultimately, the goal is to move to value-based purchasing (i.e., pay for performance). This will require California to establish strategies for assessing performance such as specifying measuring outcomes for various populations and creating performance dashboards. In addition, an education initiative, such as the California Community Schools Partnerships Program, and the Proposition 64 Ballot Initiative (Adult Use of Marijuana Act) of 2016 provide communities with other opportunities to support children and families who have behavioral health challenges. A child welfare initiative called Families First Prevention Services Act is another source of services and support for families. While there may be other state initiatives in other state agencies, the discussion of such is beyond the scope of this report.

At the Federal and State level, there are also funding opportunities to support these behavioral health initiatives. Federal priorities are reflected in the Biden Administration's commitment of additional funding to the following:

- Block grants to support enhanced behavioral health services (for both mental health and substance use disorder services)[4];
- Funding for expansion of Certified Community Behavioral Health Clinics;
- Mental health awareness training through Project Aware;
- 988 Behavioral Health Crisis Services including mobile response teams;
- Substance use disorder prevention and treatment of opioid addiction; and
- National Children's Stress Initiative.

Against this backdrop, the experience of the last two decades has resulted in:

1. An awareness that a stakeholder-driven process that supports new programs by identifying and embracing core values such as resilience and recovery, while ensuring broad ownership, is a necessary component of successful implementation. This includes welcoming the voice of youth who have a good deal to say about the services they need and want.
2. Recognition that children "live" in multiple systems including education, child welfare, and juvenile justice so integrated services delivered in settings that are accessible to them are critical.

[4] Note: This funding flows to states and then to counties which determine local priorities.

3. Clarity that investment in prevention and early intervention activities reduces the demand for services in both mental health and substance use disorder treatment programs particularly for children and youth.
4. Many counties have implemented intensive services – including residential treatment services – that are novel, recovery-oriented, and incorporate an integrated behavioral health approach.
5. An acknowledgement that it is important to consider intensive service programs within the context of the programs that feed into them, and those that will accept clients graduating from this level of care so that there is a full continuum of care for youth and children.
6. An understanding that it is possible and essential to prioritize investments to maximize both the continuum of services and funding.

At the local level, the San Luis Obispo County Board of Supervisors has acknowledged the current crisis in developing its priorities for 2023 – 2024. Included in the plan are the following areas:

- Implementation of the Regional Homelessness Strategic Plan;
- Addressing the Behavioral Health services gaps; and,
- Housing (Transitional, low income and workforce).

While it is not yet clear how these priorities will be funded and / or implemented, this leadership, along with opportunities afforded through the Child and Youth Behavioral Health Initiative, CalAIM and other new funding sources, provide San Luis Obispo County with an opportunity to reimagine the behavioral health continuum of care for children and youth in its County.

In order to pursue the priorities of the SLO County Board of Supervisors, on October 1, 2022, Transitions-Mental Health Association (TMHA), partnering with the San Luis Obispo Behavioral Health Department (SLOBHD), signed an agreement with Capstone Solutions Consulting Group (CSCG) requesting their services in exploring strategic investments in program development and conducting a gap analysis of mental health and substance use disorder services for adults. Upon completion of the adult report, issued in July 2023, CSCG was asked to complete a similar analysis of behavioral health services for children and youth. This report sets the stage for the future stakeholder process to be implemented in the County.

Our Approach

As with the earlier analysis of the adult system of care, this report provides an analysis of the mental health and substance use disorder continuum of care in San Luis Obispo County based upon the model used in a report commissioned by the California Department of Health Care Services and performed by Manatt Health. Entitled "*Assessing the Continuum of Care for*

Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications"[5], the report catalogues services available in each County within a "Core Continuum of Care" (e.g., Prevention and Wellness, Outpatient, Peer and Recovery, Community Services and Supports, Intensive Outpatient Treatment, SUD Residential Treatment, Crisis Services, and Intensive Services) as reflected in the graphic below.

For each component of the continuum of services, this report offers the following:

- Description of services;
- Review of the SLO System of Care, including a catalogue of existing programs and identification of program gaps; and,
- Recommendations

Methodology Used[6]:
For this analysis, CSCG interviewed stakeholders (see Appendix A) within the Behavioral Health System (BH System) in San Luis Obispo County and reviewed data provided by the SLO County Behavioral Health Department (SLOBHD) staff and other stakeholders[7]. Because vulnerable children are also involved with multiple other systems (e.g., child welfare, juvenile justice, education), CSCG sought input from representatives external to the behavioral health system that could share their perspectives. Interviews conducted with key informants also included San Luis Obispo County and contract agency staff, family members, peers and law enforcement officials. Information collected from all sources was used to analyze the system of care and to identify gaps and opportunities for the future. Statements issued by various local behavioral health organizations, e.g. websites, and official documents issued by various state departments were also reviewed.

[5] Adapted from the Manatt Health (with support from Dr. Anton Nigusse Bland), "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.", January 10, 2022. Available at: https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

[6] The focus of this work was on the children's system of care. The adult system of care was addressed in an earlier analysis.

[7] Note: We are distinguishing between the overall system of care that includes nonprofits, family members, clients (BH System in SLO) and the SLO County BH Department (SLOBHD).

Executive Summary

This report, *Strengthening the System of Child and Youth Behavioral Healthcare in San Luis Obispo County*, describes and analyzes behavioral health services that currently exist in San Luis Obispo County. This analysis represents the first step in a significant strategic planning effort with the expectation that a subsequent stakeholder process will determine action steps and priorities.

In order to conceptualize the elements of a continuum of behavioral health care, this analysis relied on work commissioned by the California Department of Health Care Services and performed by Manatt Health. Entitled "*Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications*"[8], the report catalogues services available in each County within a "Core Continuum of Care" (Figure 1).

Figure 1[9]

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	SUD Residential Treatment Services	Crisis Services	Intensive Treatment Services
Prevention and wellness services, including services, activities and assessments that educate and support individuals to maintain healthy lifestyles and prevent acute or chronic conditions, like wellness checks and health promotion activities	Outpatient services, including a variety of traditional clinical outpatient services like individuaal and group therapy, ambulatory detoxification services	Peer and recovery services delivered in the community that can be provided by indiviuals with lived experience, including young adults and family members	Community supports include flexible services that are designed to enable individuals to remain in their homes and participate in their communities, like support housing, case management, supported employment and supported education	Intensive outpatient treatment services including services such as ACT (Assertive Community Treatment) and substance use intensive outpatient services that are delivered using a multi-disciplinary approach to support individuals with higher acuity behavioral health needs	SUD residential treatment provided in short-term residential settings to divert individuals from or as a stepdown from intensive services	Crisis services include a range of services and supports, such as crisis call centers, mobile crisis services and crisis residential services that assess, stabilize and treat individuals experiencing acute distress	Intensive treatment services are provided in structured, facility-based settings to individuals who require constant medical monitoring

[8] Manatt Health (with support from Dr. Anton Nigusse Bland), "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.", January 10, 2022. Available at: https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

[9] Manatt Health (with support from Dr. Anton Nigusse Bland), "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.", January 10, 2022. Available at: https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

Adopting this framework enables this report to align with a recognized continuum of services for behavioral health (including both mental health and substance abuse treatment). Through the utilization of data and key informant interviews, CSCG analyzed each element of the service continuum. For each element of the service continuum consultants provide:

- A description of the component of the continuum of services;
- Observations and an analysis of the status of San Luis Obispo County with regard to the capacity of that component of the continuum of services;
- Identification of gaps;
- Findings regarding processes that govern access to care and/or transition clients between levels of care/programs where such protocols exist; and,
- Recommendations.

Before delving into specifics regarding service delivery capacity, it is necessary to highlight a significant challenge for San Luis Obispo County Behavioral Health Department (SLOBHD) as well as the behavioral health system in general: the workforce shortage. The longstanding difficulties associated with attracting and retaining a behavioral health workforce in San Luis Obispo were exacerbated by the pandemic. Competition over the insufficient supply of behavioral health professionals, cost of living in SLO, opportunities for virtual work and reluctance to return to in-person settings have contributed to a problem that significantly affects the ability of SLO BH System to fulfill its mission. Key informants acknowledged this issue and the fact that, from their perspective, the BH System is doing a commendable job delivering services under adverse conditions. While these observations were true for the adult system of care, they pertain to the continuum of services offered to children and youth as well. Moreover, children's services are particularly impacted by a shortage of child psychiatrists, therapists willing to accept private insurance, and therapists equipped to provide treatment in Spanish and some of the native Mexican and South American languages.

Added to the serious workforce constraints is the issue of whether San Luis Obispo County has sufficient resources to develop a full continuum of care locally. In some areas, the limited number of children and youth requiring a particular service may create issues with economy of scale. Creative approaches to limitations in funding have been attempted through partnerships with neighboring counties and cross-county providers that accept residents of San Luis Obispo County. Such partnerships are typical of counties of similar size and those with more limited resources. Nevertheless, as this report will show, workforce and resource shortages have impacted the full implementation of the continuum of care in the County.

Finally, the partnership between SLOBHD, providers and the school districts to ensure delivery of services in accessible school settings is impressive. Nevertheless, concerns were noted that reflected a lack of understanding about the array of mental health funding streams, both internal and external to the SLO public behavioral health system, and how it might be best

used. It is recommended that SLOBHD engage the school districts and provide information to reduce confusion. Collaboration related to programming and the workforce issues could be the focus of a workgroup, building on relationships that are longstanding in SLO.

