BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

April 10, 2024

CalHHS
California Health & Human Services Agency

WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS

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THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person people: wait for mic to speak
- All: Identify yourself as you start to speak – people may not see you
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Remote people: Please stay ON MUTE when not speaking and utilize the “raise hand feature” if you have a question or comment
- Please turn on your camera as you are comfortable
- Use chat for additional conversation

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THIS IS A HYBRID MEETING (continued.)

- **MEMBERS OF THE PUBLIC** will be invited to participate during public comments period at the end of the meeting.

For additional feedback, please email:
BehavioralHealthTaskForce@chhs.ca.gov

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ELEMENTS FROM BHTF GUIDING PRINCIPLES AND COMMITMENT TO ENGAGEMENT

- EQUITY: STRIVE TO EXAMINE AND ACT IN AN EQUITABLE AND INCLUSIVE MANNER
- RESPECT: ACTIVELY LISTEN, INVOLVE ALL
- STAY FOCUSED ON THE AGENDA
- ANCHOR DISCUSSIONS IN A PERSON-CENTERED APPROACH
- WORK TO REDUCE STIGMA
- THINK INNOVATIVELY AND WELCOME NEW IDEAS

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MEETING AGENDA

10:00	Welcome
10:10	Improving BH Access & Outcomes for those with Commercial Health Plans
11:10	Group Q&A & Discussion, then Facilitated Discussions/Activity
12:10	*Lunch Break*
1:10	BHTF Member Reflections
1:30	988-Crisis Care Continuum Update
1:55	CYBHI Update
2:30	CalHHS and BHTF Member Updates
2:45	Public Comment
2:55	Closing
3:00	Adjourn

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Justice-Impacted Population Updates

CCJBH published *Barriers to, and Strategies to Improve, Medi-Cal Behavioral Health Services Utilization: A Lived Experience Listening Session Report*

OYCR:

- Awarded grants to support restorative justice, 6-month hearings, and keep youth out of adult court
- Launched partnership with The Center at Sierra Health Foundation to expand community infrastructure & CBO capacity to better serve justice-involved youth
- Published Prop 47 Evaluation & *Building Higher Education Pathways for Youth in Secure Treatment Facilities in California: A Call to Action*
- Hosted webinars on the Credible Messenger Mentoring Movement, Victims and the Justice System, and Criminalization of Youth of Color

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Additional sources: OYCR February Newsletter (ca.gov) and OYCR March Newsletter (ca.gov)

IMPROVING BEHAVIORAL HEALTH ACCESS AND OUTCOMES FOR CALIFORNIANS WITH COMMERCIAL HEALTH PLANS

PANEL DISCUSSION

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Improving Behavioral Health Access and Outcomes for Californians with Commercial Health Plans – Introduction

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

CalHHS
California Health & Human Services Agency

State Department

Mary Watanabe

Director, Department of Managed Health Care

CalHHS
California Health & Human Services Agency

Improving Behavioral Health Access and Outcomes for Californians with Commercial Health Plans
An Introduction to the Department of Managed Health Care

April 10, 2024

Mary Watanabe, Director

DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

Our Accomplishments

2.8 MILLION CONSUMERS ASSISTED

The DMHC Help Center educates consumers about their rights, resolves consumer complaints, helps consumers navigate and understand their coverage, and ensures access to health care services.

$126.1 MILLION

dollars assessed against health plans that violated the law

143 LICENSED HEALTH PLANS

- 97 FULL SERVICE
- 46 SPECIALIZED

$296.1 MILLION

dollars saved on Health Plan Premiums through the Rate Review Program since 2011

29.7 MILLION CALIFORNIANS' HEALTH CARE RIGHTS ARE PROTECTED BY THE DMHC

96% of state-regulated commercial and public health plan enrollment is regulated by the DMHC

Approximately **68%** of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan

$43.8 MILLION

dollars recovered from health plans on behalf of consumers

$194.3 MILLION

dollars in payments recovered to physicians and hospitals

December 31, 2022

CaliforniaDMHC
@CADMHC
CaliforniaDMHC

HealthHelp.ca.gov

DEPARTMENT OF Managed Health Care

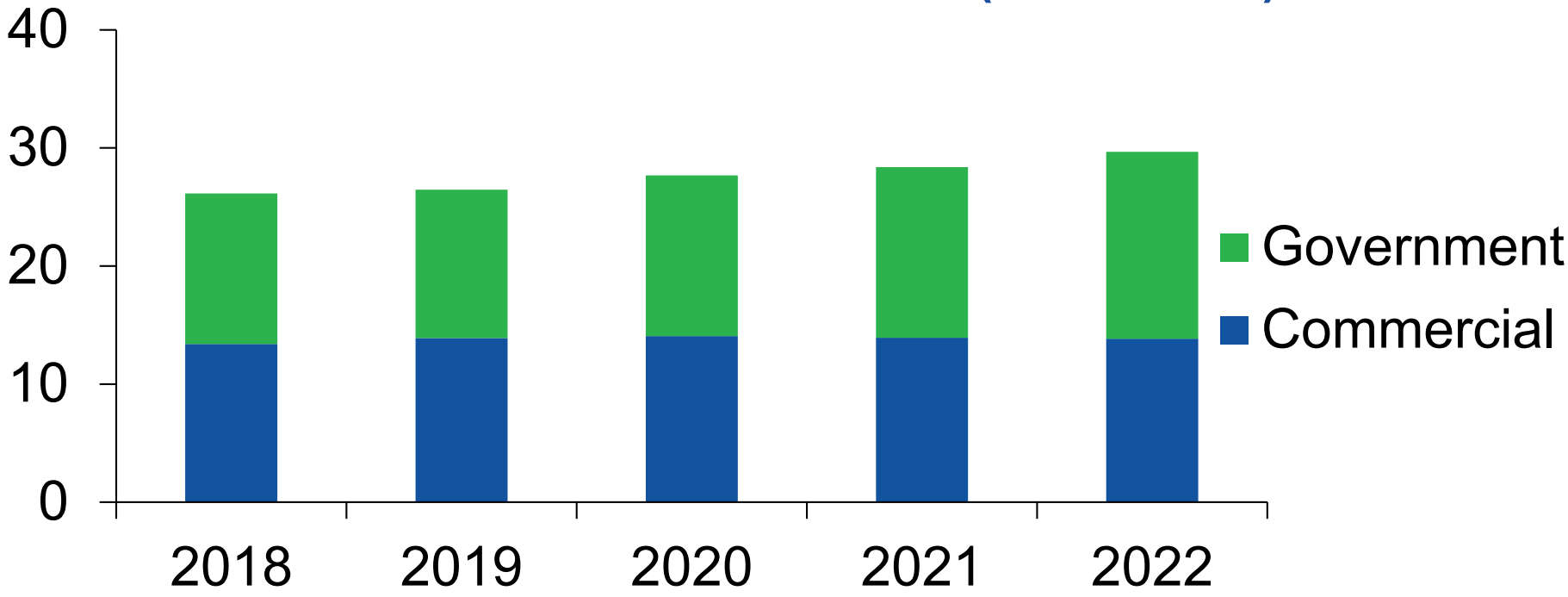
What is the DMHC?

Regulator of full service and specialized health plans

- All HMO and some PPO/EPO products
- Some large group and most small group & individual products
- Most Medi-Cal Managed Care plans
- Dental, vision, behavioral health, chiropractic and prescription drug plans
- Medicare Advantage (for financial solvency only)

DMHC Enrollment Over Time

Full Service Enrollment (In Millions)



How Does the DMHC Regulate Plans?

- License plans and approve products
- Analyze provider networks
- Ensure basic health care services and mandated benefits are provided
- Monitor financial solvency
- Evaluate plan policies and procedures
- Resolve grievances and appeals
- Track enrollee complaints
- Enforce the law

Your Health Care Rights

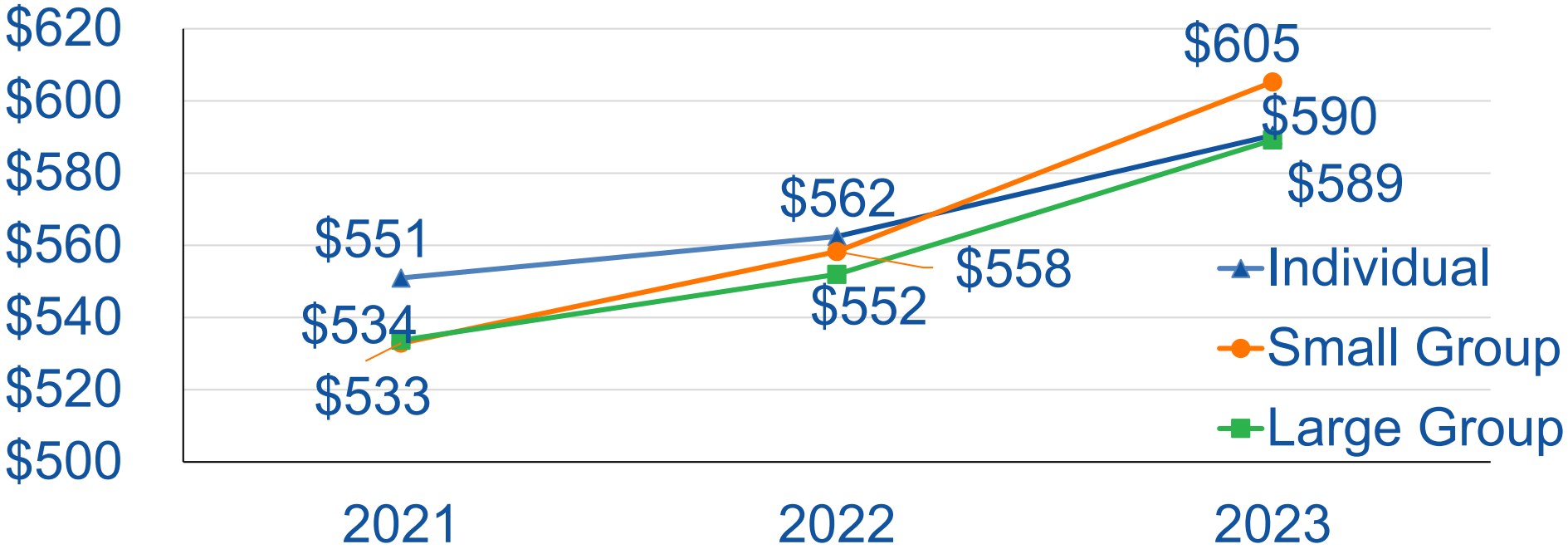
- Coverage and access to basic health care services
- Choose your primary doctor
- See a specialist when medically necessary
- Get a second doctor's opinion
- Translation and interpreter services
- Keep your medical information private
- Know why your plan denies a services or treatment
- Right to grievance and appeals
- Timely and geographic access to care

Timely and Geographic Access

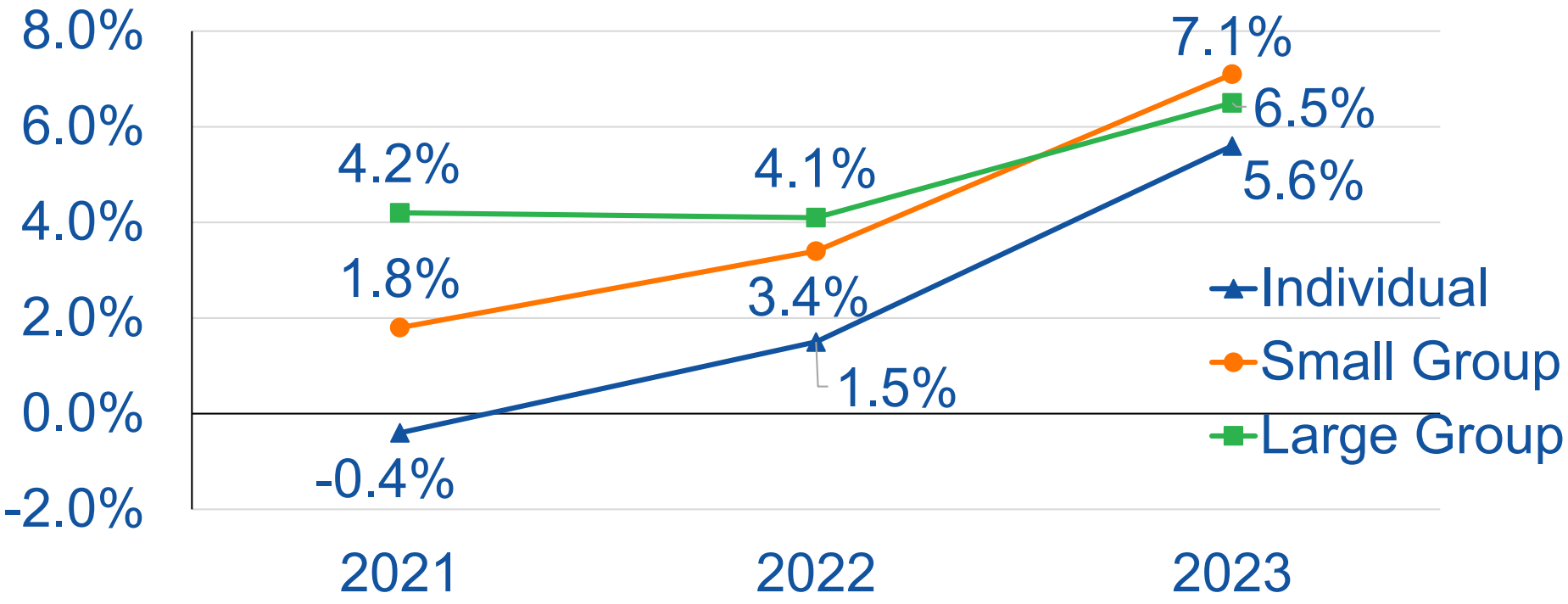
Foundations of Managed Care

- Provider networks
  - In-network vs. Out-of-Network
- Timely and Geographic Access to Care
- Preventive Care
- Utilization Management/Prior Authorization
- Cost Sharing
  - co-payment, co-insurance, deductible

Average Monthly Premium 2021 – 2023



Weighted Average Rate Increase 2021 – 2023



DMHC Oversight of Behavioral Health

- Mental Health Parity Addiction and Equity Act (MHPAEA) Compliance
- Plan Licensure
- Network Reviews
- Medical Surveys
- Non-Routine Surveys
- Enforcement Actions

Behavioral Health Legislation Implementation and Initiatives

- SB 855, Mental Health/Substance Use Disorder Coverage Requirements
- AB 988, Mental Health: 988 Crisis Hotline
- CARE Act
- Children and Youth Behavioral Health Initiative (CYBHI)
- Behavioral Health Investigations
- NQTL Compliance Project
- Parity Between Commercial and Medi-Cal Coverage

Help Center

Assists consumers with health care issues and ensures that managed care patients receive the medical care and services to which they are entitled.

