2025 Community Health Implementation Strategy and Plan

Adopted November 5, 2025





A member of CommonSpirit

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At-a-Glance Summary

Community Served



In 2024, an estimated 265,735 people resided in Santa Cruz County. The county occupies 445 square miles of land approximately 35 miles southwest of Silicon Valley, with the Pacific Ocean to the west. This land includes 29 miles of coastline, forming the northern coast of Monterey Bay, and more than 44,000 acres of parks.

Santa Cruz County is a metropolitan area with only 13% of residents living in a rural area. Almost one in four county residents lives in the city of Santa Cruz, making it the largest local municipality by population. The other incorporated cities are Watsonville, Scotts Valley, and Capitola. Santa Cruz County also includes the following unincorporated towns and areas: Amesti, Aptos, Aptos Hills-Larkin Valley, Ben Lomond, Bonny Doon, Boulder Creek, Brookdale, Corralitos, Davenport, Day Valley, Felton, Freedom, Interlaken, La Selva Beach, Live Oak, Lompico, Mount Hermon, Pajaro Dunes, Paradise Park, Pasatiempo, Pleasure Point, Rio Del Mar, Soquel, Twin Lakes, and Zayante.

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA).

Needs the hospitals intends to address with strategies and programs are:



- Behavioral Health
- Economic Security
- Health Care Access & Delivery

Strategies and Programs to Address Needs



The hospital intends to take several actions and to dedicate resources to these needs, including:

Behavioral Health

- Increase youth behavioral health care access
- Expand behavioral health workforce through Community Health Improvement (CHI) grants and institutional strategies
- Increase early intervention for behavioral health needs
- Increase knowledge and use of trauma-informed care
- Enhance integrated behavioral health care
- Promote community education on behavioral health
- Expand mental health crisis services
- Strengthen holistic behavioral health approaches
- Increase use of harm reduction strategies
- Support Housing First model for those with behavioral health needs through institutional (system-wide) strategies
- Expand enhanced case management for those with behavioral health needs

Health Care Access & Delivery

- Financially support health care through charity care and uncompensated Medi-Cal
- Expand enhanced case management
- Use technology to improve healthcare coordination through institutional (system-wide) strategies
- Expand community-based healthcare services
- Increase transportation options
- Expand healthcare workforce through institution-wide programs
- Expand specialty services through institution-wide initiatives
- Increase timely medical appointments
- Increase knowledge and use of culturally competent and traumainformed care
- Increase access to oral health care and preventive education

Economic Security

- Collaborate on housing solutions through advocacy efforts
- Increase food access
- Increase access to fresh produce
- Increase social determinant of health screenings through CHI grants and institution-wide initiatives
- Increase education on affordable eating and chronic disease management
- Increase workforce development through CHI grants and institutional strategies
- Recruit local talent in the workforce through CHI grants and institutional strategies
- Increase community health workers

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the <u>hospital's website</u>. Written comments on this strategy and plan can be submitted to the Dominican Hospital Administration, 1555 Soquel Drive, Santa Cruz, CA 95065 or by e-mail to Dominique.Hollister@CommonSpirit.org.

Our Hospital and the Community Served

About the Hospital

Dignity Health Dominican Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

- Dominican Hospital is located at 1555 Soquel Avenue, Santa Cruz, CA.
- The hospital is licensed for 222 inpatient beds, has a staff of 1,500 employees and professional relationships with more than 470 local physicians and allied health professionals.
- Major programs and services include Cardiovascular, OB/GYN, Orthopedics, General Surgery, Pulmonary, Neurosciences, Oncology, Maternal/Child Health, Level III NICU, Cardio/Thoracic/Vascular Surgery, Intensive Care Unit, Emergency Services, and Rehabilitation.
- Established in 2022, <u>Dominican Hospital's Family Medicine Residency</u> is Santa Cruz County's only residency program, training full-spectrum family physicians with an emphasis on health equity and community-focused care.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



Description of the Community Served

The hospital serves Santa Cruz County. A summary description of the community is below, and additional details can be found in the CHNA report online.

In 2024, an estimated 265,735 people resided in Santa Cruz County (a decrease of 2% since 2020). The county occupies 445 square miles of land approximately 35 miles southwest of Silicon Valley, with the Pacific Ocean to the west. This land includes 29 miles of coastline, forming the northern coast of Monterey Bay, and more than 44,000 acres of parks.¹

Santa Cruz County is a metropolitan area with only 13% of residents living in a rural area. Almost one in four county residents lives in the city of Santa Cruz, making it the largest local municipality by population. The other incorporated cities are Watsonville, Scotts Valley, and Capitola.

