Behavioral Health Task Force Meeting

June 8, 2021

California Health and Human Services Agency

Person Centered. Data Driven.

Roll Call and Virtual Meeting Protocols

Stephanie Welch, MSW Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Meeting Protocol for the Task Force

- **Meeting is being recorded**

- **BHTF MEMBERS:**
  - **Stay ON MUTE when not speaking**
  - **Please turn on your camera and engage**
  - **Use chat for additional conversation**

Meeting Protocol for Stakeholders

MEMBERS OF THE PUBLIC*:*

- **You will be muted unless it is time for public comment**
- **During public comment, please use the "raise hand function" and you will be unmuted in order to make comments**
- **People calling in from their phones can raise their hand to ask a question by pressing *9**
- **Please state your name and affiliation prior to public comment**
- **Please be succinct, and comments can also be emailed to BehavioralHealthTaskForce@chhs.ca.gov**

Task Force Meeting Agenda

1. Welcome and Opening Comments - The State Doubles Down on the Shift to Community-Based Care (10:00)

2. The Children and Youth Behavioral Health Initiative Proposal (10:15)

4. Activities and Updates from the Office of the Surgeon General (11:00)

5. Activities and Updates from the Department of Managed Health Care (11:45)

6. Behavioral Health Action (BHA) – Call to Action Report (12:15)

6. Member Discussion (12:30)

7. Public Comment (12:45)

Welcome and Opening Comments
The State Commits to Community-Based Care

Secretary Mark Ghaly, M.D., M.P.H

California Health and Human Services Agency

Person Centered. Data Driven.

The Children and Youth Behavioral Health Initiative Proposal

Secretary Mark Ghaly, M.D., M.P.H

California Health and Human Services Agency

Person Centered. Data Driven.

Vital to California's Recovery is Addressing Behavioral Health for ALL California's Children and Youth

CalHHS
California Health & Human Services Agency

Goal

Transform California's children and youth behavioral health system into a world-class, innovative, up-stream focused, ecosystem where ALL children and young adults are routinely screened, supported and served for emerging behavioral health needs.

CHHS
California Health & Human Services Agency

New Ecosystem

Behavioral Health Services Virtual Platform & Provider Network

Schools

Behavioral Health Counselors and Coaches

- Medi-Cal
- Commercial Health Insurance

E-Consult & Provider Network

Behavioral Health Services Capacity and Foundation

Workforce

Programs

Facilities

CHHS
California Health & Human Services Agency

Proposed Funding Summary

Major Items	**Amount over five years** *(rounded in millions)*
Behavioral Health Service Virtual Platform	$680
Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools	$550
Develop & Scale-up BH Evidence Based Programs	$430
Building Continuum of Care Infrastructure	$245
Enhance Medi-Cal Benefits (*Dyadic services, ACEs*)	$800
School BH Counselor and BH Coach Workforce	$430
Broad BH Workforce Capacity	$430
Pediatric, Primary Care and Other Healthcare Providers	$165
Public Education and Change Campaign	$125
Coordination, Subject Matter Expertise and Evaluation	$50
Total	~$4,000

Details of the Proposal (1/8)

- Multi-year initiative with year one focused on research, planning, and convening subject matter experts and stakeholders.
- New statewide virtual platform to assess and provide initial follow up care and tools to support ALL young people through age 25 and their caregivers.
  - Tiered model to deliver and monitor BH treatment so that the most effective, least resource-intensive treatment is delivered first and referrals to plans for higher level of services.
  - Portal is a universal point of entry to assist children and youth connect to services.
  - Provides peer supports, individual and group counseling, as needed
  - Connects to community-based organizations and community wellness programs

CHHS
California Health & Human Services Agency

Details of the Proposal (2/8)

- Statewide eConsult/eReferral service to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for patients in their practices.
- Navigation tools to guide step-by-step access to help regardless of pay source, explore ways technology can support locating available services and supports, including to address unmet needs (such as food or housing insecurity) that can lead to anxiety, stress and trauma.

Details of the Proposal (3/8)

- School-Linked BH Services: Capacity/Infrastructure for Health Plans, County Mental Health Plans, CBOs, and Schools
- Goal:
- Build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services from schools, providers in schools, school-affiliated community-based organizations, or school-based health centers, in collaboration with managed care plans.