- Contact Center
- Division of Legal Affairs and Policy
- Independent Medical Review/Complaint Branch
- Provider Complaint Section

2022 BY THE NUMBERS

HELP CENTER

128,405	CONSUMERS ASSISTED[4]
111,205	TELEPHONE INQUIRIES
12,266	CONSUMER COMPLAINTS[5]
3,240	IMRs CLOSED[6]
$5.4 M	RECOVERED FOR CONSUMERS
1,694	NON-JURISDICTIONAL REFERRALS
6,240	PROVIDER COMPLAINTS
$12.5 M	RECOVERED PROVIDER PAYMENTS
20	NON-EMERGENCY SERVICES IDRP CASES COMPLETED

Independent Medical Reviews (IMRs)

Assistance is Fast, Free & Confidential

Approximately 68% of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan

Call: 1-888-466-2219 | Visit: HealthHelp.ca.gov

DMHC Help Center

1-888-466-2219

Healthhelp.ca.gov

Plan Perspective

Charles Bacchi

President & CEO, California Association of Health Plans

CalHHS
California Health & Human Services Agency

California Association of
Health Plans

Charles Bacchi, President

About Us

California Association of Health Plans

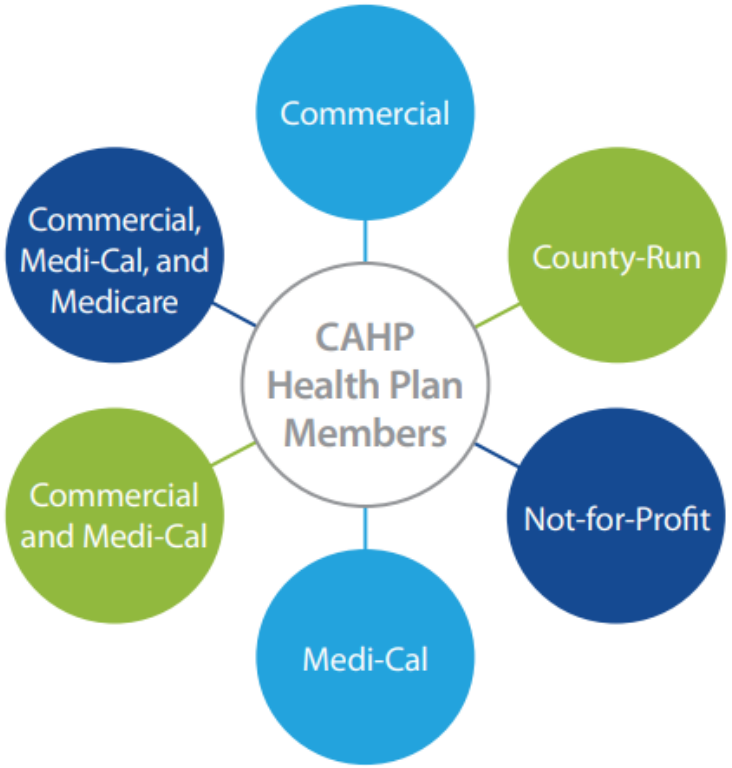
Who We Are

The California Association of Health Plans (CAHP) is a statewide trade association representing 43 full-service health care plans that provide coverage to more than 28 million Californians.

Most of our member plans provide coverage to Californians through the individual and group markets. Many of our member plans partner with the state by participating in government programs that provide health coverage to children, adults, and seniors.

Diversity of Health Plans

California's health plans provide comprehensive coverage through HMOs and PPOs, commercial health plans, public plans including county organized health systems and local initiatives, regional plans, and fully integrated health systems.



Benefits of Managed Care

Health plans are subject to the Knox-Keene Health Care Service Plan Act of 1975 and are regulated by the Department of Managed Health Care. The DMHC oversees 95 percent of enrollment in California.

Improved Access to Care

- Guaranteed Access to a Network of Providers
- Timely Appointments and 24/7 Advice Lines
- Language Assistance

Quality Assurance

- Evidence-Based Medicine
- Pay-for-Performance
- Federal Standards for Quality Measurement

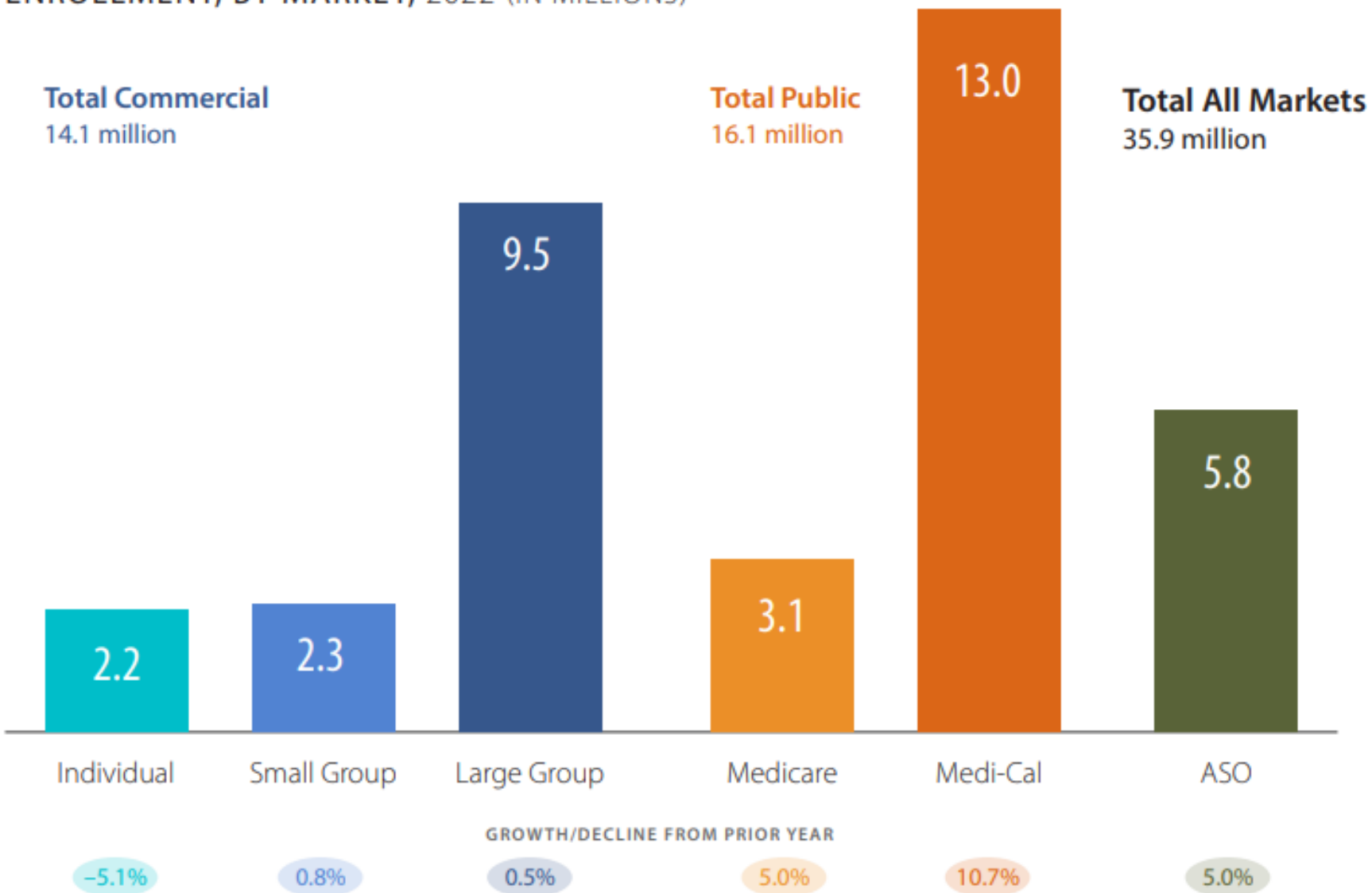
Care Coordination

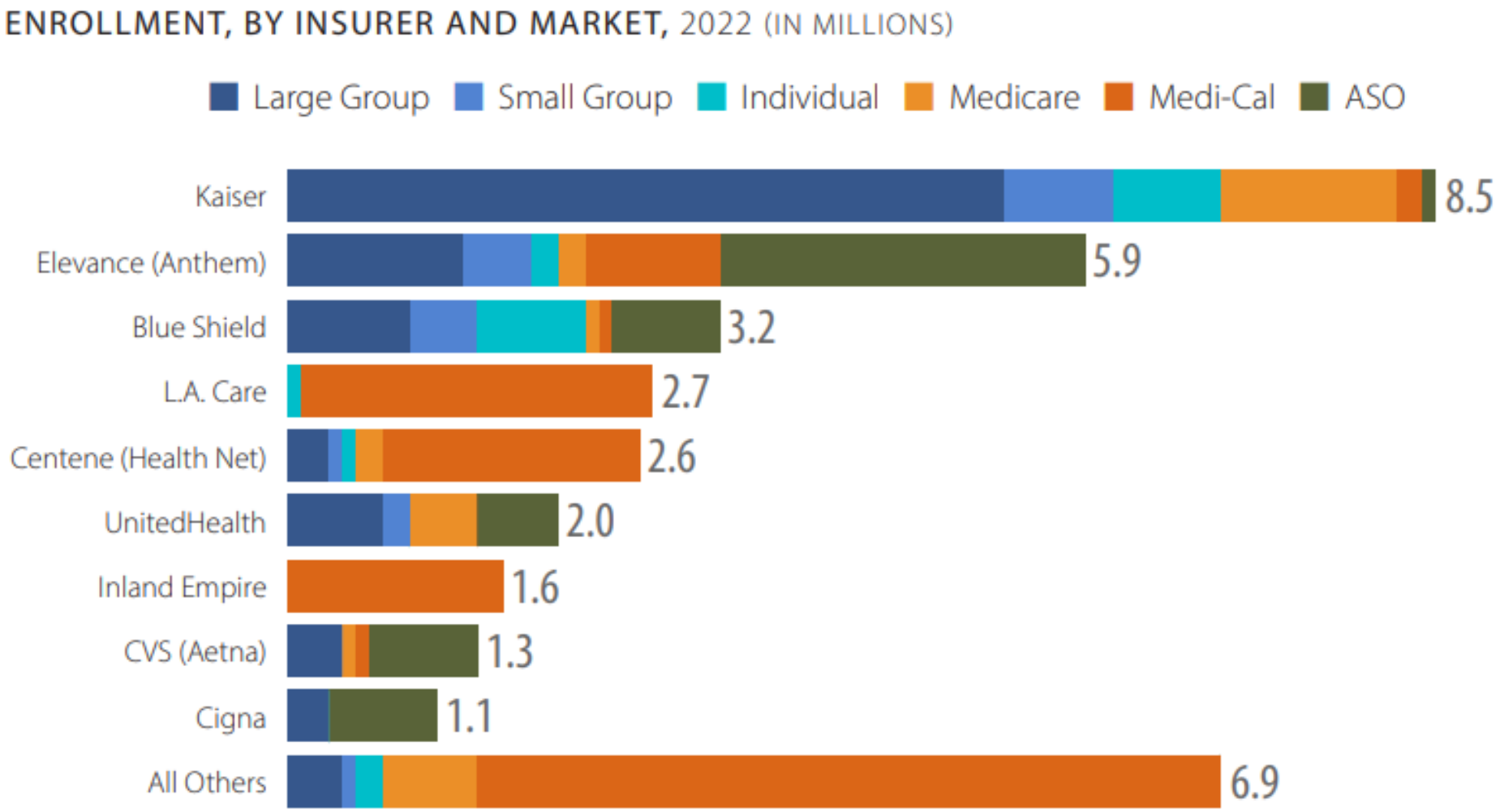
- Patient-Centered Medical Homes
- Prevention and Wellness Programs
- Innovations in Chronic Care and Disease Management