Santa Cruz County has an aging population, with 18% under 18 and 20% aged 65 or older—slightly older than the state overall. The median age is 41.2 years, compared to 38.8 statewide. Among adults over 25 years old, 44% hold a bachelor's degree, higher than the state's 37%.

The majority of Santa Cruz County's population identifies as White, with smaller proportions of other racial and ethnic groups compared to the state overall. A total of 58% identify as White—much higher than California's 39%—while 36% are Latine, slightly below the state's 41%. Asian residents make up 5%, well under the state's 16%. Foreign-born residents account for 18% (compared to 27% statewide), and 13% have limited English proficiency, lower than the state's 18%. Life expectancy, mortality, hospitalization, and disability rates in the county are better than state averages, though Black residents—who represent just 1% of the population—have a notably lower life expectancy (75.4 years vs. 82.1 years).

The Real Cost Measure for a two-adult, two-child household in Santa Cruz County is \$117,644 per year. While 53% of Santa Cruz County households earn \$100,000 or more, 24% earn between \$50,000 and \$100,000, and another 24% earn below \$50,000. Between 2018 and 2022, 26% of residents lived below 200% of the Federal Poverty Level (\$27,750 for a family of four). Among youth, 46% of students are eligible for free lunch, and among adults under 65, 6% were uninsured.

According to the National Low Income Housing Coalition's 2024 Out of Reach report, Santa Cruz County is the most expensive metropolitan county in the United States for renters.² Housing costs in Santa Cruz County are extremely high with average apartment rents at \$3,551 per month and median home prices at \$1.2 million—both of which are increasing.

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in May 2025. The CHNA report includes:

description of the community assessed consistent with the hospital's service area;

¹ County of Santa Cruz. (2021). About Santa Cruz County.

² National Low Income Housing Coalition: 2024 Out of Reach report

- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

| Significant Health Need | Description | Intend to Address? |
|----------------------------------|---|--------------------|
| Housing & Homelessness | Housing and Homelessness includes the cost, availability, and stability of housing for both renters and homeowners, as well as the impact of homelessness on individuals, families, and vulnerable populations. It also encompasses overcrowded housing, economic drivers of homelessness, and barriers to health and social services for unhoused individuals. | |
| Behavioral Health | Behavioral Health includes mental health, substance use, and the effects of trauma. It refers to the connection between emotional, mental, and physical well-being, and involves addressing conditions such as depression, anxiety, substance use disorders, co-occurring conditions, and stress-related symptoms. Behavioral health care also considers social and environmental factors—such as stigma, economic hardship, and geographic or cultural barriers—that impact access to services and overall health. | |
| Health Care Access & Delivery | Health Care Access & Delivery includes the availability, affordability, and coordination of medical and dental services across all levels of care. It involves prevention, early intervention, and continuity of care—particularly for uninsured and underinsured populations—while addressing social determinants of health. It also includes timely access to a culturally and linguistically competent healthcare workforce that can meet diverse community needs. | Ŋ |

| Significant Health Need | Description | Intend to Address? |
|--------------------------|---|--------------------|
| Education | Education includes the quality of schools, student academic achievement, graduation rates, early childhood development, and access to support services within schools. It also covers the impact of economic challenges on students' ability to succeed academically. | |
| Economic Security | Economic Security is defined by the ability to afford essential living expenses—such as housing, food, transportation, and childcare—through stable employment and adequate income. It also involves financial stability that enables individuals and families to meet basic needs without hardship and accessing necessary services. | |
| Community Safety | Community safety includes both intentional violence—such as crime, abuse, bullying, and systemic racism—and unintentional injuries like accidents, poisonings, and environmental hazards. It involves efforts to prevent harm, ensure timely emergency response, and create safe environments in homes, schools, and communities. | |
| Maternal & Infant Health | Maternal and infant health includes prenatal and postpartum care, birth outcomes, and access to culturally competent services such as midwifery and doula support. | |
| Healthy Lifestyles | Healthy lifestyles involve healthy eating, physical activity, and managing obesity and diabetes, along with equitable access to nutritious food and exercise opportunities. | |
| Cancer | Cancer includes cancer incidence and mortality by demographics, access to prevention, screening, treatment, and supportive care. | |

