

California Health and Human Services Agency
BEHAVIORAL HEALTH TASK FORCE
Charter

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BACKGROUND

In January 2020, the California Health and Human Services Agency (CalHHS) announced the formation of the Governor’s Behavioral Health Task Force (BHTF) to address the urgent mental health and substance use disorder needs across California. The BHTF was convened to advise the Administration’s efforts to advance statewide behavioral health services, prevention, and early intervention to stabilize conditions before they become severe.

The BHTF, chaired by CalHHS Secretary Dr. Mark Ghaly, consists of a broad range of stakeholders from both the public and private sectors, including people living with behavioral health conditions (mental health and substance use disorders), family members, advocates, providers, health plans, counties, and State agency leaders.

Over the course of the two years since the BHTF formed, it has been challenging to focus and prioritize among the enormity of issues impacting behavioral health care and policy. The pandemic has exacerbated longstanding problems with equity and access and has dramatically expanded the percentage of Californians who are experiencing depression, anxiety, post-traumatic stress, and other mental health conditions. CalHHS wants to engage the BHTF to help California respond creatively and effectively to the current crisis while working towards the goal of a transformed system for Californians today and tomorrow.

CORE PURPOSE, KEY GOALS, AND 2022 FOCUS AREAS

CalHHS has convened the BHTF to inform its work on behavioral health issues across the state. The diverse BHTF membership is positioned well to elucidate connections among wide ranging perspectives and interests related to behavioral health needs and care, ground truth the framing of behavioral health issues in the State, and advance innovative and coordinated work to drive progress.

The Key Goals of the BHTF (Broad desired outcomes) are:

Goal 1. Ground truth the State’s behavioral health agenda

Provide feedback on CalHHS priorities and efforts based on direct experience, knowledge, and observations in affected communities. Bring the expertise and experience of the BHTF membership to bear as CalHHS implements initiatives. Highlight issues that are important for the Agency to integrate into its work. Elevate key considerations to ensure outcomes align with the CalHHS mission and guiding principles. Identify successes and areas for improvement to overcome barriers. Share input on touch points that Departments are missing in engagement.

Goal 2. Uplift constituency voices

Acknowledging that problems are interconnected and that individuals show up in multiple systems, identify opportunities to bring all voices forward to learn and find commonalities rather than operate in silos. Promote equity by creating space to hear from those who are a part of and/or serve communities that are disproportionately impacted. Serve as bridge-builders and connectors sharing the experiences, expertise, and work of communities across the State. Highlight systemic barriers and other challenges to getting quality behavioral health and improving outcomes. Raise up opportunities for coordination to better serve beneficiaries from a person-centered, whole-person approach.

Goal 3. Promote learning to expand collective understanding of behavioral health issues facing the State

Expand collective understanding of behavioral health topics by considering diverse perspectives. Include the voices and experiences of those served by the system throughout the State to advance equity. Engage in thoughtful discussions that bring together diverse interests and experiences to advance CalHHS priorities. Learning can in turn shape members’ perspective and work. Provide linkages to build awareness about Agency efforts and support implementation of State initiatives.

Goal 4. Advance approaches that are creative, responsive, and coordinated

Learn from BHTF members and the public to build an accessible and appropriate behavioral health system. Share innovative efforts and best practices being used throughout the state to encourage creative and locally-relevant approaches. Elucidate points of connection or disconnection among components of the behavioral health system and how these impact beneficiaries. Identify opportunities to enhance coordination and collaboration – for example among CalHHS Departments and at State and local levels – in support of revolutionary change that is not possible through siloed efforts.

2022 BHTF Focus Areas

The 2022 BHTF quarterly meetings will focus on the following two key areas:

1. The Children and Youth Behavioral Health Initiative
2. 988 Behavioral Health Crisis Care Continuum

Given the many behavioral health issues facing California residents, additional topics may be brought for BHTF discussion as needed.