CHHS
California Health & Human Services Agency

Details of the Proposal (4/8)

- Plan Offered BH Services: Develop and Scale-up Age-Appropriate BH Evidence Based Programs
- Goal:
- Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions, with a particular focus on young people experiencing their first break or first episode of psychosis, and/or developing substance use disorders (SUDs). Focus on disproportionally impacted and communities of color
- Plan Offered BH Services: Enhance Medi-Cal Benefits Dyadic Services: Implement dyadic services in Medi-Cal effective July 1, 2022.

CHHS
California Health & Human Services Agency

Details of the Proposal (5/8)

- School BH Counselor and BH Coach Workforce: OSHPD, in partnership with subject matter experts including education and behavioral health, will develop a multi-year plan to support and build culturally and linguistically proficient counselors and coaches to serve children, youth, and their families.
- Broad BH Workforce Capacity: Expand workforce, education and training programs and support existing staff to be culturally and linguistically proficient and capable of providing age-appropriate services, including a focus on SUD counselors and providers, working with families, and treating complex co-occurring mental health and substance use disorders. Other strategies include investments in recruitment and retention strategies and building up the peer workforce.
- Pediatric, Primary Care and Other Healthcare Providers: Provide opportunities for primary care and other health care providers to access cultural proficient education and training on behavioral health and suicide prevention.

CHHS
California Health & Human Services Agency

Details of the Proposal (6/8)

- Buildup of MH and SUD beds and facilities to provide in-person services when needs intensify:
- Ensure youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county, by building up sites where they can receive MH and SUD services and care (e.g., urgent care, intensive outpatient, crisis stabilization, crisis residential, crisis stabilization, mobile units, inpatient … but also residential options that support receiving services in home-like settings).

Details of the Proposal (7/8)

- Statewide education and awareness campaign to raise the behavioral health literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges.
  - Teach Californians how to recognize the early signs and symptoms of distress and where to turn to ask for help.
  - Empower young people to take charge of their mental health and wellness.
  - Develop a public awareness campaign on ACEs and toxic stress, which will include the latest evidence on trauma-informed and trauma-sensitive responses.

CHHS
California Health & Human Services Agency

Details of the Proposal (8/8)

CHHS

- Lead on cross-departmental and cross system coordination.
- Convene and engage with stakeholders/implementation partners, including youth-focused engagement and linkages to discussions at the Office of Youth and Community Restoration and Child Welfare/Foster Youth
- Draft and run procurement for services including subject matter experts (SME)/BH think-tank.
- Commission initiative-wide independent evaluator to identify best and innovative practices and to inform future policy & program work.

CHHS
California Health & Human Services Agency

- Questions and Discussion

Activities and Updates from the Office of the Surgeon General

Nadine Burke Harris, MD, MPH, FAAP.
California Surgeon General

California Health and Human Services Agency

Person Centered. Data Driven.

Roadmap for Resilience: A Cross-Sector Approach to Addressing ACEs and Toxic Stress

Nadine Burke Harris, MD, MPH, FAAP
California Surgeon General

June 8, 2021

Adverse Childhood Experiences

Abuse

Physical, emotional, or sexual

Physical

Emotional

Sexual

Neglect

Physical or emotional

Physical

Emotional

HOUSEHOLD CHALLENGES

Growing up in a household with incarceration, mental illness, substance misuse or dependence, absence due to separation or divorce, or intimate partner violence