General Observations: Strengths

There is much to recognize regarding the strengths of the behavioral health system that exists for children and youth in San Luis Obispo County. CSCG noted and heard reports of the following:

- Many of the youth services program leaders have worked in the system for a long time, have a great depth of knowledge, forged extensive working relationships with others in the youth services system and are dedicated and effective leaders.
- The county-operated services are primarily based in the clinics and the contract provider services are primarily based in the field and in clients' homes. Together, they provide much-needed services for youth and families.
- The programs appear to have adopted a guiding philosophy of collaboration that maximizes the likelihood of addressing families' need for effective care coordination and case management services. As a result, SLOBHD provides substantially more care coordination and case management services to youth than the statewide average. The strength and capacity of services for children and youth involved in the child welfare system was particularly impressive. Nevertheless, the lack of available foster families does limit the ability to offer these resources for some children.
- SLOBHD provides rotations for their trainees in both mental health and substance use treatment so that eventually the trainees will be able to provide concurrent treatment of co-occurring mental health and substance use disorders.
- SLOBHD and local universities/colleges have implemented an innovative approach to outreach and engagement. Entitled "Friday Night Live", the program holds events in a variety of locations to engage teens and raise awareness of mental health and substance use issues.
- Collaboration between the child welfare and behavioral health systems is particularly strong. This has resulted in an impressive array of programs as well as an emphasis on caregiver/parent education and delivery of services in homes and field settings. While effective informal collaboration was remarkable, MOU's with other systems and other more formalized partnerships are often necessary especially with the turnover of senior staff.
- The intake / access process for the clinic serving children zero to five years of age and their families was recently streamlined and includes a robust disability screening component. This is anticipated to increase access and reduce inefficiency.

General Observations: Challenges

There are capacity issues in parts of SLO's continuum of care for youth behavioral health services. It should be noted that in addition to considering capacity issues for the County as a whole, geographic distribution of services must be reevaluated. Multiple informants reflected on the inadequacy of services in geographic areas of the county where transportation to services are challenged or unavailable. This challenge can be addressed through delivery of services in school settings as well as through the multi-agency SAFE program. While several teams have been stretched over the past several years, the recent hiring of a coordinator is anticipated to alleviate the difficulties in accomplishing the goals of the teams.

However, certain elements of a comprehensive children's / youth continuum do not exist in San Luis Obispo County. These include:

- Crisis stabilization services outside of hospital emergency rooms;
- Intensive outpatient treatment;
- Residential treatment and residential withdrawal management for substance use disorders; and,
- Inpatient mental health beds for children and youth.

Other elements of the continuum exist, but capacity is insufficient to address the needs of the residents of the County. These include:

- Housing options, including additional permanent supportive housing for families;
- Foster family placement settings do not meet the needs of youth awaiting placement;
- Higher levels of care in programs for substance use disorders. While prevention programs do exist for children and youth, outpatient and more intensive treatment modalities are largely unavailable; and,
- Walk-in substance use disorder services. This is particularly important in order to capitalize on the window of opportunity for engaging youth who find themselves ready for treatment[10].

New Technology: Unfolding Opportunity

During the period of this analysis, SLOBHD was engaged in the implementation of a new electronic health record system. Information technology initiatives such as this are generally challenging for behavioral health departments and staff. However, this implementation appears to be proceeding well. Once completed, it will enable more effective information sharing and data collection across counties and with the State. This project also revealed an opportunity for SLOBHD to engage in more sophisticated data-driven decision-making. While

[10] It is noted elsewhere in this report that walk-in services were offered pre-pandemic. SLOBHD is looking to begin offering those again.

data is collected currently, it is largely not conveyed or analyzed in a manner that would permit intentional prospective decision-making. Once the new system is fully implemented, construction of a data dashboard could enable managers to configure information in a way that permits ongoing monitoring and modification of programs in a more strategic fashion. It is also noted that The Centers for Family Strengthening described an effective working relationship with their information systems vendor that results in customized software that meets their data entry, billing and reporting needs. The success of provider organizations in efforts to enhance their IT and data systems may serve as a vehicle for additional collaboration among organizations and the SLOBHD in the area of data-driven decision-making. Finally, CSCG heard an expressed desire for information and referral websites that would be easier to use; navigating the system using the current websites has provided challenging.

Priority Recommendations:

- The SLOBHD should meet with representatives from their contracted providers, school systems and from SLO Department of Social Services to consider creative approaches for addressing the behavioral health workforce shortages. A collaborative approach is necessary to ensure that a solution for one entity does not disadvantage another, creating an imbalance in the behavioral health system for children and youth.
- Creative solutions should be considered to address the housing shortages for both clients and for the behavioral health workforce, including housing subsidies for new recruits. The subsidies provided at Cal Poly is an example that could be studied.
- Gaps in the more intensive youth treatment services, both outpatient and residential, for substance use disorders are significant. A deeper analysis is need to develop plans for adding these services to the continuum of care in SLO.
- Crisis stabilization alternatives geared to children and youth need to be developed. This could include psychiatric urgent care facilities and crisis residential treatment programs. In the short-term, this could involve the redesign of the existing crisis stabilization unit to include the capacity to place youth on a 5585 hold – or to discontinue holds when no longer necessary.
- To enhance workflows and streamline processes, SLOBHD should work diligently with the new EHR vendor to ensure that the emerging functionality and implementation meet the needs of both mental health and substance use disorder youth services.
- SLOBHD should obtain consultation in how to maximize the usefulness of data dashboards and other analytic software for guiding management decision making, care coordination, and quality management.
- The SLOBHD website should be updated so that prospective new youth clients and their families are able to use it more effectively for navigating the system and selecting appropriate provider services. Included in this should be plans for maintaining the accuracy of the website as well.

- Efforts to hire bilingual counselors and interpreters, especially those who can speak Spanish and some of the native Mexican and South American languages, should be continued.

Recommendations:
Challenges in the current system and recommendations for remediation are summarized below. They are detailed in the report that follows, but grouped here according to the anticipated ease and timing of implementation as follows:

- Level 1: Solutions that can be implemented in the near-term with existing or limited additional resources
- Level 2: Mid-term Solutions that may be implemented with some additional dedicated resources
- Level 3: Long-term solutions requiring extended planning, funding and implementation timelines

Challenge	Potential Solution
Inadequate capacity to serve youth in behavioral health crisis	Level 1 • Develop a workgroup to gather, monitor and analyze data regarding children and youth sent out of county for hospitalization/emergency/crisis services as well as those likely underserved in SLO County. Use data to inform plans and goals for a redesigned system for children and youth. • Evaluate service priorities and calls currently addressed by the Mental Health Evaluation Team. • Re-establish the walk-in services for substance use disorder assessments and engagement to capitalize on the window of opportunity for youth contemplating treatment for substance abuse. Level 2 • Redesign the Crisis Stabilization Unit as an Urgent Care Center with the ability to accept youth on a 5585 hold and discontinue holds when no longer needed and/or • Establish a crisis facility such as a Mental Health Urgent Care Center or specialized CSU. (This is in development, but will require time and funding.) • Expand SUD outpatient services to meet hours and service requirements for an Intensive Outpatient Program. Level 3

	• Develop a Psychiatric Health Facility (PHF) for youth. Consider collaboration with neighboring counties, based on evaluation to be done regarding projected utilization. • Develop a SUD Residential Treatment Program for youth. Consider collaboration with neighboring counties, based on evaluation to be done regarding projected utilization.
Limited program options for clients stepping down from intensive treatment services	Level 2 • Implement an FSP-lite program
Limited capacity for youth Governance and involvement	Level 1 • Involve children and youth, ensuring voice and co-design of programs Level 2 • Expand peer-driven programs such as Wellness Center options and peer support programs for Transition Age Youth. • Consider the use of peer support in existing SUD outpatient programs and in any future expansion.
Workforce capacity is constrained; resiliency orientation could be enhanced (particularly in the mental health programs)	Level 1 • Collaborate with the educational and child welfare systems on workforce options • Expand opportunities for parent partners, peers, community health workers and other "nontraditional" providers such as mentors, members of the faith community and others to address the needs of children and youth • Capitalize on new Peer certification by adding new job classifications • Integrate peers as navigators in outpatient programs where they do not currently work • Collaborate more with local training sources to improve skillsets of workforce especially in the area of evidence based practices
Services for youth with substance use disorders are limited	Level 1

	• Establish workgroup with community partners to assess current need by geography to prioritize future programming

The Report - Continuum of Care

Before evaluating existing programs and the service delivery system, it is important to define the behavioral health continuum of care. In its January 10, 2022, assessment of the continuum of behavioral health services in California, Manatt Health identified core elements that are necessary in a behavioral health system[11]. The identified principles include:

- Person-centered and culturally responsive approaches,
- A full array of services, including prevention and a wide range of community-based care,
- Focus on equity,
- Evidence-based and community-defined best practices.

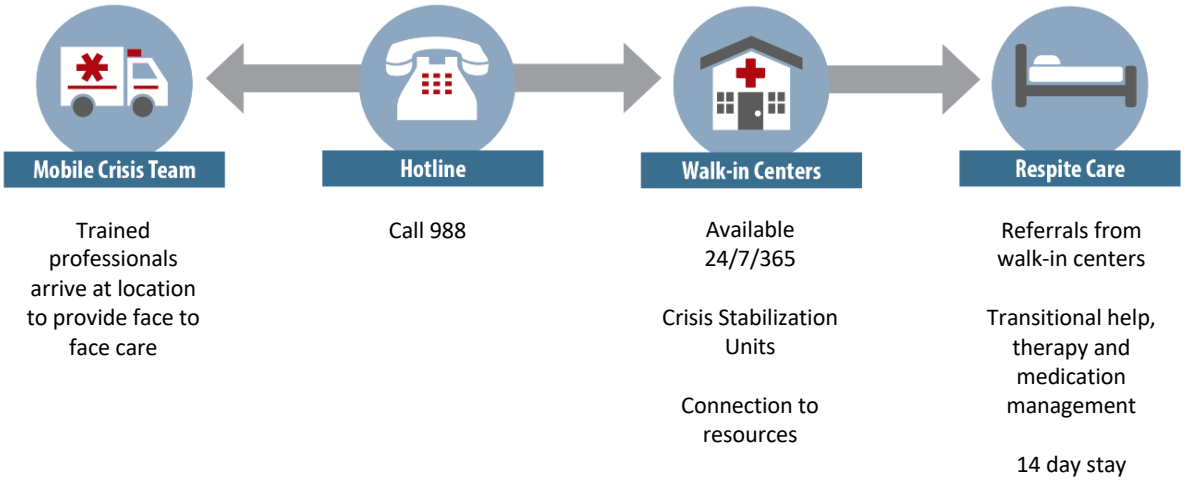
The report further identified eight, major categories of services included in the continuum that are illustrated further in the table (Figure 1) referenced earlier in this report. A key assumption in their report is an understanding that the individuals may be engaged in more than one type of service at any given time. Further, services should include a variety of community supports that address the social determinants of health and other factors, such as housing, employment, education, primary care, and community connection, among others. Finally, all programs should be capable of treating individuals with co-occurring disorders regardless of where they enter treatment.