BHTF GUIDING PRINCIPLES

The BHTF Guiding Principles align with those of CalHHS and express fundamental values that guide how members work together in pursuit of their shared purpose. BHTF members agree to prioritize and practice the following Principles in their collective work:

- Focus on Equity, Diversity and Inclusion
- Promote Parity and Access
- Actively Listen
- Use Data to Drive Action
- See the Whole Person
- Put the Person back in Person-Centered
- Think beyond Current System Structures
- Cultivate a Culture of Innovation
- Deliver on Outcomes

GUIDELINES AND COMMITMENTS FOR PARTICIPATION

The guidelines and commitments for participation below help set the norms of the BHTF. They are intended to advance the Agency's Guiding Principles, listed above, promote a safe and trusting space for discussions, and ensure that members fully participate in bringing their experience and knowledge to the BHTF. Members agree to abide by and support the following guidelines and commitments for participation:

- ✓ **Stay focused on the agenda.** While acknowledging that there are numerous important behavioral health issues to attend to in California, the BHTF is only one of many opportunities for these conversations. Members are encouraged to review the agenda and related materials ahead of each meeting to ensure that they are ready to participate in BHTF discussions.
- ✓ **Participate fully.** To the extent possible, members commit to joining all BHTF meetings and fully support and participate in BHTF discussions.
- ✓ **Anchor discussions in a person-centered approach.**
- ✓ **Strive to examine and act in an equitable and inclusive manner:**

- Critically examine our sense of what is "objective"
 - Focus on systems and outcomes
 - Be aware of and explore intersectionality
 - Practice 'Oops' and 'Ouch' - if you realize you said something harmful, acknowledge it and try again; if someone else has said something harmful, identify it so it can be discussed further
 - Acknowledge and welcome differing perspectives
- ✓ **Think innovatively and welcome new ideas.**
- It is ok to voice a thought that is not fully formed
 - Focus on interests, not positions.
 - Positions: concrete conditions, demands, 'lines in the sand'
 - Interests: underlying motivations that 'drive' one's opinions – needs, aspirations, concerns
 - Promote continual learning, not what we already know
- ✓ **Involve all BHTF members in discussions.**
- Honor time and share the airtime: *"Be brief and brilliant in providing feedback and ensure time for others who want to share"*
 - Posit open-ended questions
 - Solicit all points of view
 - Silence is not an agreement
- ✓ **Uphold a respectful dialogue**
- Critique the point, not the person
 - Disagree openly without being "disagreeable"
 - Use common conversational courtesy – let people finish their sentences and use appropriate and respectful language
 - Assume good intent

BHTF GOVERNANCE STRUCTURE

The BHTF is convened to provide feedback that the Agency can draw on as it develops and implements policies and programs. The BHTF is a consultative body that does not have decision making capacity. The BHTF does not make formal recommendations as a group, instead providing a range of perspectives for CalHHS consideration. Through discussions and written

feedback, CalHHS gains an understanding of areas of convergence and divergence among its stakeholders.

Setting Meeting Agendas

BHTF meeting agendas are set by the Agency and are responsive to CalHHS priorities, focused on key Agency efforts that would be enhanced by input from the broad range of BHTF member perspectives. BHTF members can also elevate topics for consideration as future agenda items.

BHTF meeting agendas include standing agenda items for lived experience perspective, open BHTF member discussion, and public comment. To provide continuity between meetings, BHTF members will receive updates on topics discussed during previous meetings. These updates may be provided outside of meeting time to focus meeting time on member discussion and engagement.

MEMBERSHIP AND PUBLIC PARTICIPATION

The BHTF, chaired by CalHHS Secretary Dr. Mark Ghaly, is comprised of a diverse membership to encourage examination of topics through a wide lens that is representative of the different interests, knowledge and expertise, and needs of California's residents. Agency may invite new members to the BHTF or its supplemental meetings, as needed, to inform evolving BHTF focus areas and to provide additional needed perspectives.

A list of key perspectives and organizations, from both the public and private sectors, including people living with behavioral health conditions is provided below.

BHTF Chair

- CalHHS Secretary Mark Ghaly, MD, MPH

CalHHS Departments and Offices (14 members):

- Department of Aging
- Department of Developmental Services
- Department of Health Care Access and Information
- Department of Health Care Services
- Department of Managed Health Care
- Department of Public Health
- Department of Rehabilitation
- Department of Social Services
- Department of State Hospitals
- California Emergency Medical Services Authority
- Center for Data Insights and Innovation Office
- Office of the Surgeon General

- Office of Youth and Community Restoration
- Children and Youth Behavioral Health Initiative

Legislative Partners (5 members)

- State Assembly
- State Senate

State Partners (3 members)

- Council on Criminal Justice and Behavioral Health
- Mental Health Services Oversight and Accountability Commission
- California Department of Education

Non-Governmental Organizations (37 members)

Participating organizations are listed and grouped below based on the key perspectives that are represented in the BHTF. The groupings provide a broad sense of the range of perspectives represented on the BHTF; each member, however, brings multiple layers of experience and expertise that extend beyond the categories used in the table below.