Mental Illness

Intimate Partner Violence

Parental Separation or Divorce

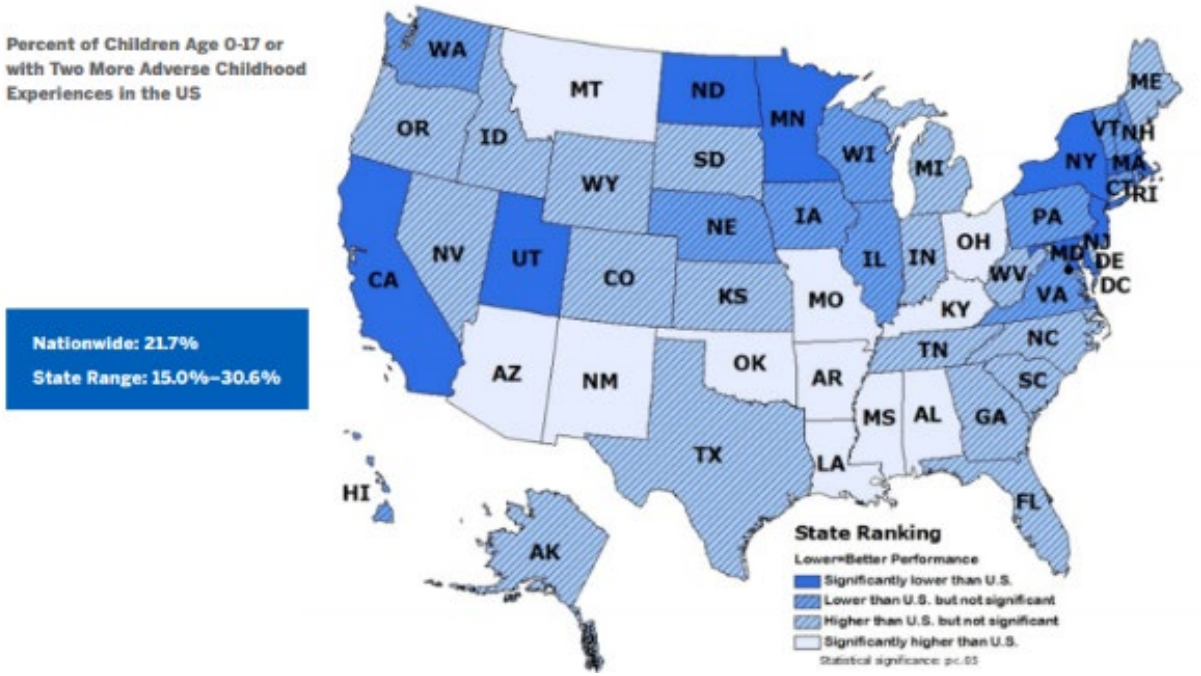
Incarceration

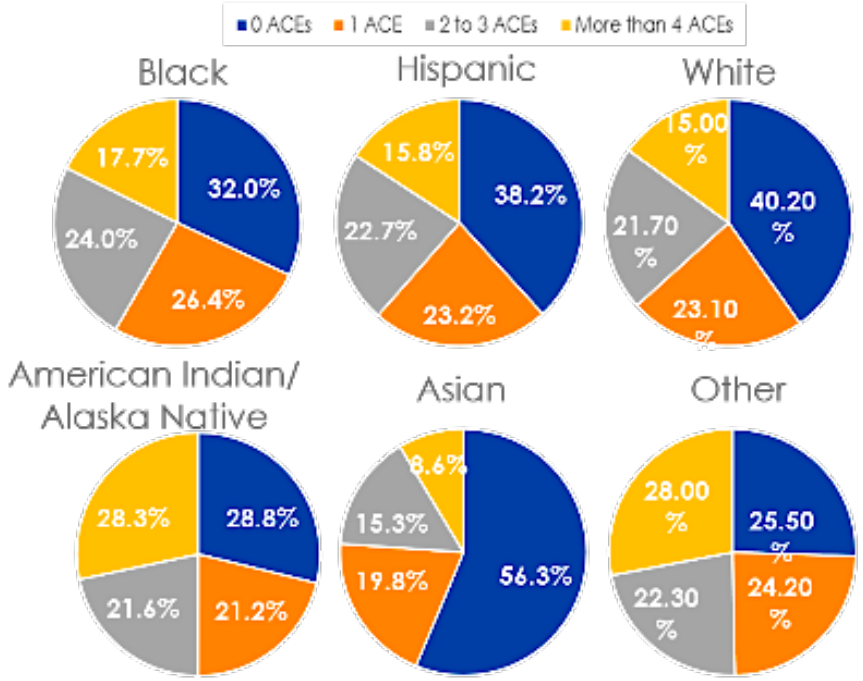
Substance Misuse or Dependence

aces aware
SCREEN. TREAT. HEAL.