Since the publication of the Manatt report, rising deaths from suicide and opiate abuse have focused national attention on the need to develop comprehensive crisis services. In response to this behavioral health crisis, the Substance Abuse and Mental Health Services Administration (SAMSHA) also established national guidelines[12] for behavioral health crisis care. Included in these are recommendations for:

- Regional Crisis Call Hub Services that provide “Someone To Talk To”
- Mobile Crisis Team Services that provide “Someone To Respond”
- Crisis Receiving and Stabilization Services that provide “A Place to Go”.

[11] Manatt Health (with support from Dr. Anton Nigusse Bland), “Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.”, page 7, January 10, 2022. Available at: https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

[12] “National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.” 2020, SAMSHA. Available at: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf



As will be discussed later in this report, SLO currently has a regional call center and a mobile crisis team that specializes in serving children and youth. However, other than hospital emergency departments, the county currently lacks "A Place to Go" for children and youth in a mental health crisis. This is a serious gap as there is currently no alternative for crisis stabilization should it be desirable to avoid an inpatient admission for children.

To achieve success, these services require coordination between various systems, including public providers, private providers, managed care organizations, hospital systems, law enforcement, first responders, schools, and others. This includes the need to consider ways of sharing of information. While mentioned on the continuum of care in Figure 1, the operational considerations (including use of technology) are important to call out separately.

Finally, strategies for integrating primary care with mental health and substance use services have been a focus of national and local discussions for years. A successful continuum of care with a "no wrong door" philosophy needs to consider ways in which behavioral health needs are assessed and addressed during primary care and emergency room visits. Likewise, effective behavioral health systems and providers should also consider the primary care needs of those entering their systems. Consultants noted that Martha's Place, a program for children ages 0 to 5 and their parents, embodies this approach by including a pediatrician-leader as part of their multidisplinary approach to care. The use of technology to coordinate care and track outcomes across systems is highly recommended. The implementation of the new electronic health record may support this approach.

San Luis Obispo County Behavioral Health Department (SLOBHD)

In San Luis Obispo County, the San Luis Obispo County Behavioral Health Department (SLOBHD) is responsible for both mental health and substance use for a limited number of county

residents. While the county is mandated to provide services for Medi-Cal beneficiaries and indigent individuals, additional individuals are served through fund grants, Mental Health Service Act (MHSA) funds, private fundraising and other funding sources. The focus of this assessment was on the continuum of care for youth and children starting with Prevention and Wellness Services through to Intensive Treatment Services for both mental health services and substance use disorder services as shown in Figure 1. For this analysis, CSCG interviewed county and contractors' behavioral health staff , representatives of allied systems of care including child welfare, social services, juvenile justice and education (Appendix A) and analyzed data provided by County and other behavioral health staff. The capacity of the current system and processes governing access to and transitioning between various levels of care are reviewed. A set of recommendations is provided for the future. CSCG completed an inventory of the system of care overseen by SLOBHD that describes a continuum of services through directly operated and contracted providers.

Prevention and Wellness Services

Prevention and Wellness Services: Prevention and wellness services focus on the needs of individuals at risk of a mental health or substance use disorder. This is particularly critical for children and youth as substance abuse and mental health disorders can make daily activities difficult, potentially compromising a child's ability to succeed in school, relationships and activities. Strategies for young people also target families with the goal of providing education, building skills and resilience while preventing exacerbation of problems. SLOBHD addresses personal attributes, situations or environments that are risk factors associated with an increased likelihood of a negative mental health outcome and protective factors associated with a lower likelihood of a negative mental health outcome. The programs focus on early identification of those at risk, particularly at vulnerable developmental stages such as middle school and college. The programs are designed to reduce exposure to trauma and other risk factors among youth, promote skills for families and caregivers, and increase prevention and wellness services. Prevention and Early Intervention (PEI) programs receive 17% of MHSA funds and in fiscal year 2021-22, included the following work plans: 1) Prevention, 2) Early Intervention, 3) Outreach for Increasing Recognition of Early Signs of Mental Illness, 4) Access and Linkage to Treatment Programs, 5) Stigma and Discrimination Reduction, 6) Improve Timely Access to Services to Underserved Populations, and 7) Suicide Prevention. It is worth noting that the MHSA funding is slated to change in fiscal year 2027-28 with PEI funds potentially reduced in favor of increased funds for housing.

The PEI and Wellness programs serving children and youth are detailed in the table below.

Program	Provider	Description[13]
Student Support Counseling	SLOBHD	Utilizing a Student Assistance Model, a SLOBHD clinician provides services 2-3 days per week in eight

[13] Data regarding outputs and services is provided for programs for which it was available.

<table>
<tr><td></td><td></td><td>school districts. The program identifies risk factors in youth with behavioral health issues. Services include assessment, education groups, skill building, individual interventions, and community referrals.</td></tr>
<tr><td rowspan="2">Middle School Comprehensive Program</td><td>SLOBHD</td><td>An integrated collaboration between schools, SLOBHD, and community-based organizations, provides an interdisciplinary team, including Student Support Counselors, Family Advocates and Youth Development Specialists who deliver the evidence-based Student Assistance Program (SAP) model in six middle schools (Judkins, Mesa, Los Osos, Santa Lucia, Atascadero, and Flamson). Through a Mental Health Oversight and Accountability Commission grant, the program doubled in FY 2020-21 and now serves 12 of the county's 14 public middle schools. A strength in this program is that all counselors are also trained in substance use disorders.
Capacity (past and projected):
<table>
<tr><th>Individuals served by:</th><th>2021-2022 (actual)</th><th>2022-2023 (projected)</th></tr>
<tr><td>Student Support Counselor Services</td><td>270</td><td>300</td></tr>
<tr><td>Family Advocates</td><td>446</td><td>350</td></tr>
<tr><td>Youth Development Services</td><td>212</td><td>150</td></tr>
</table></td></tr>
<tr><td>The Link</td><td>Three bilingual and bicultural Family Advocates deliver services in the North County including assistance with coordination, referral and intervention services for at-risk families and youth. In addition, Services Affirming Family Empowerment (SAFE) coordinators provide case management, training, and outreach. SLOBHD provides three Student Support Counselors and one Youth Development Specialist.</td></tr>
<tr><td>Youth Development/Club Live</td><td>SLOBHD</td><td>Thirteen middle schools and 9 high schools receive Club Live Youth Development programming provided by the SLOBHD's Friday Night Live (FNL) staff. Youth Development (an evidence- based strategy for building resiliency) reduces the risk of mental illness by engaging young people as leaders and resources in</td></tr>
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<tr><td></td><td></td><td>the community and providing opportunities for them to build skills for improved functioning.

Outcomes:
Over 3,000 students at SAP Schools are exposed to Youth Development programming annually, with an average of eight prevention activities occurring per student.</td></tr>
<tr><td>Community Action Partnership (CAPSLO)</td><td>The Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO)</td><td>CAPSLO addresses poverty by empowering low-income persons to achieve self-sufficiency through:

<u>PEI Positive Development Program</u>
Child Care Resource Connection (CCRC) develops and distributes curriculum kits to childcare programs county-wide and offers trauma informed training for childcare programs.
Outcomes:
<table>
<tr><th>Services Delivered</th><th>2021-2022 (actual)</th><th>2022-2023 (projected)</th></tr>
<tr><td>Parent Activity Summary</td><td>195</td><td>300</td></tr>
<tr><td>Child Activities</td><td>188</td><td>500 (parent/caregiver coaching)</td></tr>
</table>
<u>In- Home Parent Education Program</u>.
Child Welfare and Probation Departments refer families for education and stabilization.

Outcomes: In FY 2021–22, a total of 31 unique families received parenting education services. In addition, a total of 71 evidence-based curriculum sessions and 212 engagement activities were provided.The average length of time in the program is 4 months.

<u>Teen Wellness Program</u>
Through a MHSA mini-grant, health educators offer individualized education on topics such reproductive health, mindfulness and nutrition education.