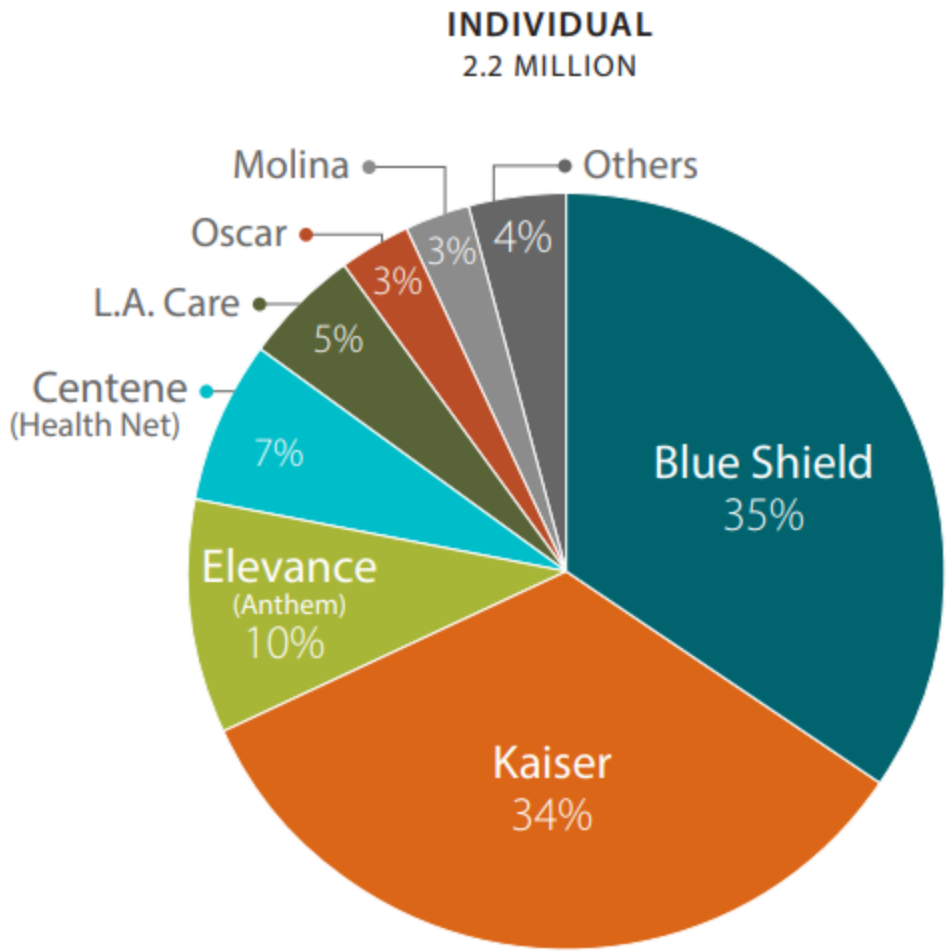
Cost Savings

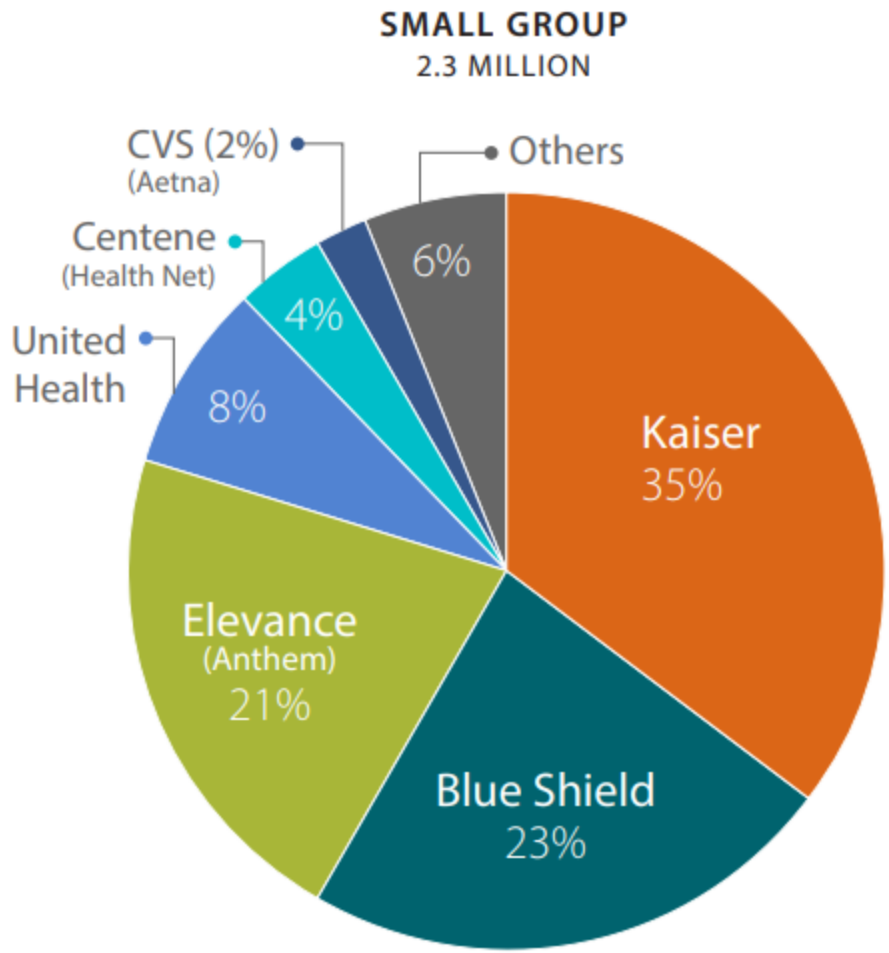
- Free Preventive Services such as Check-Ups and Immunizations
- Fixed Monthly Premiums and Out-of-Pocket Costs

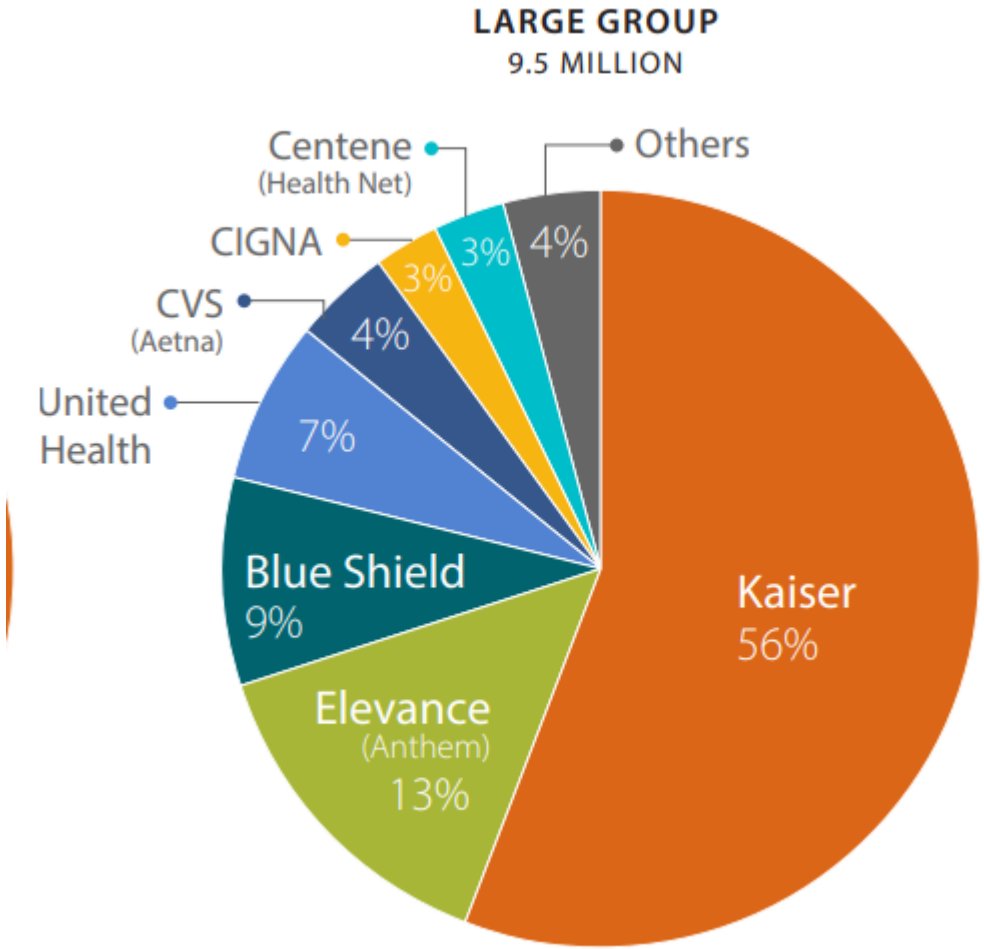
ENROLLMENT, BY MARKET, 2022 (IN MILLIONS)

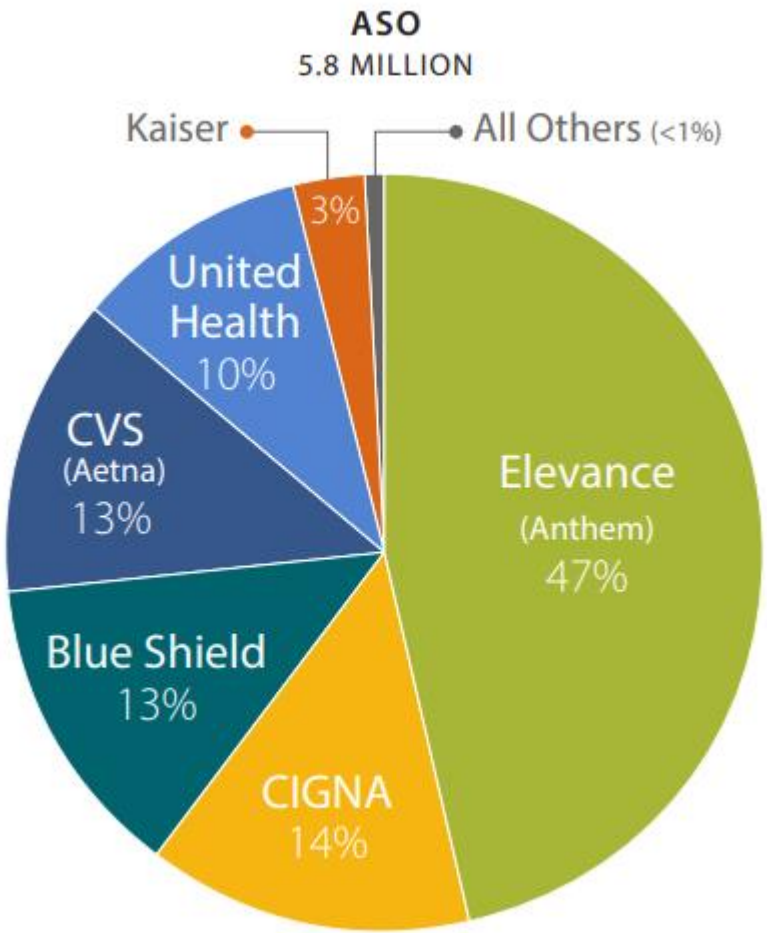



ENROLLMENT, BY INSURER AND MARKET, 2022 (IN MILLIONS)
Large Group
Small Group
Individual
Medicare
Medi-Cal
ASO
Kaiser
8.5
Elevance (Anthem)
5.9
Blue Shield
3.2
L.A. Care
2.7
Centene (Health Net)
2.6
UnitedHealth
2.0
Inland Empire
1.6
CVS (Aetna)
1.3
Cigna
1.1
All Others
6.9


INDIVIDUAL
2.2 MILLION
Molina
Others
Oscar
L.A. Care
Centene
(Health Net)
4%
3%
3%
5%
7%
Blue Shield
35%
Elevance
(Anthem)
10%
Kaiser
34%

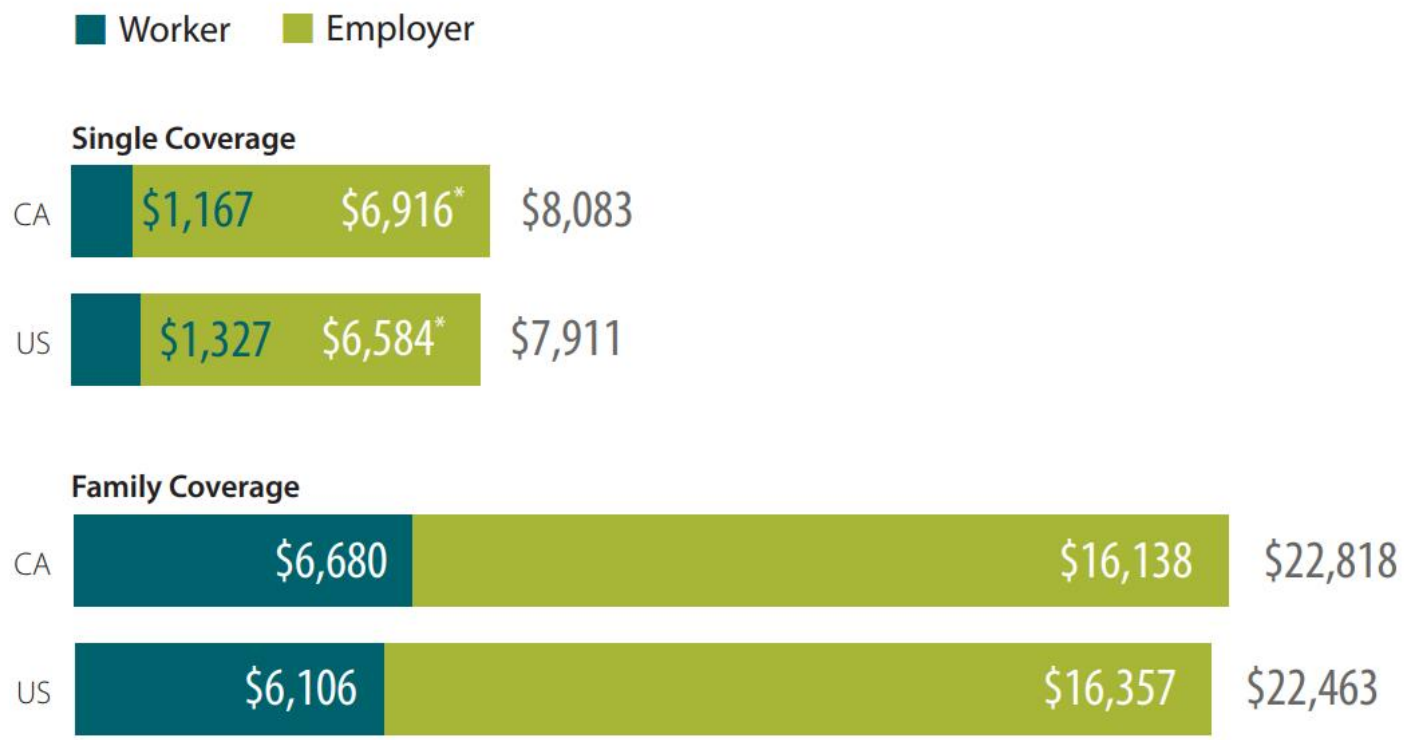

SMALL GROUP
2.3 MILLION
CVS (2%)
(Aetna)
Others
Centene
(Health Net)
United
Health
6%
4%
8%
Kaiser
35%
Elevance
(Anthem)
21%
Blue Shield
23%