Significant Needs the Hospital Does Not Intend to Address

| | Reason for not Addressing Health Need | | | | | |
|------------------------|---------------------------------------|------------------------------------|-------------------|---|--|--|
| Health Need | Beyond mission | Beyond capacity and services | Limited resources | Addressed by Other Organizations in the Community | | |
| Housing & Homelessness | | X | | × | | |
| Education | × | × | | × | | |

| Community Safety | × | X | | X |
|--------------------------|---|---|---|---|
| Maternal & Infant Health | | | × | X |
| Healthy Lifestyles | | | × | Х |
| Cancer | | | X | X |

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of



its staff, clinicians and board, and in collaboration with community partners.

Hospital and health system participants included the Dominican Community Advisors (DCA) group, who provided health need prioritization input. The DCA group consisted of Dominican Hospital's President and Chief Executive Officer, Chief Medical Officer, Chief Nurse Officer, Vice President of Ancillary Services, Director of Administrative Services & Community Benefit, Director of Mission Integration and Patient Experience, Director of Care Coordination, Director of Health and Rehabilitation, Physician Advisor, Social Worker, and Board Members as well as the Chief Philanthropy Officer from the Dominican Hospital Foundation.

Community input or contributions to this implementation strategy included 12 key informant interviews and 2 focus groups including 34 community members, community leaders, health experts and representatives of various organizations and sectors.

The programs and initiatives described here were selected based on input from community members during focus groups and interviews. Participants offered suggestions for addressing each health need, and strategies were chosen that aligned with Dominican Hospital's Community Benefit goals and organizational capacity. Selected strategies were informed by existing programs with evidence of success/impact, expanding or adapting a partner's program, access to appropriate skills or resources, ability to measure impact, and goal to address an urgent services need.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio³ to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and

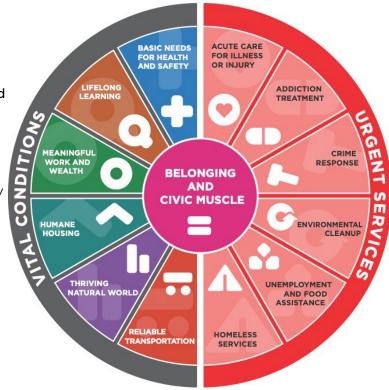
urgent services compose a well-being portfolio.

What are Vital Conditions?

These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multisector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?

These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.



What is Belonging and Civic Muscle?

This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in This Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

³ The Vital Conditions Framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

Strategies and Program Activities by Health Need

| Health Need: | Behavioral Health | | | | | | |
|---|---|---------------------|--------------------------------------|--------------------------------------|--|--|--|
| Population(s) of Focus: | Youth; individuals vulnerable to co-occurring mental health and substance use disorders (including unhoused individuals, veterans, and LGBTQ+); low-income individuals; the Latine community; and South County residents. | | | | | | |
| Strategy or Program | Summary Description | Strategic Alignment | | | | | |
| | Strategy 1: Extend care continuum | | Strategy 2: Evidence- informed | Strategy 3: Community capacity | Vital Condition (VC) or Urgent Service (US) | | |
| All strategies identified bel | ow will be addressed through Community Health Ir | mprovement C | Grants | | | | |
| Increase youth behavioral health care access | Support local efforts to expand clinicians and providers for youth mental health and substance use treatment, such as the county's youth psychiatric facility. | | X | X | VC or US | | |

| Health Need: | Behavioral Health | | | | |
|--|--|---|---|---|----------|
| Expand behavioral health workforce through Community Health Improvement (CHI) grants and institutional strategies | Develop and support programs that increase the number of trained behavioral health professionals, such as Dominican Hospital's Graduate Medical Education (GME) program that has behavioral health rotations. | | Х | Х | VC or US |
| Increase early intervention for behavioral health needs | Support programs and services that provide early intervention services for young children showing signs of behavioral health issues, such as First 5 Santa Cruz County. | X | X | | UC |
| Increase knowledge and use of trauma-informed care | Support education training programs that teach trauma informed care, such as Dominican Hospital's Graduate Medical Education (GME) program. | | × | Х | VC or US |
| Enhance integrated behavioral health care | Fund local initiatives that strengthen coordination through referral pathways between mental health and primary care services to address co-occurring conditions. Examples include community health workers. | X | × | | VC or US |
| Promote community education on behavioral health | Support programs and services that increase education and awareness about available mental health and substance use services within the community, particularly free services for youth and their families. Examples include First 5 Santa Cruz County and community health workers. | X | X | | VC or US |