<u>School and Family Empowerment</u></td></tr>
</table>

<table>
<tr><td></td><td></td><td>A CAPSLO family advocate and a SLOBHD clinician offer brief intensive engagement to community school students with serious mental illness/serious emotional disturbance to promote academic and community success in the County's largest school district in the southern, most diverse region of the county.</td></tr>
<tr><td>Community Therapeutic Services</td><td>Community Counseling Center</td><td>Offers early detection and intervention for mental health issues while increasing access to care. The program provides over 1,700 low ($5.00 per session) or no-cost counseling hours to uninsured and underinsured at- risk populations including veterans, LGBTQ+ Identifying, Latino/x and Monolingual speaking and homeless individuals/families. throughout the County.</td></tr>
<tr><td>Family Education, Training, and Support</td><td>Center for Family Strengthening</td><td>"Parent Connection" offers education, training, and support utilizing a multi-level approach to reducing risk factors and increasing protective factors for parents and other caregivers. This includes caregivers exposed to domestic violence or stressors (i.e., living with mental illness, substance abuse, or trauma, monolingual parents, or parents in rural areas of the county).
Outcomes:
<table>
<tr><th>Services delivered:</th><th>2021-2022 (actual)</th><th>2022-2023 (projected)</th></tr>
<tr><td>Parent Education</td><td>714</td><td>300</td></tr>
<tr><td>Coaching</td><td>554</td><td>500</td></tr>
</table></td></tr>
<tr><td>College Wellness Program</td><td>SLOBHD</td><td>Wellness activities, mental health and substance use education are offered at California Polytechnic State University San Luis Obispo (Cal Poly) and Cuesta College. The County's College Prevention and Wellness Promotion Specialist serves as a liaison between the community mental health system and the campus populations and provides Mental Health First Aid training, coordinates the Cal Poly Friday Night Live Chapter, participates in campus policy and activity groups, plans outreach and community events, and coordinates campaigns and activities that promote student wellness. In FY2021-22 a total of 2,063 contacts were made through presentations, information booths, and outreach activities.</td></tr>
</table>

First Episode Psychosis (SAMHSA Grant Funding)	SLOBHD	First Episode Psychosis (FEP) is an early intervention program for California Polytechnic State University (Cal Poly) and Cuesta College students offering immediate, on-campus services. The Coordinate Specialty Care (CSC) program launched in FY 2015-16 and includes support from residential housing authorities, campus police and University Health providers. The program reduces student demand at the University Health Center crisis and counseling services. Approximately 53 students were diverted from the Health Center by receiving services in the residential community in calendar year (CY) 2021 and 2022.
Services Affirming Family Empowerment (SAFE)	SLOBHD – South County CAPSLO - Central County LINK - North County	SAFE interagency teams support youth and families with complex needs referred by schools. Composed of a family advocate, counselor, and representatives from a variety of agencies, the team navigates resources from diverse agencies (e.g., Department of Social Services, Probation, Office of Education, Housing, etc.). Meetings are coordinated mid-week and held for six weeks or as long as needed. South county teams appear to be more fully staffed (including staffing with clinicians). It is anticipated that the hiring of the new coordinator position (who will also be a clinican) should help to address this challenge in the other regions.
Family Services and Client Wellness	Transitions-Mental Health Association (TMHA)	Family Support Specialists provide support, information, and referrals necessary to improve the quality of life for families and children navigating the behavioral health system. This includes one-on-one support, advocacy, Triple P Parent Education, orientation for new families entering the mental health system, and participation in planning programs and services. Wellness Centers have TAY-focused support groups and Behavioral Health Navigation support.

Recommendations:

- SLOBHD has excellent prevention programs, identifying children and youth who need behavioral health interventions. The Department and its contractors have done a commendable job of partnering with local schools and their reach is impressive. If desired, additional effort could be focused on early intervention. It is recommended that any

expansion consider used of evidence-based practices, building upon the success of partnerships with the schools.

- SLOBHD should consider strategic expansion of substance use prevention programs and services. Counties and community based agencies can apply for youth drug use prevention programs and services through the California Proposition 64 Public Health and Safety Grant Program. Many of these awards fund "youth development and youth prevention/intervention."

Outpatient Services

SLOBHD Outpatient Behavioral Health Services: Outpatient behavioral health services for children and youth are provided by the SLOBHD's three directly operated clinics and several large private contracted agencies (e.g., Family Care Network and Seneca).

Mental Health Outpatient Services: Within the array of outpatient mental health programs, there are several that specialize in serving particular populations. For example, Martha's Place serves children ages 0 to 5 and their families, Abused Children's Treatment Center focuses on victims of sexual abuse, and the the Latino Outreach Program offers a full array of services to Latino individuals and their families. More specifically, SLO outpatient mental health programs for children and youth include the following:

Program	Provider	Description

<table>
<tr><td rowspan="2">Youth Mental Health Outpatient Treatment</td><td>SLOBHD</td><td>SLOBHD outpatient children's services include assessment; crisis intervention; medication support; individual, family and group therapy; and case management. Locations and service capacity are:
<table>
<tr><th>Location</th><th>Capacity for SMHS Outpatient Therapy</th><th>Capacity for Medication Support</th></tr>
<tr><td>Atascadero/Paso Robles</td><td>150 clients</td><td>130-150 clients</td></tr>
<tr><td>San Luis Obispo</td><td>150 clients</td><td>80-100 clients</td></tr>
<tr><td>Arroyo Grande</td><td>150 clients</td><td>100-120 clients</td></tr>
</table>
In addition to capacity of outpatient programs, timely access to care is a critical measure of system performance. While the California timeliness benchmark is 14 days, the length of time to be seen in SLOBHD outpatient children's clinics is 18 days from first contact. It should be noted that SLOBHD continues to work on this by adjusting processes to improve wait-times. A follow-up appointment is scheduled after a comprehensive assessment which may take place over several sessions.</td></tr>
<tr><td>SLOBHD + Contracted Providers</td><td>In FY 2021-22 Specialty Mental Health Services (SMHS) service delivery data including contractors provided by SLOBHD by region reported utilization as follows:
<table>
<tr><th>Region</th><th>SMHS</th><th>Med Support</th><th>Total</th></tr>
<tr><td>Coast</td><td>116</td><td>37</td><td>153</td></tr>
<tr><td>North</td><td>563</td><td>234</td><td>797</td></tr>
<tr><td>SLO</td><td>286</td><td>78</td><td>364</td></tr>
<tr><td>South</td><td>502</td><td>165</td><td>667</td></tr>
</table>
Unduplicated Youth by Specialty Mental Health Services (SMHS) type as reported by SLOBHD.</td></tr>
<tr><td>Abused Children's Treatment Services (ACTS)</td><td>SLOBHD</td><td>SLOBHD ACTS coordinates with other agencies to provide comprehensive services for sexual assault victims ages 0 to 18 and their families. The program treats the symptoms and emotional trauma associated with sexual</td></tr>
</table>

		abuse, disclosure, and court involvement to reduce the possibility of further sexual abuse.
Martha's Place Children's Center[14]	SLOBHD	Martha's Place Children's Center is the County's child assessment center, offering multi-disciplinary assessments and individual and family therapy to children from birth to five years of age with the capacity to serve 65-70 clients annually. Mental health and/or specialized pediatric assessments are provided depending on the needs of the child. Families meet with a Family Advocate, a SLOBHD case manager, behavioral health specialist and a public health nurse. Case management services are provided to connect families with resources and some medication management is provided by a pediatrician.
	CAPSLO	Co-located CAPSLO behavioral health navigators help children / families navigate service access as well as access to basic services and supplies including housing, transportation and food.
Latino Outreach Program	SLOBHD	SLOBHD Latino Outreach Program's bilingual/bicultural therapists provide a full array of culturally and linguistically appropriate mental health services in the community for Latino individuals of all ages. Therapists focus on increasing access to mental health care for monolingual Latinos while reducing the stigma associated with mental illness and treatment. The program has a capacity to serve up to 100 youth or adults annually.
Outpatient Counseling Services (OCS)	Family Care Network, Inc. (FCNI)	Family Care Network, Inc. (FCNI) Outpatient Counseling serves children, youth, individuals, and families with brief treatment, specializing in the needs of youth who are being fostered or were adopted. Services include child therapy, individual and family therapy, marriage counseling, parent-child conflict resolution, parent education and training, grief counseling and services for children and youth transitioning from institutional care. The agency serves San Luis Obispo and Santa Barbara counties through multiple programs designed to heal, empower and strengthen children, youth and families impacted by trauma, helping them reach their goals of self-sufficiency. Programs are delivered in partnership

[14] This program has recently streamlined access options to decrease problems with waitlists.

		with public and private agencies and the community. They serve 150 children and youth annually.
Outpatient Counseling Services	Seneca	Seneca's Atascadero office offers specialty mental health and counseling services to children and families touched by adoption, foster care, relative caregiving, or legal guardianship. The outpatient clinic includes a variety of family-based services, including traditional mental health therapies for youth and their families, an Early Intervention Program, and counseling for adoptees, parents, siblings and birth families. Seneca is particularly noted for its in-depth education and support for parents and caregivers. The program has an on-site psychiatrist and five clinicians (with caseloads of 15-20 clients) with the capacity to serve up to 160 youth. Though, it is not operating at full capacity at this time due to a lack of referrals and staffing challenges. Referrals come from ACCESS teams, Child Welfare, Probation, Office of Education, or directly from the family or youth seeking treatment.

Substance Use Disorder (SUD) Outpatient Services: Outpatient SUD services are provided by clinicians stationed in SLOBHD clinics. The highest volume of SUC services are delivered in North County at the Atascadero and Paso Robles clinics. The majority of referrals are from probation with approximately 150 youth clients served annually. Strengths seen in these services include:

- The flexibility with which clinicians are deployed based on changing volume at each clinic site.
- Additionally, staff can be co-located at non-behavioral health sites such as juvenile hall and schools.
- Treatment includes the use of evidence-based practices such as motivational interviewing, Seeking Safety, relapse prevention and moral reconative therapy (within juvenile hall).
- Access to services is fairly open with clients being referred from other entities within the County, calling the access line or any of the four clinics themselves. Additionally, services are available in-person or via-telehealth. Prior to the pandemic, clients were able to walk-in to services. SLOBHD staff report that they are considering bringing back walk-in appointment availability.
- While treatment is at the outpatient level of care (without intensive outpatient services), for youth requiring more intensive services, individual sessions may be offered as frequently as five times per week.