LARGE GROUP
9.5 MILLION
Centene
(Health Net)
Others
CIGNA
CVS
(Aetna)
United
Health
Blue Shield
9%
Elevance
(Anthem)
13%
Kaiser
56%
7%
4%
3%
3%
4%


ASO
5.8 MILLION
Kaiser
All Others (<1%)
United
Health
10%
CVS
(Aetna)
13%
Blue Shield
13%
CIGNA
14%
Elevance
(Anthem)
47%
3%

Annual Worker and Employer Premium Contributions

California vs. United States, 2022



* Estimate is statistically different between firms with workers in California and all firms nationwide within group ($p < .05$).

Note: *Family* is a family of four.

Source: KFF Employer Health Benefits Survey (2022), KFF.

The average worker contributions for covered workers in California in 2022 were $1,167 for single coverage and $6,680 for family coverage. Employer contributions for single coverage were higher for covered workers in California than for covered workers nationally.

California's Health Care Dollar

California Association of Health Plans

The vast majority of health plan spending in California goes to pay for medical services for hospital and doctor visits, prescription drugs, lab tests, x-rays, and medical supplies. **In 2022, health plans spent over $204 billion, or 94 cents out of every health plan dollar, on medical care.**

CA Health Plan Dollar Breakdown

69%
- In-Patient Hospital
- Out-Patient Hospital
- Physician Expenses
- Hospital-Administered Prescription Drugs

14% Prescription Drug Costs

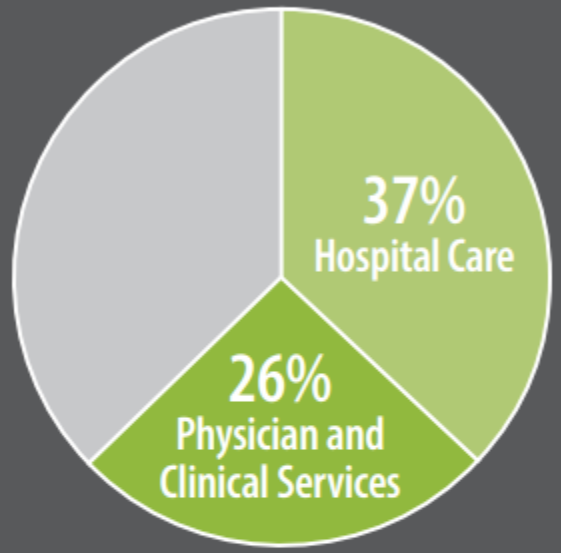
11% All Other Medical Costs

7%
- Admin
- Taxes
- Fraud Prevention
- Regulatory Costs
- Care/Provider Management
- Innovation & Technology

California Health plans are efficient and maintain low administrative costs and profit margins. Source: DMHC

-1.1% Average Net Profit

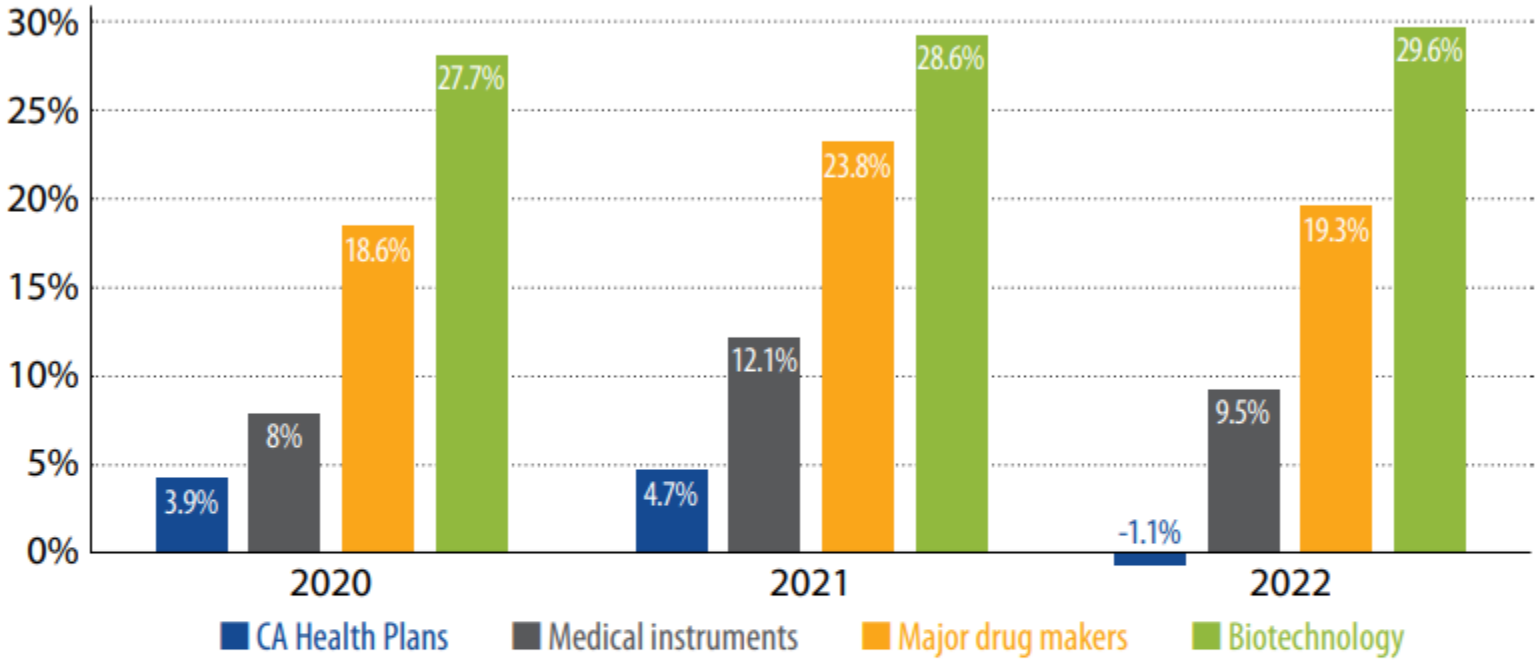
Premiums Tied To Medical Costs



Hospital Care accounts for **37%** of overall health care spending in California.

Source: CHCF

California Health Plan Profits Consistently Remain Among the Lowest in the Health Care Sector



Source: Yahoo! Finance and DMHC

Health plan profits fluctuate yearly based on various factors such as cost of medical services, accounting changes, enrollment increases, regulatory changes, among many others.

Prescription Drug Spending in California has **increased 39% since 2017.**

Source: DMHC

For more information, please visit www.calhealthplans.org

February 2024

Office of Health Care Affordability (OHCA)

Introduction to OHCA

Established in 2022, the Office of Health Care Affordability (OHCA) recognizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

SLOW SPENDING GROWTH

- Statewide Spending Target
- Total Health Care Expenditures (THCE)

Learn More

PROMOTE HIGH VALUE

- Primary Care
- Behavioral Health
- Workforce Stability
- Alternative Payment Models
- Equity
- Quality

ASSESS MARKET CONSOLIDATION

- Material Change Notices (MCN)
- Cost and Market Impact Reviews (CMIR)

Learn More

California health plans offer extensive coverage under the Essential Health Benefits package:

Ambulatory Patient Services:
Outpatient care without being admitted to a hospital.

Emergency Services:
Emergency medical situations, providing peace of mind during unexpected health crises.

Prescription Drugs:
Health plans cover over 90% of prescription drug costs for members.

Maternity and Newborn Care:
Support for expectant mothers throughout pregnancy, childbirth, and postpartum care, ensuring the health and well-being of both mother and child.

Mental Health and Substance Use Disorder Services:
Access to mental health services and substance use disorder treatment, addressing crucial aspects of holistic healthcare.

Hospitalization:
Inpatient care, including surgeries, treatments, and therapies necessary for recovery from illnesses or injuries.

Rehabilitative and Habilitative Services and Devices:
Rehabilitation services and devices, aiding in the recovery and improvement of physical and cognitive functions.

Laboratory Services:
Diagnostic tests and screenings, facilitating early detection and intervention for various health conditions.

Preventive and Wellness Services and Chronic Disease Management:
Comprehensive coverage for preventive care measures, including screenings, vaccinations, and counseling services aimed at maintaining optimal health and preventing the onset of chronic diseases.

Investing in Your Health –
Building a Broader Mental Health Workforce and Innovative Programs to Meet California's Mental Health Care Demand

YOUR Plan. Advocate.
For Affordable Health Care.

Mental health is an essential part of overall health and well-being. California's health plans support state and federal laws requiring parity for mental health and physical health coverage and have been working for decades to reduce stigma and provide greater mental health access to Californians seeking help.

By 2028, California will have 28% fewer psychologists, marriage and family therapists, licensed counselors, and social workers and 50% fewer psychiatrists.

*Source: 2019 Future Health Workforce Commission

Issues Raised By Stakeholders:

“There are challenges with private insurance for crisis services and basic outpatient services, with “significant gaps” in coverage for people who are commercial insured.”

Issues Raised By Stakeholders:

“Private insurance is not paying county behavioral health centers even if they bill the insurance carriers.”

Issues Raised By Stakeholders:

“Parity issues are a big deal between commercial plans and Medi-Cal. When setting up peer respite programs and other services, counties rely on billing Medi-Cal for those and are not particularly effective in billing commercial insurance for those.”

Issues Raised By Stakeholders:

“Commercial plans still do not cover many so-called “alternative destinations” when responding to crisis…”

Community Perspective

Kiran Savage-Sangwan

Executive Director, California Pan-Ethnic Health Network

CalHHS
California Health & Human Services Agency

Behavioral Health Access & Commercial Health Coverage: An Equity Perspective

Kiran Savage-Sangwan

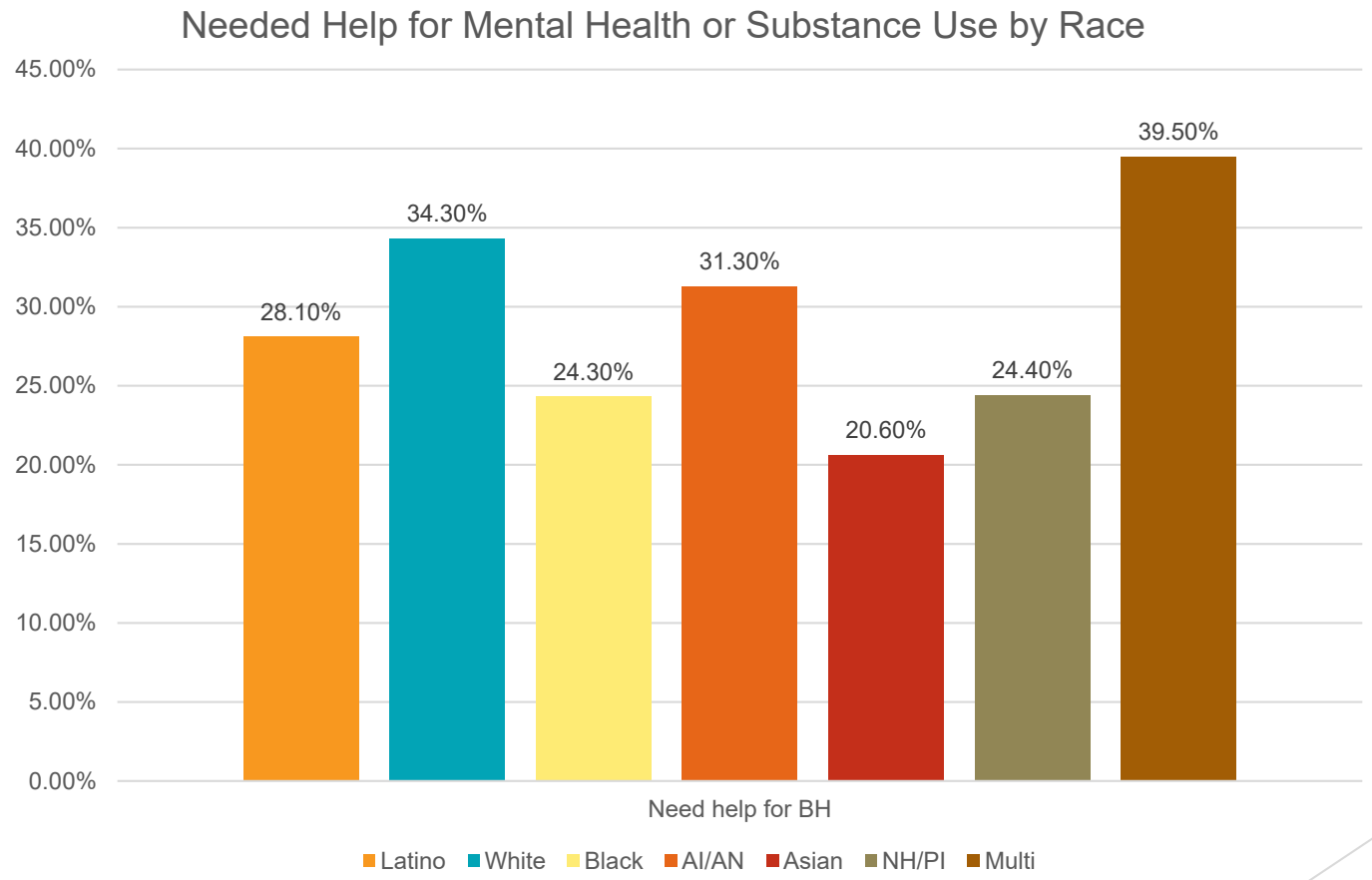
California Pan-Ethnic Health Network (CPEHN)