| Health Need: | Behavioral Health | | | | |
|---|---|---|---|---|----------|
| Expand mental health crisis services | Support programs and services that expand crisis intervention services, including psychiatric beds for minors and emergency response training for staff and psychiatric beds for minors, such as the county's youth psychiatric facility. | | X | X | US |
| Strengthen holistic behavioral health approaches | Support programs and services that take a holistic approach to behavioral health, such as school wellness centers offering integrated mental health services for students. | Х | X | | VC |
| Increase use of harm reduction strategies | Support programs and services that focus on harm reduction strategies for substance use disorder. | Х | Х | | US |
| Support Housing First model for those with behavioral health needs through institutional (system-wide) strategies | Support organizations that use the Housing First model, which provides stable housing as a foundation for addressing substance use and mental health issues. | X | × | | US |
| Expand enhanced case management for those with behavioral health needs | Support enhanced case management services that support individuals with substance use disorder and mental illness, such as Dominican Hospital's Care Coordination team and community health workers. | Х | Х | | VC or US |
| Planned Resources: The hospital provides funding to local nonprofits as well as to internal programs that serve all community members, and also provides program management support for those internal programs. | | | | | |
| Planned Collaborators: | Dominican Hospital plans to support a range of external collaborators advancing its Behavioral Health strategies, including—but not limited to—the county's youth psychiatric facility, First 5 Santa Cruz County, community health workers, and community benefit organizations that promote youth wellness. | | | | |

| Health Need: | Behavioral Health |
|--------------|---|
| | Internally, the hospital will also support its Graduate Medical Education (GME) program and Care Coordination team, both integral to these efforts. |

| Anticipated Impacts (overall long-term goals) | Measure | Data Source |
|---|--|--|
| Increased behavioral health access | Number of patients receiving behavioral health care Number of employees that address behavioral health care | Hospital program data, CHI grants, and partner reports |

| Health Need: | Health Care Access & Delivery | | | | | |
|---|--|---|------|--------------------------------------|--|--|
| Population(s) of Focus: | | Low-income and uninsured individuals; people facing language and transportation barriers; homeless individuals and seniors struggling to obtain regular healthcare and dental services. | | | | |
| Strategy or Program | Summary Description | | Stra | itegic Align | ment | |
| | | Strategy 1: Strategy 2: Extend care continuum informed | | Strategy 3: Community capacity | Vital Condition (VC) or Urgent Service (US) | |
| All strategies identified be | All strategies identified below will be addressed through Community Health Improvement Grants unless otherwise specified. | | | | | |
| Financially support health care through charity care and uncompensated Medi- Cal | Provide financial support for those who struggle with medical expenses at Dominican Hospital. | | X | X | VC or US | |
| Expand enhanced case management | Support enhanced case management services to connect patients with necessary resources, including health care coverage enrollment, such as Dominican Hospital's Care Coordination team and community health workers. | X | X | | VC or US | |
| Use technology to improve healthcare coordination through institutional (systemwide) strategies | Support data-sharing initiatives among service providers to improve care coordination and access to patient information, such as systemwide Health Information Exchange efforts. | X | Х | | VC or US | |

| Health Need: | Health Care Access & Delivery | | | |
|--|--|---|---|----------|
| Expand community- based healthcare services | Support community-based organizations that provide health care and expand internal services such as increasing Mobile Wellness Clinic hours. | × | × | VC or US |
| Increase transportation options | Support organizations that provide transportation for healthcare needs, such as post-discharge travel. | × | Х | VC or US |
| Expand healthcare workforce through institution-wide programs | Support external organizations and expand internal programs that increase the healthcare workforce to address clinician shortages and improve access—for example, Dominican Hospital's Graduate Medical Education (GME) programs. | X | X | VC or US |
| Expand specialty services through institution-wide initiatives | Expand specialty services to address higher- acuity patient needs and increase access to advanced care. | × | X | US |
| Increase timely medical appointments | Support external organizations to extend clinic hours and expand internal services, such as increasing Mobile Wellness Clinic hours, to reduce delays and improve access to care. | Х | Х | VC or US |
| Increase knowledge and use of culturally competent and traumainformed care | Increase cultural competency and trauma- informed training among healthcare providers to better serve diverse populations. Examples include training within Dominican Hospital's Graduate Medical Education (GME) program. | Х | × | VC or US |
| Increase access to oral health care and preventive education | Invest in organizations that provide oral health interventions and prevention (including education and awareness), for example, Dientes. | × | Х | VC or US |