Gaps:

- Interviews revealed that programs attempting to address the needs of children and youth in crisis encounter difficulties in linking them with stabilization services due to the lack of acute beds (inpatient, Psychiatric Health Facility). This situation makes it difficult to coordinate and collaborate when desirable to avoid a child's hospitalization and transfer to another county, impacting outpatient programs. (See further discussion below).
- While SLO shows strength in developing programs for specialized populations, there is some concern among stakeholders that diversion programs for youth with behavioral disorders are insufficient. Families could benefit from additional support and treatment opportunities for youth that are engaged in aggressive, acting-out or risky behaviors.
- As noted within the adult system of care, the SLOBHD South County clinic is now almost fully staffed and programs that suffered during the pandemic have been rebuilt. However, insufficient staffing and building issues in North County have made it challenging to access service.
- A level of care appears to be missing from the array. While the FSP programs (see intensive mental health services below) are seen as accessible, some children and youth need an "FSP-lite" level of services as they step down to outpatient programs.
- There is a significant gap in the SUD treatment continuum of care within SLO County for youth without services for more intensive needs. There are no Intensive Outpatient Treatment Programs, no Sober Livings, no Residential Treatment or Residential Withdrawal Management,.

Recommendations:

- Although prevention programs are delivered on college campuses in SLO County and may aid in detecting youth experiencing a first psychotic break, SLOBHD should explore developing greater capacity to treat youth experiencing first episodes of mental illness outside a college setting.
- Many schools in the county receive SLOBHD prevention and early intervention services and are funded to deliver educationally related mental health services, establishing a platform for service delivery. SLOBHD should seek opportunities to expand school-based and school-linked mental health treatment services, particularly given new opportunities for funding through the Child and Youth Behavioral Health Initiative. In addition, school linked services may be acquired vis a vis the CA Education Department administered Medi-Cal funded services (Local Education Agencies – Billing Option Program or LEA-BOP); 504 plans administered by schools; the California Community Schools Partnerships Program (CCSPP); and the CalHOPE program.
- As with adult services, use of family advocates and peer support augments outpatient programs experiencing staffing shortages. Family advocates could be outstationed in

outpatient programs to assist with navigating the system, particularly at the time of admission.

- SLOBHD should explore the development of "FSP-lite" services to support children and youth who are transitioning from intensive services into general outpatient programs.
- SLOBHD is already exploring re-opening their clinics to walk-in clients for SUD services for youth. Capstone supports this recommendation. Additionally, SLOBHD should complete an analysis of what is needed to expand the SUD continuum of care, starting with Intensive Outpatient Services.

Peer and Recovery Services

Peer and Recovery Services: Offered by individuals with lived experience, peer and recovery services provide support to individuals and families affected by mental illness and substance use disorders. These services can be delivered through the 1) development of specialized peer-run or peer-driven programs and/or 2) through integration of peer staff into traditional behavioral health programs. In San Luis Obispo County, specialized family and peer services are delivered primarily by Transitions-Mental Health Association (TMHA) and include:

- Individual Parent/caregiver education regarding mental health issues and Triple P an evidence-based parenting program. In fiscal year 2022-2023, the 2.5 Family Support Specialists served 534 individuals providing 7,509 contacts (one on one meetings/phone calls/emails/support groups). In addition, 26 transition aged youth (TAY) over the age of 18 were served.
- English and Spanish support groups.
- Hiring of interns through a Workforce Investment Grant, including placement on the Cal Poly campus.

TMHA has a youth behavioral health navigator who works directly with Transition Age Youth to build developmentally appropriate life skills (e.g., how to get a driver's license, build a resume, etc.), and provide telephone support and check-ins to maintain contact. A teen girls' support group is also in process. Currently, approximately 17 youth are served each month.

Gaps:

- There are limited support groups available for transition age youth, including more peer-run support groups. Youth desire to talk with peers, and this appears to be a gap.
- It has been noted that transgender youth encounter stigma and might benefit from specialized services including peer support.
- Peer run support and recovery services for substance use disorders are limited.

Recommendations:

- SLOBHD might consider a transition-age youth (TAY) drop-in center. TAY/peer-driven drop-in center activities - even with limited hours during the week - would permit the development of youth peer support programs.
- SLOBHD should capitalize on opportunities to involve peer navigators in behavioral health planning. Interviews with TMHA peer staff demonstrated their keen knowledge of how the system works, as well as their desire to help make the system better.
- Accessing information about services for children and youth can be difficult. It is recommended that agencies build an accessible "youth" tab or link into their agency program information. Use of social media, website and other avenues to reach youth should continue to be explored.
- SLOBHD should consider the use of peer run support and recovery services in their existing programs and in any future expansions.

Community Services and Supports: Community supports are flexible services delivered in a variety of settings, designed to enable individuals of all ages to participate in communities of their choice (e.g., school, neighborhoods, faith communities). These services include supportive housing for families, transitional housing for teens, and assistance with developing skills required for successful living. This category also includes case management, behavioral management, culturally tailored services, consumer/family education, consultation to caregivers, supported employment, and supportive education. It should be noted that many of the intensive outpatient programs (e.g., Wraparound, FSP) offer a full array of community services and supports including help with housing. In addition, comprehensive child welfare programs also offer community services and supports. These intensive outpatient programs are described in a separate section below.

SLOBHD and its providers offer the following:

Transitional Age Youth (TAY) Achievers Program

The TAY - Achievers Program is built on a philosophy and practice of empowering youth to achieve self-sufficiency. Focus and emphasis is given to the establishment of essential community connections to help meet current/future needs. Through a collaborative relationship between FCNI and the Department of Social Services (DSS), TAY Achievers can support youth in the pursuit of their educational and vocational goals. The program provides financial support and case management to transitional age youth for needs related to enrolling in and/or maintaining enrollment in school/vocational opportunities.[15]

Independent Living Program (ILP)

[15] Information provided by FCNI.

FCNI ILP empowers former and current foster youth through education, life skills training, advocacy, workforce development and community collaboration to become self-sufficient. Youth are eligible for ILP if they are between 14 and 21 years of age. Referrals for ILP come from one of the following sources:

- Department of Social Services
- County Probation
- Youth can self-refer if they meet eligibility and are no longer connected with the dependency court system.

Transitional Housing Placement Plus Program (THP+)

FCNI THP+ is a supportive housing program for TAY 18-24 years of age who are not in foster care. Individuals are provided with affordable housing, case management, and one-to-one life skill development.

Youth Family Services (TMHA)

Family Services Specialists are available by phone and in-person for one-on-one support, education and resource connection for youth and families in North and South County, San Luis Obispo, and the North Coast. Spanish bilingual services are available as well. The service is accessed through the Central Coast Hotline. (Please see the description of TMHA services under the Peer Support section above.)

Gaps:

- More services are needed that are not dependent upon Medi-Cal funding for those with private or commercial insurance.
- More affordable housing and shelter homes are needed for clients. TAY need affordable housing for independent living. There are very few affordable housing openings for those 16-17 age youth who are too old for foster homes and too young for independent living. For TAY who are no longer minors, child welfare can frequently get them into temporary shelters and then to THPP after going through the necessary application processes.
- There are no youth drop-in centers. There are some community center activities for youth like Boys and Girls Club and Friday Night Live.

Recommendations:

- Increase access and support for child/youth activites such as equine therapy and other recreational activites, additional educational activities, and implementation of youth drop-in centers.
- Increase access and support for basic needs such as food, clothing, housing, and substance abuse treatment residential programs, and physical healthcare.

Intensive Outpatient Treatment Services

Intensive Outpatient Treatment Services: Intensive Outpatient Treatment Services for chidren and youth in SLO include the following programs and services:

- Full Service Partnerships (FSP) offer a comprehensive community-based treatment program for children and youth with serious mental health diagnoses who require the services of a supportive, multidisciplinary comprehensive team. These programs are designed to reduce hospitalization and facilitate successful community living and psychosocial rehabilitation. Key characteristics of FSP programs include: a low staff to client ratio, 24/7 crisis availability, and a team approach. Referrals are coordinated through the SLOBHD FSP Coordinator.
- Specialized Outpatient Treatment programs including Therapeutic Behavioral Services, delivered multiple hours daily by staff trained to shadow and support high-need youth for limited periods of intensive service.
- Programs delivered in collaboration with the child welfare and probation systems to children and youth in or emancipating from foster care or those involved with the juvenile justice system.

These programs are discussed in greater details in the sections below.

Full Service Partnerships (FSPs)

Child/Youth FSP (0-15 years)
SLOBHD partners with FCNI and Seneca, each of whom operate a FSP with a wide array of culturally and linguistically appropriate services for children and youth from ages 0-15. Teams include the child and family, a community-provided therapist, a peer and parent coach and a Personal Services Specialist. Each team also includes access to a psychiatrist and supervisor support. Additional partners include appropriate agency personnel, family members, friends, community support (i.e., school community) and others as identified by the team.

- FCNI reports no waitlists at this time. The capacity for the program is 20 slots and average length of stay is 286 days. Upon discharge from the program clients are transitioned to SLOBHD. FCNI provides continuation of services until the youths leaving the FSP can begin receiving services at SLOBHD.
- Seneca has the capacity to provide 160 FSP slots for its FSP through the Atascadero office.

TAY FSP (16-25 years)
The FCNI TAY FSP maintains two TAY FSP teams. The teams provide intensive case management, housing, and employment linkages and supports, independent living skill development, 24/7 crisis response, and specialized services for those with a co-occurring

disorder. The goal is to decrease psychiatric hospitalization, homelessness, and incarcerations while providing a bridge to individual self-sufficiency and independence. This includes mental health screening, risk assessment, crisis intervention and elective mental health services to all youth admitted into the Juvenile Hall.

- Thirty-six (36) TAY received FSP services in 2021-2022.
- The capacity for the program is 20 slots and average length of stay is 347 days. FCNI reported no waitlist at this time. Upon discharge from the program clients are transitioned to SLOBHD. FCNI will provide services until they can begin receiving services at SLOBHD.

Specialized Intensive Outpatient Treatment Programs

School-Based Mental Health (SBMH)
FCNI, in partnership with the SLOBHD and Office of Education provides highly trained Rehabilitation Specialists for psychiatrically disabled students in specialized classrooms to help students succeed.