Overview

- 14 million Californians are commercially insured, including those with employer-sponsored or job-based coverage and those who purchase individual coverage including through Covered California. (CHCF)
- Most Californians enrolled in commercial coverage are people of color, although enrollment demographics are not entirely reflective of the diversity of the state. (CHIS)

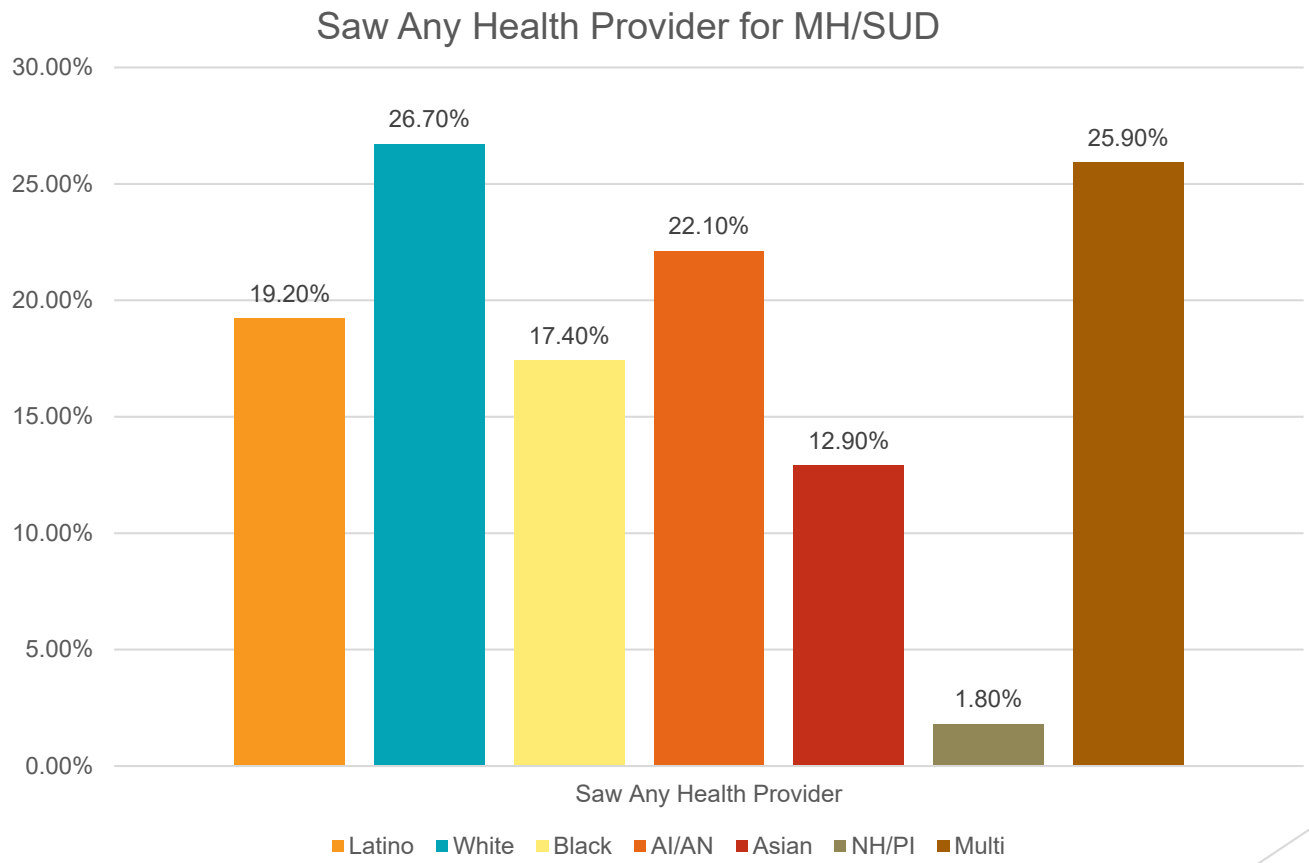
Need

- 30% of commercially insured Californians report that they needed help for mental health or substance use. (CHIS)



Access

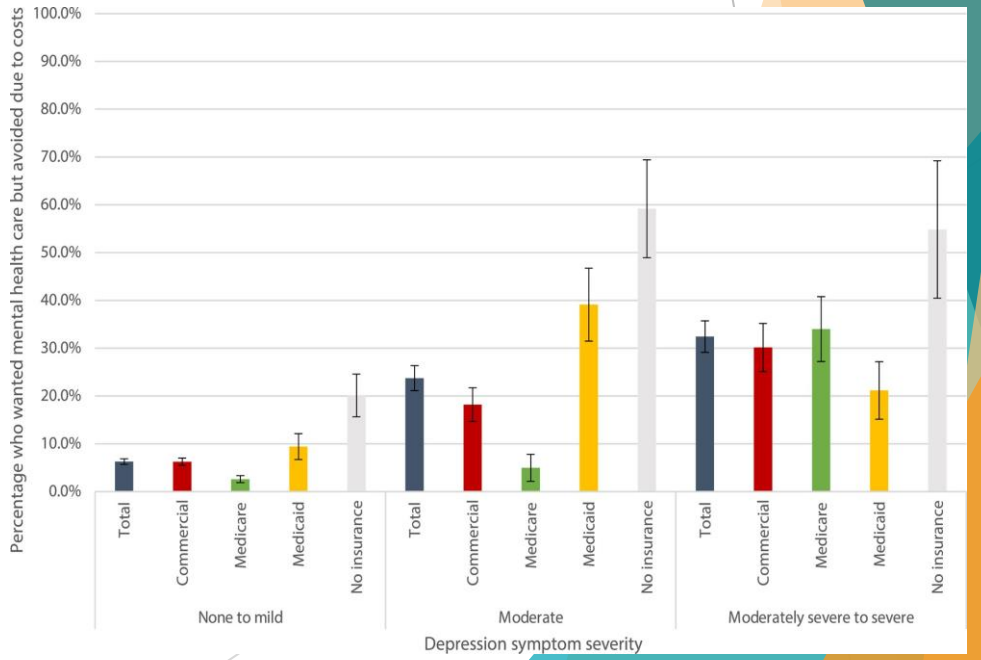
- 21% of commercially insured Californians saw any health care provider, including a primary care provider, for mental health or substance use issues in the past year. (CHIS)



Cost is a Barrier

- 18% of adults delayed or skipped mental health care due to cost. (KFF)
- 47% of adults say it is difficult to afford health care costs, but the cost burden is much higher for Black (60%) and Latine (65%) adults. (KFF)
- 30% of commercially insured individuals with moderately severe or severe depression symptoms avoided mental health care due to affordability. (Meiselbach, et al. Health Affairs)

Percentage of US adults who wanted to see a health professional about their mental health but did not due to cost



Out of Pocket Spending

- 15% of all mental health care spending nationally is paid directly, or out of pocket, by individuals and families. (AHRQ, MEPS)
- This amounts to **$15.6 billion annually**.
- Out-of-network service use by people with commercial insurance is more than **six times more common** for mental health services than for other services. (Pelech & Hayford, Health Affairs)
- Individuals **paid the entire cost** for about one-third of out-of-network mental health visits.

Insufficient Provider Networks

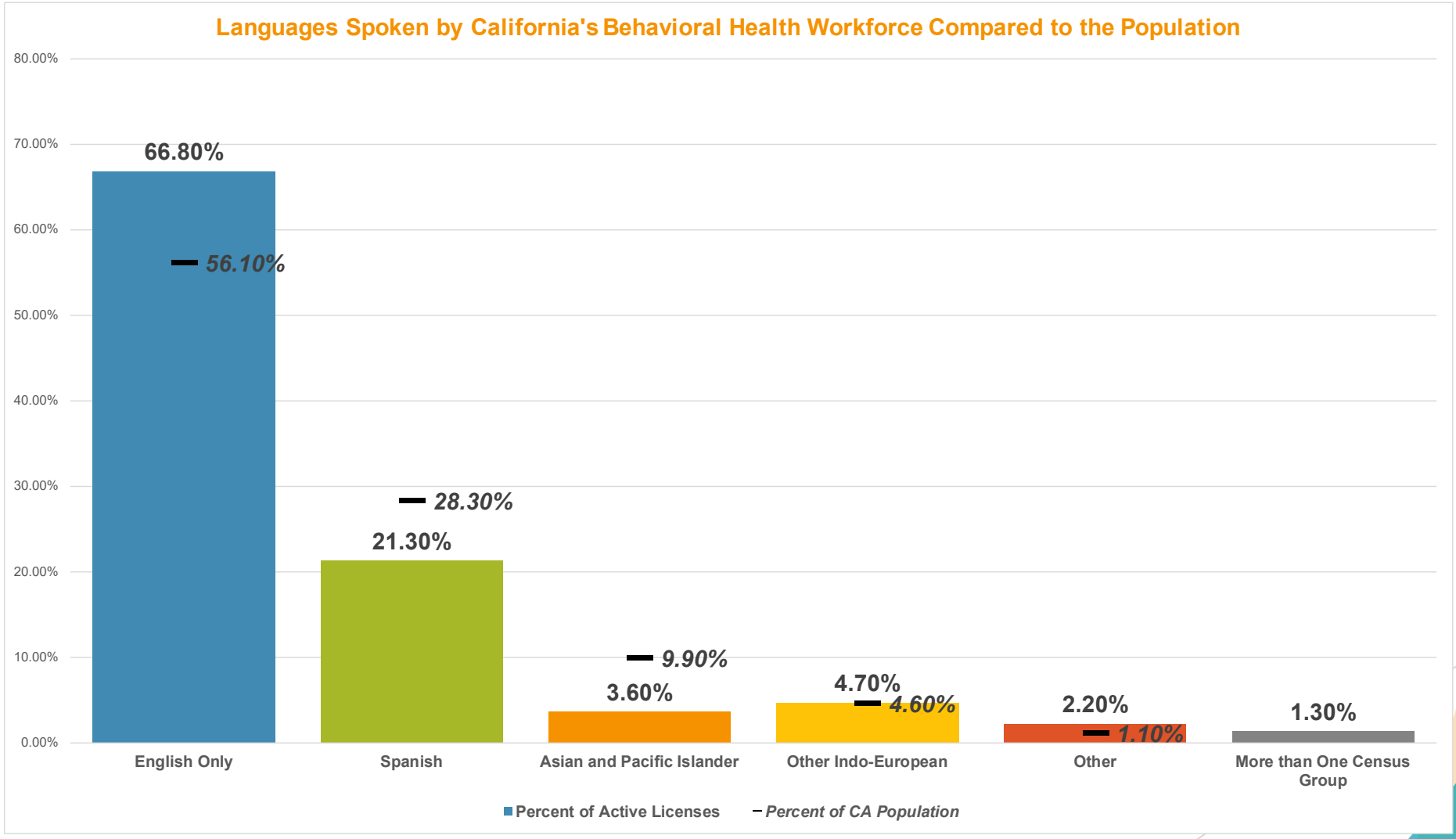
- Compared to primary care networks, participation in mental health networks is low, with only 43% of psychiatrists and **19% of nonphysician mental health care providers** participating in any network, according to a review of ACA Marketplace plans. (Zhu, et. al Health Affairs)
- On average, plan networks include 24% of all primary care providers and 11% of all mental health care providers practicing in a given state-level market.
- Data related to the racial and linguistic diversity of contracted provider is not available.