61.6% of US adults have ≥ 1 ACE
15.8% have ≥ 4 ACEs

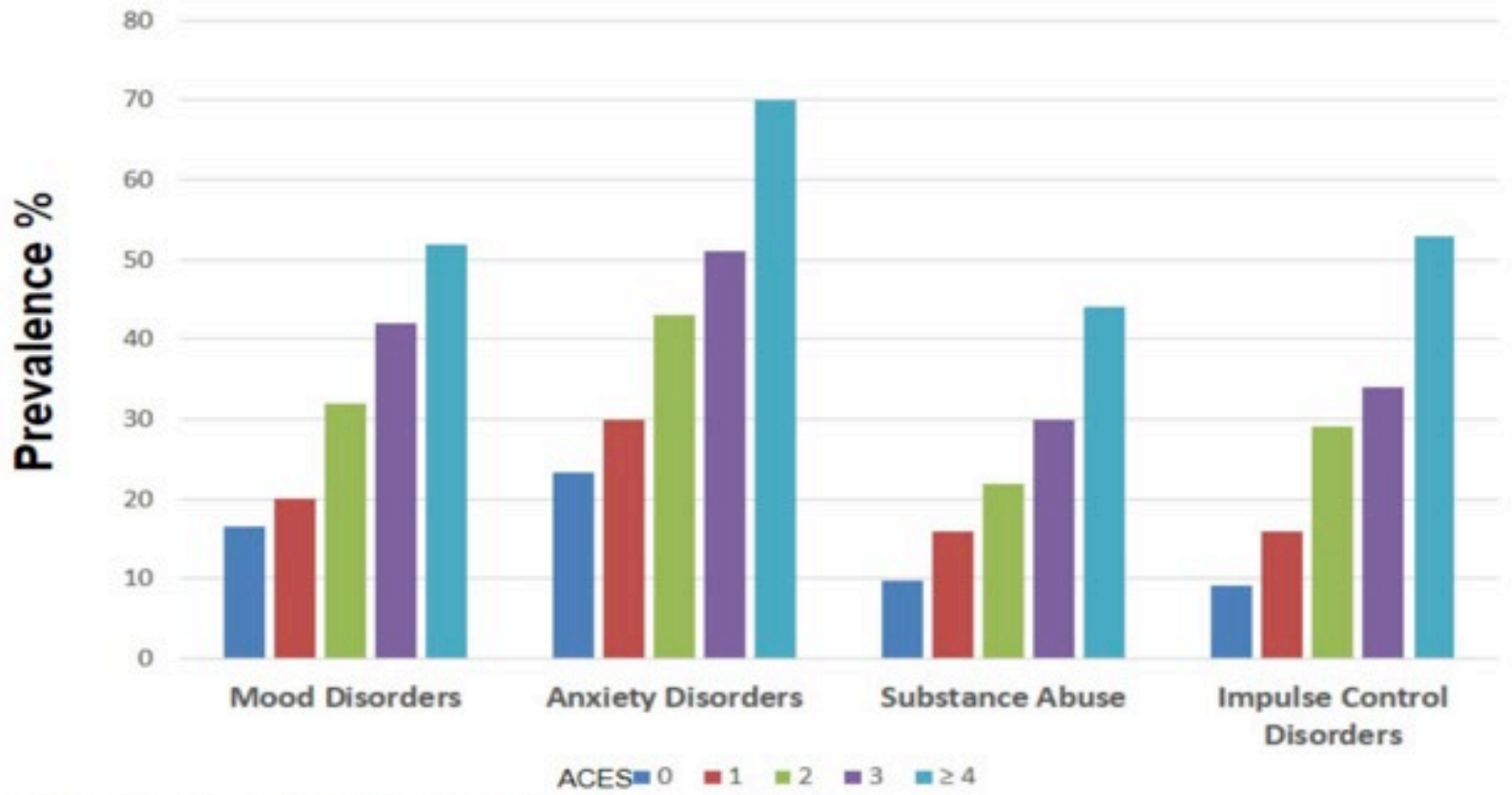
62.3% Californians have ≥1 ACEs 16.3% have ≥ 4 ACEs