Intensive Day Treatment Services
Services are provided in collaboration with the County Office of Education at two sites: Chris Jespersen Elementary (Elementary and Junior High) and Vicente School (Junior High and High School). The programs provide highly structured SLOBHD and educational services with the goal to keep children or youth in their own home, return to their local school district and avoid higher levels of care.

Therapeutic Behavioral Services (TBS)
FCNI provides TBS designed to help children or youth and parents/caregivers manage behaviors utilizing short-term, behavioral interventions targeting measurable goals that are based on the child/youth's and family's needs. The Specialty Mental Health Services are provided for child/youth at risk of a residential placement or psychiatric hospitalization or who are transitioning from these higher levels of care. FCNI Interagency Placement Committee (IPC) convenes weekly to review cases. Attending members typically include representatives from the following agencies:

- County Department of Social Services
- County Behavioral Health
- County Probation Department
- Special Education Local Plan Area (SELPA)
- County Office of Education
- Family Care Network, Inc. (FCNI)
- Transitions-Mental Health Association (TMHA)

The program capacity is 20 slots or 50 clients annually with an average length of stay of 158 days.

Programs Delivered in Collaboration with the Child Welfare/Probation Systems

Therapeutic Family Care (TFC) – formerly Katie A.
Therapeutic Family Care services, provided by FCNI, provides one to one individualized behavioral counseling designed to stabilize the behavior of children/youth and prevent removal from home. The program assists children/youth to transition back into the home from a higher level of care. FCNI provides rehabilitation specialist staff to support the SLOBHD therapist. The capacity for the program is eight with an average length of stay is 53 days.

Intensive Care Coordination (ICC)
ICC is similar to Targeted Case Management and includes components such as facilitating assessment, care planning and coordination of services, including urgent services for children or youth. ICC is delivered using a Child and Family Team and is intended for children or youth whose treatment requires cross-agency collaboration. SLOBHD provides therapy and FCNI does case management.

- In FY 2021-22, SLOBHD provided ICC services to 33% of unduplicated SLO Medi-Cal beneficiaries ages 0-20. The State target is 19.9%.[16]

Intensive Home-based Services
Intensive Home-Based Services (IHBS) are individualized, strength-based interventions to address mental health conditions that interfere with a child or youth's functioning in the home or community and school.

- SLOBHD provided approximately 18% of IHBS services to unduplicated clients ages 0-20 in FY 2021-22. The State target was 4%.

Youth Treatment Program
The Youth Treatment Program (YTP) is a six-bed, Short Term Residential Treatment Program (STRTP) serving young people who require 24-hour, therapeutic mental health care, operated by TMHA. Residents receive assistance with emotional problems, social adjustment issues and other mental health challenges interfering with their progress and development. YTP's program focus is on regulation of symptoms, empathy and trauma-informed treatment goals. Residents are referred by SLODSS and have an open case with SLO BHD.

Wrap-around Services
FCNI provides wrap-around services that are focused on a "whatever it takes model." Services are individualized and based on incorporating family and youth/child perspectives. The focus is

[16] Data provided by SLOBH.

on maintaining the child/youth in their home, or transitioning them back to their home if they have been placed elsewhere. The programs may receive referrals from Child Welfare if the youth is a dependent of the court, probation if a ward of the court or an Adoptions Assistance child/youth.

- FCNI has a capacity to serve 25 individuals at any given time. The average length of stay in their program including wraparound services is 158 days. In FY 2022-2023, the agency served 81 clients.
- Seneca has capacity for 25 wrap-around slots. Referrals are made by Child Welfare or by Probation through an interagency ITC if more than 12 months is necessary. There are no written criteria and procedures for transitioning stepdown care, and youth who are deemed ready for discharge are often transitioned to IHBS. Due to staffing challenges, the current capacity of this program is 14 youth.

ASSIST Program

This Seneca program provides services as a stepdown from foster care and more intensive programs. Referrals come from Child Welfare. While the program has a capacity for 20 youth, in the past year, the program has had only two clients. The low utilization seems to be related to challenges with referrals sources and possibly some staffing challenges. Seneca is working on strategies for advertising and educating referral sources about the program. The program has a social worker and youth counselor. Written transition procedures do not exist. The program can provide “ASSIST-lite” services until the youth is connected to on-going services post-discharge.

Gaps:

- The question of whether the number of FSP slots is aligned with demand remains unknown. While it may appear that the number of FSP slots is aligned with need in SLO, it is always possible that due to lack of information about the availability of the program, there may be unseen demand. In addition, although more children and youth might benefit from the intensive community-based services offered by FSP, it is difficult to advertise the programs more broadly as they are limited by workforce issues at this time.
- There is a possible gap that exists between the FSP and the outpatient levels of care. The concern is that individuals often fall through the cracks during the transition process between these two levels of care or they may decompensate due to waiting times for entering outpatient treatment and end up returning to their FSP teams.
- The array of specialized programs delivered in collaboration with the child welfare and juvenile justice systems is impressive. Some stakeholders have noted, however, that community-based programs targeting youth with acting-out behaviors who may be at risk for juvenile justice involvement do not exist in adequate numbers.
- As noted elsewhere in this report, Intensive Outpatient Services for youth with substance use disorders do not exist.

- The quality of services is often related to the types of services available. Evidence based practices are essential in order to achieve good outcomes.

Recommendations:

- Several of the intensive treatment programs described above are not at full capacity. At times this was due to workforce challenges; at other times due to lack of referrals. It is recommended that SLOBHD initiate a workgroup with providers to identify the reasons for underutilization of programs and work to either remediate the problems (see workforce discussion above) or consider redesigning the services.
- SLOBHD should regularly check with the FSPs for adequacy of staffing, opportunities to streamline processes for new client admissions, criteria for "graduation" from FSPs, and timeliness of discharge planning to stepdown levels of care.
- SLOBHD should consider implementing a level of care that falls between the Full-Service Partnership and outpatient clinics (i.e. FSP-lite) for individuals who no longer need the higher level of care of FSP but can not safely transition to the outpatient level of care (due to acuity or waitlists).
- Despite the excellent collaboration with the child welfare system, it is difficult to identify appropriate foster care alternatives in the community. SLOBHD should partner with the child welfare system to enhance community supports including expansion of agency support for foster parents. More specifically, foster parents require additional support to appropriately address the issues faced by transgender children and the stigma associated with being in foster care itself.
- Expand the promotion and support of the provision of evidence based interventions through training of workforce by collaborating with traditional training institutions and local partners, e.g., CCAMH, which have the expertise in such practices. Furthermore, the CYBHI is providing funding to community based organizations for such.

SUD Residential Treatment Services: While it is often best for youth to receive services for a SUD in an outpatient community setting, the lack of any residential treatment services for this age group is a gap in the system. As stated elsewhere in this report, the review of the system of care for substance use disorders (SUD) for children and youth in SLO revealed a lack of intensive outpatient substance use treatment programs, residential substance use treatment or residential withdrawal management programs within the county. Though, acute withdrawal is managed in the local hospital upon referral; and, youth in need of residential SUD treatment can be referred out of county to Tarzana Treatment Center. While this provides access to the necessary care, it also represents a gap in the system. Out-of-county treatment does not provide equal access to family sessions, for example, which is an important component of care for youth with SUDs. Complicating the

situation is the fact that youth often have co-occurring mental health and substance use disorders, but there are no treatment programs in SLO county that concurrently treat both types of disorders. Youth in mental health programs who are found to have a substance use disorder are reluctant to accept a referral for substance use treatment while they are in mental health treatment.

Gaps:

- While there are apparently multiple, major gaps in the SUD service system, a particular concern relates to when youth are found by law enforcement to be intoxicated. Protocols are not well defined. CSCG heard some reports of youth being taken to the hospital while other may be taken to juvenile halls.

Recommendations:

- SLOBHD should conduct a feasibility study that looks at where and how best to expand SUD services across the continuum. This could include proposals to invite contract provides to launch a youth residential program with opportunities to step-down to intensive outpatient services provided by the SLOBHD.
- SLOBHD should work with other key stakeholders to develop written procedures for situations in which youth are detained by law enforcement to ensure that medical clearance is given. There is also an opportunity to refer these youth to treatment instead of the criminal justice system.

Crisis Services: Services can include crisis lines, mobile response teams and crisis residential programs. These services are intended to provide immediate response, intervention and stabilization for individuals experiencing a behavioral health emergency.

Crisis Line:

24/7 access to a crisis telephone line is provided SLO County-wide via TMHA's Central Coast Hotline. Callers can phone or text a person and get a response immediately, unless there are two calls taking place. The Central Coast Hotline (CCHotline) has been in operation since 1970 and is toll-free. In 2022-23, staff fielded almost 9000 calls or texts (texting was introduced halfway through the year) from individuals of all ages. Of those calls, 95% were handled or de-escalated by CCHotline call handlers, 138 (1.5%) were referred to 911, and 305 (3.5%) needed MHET mobile crisis services dispatched. The national crisis line 988 is being rolled out across the country, including California. This will give people a 911-alternative to call if someone appears to be having a behavioral health emergency. A local 988 has not been implemented in SLO; 988 calls are routed to one of the regional centers in California. Central Coast Hotline has re-applied to be a 988 call center in order to support the Central Coast community.

Mobile Crisis Response

In June 2021, California Health Facilities Financing Authority received a grant that enabled continuation of youth crisis services delivered by Sierra Mental Wellness Group (SMWG) through 2025. SMWG operates the Mental Health Evaluation Team (MHET), providing mobile crisis services for youth up to 21 years of age in collaboration with a SLOBHD staff member who is embedded with SMWG. The team always consists of two people on call 24/7 but an evaluator can currently go out individually. Evaluators are licensed Marriage and Family Therapists or are bachelor's level counselors in graduate training. A peer support person will be added to the crisis team in the near future. The team intervenes when mental health crises occur in the field (including hospital emergency departments, schools, etc.) and after clinic hours, assisting law enforcement in the field as first responders. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. The goals of the mobile crisis teams include maintaining safety, stabilizing the individual, and preventing need for a higher level of care. Only half of all encounters result in hospitalization. This immediate stabilization response is supplemented with a next day follow-up for non-hospitalized clients to continue support and provide assistance in following through with referrals and appointments. Staff report that communication with supervisors and managers in SLOBHD works well as do contacts with schools and PEI specialists.