Culturally Incongruent Providers

- California does not have sufficient diversity in behavioral health providers. (HCAI)

Workforce Category	White	Asian	Latine	Black	Multiracial	Other Race	Pacific Islander	American Indian
Advanced Practice Nursing	10.40	12.03	-25.49	1.67	-0.39	1.16	0.74	-0.11
Allied Health	0.89	18.75	-19.31	-1.48	-0.71	1.31	0.63	-0.09
Behavioral Health	14.92	-6.33	-11.17	1.64	0.08	0.98	-0.08	-0.03
Medicine	13.32	19.37	30.40	1.79	0.88	0.75	-0.21	-0.17
Nursing	-0.13	17.27	-19.46	0.83	-0.57	1.08	1.02	-0.05
Oral Health	2.65	11.48	-11.75	-3.49	-1.26	1.94	0.40	0.03

Lack of Language Access



People of Color Have Greater Access Challenges

- Commercially insured people of color report the greatest difficulty finding a behavioral health provider. (MACPAC)
- 1 in 5 commercially insured people of color who do access care report a **negative provider experience**.

	White		Non-White	
	Medicaid	Private	Medicaid	Private
Reason unable to obtain behavioral or mental health care				
	30.5%	31.9%	-	43.4%

Considerations for Improvement

- Expand covered provider types and services to be more culturally and linguistically concordant.
- Expand coverage of out-of-network, culturally or linguistically appropriate care.
- Evaluate opportunities to reduce cost and cost growth.
- Better integrate primary and behavioral health care.
- Improve provider directories to ensure accuracy and to reflect cultural and linguistic competencies.
- Rigorously enforce existing laws – language access, network adequacy, cost sharing, utilization management, etc.

IMPROVING BEHAVIORAL HEALTH ACCESS AND OUTCOMES FOR CALIFORNIANS WITH COMMERCIAL HEALTH PLANS

GROUP Q&A, CONVERSATION

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FACILITATED DISCUSSIONS/ACTIVITY

PURPOSE

- Fuel brainstorming on these questions
- Connect with other BHTF members

TIMING: 25 minutes

IN-PERSON TABLE ASSIGNMENTS: Cross-sector groupings to stimulate creative and impactful thinking

ONLINE PARTICIPANTS: Jamboard brainstorming – grouped by BHTF membership and the public.

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IN-PERSON SMALL GROUPS

[2 min] Logistics: Before starting the discussion, please identify**:**

- **Notetaker**
- **Reporter** for 1:10 p.m. sharing: reports out ***one or two*** key ideas/suggestions the group felt **had potential** or generated **excitement**

[20 min] Brainstorm on the 4 questions

- All ideas have value
- Share space
- Seeing more parts of the elephant can foster more effective approaches

[3 min] Group identifies top ideas to share out

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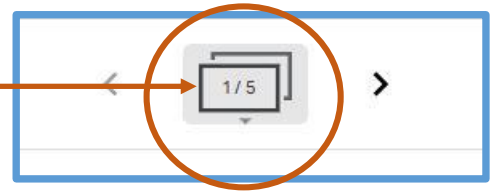
REMOTE ATTENDEES: USING JAMBOARD

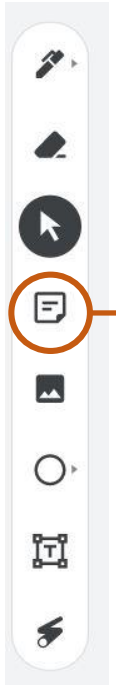
PURPOSE AND PROCESS

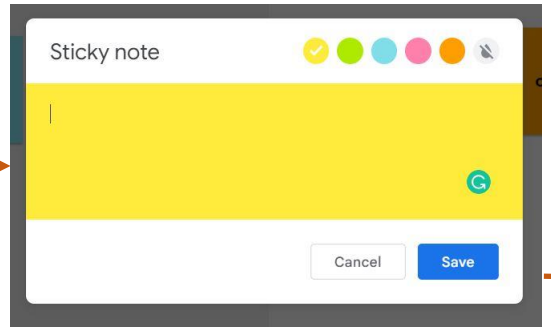
- Individual brainstorm on the 4 questions
- Julia shares major themes, asks BHTF members to add on

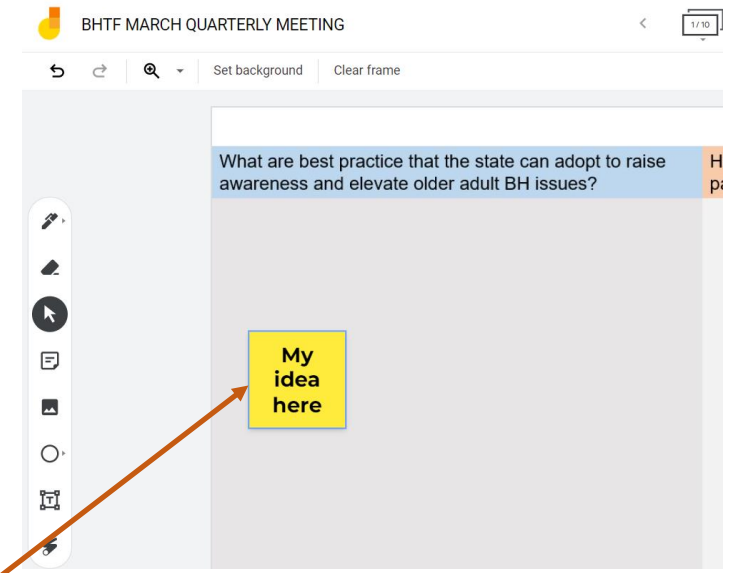
STEP 1: Get on the right Board



STEP 2: Add your idea







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QUESTIONS TO CONSIDER

1. A. What are the greatest gaps and unmet needs in the system for the constituents you represent or your community?
    - 1.B. What specific steps could we take to help fill those gaps and meet those needs?
2. How can we help BH consumers access and navigate the health care systems?
3. What are specific suggestions for how we can help improve affordability and accessibility of BH care for commercial health plan consumers?

CalHHS
California Health & Human Services Agency

LUNCH BREAK

1 hour – back at 1:10 PM

CalHHS
California Health & Human Services Agency

BHTF MEMBERS REFLECTIONS

1. In-Person: Group rep share ONE-TWO IDEAS the group found exciting or potentially impactful.
2. Remote Participants: After Julia shares major themes, add on with other themes, or exciting/potentially impactful ideas as time allows.

CalHHS
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988-CRISIS CARE CONTINUUM UPDATE

DR. ANH THU BUI, PROJECT DIRECTOR, 988-CRISIS CARE CONTINUUM, CalHHS

CalHHS
California Health & Human Services Agency

988-Crisis Policy Advisory Group (PAG) Updates

Anh Thu Bui, M.D.
Project Director, 988-Crisis Care Continuum
Public Health Medical Administrator
California Health and Human Services Agency (CalHHS)

Person Centered. Equity Focused. Data Driven.

Presented to: Behavioral Health Task Force
April 10, 2024

Topics:

- Update: 988-Crisis Policy Advisory Group and 988-Crisis Workgroups
- Update: Work Completed Since January BHTF Meeting

988-Crisis Policy Advisory Group and Workgroup Update

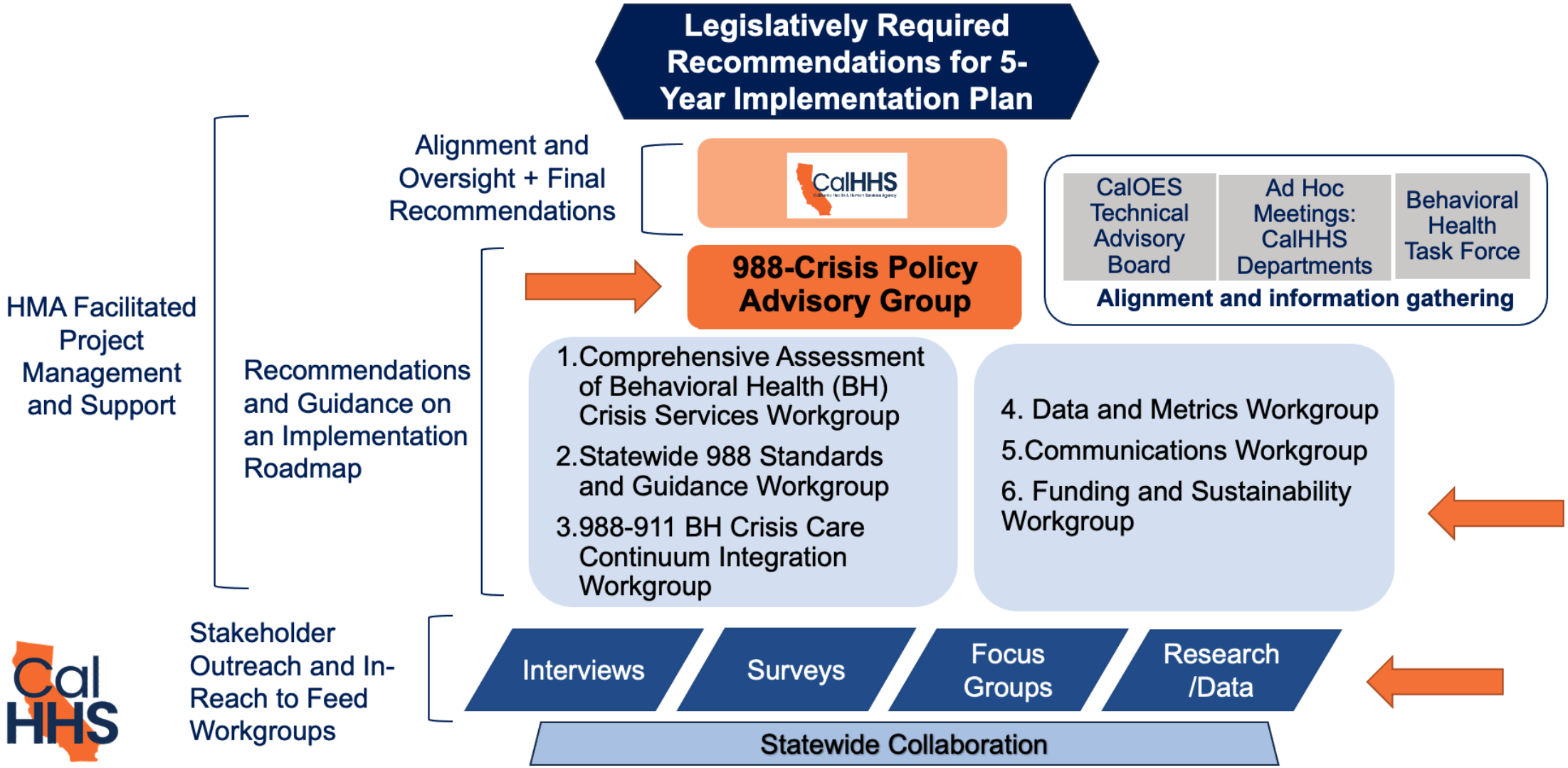
AB 988 Legislation

The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:

- Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
- Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024
  - AB 988 underwent further modifications in AB 118, the trailer bill that incorporates the implementing language of the California State Budget.

Source: AB 988, Miles Hall Lifeline and Suicide Prevention Act

The Interface between Behavioral Health Task Force and 988-Crisis Policy Advisory Group



The Interface between Behavioral Health Task Force and 988-Crisis Policy Advisory Group continued

Behavioral Health Task Force

- Inform the work on behavioral health issues across the state
- Had significant input on the development of the Behavioral Health Crisis Care Continuum Plan (CCC-P)

BHTF will continue to be a significant stakeholder in providing input on the Crisis System and supporting the work of the 988-Crisis Policy Advisory Group

988-Crisis Policy Advisory Group

- CalHHS, with input from the Policy Advisory Group, will provide a five-year implementation plan for a comprehensive 988 system to the legislature by December 31, 2024

There are seven members of the BHTF who also serve on the PAG

988-Crisis Policy Advisory Group

CalHHS, with input from the Policy Advisory Group, will provide a five-year implementation plan for a comprehensive 988 system to the legislature by December 31, 2024