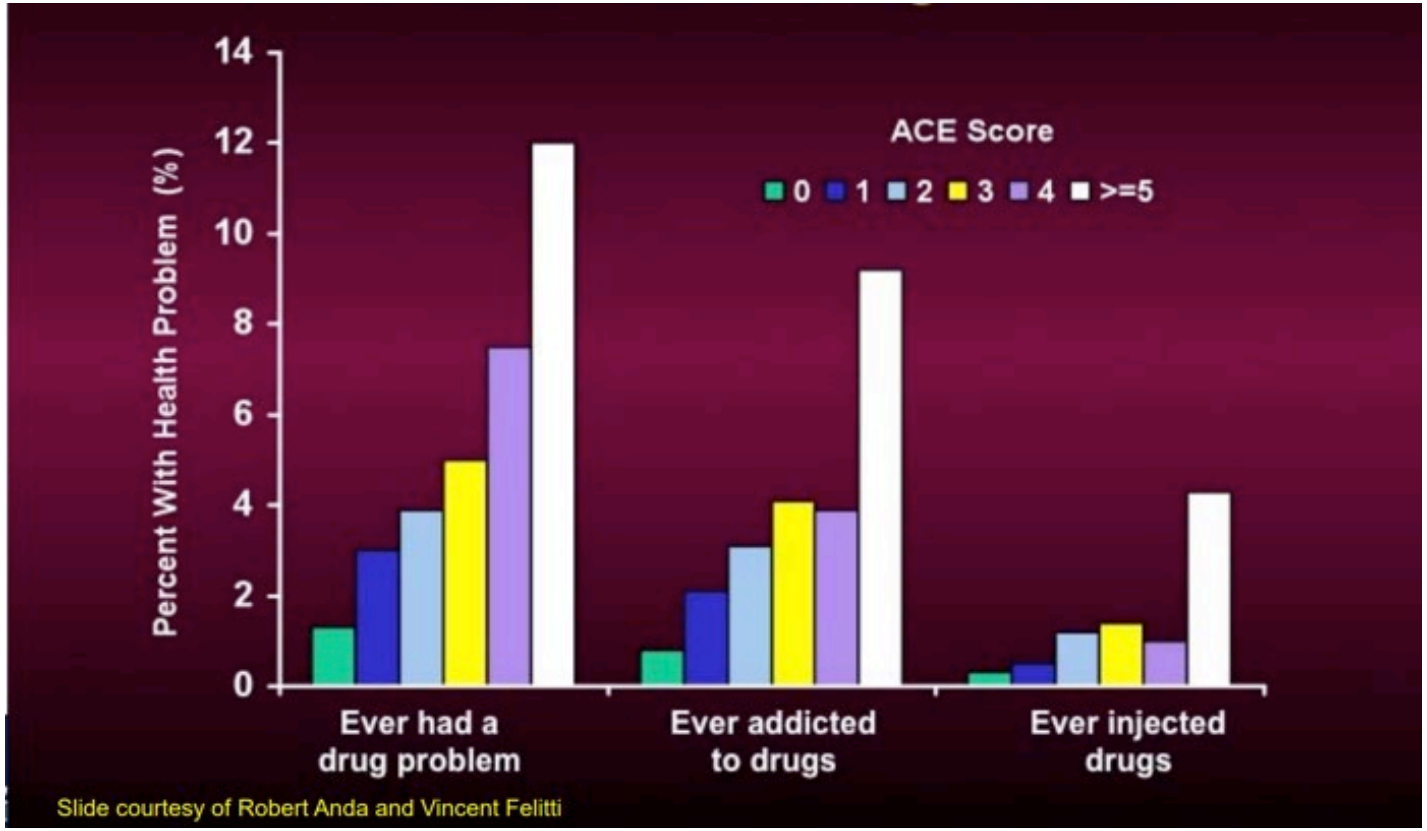
Sources: Merrick et al., Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. *JAMA Pediatrics* 2018; 172: 1038.; Merrick et al., Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:999-1005; Bethell et al., Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

Cumulative ACEs & Mental Health[1,2]



[1]Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Information From the Original ACE Study
ACE Score and Substance Use



ACEs Dramatically Increase Risk for 9 out of 10 Leading Causes of Death in US

	Leading Causes of Death in US, 2017	Odds Ratio Associated with ≥ 4 ACEs
1	**Heart Disease**	**2.1**
2	**Cancer**	**2.3**
3	**Accidents**	**2.6**
4	**Chronic Lower Respiratory Disease**	**3.1**
5	**Stroke**	**2.0**
6	**Alzheimer's**	**11.2**
7	**Diabetes**	**1.4**
8	Influenza and Pneumonia	Unknown
9	**Kidney Disease**	**1.7**
10	**Suicide (Attempts)**	**37.5**