- In FY 2021-22 the Mental Health Emergency Team (MHET) responded to 2160 calls for service; of those calls 452 (21%) were in response to youth ages 7-17; an additional 385 (18%) calls were for young adults aged 18-25.
- Crisis dispatch logs show that youth in crisis are routinely transported out of San Luis Obispo County for crisis stabilization and mental health services. In FY 2020-21 there were encounters by the MHET with 210 youth, and 191 (91%) of them were transferred on 5585 holds. Mobile crisis expansion has improved that rate by providing more on-site stabilization and resources. However, the need remains significant. Between October 2022 and January 2023, for instance:
    - The County recorded 80 youth out-of-county transportations out of 126 calls for service (63%). That figure represents more than the number of total holds during the same period, which indicates the need for crisis stabilization for youth services and psychiatric residential treatment programs for youth within the county.
    - Of the 30 youth crisis calls during the month of January 2023 that resulted in an evaluation, 24 (80%) were transported to an out-of-county mental health hospital.
    - 58% of those transports were to the Del Amo Behavioral Health System in Los Angeles County, over 200 miles away and nearly an 8-hour round trip from the center of San Luis Obispo County.
    - The closest youth crisis facility in Bakersfield only accounts for 10% of youth transportation destinations, with some youth being diverted as far as Sacramento.

- Between October 2022 and January 2023, after accounting for outliers with stays as long as six days, the average youth crisis call resulted in an 18-hour, 32-minute hospital stay between admission time to discharge. Among youth clients who were transported out of county, the average total time in hospital increased to 22 hours and 37 minutes; of the 80 clients who received out-of-county transportation, 67 spent at least one prior night in a San Luis Obispo hospital.[17]

Mental Health Services in Juvenile Hall

Mental Health Clinicians from SLOBHD provide mental health screening, risk assessment, crisis intervention and other mental health services to all youth admitted into the Juvenile Hall. The staff may also provide assessment, therapy, rehabilitation services and referrals for community services upon discharge. A psychiatrist from SLOBHD provides medication assessment and support as well as monitoring one time per week. The program has the capacity to serve 27 youth in detention; 28 youth in Coastal Valley Academy (a short-term residential program); and five in SOAR (secure-track youth). Average length of stay varies for detention with Coastal Valley Academy averaging 6-12 months, and SOAR with lengths of stay up to several years.

Gaps:

- There is no youth crisis stabilization unit (CSU) in the county, and the psychiatric inpatient units do not have appropriate bed space for youth. The CSU does not accept youth patients. The MHET does not refer youth clients to the CSU. Walk-ins for youth, which are common among the adult population, must be referred elsewhere.
- Due to the lack of crisis stabilization services for youth, those who are in Emergency Departments on 5585 holds lack alternatives. As a result, staff are reluctant to release the holds and it has been reported that as a precaution, children may sometimes remain on holds when they might be stabilized in community settings.
- Staff identified the need for more staffing for centralized dispatch and evaluation.
- Access to outpatient mental health and substance use disorder treatment can be delayed, which poses challenges to crisis teams attempting to stabilize individuals without hospitalization.
- Recruitment and retention of crisis team staff is challenging due to competition and the demands of both crisis and field work.

Recommendations:

- SLOBHD should prioritize the “somewhere to go” aspect of crisis response for children and youth. Hospital emergency departments are not ideal places to stabilize youth in a behavioral health crisis. It is understood that a plan is now underway to construct such a facility in SLO County. Another option, potentially achievable in the short term, could be

[17] Information provided by SLOBHD.

to develop a special program within the existing crisis stabilization unit with several beds/chairs for youth.

- SLOBHD should consider establishing protocols for prioritizing access to outpatient mental health and substance use disorder services for individuals in crisis to promote stabilization without the need for hospitalization whenever possible.
- SLOBHD should include consideration of recruitment and retention of crisis staff as a particular focus of interagency workforce discussions.
- Improved or enhanced technology for tracking crisis calls, field responses and follow-up after hospitalization would be advisable.
- Development of databases for informed decision-making in the area of crisis response is desirable.
- SLOBHD should consider adding funding for centralized dipatch and evaluation.
- SLOBHD should explore opportunities to expand their mobile crisis teams through CalAIM.
    - MHET teams might be utilized in the field to de-escalate clients and prevent the need for a higher level of care and/or transport to the crisis stabilization unit/hospitals for individuals determined not eligible for community-based care.
    - SLOBHD should explore the addition of more peers as members of crisis teams.

Intensive Treatment Services

Intensive treatment services including inpatient units, psychiatric health facilities and other locked residential treatment programs. These services are intended to address the needs of individuals that require 24/7 supervision and treatment in secure settings to ensure stabilization and rehabilitation prior to community reintegration. In addition an alternative to or an in-patient step down program is the Childrens Crisis Psychiatric Residential Treatment Facility; these are attached to a Short Term Residential Treatment Program. This is a relatively new intensive treatment service program became an option for counties in 2021.

Acute Hospitals: Acute psychiatric hospitals and / or acute hospitals with psychiatric units stabilize individuals in medical or psychiatric crisis. The objectives are to stabilize symptoms through medication intervention, to enhance social rehabilitation skills, and to facilitate community reintegration through discharge planning and linkages to community mental health services. These facilities are licensed, regulated, and inspected and/or certified by the California Department of Public Health (CDPH) Licensing and Certification Program and by the Center for Medicare & Medicaid Services (CMS) where applicable for facilities accepting Medicare and Medi-Cal.

Currently there are no acute hospital facilities in San Luis Obispo County with psychiatric units that can serve the child/youth population. This impact is felt by crisis responders and families, as young people are brought to one of the county's four hospital emergency departments –

none of which have a psychiatric specialist. Youth and their families in need of an inpatient stay or crisis stabilization are often delayed while County and community providers seek to find appropriate, and available, levels of care outside the county. Families must drive three to four hours to visit their family members. Should a child require admission, they are transferred to out-of-county hospital facilities in Santa Rosa, Santa Barbara and Los Angeles County--most often at Vista Hospital in Ventura. Other places that youth are referred to include acute hospitals in the cities of Bakersfield, San Jose, Santa Rosa (Aurora), Vacaville and Sacramento. Sierra Mental Wellness Group which operates the mobile crisis response team has established protocols for transfers from youth clinics to hospitals and from in-county hospital emergency departments to other hospitals with youth treatment programs outside the county. Nevertheless, the distance to out-of-county hospitals limits the ability of families to visit and participate in treatment planning for their children.

Gaps:

- The lack of intensive treatment in the form of an acute psychiatric inpatient facility is a clear gap in the SLOBHD system of care.

Recommendations:

- SLOBHD may want to consider developing a Psychiatric Health Facility (PHF) for adolescents within the County in collaboration with a CSU for youth. PHFs are licensed by the State Department of Health Care Services and provide 24-hour inpatient care. The services include, but are not limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient in settings. A Children's Crisis Psychiatric Residential Treatment Facility would be another option. This offers the same array of services as a PHF but is not locked.
- SLOBHD should explore what it would take to fund and hire more behavioral health staff to work in the hospitals as screeners and referrers, and explore possibilities for increasing funding to hire more MHET staff to conduct mental health evaluations and re-evaluations for 5150 holds.
- The behavioral health workforce shortages in the hospitals need to be addressed as part of the overall plan for recruiting and retaining behavioral health staff at all levels of care. SLOBHD and staff of the children's mobile crisis team should partner with Emergency Department staff to increase awareness and training on how to screen and refer for behavioral health conditions in children and youth.

Recommendations for Behavioral Health Services for Children and Youth

While useful to use the various levels of care to analyze the system of care, it is important to recognize that individual clients often require multiple levels of care and are receiving services

in more than one place. Recommendations are described above by the various levels of care, and below are consolidated to address developing a more fully integrated system of care. Several recommendations were identified that fall into the following categories discussed in the section that follows:

1. Capacity: The capacity required to build out a more comprehensive system of behavioral health care for SLO
2. Processes: The processes needed to ensure the successful utilization of services
3. Programmatic: The critical components that should be included in program levels of care

Capacity required to build out a system of intensive behavioral services

Two factors related to capacity are critical. First, the system should ensure that services exist at all points along the continuum of care (i.e., there are no levels of care unrepresented). Second, there must be sufficient capacity within existing programs. Related to this is the need to consider geographic distribution of critical services to ensure accessibility to those in need.

- Based on reports, SLO is missing an important component of the continuum of crisis services for children and youth. The County lacks a "Place to Go" for children and youth in psychiatric crisis – with the exception of hospital Emergency Departments. It is recommended that SLOBHD and the hospitals develop a system to track how many individuals are being transferred out-of-county with the results of this tracking effort tempered by client outcome data related to optimal length of stay. This will help inform whether SLOBHD should pursue a Psychiatric Health Facility (PHF) for youth or establish a Children's Crisis Psychiatric Residential Treatment Facility.
- Urgent Care Centers (UCCs) are clearly seen as a successful model for managing behavioral health crises. This is an area that CSCG highly recommends that SLOBHD explore further. While SLO has a small Crisis Stabilization Unit (CSU), only adults are admitted and utilization is quite low - even with four beds. It would be beneficial to consider full utilization of the existing CSU, with possible future expansion to another part of the county to address the anticipated demand associated with implementation of 988 and additional crisis teams. Further, experience in counties such as Los Angeles, Fresno, San Diego, and Orange suggests that most successful CSUs are LPS-designated in order to receive and treat individuals who are detained involuntarily. There are two recommendations here. First, CSCG recommends that SLOBHD explore LPS designation status for the CSU with the understanding that a change in treatment philosophy would be required. Second, should the change in treatment philosophy result in additional utilization of the current CSU, SLOBHD could consider adding capacity in the existing CSU location as well as in a second location, ideally North County. Finally, there are models for successful Urgent Care Centers that co-locate specialized services for youth. It is highly recommended that SLOBHD consider establishing this capacity so that youth in crisis have a place where they can be stabilized in the community without the need for a higher level of care.