| Health Need: | Health Care Access & Delivery |
|------------------------|---|
| Planned Resources: | The hospital provides funding to local nonprofits as well as to internal programs that serve all community members, and also provides program management support for those internal programs. |
| Planned Collaborators: | Dominican Hospital plans to support a variety of external collaborators advancing its Health Care Access & Delivery strategies, including—but not limited to—community health workers and Dientes. Internally, the hospital will also support its Mobile Wellness Clinic, Care Coordination team, and Graduate Medical Education (GME). |

| Anticipated Impacts (overall long-term goals) | Measure | Data Source |
|---|---------|--|
| Increased health care access | | Hospital program data, CHI grants, and partner reports |

| Health Need: | Economic Security | | | | |
|---|---|---|--------------------------------------|--------------------------------------|--|
| Population(s) of Focus: | Individuals experiencing food insecurity; low-income workers and underemployed individuals; immigrants and agricultural workers, particularly in South County; single parents and families with young children; and older adults living on fixed incomes. | | | | |
| Strategy or Program | Summary Description | Strategic Alignment | | | |
| | | Strategy 1: Extend care continuum | Strategy 2: Evidence- informed | Strategy 3: Community capacity | Vital Condition (VC) or Urgent Service (US) |
| All strategies identified be | low will be addressed through Community Health II | mprovemer | nt Grants u | nless other | wise specified. |
| Collaborate on housing solutions through advocacy efforts | Participate in housing advocacy collaboratives to address housing issues comprehensively. | X | × | × | VC or UC |
| Increase food access | Support local initiatives that address food insecurity, such as food banks like Second Harvest Food Bank. | | × | Х | VC |
| Increase access to fresh produce | Support organizations that distribute fresh fruits and vegetables to individuals experiencing food insecurity, such as Second Harvest Food Bank. | | × | Х | VC |
| Increase social determinant of health screenings through CHI grants and institution- wide initiatives | Support organizations and expand internal efforts to screen for social determinants of health to connect eligible individuals with benefits programs and simplify the enrollment process. Examples include community health workers. | X | Х | | VC |

| Health Need: | Economic Security | | | | |
|--|--|---|---|---|----|
| Increase education on affordable eating and chronic disease management | Support external organizations and enhance internal programs that promote health education tied to economic stability by teaching affordable, nutritious meal preparation and integrating these practices into chronic disease management. For example, Dominican Hospital's Wellness Center offers education on healthy eating and diabetes management. | | Х | X | VC |
| Increase workforce development through CHI grants and institutional strategies | Support organizations and internal efforts focused on workforce development by providing job training and skill-building to help underemployed individuals fill gaps in the workforce. For example, Dominican Hospital's train-up programs. | | Х | Х | VC |
| Recruit local talent in the workforce through CHI grants and institutional strategies | Expand efforts to recruit and develop local talent, focusing especially on hard-to-fill roles impacted by high living costs. For example, Dominican Hospital's local nurse graduate cohort and train-up programs through institutional strategies. | | X | Х | VC |
| Increase community health workers | Support organizations that increase the number of community health workers to assist with navigating resources and support services, thereby improving overall economic stability. | Х | × | Х | VC |
| Planned Resources: | The hospital provides funding to local nonprofits as well as to internal programs that serve all community members and also provides program management support for those internal programs. | | | | |
| Planned Collaborators: | Dominican Hospital plans to support a range of external collaborators advancing its Economic Security strategies, including—but not limited to—Second Harvest Food Bank and community health workers. | | | | |

| Health Need: | Economic Security |
|--------------|---|
| | Internally, the hospital will also support its Wellness Center, train-up programs, and local nurse graduate cohort. |

| Anticipated Impacts (overall long-term goals) | Measure | Data Source |
|---|---------|--|
| Increased economic stability | | Hospital program data, CHI grants, and partner reports |

Appendix 1: Strategies Research Citations

BEHAVIORAL HEALTH

Youth behavioral health access

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Behavioral health workforce

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HEALTH CARE ACCESS & DELIVERY

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