Source of **causes of death**: CDC, 2017[16]; Sources of **odds ratios**: Hughes *et al*., 2017[12] for 1, 2, 4, 7, 10; Petrucelli *et al*., 2019[9] for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014[17] for 6 (Alzheimer's disease or dementia); Center for Youth Wellness, 2014[17] and Merrick *et al*., 2019[26] for 9

Annual Cost of ACEs to California

Select Health Conditions	Child Abuse and Neglect: Other Sectors
$112.5 billion	**$19.3 billion**
• Asthma • Arthritis • COPD • Depression • Smoking • Cardiovascular disease • Heavy Drinking • Obesity	• Education • Welfare • Criminal justice • Lifetime productivity • Healthcare, early death

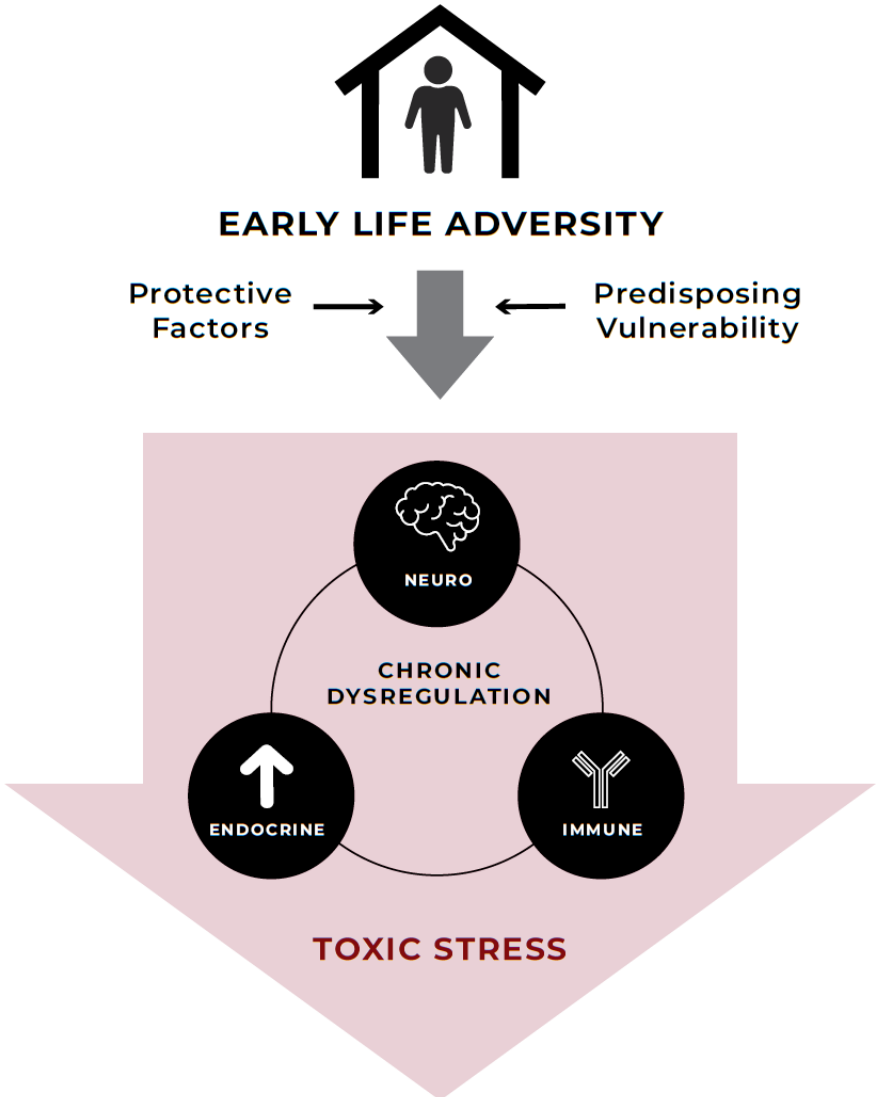
Sources: Miller TR, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. *PLoS ONE* 15(1): e0228019.; Safe & Sound. *The economics of child abuse: A study of California*: Safe & Sound, 2019.

ACEs and Toxic Stress Are A Public Health Crisis

ACEs and toxic stress are a root cause to some of the most harmful, persistent, and expensive societal and health challenges facing our world today.