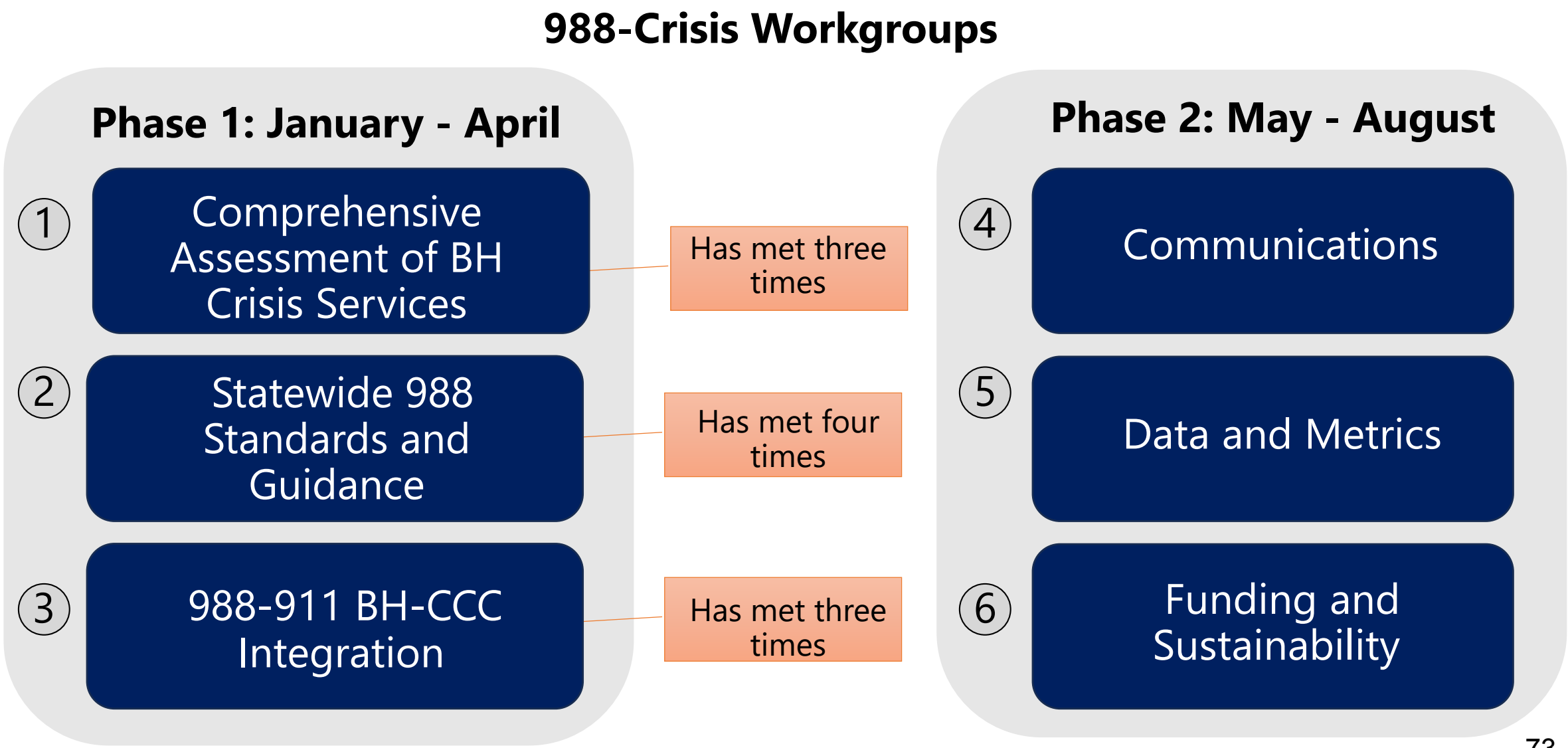
- **Charge of the Policy Advisory Group:** To advise CalHHS in developing recommendations for the five-year implementation plan as described in AB 988
- **Launch Meeting:** December 13, 2024
- **Second Meeting:** February 7, 2024
  - Focused on the Crisis Care Continuum Plan and the Comprehensive Assessment of Behavioral Health Crisis Services. Two breakout room discussions, one on equity and the other on coordination across the crisis care continuum.
- **Meeting Dates (10am-3pm)**
  - April 24
  - June 26
  - August 14
  - September 18
  - November 20

988-Crisis Workgroups 1/2

About the 988-Crisis Workgroups

Six Workgroups will provide guidance and summaries of critical information for the 988-Crisis Policy Advisory Group related to the 14 topics outlined in AB 988. The first three Workgroups launched in January. The remaining three will convene late spring to summer 2024.

988-Crisis Workgroups 2/2



Upcoming Meetings

Both 988-Crisis Policy Advisory Group Meetings and 988-Crisis Workgroup Meetings are open to the public and include a public comment period.

- The next Policy Advisory Group Meeting is on **April 24th from 10am-3pm,** in person at the Allenby building, with zoom option.
- Workgroup 1 is meeting on **April 11th from 1-3pm**.
  - This meeting will focus on older adults and children/youth.
- Workgroup 3 is meeting **April 12th from 1-3pm.**

You can find more information on the CalHHS 988-Crisis Policy Advisory Group Webpage.

Update From BHTF Meeting on January 17, 2024

988 Crisis Center Capacity Building Update 1/2

- In August of 2022, California received 31,458 calls, 26,110 of which were answered in-state, yielding an 83% in-state answer rate. California experienced an initial surge in 988 calls at implementation, a peak of 32,416 calls in September 2022, which lasted about three months, and then call volume declined to 25,336 in February 2023. **Over the past year California has seen a steady increase in call volume.**
- Looking back a year to February 2023, CA received 25,336 calls and answered 22,721 in-state, giving centers a 90% in-state answer rate. The most recent state data available is from February 2024, where CA received 30,222 calls while achieving a roughly 90% in-state answer rate with 27,090 calls answered. **Call volume has increased 19% between February 2023 and February 2024.**

988 Crisis Center Capacity Building Update 2/2

- In August 2022, data collected by Didi Hirsch showed 429 staff members and 648 volunteers. By February 2023, the number of staff increased to 532, with 555 volunteers. As of February 2024, there were **593 staff and 563 volunteers** across the 988 Crisis Centers in California.

Populations of Focus from CCC-P

Populations of focus outlined in the Behavioral Health Crisis Care Continuum Plan:

- LGBTQ+ youth
- Individuals with intellectual and/or developmental disabilities (IDD)
- Individuals who are deaf or hard of hearing
- Veterans
- American Indian/Alaska Native and other native populations
- Individuals with specific language needs
- Older adults
- System-impacted youth
- Black, indigenous, and people of color (BIPOC)

Populations of Focus: BHTF Additions

Additions to Populations of Focus list provided by BHTF in January:

- Justice-impacted youths
- Rural communities
- Unhoused population
- College-aged students, universities, colleges
- Middle-aged White Males
- Law enforcement
- Medical professionals
- Active military, not just veterans
- Undocumented individuals
- Perinatal populations
- Individuals with Disabilities
- Reentering justice-involved population
- Individuals in transition from active to veteran status

Updates 1/2

Last meeting we had asked how to engage with populations of focus. You provided us with great input. Below is an overview of what has been done since January:

- Presentation to the University of California Behavioral Health Community of Practice on April 3rd
- Working closely with Children and Youth Behavioral Health Initiative (CYBHI) to identify places for youth engagement, such as the Youth and Family Network
- Recruited additional members to the Policy Advisory Group:
  - The Trevor Project
  - CYBHI

Updates 2/2

- Recruited additional members to Workgroups:
  - State Council on Developmental Disabilities
  - Orange County Department of Education and Humboldt County Office of Education

Tribal Engagement

- Tribal 988 consulting team will support the development of the final report with:
  - Recommendations to specifically reach untapped 988 end-user groups (Native youth, elders, and Native grassroots organizations), including Native-specific communication strategies and materials.
  - Recommendations from Tribal communities on the 988 crisis system and continuum, including gaps and needs in tribal communities.
  - Insight into California tribal 988 systems and successes and/or barriers to statewide coordination between 988, 911, and behavioral health crisis services.

Updates Continued

Ongoing/Upcoming:

- Peer workgroup will be launching soon
- Focus groups and key informant interviews with impacted populations:
  - Individuals with lived experience: LGBTQ+, transition aged youth/ foster youth, justice-involved, co-occurring disorders, veterans, older adults
  - Families
  - American Indians
  - Advocacy organizations
- Focus groups and key informant interviews with:
  - 988 Crisis Centers
  - First Responders
  - Emergency Departments
  - Health Plans

Any other upcoming meetings we could attend and present/elicit feedback?

Workshop Information 1/5

#4 Communications Workgroup: May Launch

8	**Statewide and regional public communications strategies** informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.

Workshop Information 2/5

#5 Data and Metrics Workgroup: May Launch

10	**Quantifiable goals for the provision of statewide and regional behavioral health crisis services**, which consider factors such as reported rates of suicide attempts and deaths.
11	A **process for establishing outcome measures, benchmarks, and improvement targets** for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

Workshop Information 3/5

- **#6 Funding and Sustainability Workgroup: May Launch**

4	A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.
13	Procedures for **determining the annual operating budget** for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988 system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.

Workshop Information 4/5

- **#6 Funding and Sustainability Workgroup: May Launch**

14	**Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant** to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to: (A) To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.

Workshop Information 5/5

- **#6 Funding and Sustainability Workgroup: May Launch**

14	(B) Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185a).

Update: PAG Meeting Topics 1/2

#	Topics	Date
1	• Orientation to the Process and Workgroups	12/13/23
2	• Grounding in CCC-P and Comprehensive Assessment Approach • Breakouts on Access, Equity, Coordination	2/7/24
3	• Discussion of 988 standards, guidance and technology • Information/recommendations from Workgroups 1, 2, 3	4/24/24
4	• Approach to integrating 988/911 along the continuum	6/26/24
5	• Discussion of data, goals and metrics • Discussion of Communications informed by Stakeholder Outreach Report • Review information/recommendations from workgroups 4,5,6	8/14/24

Update: PAG Meeting Topics 2/2

#	Topics	Date
6	• Funding and sustainability • Review draft 5-year implementation plan	9/18/24
	PUBLIC COMMENT PERIOD	**10/1-30**
7	Final Advisory Meeting and review of the Plan	11/20/24
8	PAG disbanded, at CalHHS discretion	1/1/25

How BHTF Members Can Become Involved in the 988-Crisis Work

How You and/or Your Network Can Volunteer

You or your network can:

- **Volunteer to participate in Workgroups 4, 5, and/or 6**
  - Complete the "Workgroup Statement of Interest Questionnaire" located at the link or email **AB988Info@chhs.ca.gov**
  - Participate as a member of the public
- **Sign up for AB 988 notices** that will provide 988-Crisis updates as well inform about upcoming engagement opportunities (e.g. focus groups, surveys)
  - For more information or to be added to the AB 988 Mailing List, please email AB988Info@chhs.ca.gov

For more information about 988-Crisis Policy Advisory Group visit the webpage or please email AB988Info@chhs.ca.gov

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI) UPDATE

DR. SOHIL SUD, MD, MA. DIRECTOR, CYBHI, CalHHS

CalHHS
California Health & Human Services Agency

CYBHI

Children and Youth Behavioral Health Initiative

Transforming the way California supports children, youth and families

April 2024

CalHHS California Health & Human Services Agency

DHCS California Department of Health Care Services

HCAI Department of Health Care Access and Information

Department of Managed Health Care

CDPH

State of California Office of the Surgeon General

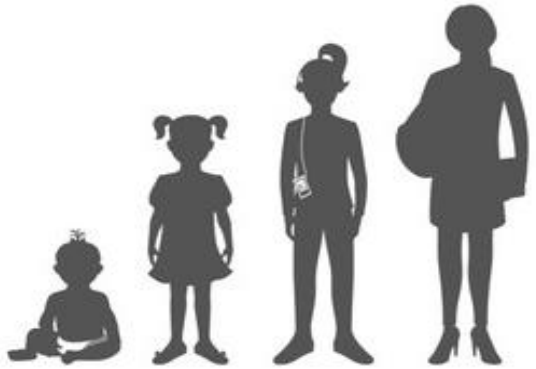
CDSS California Department of Social Services

DDS

Meet Monica 1/2

- Mom receives screening and treatment **at pediatric visit**
- Gains skills from Effective Black **Parenting Program**
- Receives support from **home-visiting services**
- Learns life hacks from **Brightlife Kids coach**
- Learns coping skills from **SEL curriculum**
- Teacher, trained through **Safe Spaces**, increases her sense of belonging
- Feels welcomed by **Coach** at the new **Wellness Center**
- Evaluated by school health team and **receives on-site services**

Meet Monica 2/2



- Hangs out at the **Youth Center** in her community
- Uses **Soluna** and connects to an online support community
- Friends at school **learn about suicide prevention** and reach out to check on her
- Receives **residential treatment** after suicide attempt
- **Remains connected** with her therapist
- Her primary care **doc manages** pharmacotherapy
- Gains harm reduction skills to control her cannabis use from a **neighborhood CBO**
- Goes to community college and receives **paid internship** in counseling

Overview of CYBHI Strategies 1/2

Health Care Settings

- Expanding the behavioral health workforce
- Increasing access to behavioral health services
- Supporting non-specialist care providers

Schools & Colleges

- Bringing wellness into the classroom
- Nurturing a supportive campus culture
- Expanding access to school-linked care services

CYBHI
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Transforming the way California supports children, youth and families

Overview of CYBHI Strategies 2/2

Digital Environment

- Bringing behavioral health services online
- Preparing for the next-generation of digital supports

Homes & Communities

- Enhancing community resilience
- Building a community-based workforce

Elevating the Conversation, Holding Youth at the Center and Equity as Foundational.