Perspective	Participating Organizations
Advocacy, Policy, and Lived Experience	California Black Women's Health Project California Pan-Ethnic Health Network Latino Coalition for a Healthy California NAMI California National Health Law Program Steinberg Institute
Children, Youth, Families	Children Now First 5 California Seneca Family of Agencies California Youth Empowerment Network (Mental Health America of California)
Disability	Disability Rights California
Education	California Community Colleges California Teachers Association Orange County Department of Education University of California Office of the President – Graduate & Undergraduate Equity Affairs University of California - San Diego Health (UCSD Health)

Perspective	Participating Organizations
Healthcare Service Providers	HealthRIGHT 360 Kaiser Permanente Pacific Business Group on Health Tarzana Treatment Centers Uphealth Inc.
Justice	Californians for Safety and Justice Santa Barbara County Probation Department
LGBTQ	California LGBTQ Health and Human Services Network
Statewide Associations for Health and Human Service System Partners	California Council of Community Behavioral Health Agencies County Behavioral Health Directors Association of California County Welfare Directors Association California Association of Health Plans California Consortium for Urban Indian Health California Hospital Association California Primary Care Association California Alliance of Child and Family Services Local Health Plans of California Service Employees International Union (SEIU)

Membership Requirements

Full participation of members in quarterly meeting discussions is critical to the success of the BHTF in meeting its stated goals. Members are asked to commit their time and actively participate and share their knowledge and expertise in discussions.

Time commitment: BHTF members commit to participating in four meetings per year (4 hours/meeting) and to joining at least one of the BHTF workgroups that aligns with their interest and expertise, once these are established. Members who miss more than one meeting a year will be consulted to identify barriers to their participation and/or to identify an alternate participant who can take their place.

Membership term: At this time there is no term limit for member participation in the BHTF.

Alternates

In some instances, BHTF members may assign an alternate to participate in the BHTF meetings in their stead, to support topic specific discussions and to broaden perspectives represented. Members need to communicate their alternate assignment to the Chair and facilitation team prior to the BHTF in which alternates will participate.

ENGAGEMENT TO PROMOTE INCLUSIVE, ACCESSIBLE, AND EQUITABLE PARTICIPATION

Engagement Structure

The primary engagement structure for the BHTF revolves around its quarterly meetings. These may be supplemented with engagement through work groups, asynchronous work, and information sharing outside of meetings. These additional engagement approaches will be used as appropriate to support specific goals for the BHTF.

Quarterly Meetings

The BHTF meets quarterly, in meetings that include presentations on key topics and opportunities for BHTF members to discuss and provide input based on their experience. During these meetings, members may be asked to share input via full group discussion, breakout discussions, live polls, chat, surveys, and/or other methods. To provide opportunities for more in-depth discussion and be able to hear from all BHTF members, meetings will include breakout discussions whenever possible. Meetings have been held remotely due to the Coronavirus pandemic but may transition to in person as possible.

Supplemental Meetings

The BHTF Chair may convene supplemental meetings on specific topics to allow additional time to inform, solicit input, facilitate open discussion, and nurture relationships among BHTF members. These supplemental meetings may take a variety of structures, from Lunch and Learn informational meetings to Workgroup meetings, as appropriate. Members of the public, who are not BHTF members, may be invited to join these supplemental meetings. Supplemental meetings will be scheduled between the quarterly meetings to support the work of the BHTF.

Asynchronous Work

BHTF members may be asked to participate in asynchronous activities to enhance the work of the Task Force, for example reviewing information ahead of a meeting to prepare for robust discussion or providing further input on a topic addressed in a previous meeting. Asynchronous work may include reviewing documents and information, completing surveys, or other written feedback.

Accessibility

Accessibility accommodations are available to support participation in BHTF meetings. BHTF meetings include American Sign Language interpretation and closed captioning. Additional accommodations can be provided upon request, including live transcription or linguistic support services.

Equity Considerations

Recognizing the inequities in experiences of behavioral health challenges, the BHTF aims to create space to hear from those who are a part of and/or serve communities that are disproportionately impacted.