- Given the anticipated increase in demand for crisis services, it is recommended that SLOBHD consider implementing a Crisis Psychiatric Residential Treatment Program for youth, which could be attached to an STRTP, possibly in collaboration with adjacent counties. A Crisis Psychiatric Residential Treatment Program should be between 10-16 beds in order to optimize economies of scale, while preserving a welcoming and home-like environment. This type of program would permit stabilization of adolescents in their communities, avoiding the need for inpatient care.
- SLOBHD could benefit from further review of the service priorities currently addressed by the Mental Health Evaluation Team (MHET). For example, currently individuals in mental health crisis are served largely in hospitals, including emergency departments (EDs). The lack of psychiatric inpatient units in SLO results in the need for MHETs to respond to EDs to evaluate clients. Mental Health Urgent Care Centers (UCCs) could stabilize many clients in crisis thereby preventing the need for psychiatric hospitalization and freeing up some of the time of MHET for other purposes.
- While information was inconclusive regarding FSP waiting lists for children and youth, it is important to note that ensuring flow through the system (both to higher and lower levels of care) is predicated on having enough FSP slots accepting new clients without a delay. For this reason, it is recommended that SLOBHD regularly monitor waiting lists for FSP programs and evaluate whether the needs of children and youth placed in out-of-county hospitals might be appropriately addressed by this level of care if additional slots were available. Perhaps more important, it is recommended that SLOBHD consider implementing an FSP-lite level of care for individuals transitioning from FSP to the outpatient clinics to prevent clients from "falling through the cracks" and ensuring the right level of care for clients.
- Within the substance use disorder system of care, there are significant issues with gaps in the system of care for children and youth. While SLOBHD has done an exemplary job of siting substance use disorder prevention services in schools and colleges, and providing access to some outpatient services, there is a lack of more intensive treatment options for youth such as walk-in or rapid access treatment options. This is particularly important as there is often a window of opportunity to engage and treat young people who have recognized that their use of substances is problematic. It is strongly recommended that SLOBHD conduct a feasibility study to determine who best to build out the full continuum of SUD services for youth and children.
- There is a strong need to ensure geographic distribution of services – particularly crisis services – across the county. This is essential to ensure that no residents are disadvantaged by having to travel to locations that are inaccessible to receive treatment when they are in crisis. CSCG recommends further evaluation of how services are distributed between north and south County locations.
- FQHCs appear to be a relatively unused resource for treating the mental health and substance use needs of the County. While this is true for adults, it is particularly true for

children and youth. In the past, many counties aligned with their health plans supported development of an integrated behavioral health capability within primary health care teams. This proved to be an invaluable resource for clients and a great partnership strength for County behavioral health departments. With many lessons learned from other counties about how to best accomplish this, the questions for SLO County's Behavioral Health System, CenCal and the FQHCs are: What are the perceived costs and risks versus value and benefits? If a decision is made to embark on such a venture, what would the stakeholders involved identify as the first steps? How would they work together to make it successful? This is something that could be consider during the stakeholder process.

The processes needed to ensure the successful utilization of services

- A major consideration within the BH system are the workforce challenges. SLOBHD can work collaboratively with community organizations to develop creative strategies for recruiting and retaining BH staff. Processes to consider are pay and/or housing subsidies that allow staff to live in the communities where they work.
- As SLOBHD contemplates the development of a full continuum of care for both SUD and MH services, it will be important to consider other processes as well. For example, training will likely be required on how to use ASAM criteria for adolescents. Movement through the newly developed levels of care will need to be tracked and monitored to identify places in which clients might get stuck. As SLOBHD brings back walk-in appointments for SUD assessments, it will be important to track data such as time between assessment and engagement in care.
- To promote co-occurring services and coordination of care between mental health, SUD, and primary care systems, SLOBHD should consider the use of screeners who assess for a variety of behavioral health and primary care issues regardless of the system in which the client enters. Critical to the success of these efforts is having a place to refer the clients following the screener/assessment. Beyond these initial micro-level interventions, SLOBHD can share information across systems through written consents from the client(s) and technology-based solutions. That being said, SLOBHD is to be commended for ensuring that interns are trained in co-occurring disorders, offering the likelihood that future generations of professionals will be capable in addressing both issues for clients.

Programmatic: Critical components of programs

The recommendations below apply equally to adult and children's programs, as there are significant differences for programs in SLO serving children and youth. More specifically, the children's continuum of care is remarkable for the long-standing and close collaborations – both formal and informal – that exist between the child welfare system, education and behavioral health department and providers. Nevertheless, the following general recommendations apply:

- SLOBHD and providers should ensure the continued or expanded use of peers, community health workers and other providers such as mentors, members of the faith community and others to address the needs of clients while responding to the current workforce crisis. This may include the ongoing operation of training programs for individuals with lived experience of a mental illness and parent partners, substance use disorder and/or homelessness; the development of a clergy academy; use of interns, and other options.
- SLOBHD and providers should operationalize the recovery model at all levels of care. Adolescents must have opportunities to develop skills required for successful living in the community and should be involved in community activities to ensure successful community reintegration.
- With the current workforce crisis, ensuring behavioral health staff represent the clients being served is more challenging. That said, it is critical that programs are representative of the diverse needs of the communities served (age, race, language, religion, gender identification, etc.). The Behavioral Health System must address disparities in pay for staff that keep people from electing to work in the field.

Appendices

Appendix A – Acknowledgements

We wish to thank the many staff of Transitions-Mental Health Association, the San Luis Obispo Behavioral Health Department, and community partners and hospitals who contributed information for this report. Their dedication, time and knowledge were invaluable in informing this assessment of behavioral health services for adults in San Luis Obispo County.

Name	Title	Department
Aaron Thorne	Chief Nursing Officer, Sierra Vista	Tenet Hospital
Alley Jensen	YTP Progam Manager	Transitions-Mental Health Association
Amanda Getten	Quality Support Team Division Manager	County of San Luis Obispo Behavioral Health Department
Amber Gallagher	Executive Director	Special Education Local Plan Area
Amber Rogers	Senior Director of Nursing	Dignity Health
Amelia Grover	Social Work Manager	Dignity Health
Anna Yeackle	Youth Treatment Program Therapist	Transitions-Mental Health Association
Ben King	Staff Development Division Manager	County of San Luis Obispo Department of Social Services, Child Welfare Division
Bridgette Bateman	Patient Healthcare Services Supervisor, Sierra Vista	Tenet Hospital
Bridgette Woodbury	Director of Case Management	Tenet Hospital
Carrie Collins	Family Advocate Services Director	LINK
CeCe Mendoza	Program Director	Seneca
Chris Dowler	Deputy Director, Student Support Services	San Luis Coastal USD
Cinnamon Redd, MD	ER physician and chair of ED at Twin Cities	Tenet Hospital
Erica Flores Baltodano	Attorney-at-law	Baltodano Firm
Fernanda de Leon	Behavioral Health Navigator for Transition Age Youth	Transitions-Mental Health Association

Frank Warren	Deputy Director	County of San Luis Obispo Behavioral Health Department
Fred Mickel	Captain, Community Outreach Director	San Luis Obispo Police Department
Gina Forgette	Youth Services Program Supervisor	County of San Luis Obispo Behavioral Health Department
Irma Real	Health Information Technician (HIT)	County of San Luis Obispo Behavioral Health Department
Jamie Pereira	Social Work Supervisor	Dignity Health
Jason Hooson	Youth Triage Crisis Evaluator	County of San Luis Obispo Behavioral Health Department
Jennifer Finoccio	Social Work Supervisor	County of San Luis Obispo Department of Social Services, Child Welfare Division
Jill Rietjens	Behavioral Health Division Manager/Youth Services	County of San Luis Obispo Behavioral Health Department
Jim Mudge	Social Worker	County of San Luis Obispo Department of Social Services, Child Welfare Division
Jonathan Nibbio	Chief Operations Officer	Family Care Network, Inc.
Katherine Aaron	Assistant Superintendent	Office of Education
Kenneth Dalebout	Vice President, Strategy and Operations	Dignity Health
Kyle Nancolas	Chief Deputy for Community	Probation Department
Lauren Duarte	Manager for Emergency Services and Health Provision	Tenet Hospital
Linda Belch	Director	County of San Luis Obispo Child Welfare Department
Linda Pierce	Director, Student Services	Lucia Mar USD
Lisa Fraser	Executive Director	Center for Family Strengthening
Margaux Snider,MD	Medical Director for ED	Dignity Health
Marguerite Harris	Chief Deputy for Detention	County of San Luis Obispo Probation Department
Meghan Boaz-Alvarez	Clinical Director	Transitions-Mental Health Association

Melinda Sokolowski	Child, Youth and Family Services Division Director	CAPSLO
Nisha AbdulCader	Pediatrician	Martha's Place, SLOBHD
Patrick Ellis	Program Director	Seneca
Paula McGrath	Program Supervisor, Prevention and Outreach	County of San Luis Obispo Behavioral Health Department
Ramona Friedman	Executive Director, Founder	Center for Child and Adolescent Mental Health (CCAMH)
Robert Cook	Chief Nursing Officer, Twin Cities Hospital	Tenet Hospital
Robert Reyes	Chief of Probation	County of San Luis Obispo Probation Department
Shauna Zoric	ER/ICU Manager	Dignity Health
Shawn Ison	Family Services Program Manager	Transitions-Mental Health Association
Star Graber	Division Manager	County of San Luis Obispo Behavioral Health Department
Tina Lehman	Program Director	Seneca