CYBHI
Children and Youth Behavioral Health Initiative

Transforming the way California supports children, youth and families

The Path Ahead

Health Care Settings 1/2

Expand the behavioral health workforce

- Increase the size of psychiatry medical training programs
- Increase the size of psychiatric nurse practitioner training programs
- Establish and expand bachelor's and master's level social work programs
- Create a Wellness Coach profession
- Strengthen workforce pipeline for mental health and substance use work through paid internships, training stipends, and earn-and-learn programs

Health Care Settings 2/2

Increase access to behavioral health services

- Expand and construct treatment facilities – including inpatient, outpatient, and school-based facilities – to provide services to youth and families
- Facilitate access and coverage of services that support both the caregiver and child

Support non-specialist care providers

- Establishing a statewide service for pediatricians and primary care providers to receive consultation with licensed behavioral health specialists

Home & Community 1/2

Enhance community resilience

- Promote well-being for parents and caregivers
- Expand trauma-informed services available to children
- Scale early childhood wraparound services
- Expand youth drop-in centers or other youth-driven programs
- Increase early intervention programs and practices
- Provide crisis and wraparound services for suicide prevention
- Connect youth to local suicide prevention resources
- Bring youth together at a mental health academy

Home & Community 2/2

Build a community-based workforce

- Support to recruit and retain behavioral health professionals in community organizations
- Provide training on behavioral health and substance use for non-specialists serving justice, foster, and un-housed youth
- Expand training and employment opportunities individuals with lived experience to serve as peer supports

Schools & Colleges 1/2

Bring wellness into the classroom

- Expand social and emotional learning programs

Nurture a supportive campus culture

- Promote wellness and mindfulness programs for students and staff
- Provide staff training in trauma-informed approaches
- Pilot peer-to-peer support programs in high schools
- Engage with (increasing) community behavioral health resources

Schools & Colleges 2/2

Expand access to school-linked care services

- Establish sustainable coverage models
- Increase access to wellness coaches

Catalyze action

- Incentivize partnerships with behavioral care plans and providers
- Establish the prerequisite infrastructure to offer health services
- Provide guidance to navigate privacy and consent regulations
- Offer early lessons for integrating CYBHI with other state initiatives

Digital Environment 1/2

Bring behavioral health services online

- Provide mental health coaching, care navigation support, and other resources for parents with kids ages 0-12 years
- Provide with teens and young adults ages 13-25 years with one-on-one coaching, digital support resources and exercises, care navigation support, and moderated peer forums

www.calhope.org

Digital Environment 2/2

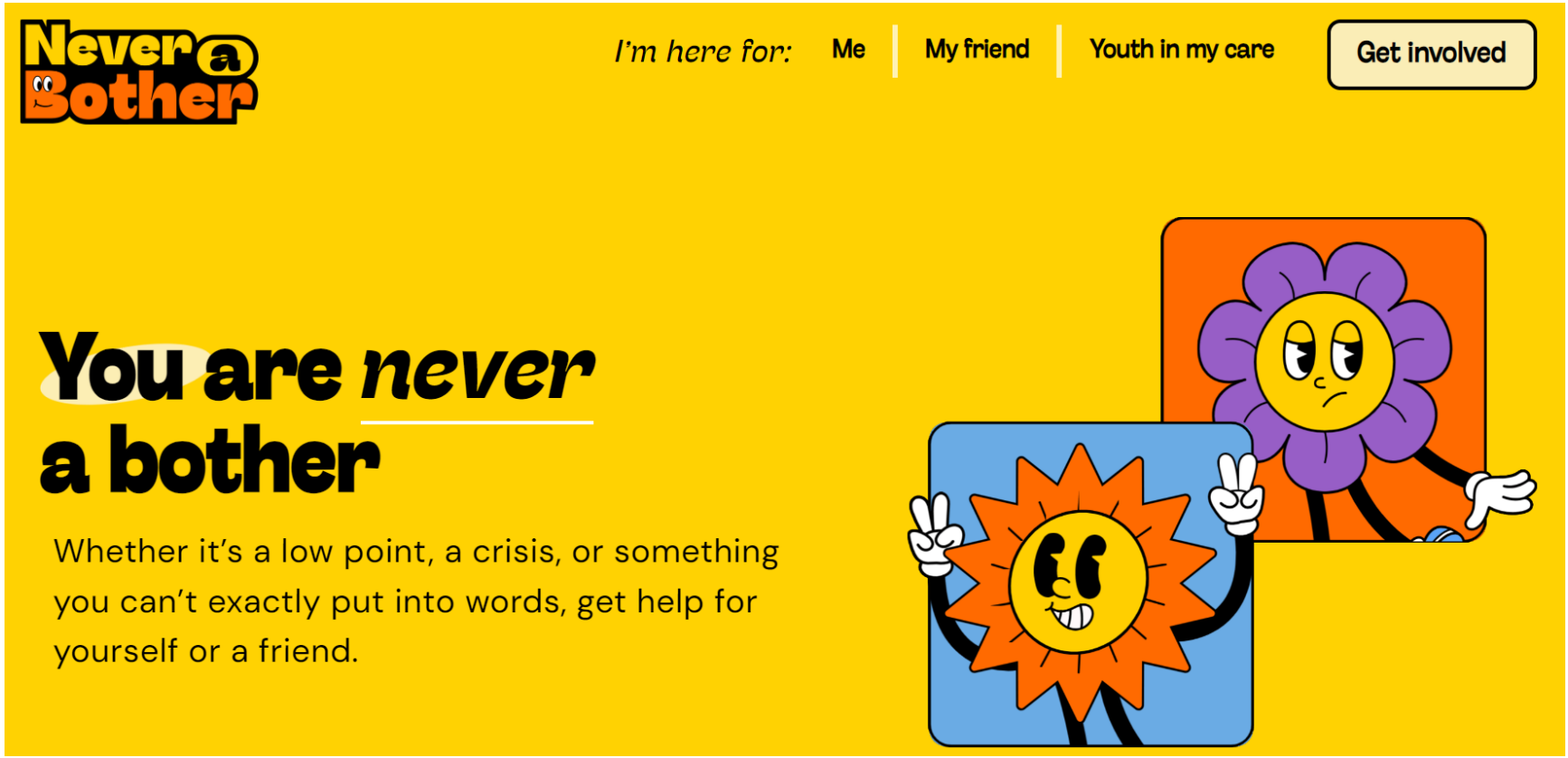
Prepare for next-generation of digital supports

- Leverage new tools (e.g., augmented reality, biometrics) to improve behavioral health services and supports

Elevate the Conversation

Communication Campaigns

- Reduce mental health stigma and encourage access to services and wellness supports
- Recognize that early adversities impact our health, but we can heal and manage stress
- Never a Bother: prevent distress from turning into despair and prevent suicide



Never a Bother webpage

Guiding Principles 1/2

Improve the Ecosystem

- Work toward an integrated system with a shared vision for collective impact

Hold Youth at the Center

- Co-design programs, services, and campaigns for youth with youth
- Partner with existing children, youth, and family organizations

Guiding Principles 2/2

And Equity as Foundational

- Ensure that online services are free and accessible in multiple languages
- Incentivize work in underserved areas through scholarships and loan repayment
- While each program has individualized equity priorities, there is a general focus on populations identified by the California Reducing Disparities Project (i.e., African Americans, Asians and Pacific Islanders, Latinos, LGBTQIA+, Native Americans) and populations experiencing disparities in behavioral health needs (i.e., individuals with disabilities, families engaged with the foster care or justice system, tribal nations, families experiencing homelessness, individuals in rural regions, refugees, the socio-economically disadvantaged)

Overview of CYBHI Strategies 1/2

Health Care Settings

- Expanding the behavioral health workforce
- Increasing access to behavioral health services
- Supporting non-specialist care providers

Schools & Colleges

- Bringing wellness into the classroom
- Nurturing a supportive campus culture
- Expanding access to school-linked care services

CYBHI
Children and Youth Behavioral Health Initiative

Transforming the way California supports children, youth and families

Overview of CYBHI Strategies 2/2

Digital Environment

- Bringing behavioral health services online
- Preparing for the next-generation of digital supports

Homes & Communities

- Enhancing community resilience
- Building a community-based workforce

Elevating the Conversation, Holding Youth at the Center and Equity as Foundational.

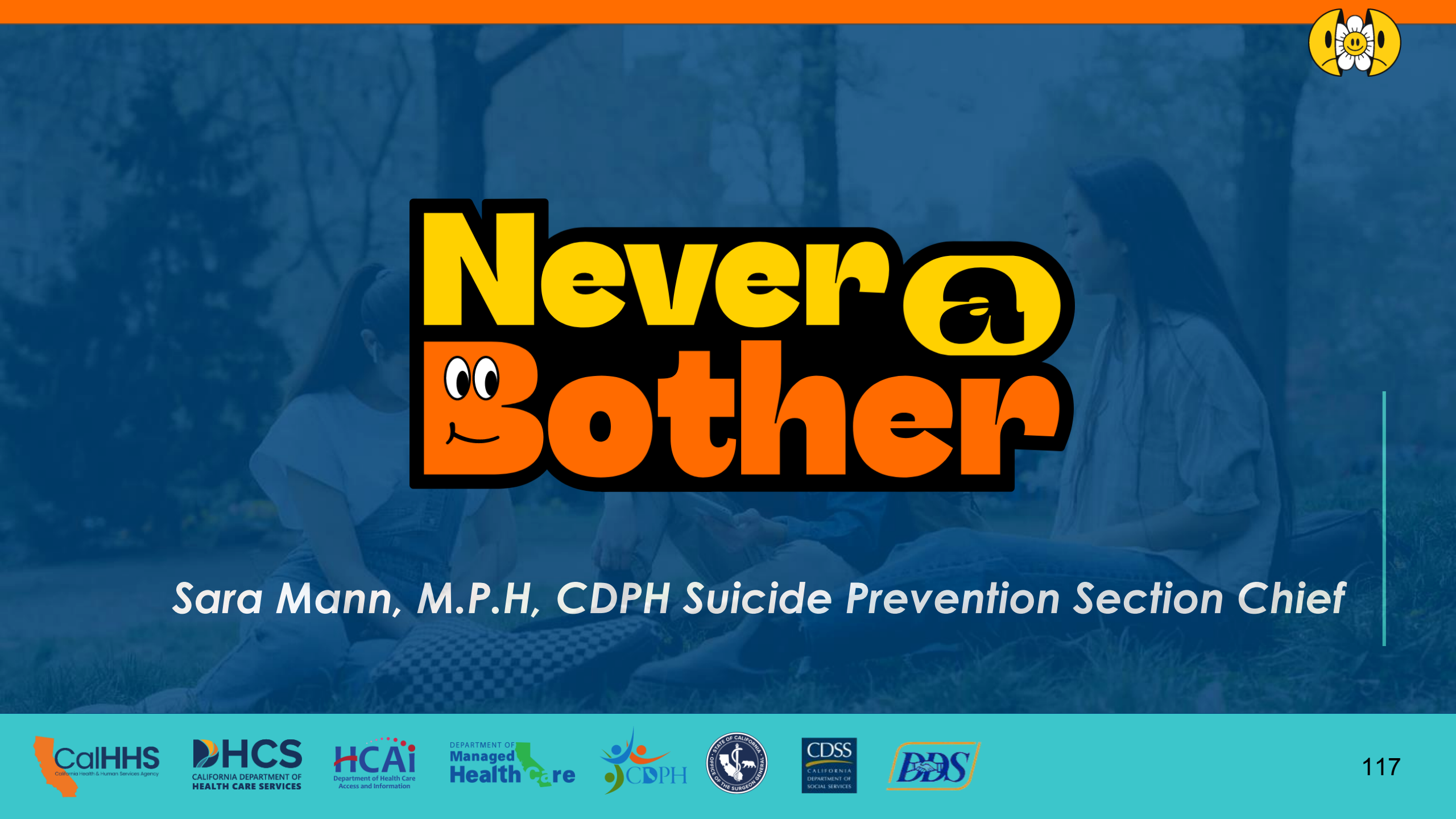
CYBHI
Children and Youth Behavioral Health Initiative

Transforming the way California supports children, youth and families

Governor's Master Plan for Kids' Mental Health

Other investments and initiatives in California being implemented in coordination and collaboration

- $4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- $5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- $1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families
- State budget investments in school-based behavioral health workforce, such as school counselors

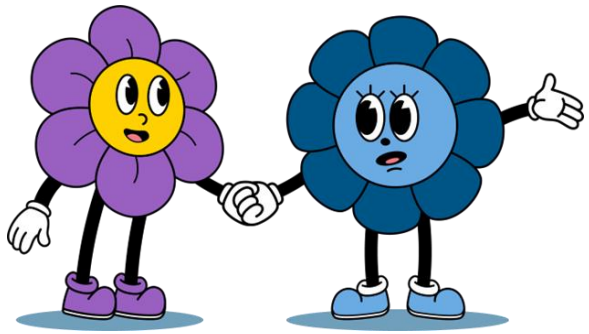


Sara Mann, M.P.H, CDPH Suicide Prevention Section Chief

'Never a Bother'

- Co-created with and selected by youth based on its **welcoming feel, visual appeal, and messaging that authentically validates youth at risks' experiences and state of mind** with clear encouragement to reach out for support before, during, and after a crisis.

Content & messaging themes include:



- Suicide warning signs
- How to help a friend who is struggling
- Positive experiences connecting with crisis lines
- Importance of seeking out support
- Positive reinforcement for youth struggling with suicidal thoughts
- Conversations starters for youth, peers, and caregivers

Campaign Media

Traditional Media:

- Billboards, Transit Shelters
- Print Media
- Social – Instagram, TikTok
- Digital Ads
- Streaming Radio and TV

Local Distribution and Outreach:

- Posters
- Palm Cards
- Stickers
- Integration in local grantee programming
- Partner Toolkits

Ongoing Youth Co-Created Content:

- Organic social content from youth storytellers
- Co-creation contests https://gallery.directingchange.org/contest/monthly-prompt/
- Grantee-created content

How to Get Involved 1/2

Save The Date:

Never a Bother Youth Suicide Prevention Campaign - Partner Toolkit Walkthrough
April 11th, 1pm

Stay Tuned

Keep an eye on your inbox for an e-blast linking to the digital partner toolkit in the coming weeks!

How to Get Involved 2/2

Follow:

Instagram:
NeveraBother

YouTube:
@Never.a.Bother

Facebook:
NeveraBotherCampaign

TikTok:
@neverabother

Thank You

CalHHS and BHTF MEMBER UPDATES

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California Health & Human Services Agency

PUBLIC COMMENTS

CalHHS
California Health & Human Services Agency

CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2024 QUARTERLY MEETINGS

Reminder: **All 2024 BHTF Quarterly Meetings Are Now *Hybrid*,**

10 a.m. to 3 p.m.

- August 28th
- November 13th

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation:
- BHTF Meeting Evaluation Form (see QR Code)
- Meeting summary, recording, and materials will be posted on the BHTF Website at: Behavioral Health Task Force webpage

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Thank you!

California Health & Human Services Agency

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