Both the BHTF Guiding Principles and BHTF Commitments to Engagement highlight the importance of bringing an equity lens to the work of the BHTF to promote access, parity, accountability, inclusion, diversity, and equity. Working together through an equity lens requires commitment to the following:

- Focusing on how to disrupt disparities
- Thinking about access and outcomes of care
- Ensuring strategies being implemented work for those most vulnerable in the state
- Providing a safe and welcoming space that intentionally promotes equity
- Grounding our discussions in the voices of communities that are disproportionately impacted
- Incorporating dedicated time to hear from disproportionately impacted communities to center and ground all our work in these experiences, impacts, and needs
- Providing opportunities for all to share at both large and small group discussions
- Creating space to hear from BHTF members about the process and discuss any concerns that may arise

Public participation

Public participation enriches BHTF discussions and enhances CalHHS work. Members of the public are invited to provide feedback at a designated public comment times during BHTF meetings and may also share written input during or following meetings. Meeting summaries include input from members of the public. Upcoming meeting materials, as well as past meeting summaries and materials, are publicly available on the [BHTF website](#) to support public engagement. Members of the public are encouraged to provide input relevant to meeting agenda items and to keep their remarks concise to ensure that all public comments can be heard.

COMMUNICATION AND COORDINATION

Clear understanding of meeting topics and objectives is key to robust, meaningful engagement. To support this, BHTF members will receive timely information to support their preparation for Task Force discussions.

- Meeting dates and times are set at the beginning of the year for the full calendar year
- Draft meeting agendas are sent approximately one month ahead of each BHTF meeting
- Meeting materials and final meeting agendas, including objectives and discussion questions, are sent approximately one week ahead of each BHTF meeting
- Reminders are sent ahead of any deadlines for activities between meetings
- Meeting summaries and summaries of key meeting outcomes are provided following each meeting
- Updates are provided between meetings as relevant, sharing progress and addressing topics previously discussed
- All materials will be publicly available on the [BHTF website](#).

ACCOUNTABILITY

An ongoing evaluation of the BHTF process, as well as long-term assessment of the BHTF work's impact on behavioral issues that members address in their work together, is part of the BHTF work to ensure that the BHTF is following up on its assigned goals and advancing its guiding principles.

Ongoing Evaluation of the BHTF process

The facilitation team will share with BHTF members a set of questions to assess and modify the BHTF engagement process to support and promote the BHTF stated guiding principles and commitments to engagement. The set of evaluation questions may include but is not limited to:

1. How well are we keeping our commitments to engagement?
 - *Example: How well do the presentations/discussions reflected and promoted a person-centered approach?*
2. How well are we incorporating the BHTF guiding principles to the work of the BHTF, through presentations and discussions?
 - *Example: How well do the meeting agenda and process support inclusive and equitable engagement of all BHTF members?*
3. How well does the BHTF meeting agenda (presentations/discussions) reflect and help advance the BHTF goals?

4. Do BHTF members feel that they can express their views and fully contribute to the BHTF discussions?

Annual Evaluation of BHTF Impacts

At the end of each fiscal year, the facilitation team will survey BHTF members to assess the impacts of the BHTF work, as understood by its members, in advancing the four key goals that are provided in this charter. The set of questions may include, but is not limited to:

1. Do you feel that your participation in the BHTF is making a difference?
2. How effective is the BHTF in advancing the State's work to address behavioral health needs?
3. To what extent are behavioral health services becoming accessible and equitable? Are those most impacted being served?
4. What tangible actions are being taken as a direct result of the input gained from the lived experience voices agenda item?
5. Does the BHTF model a person-centered approach, uplifting communities that are disproportionately impacted or often not heard, as ideas are developed and implemented?
6. Are the conveners – the Governor and CalHHS Secretary – gaining necessary input from the BHTF that is helpful and impacting their decision-making?
7. How is the work of the BHTF contributing to breaking down silos in the current system?
8. What movement has there been toward realization of the BHTF goals in implementation? Is the BHTF helping to modify direction when they are not?

CHARTER REVISIONS

This charter may be revised as needed to support the BHTF in fulfilling its purpose of enhancing CalHHS work. As the group's convener and Chair, the CalHHS secretary will direct any charter revisions.

MEMBER COMMITMENT TO THE CHARTER

As a member of the BHTF, I fully commit to advance the four stated goals of the BHTF, promote the BHTF Guiding Principles, and abide by the BHTF Commitment to Engagement and membership requirements.