The Biology of Adversity

Adverse Childhood Experiences can generate chronic activation of the stress response system



Toxic stress is a physiological response

Source: Adapted from Bucci, M., Marques, S. S., Oh, D., & Harris, N. B. (2016). Toxic stress in children and adolescents. Advances in Pediatrics, 63(1), 403-428.

Sources: Listed in References (end)

Biological Systems Disrupted by Toxic Stress

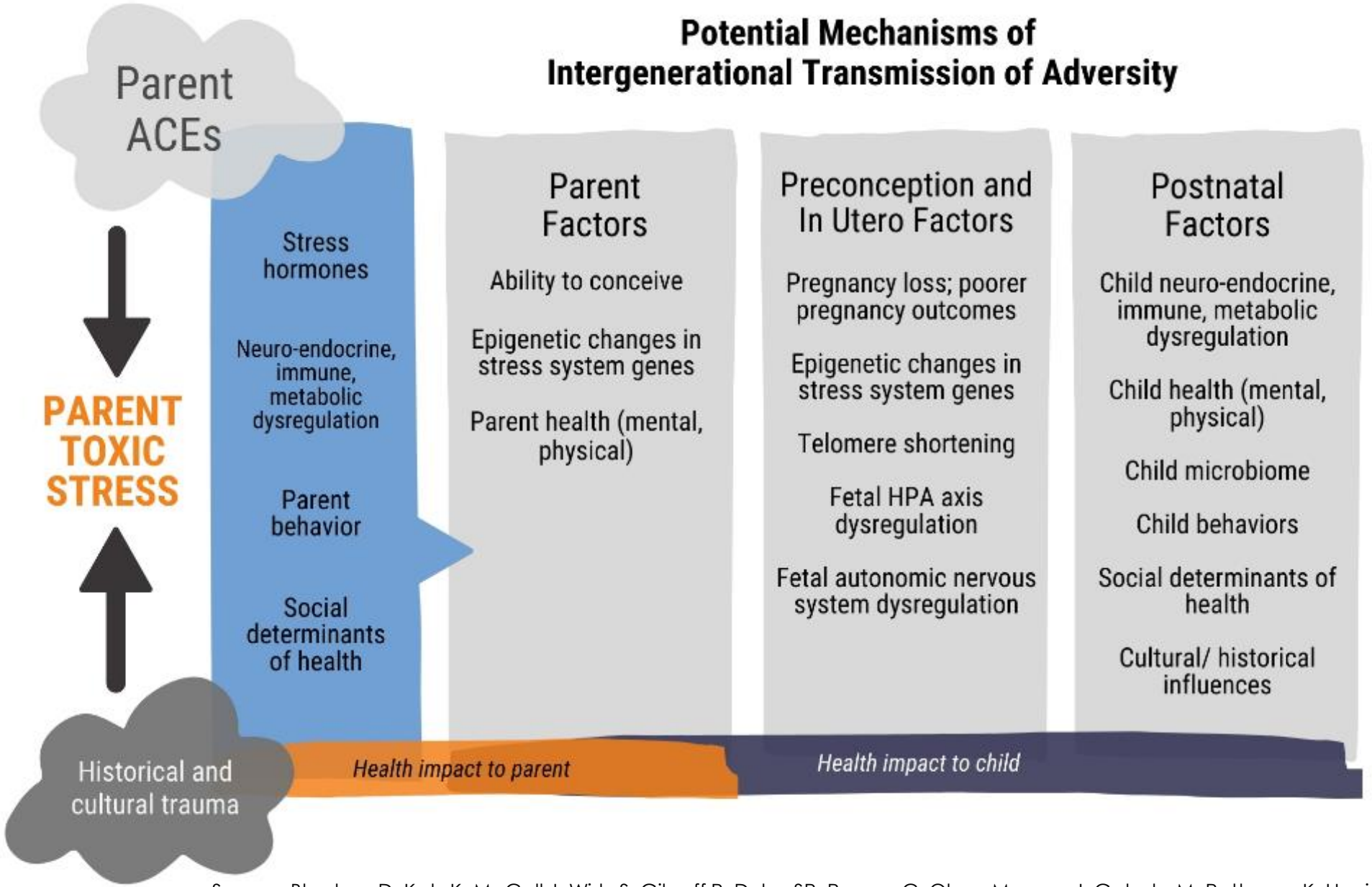
System	Mechanism(s)	Health Impact
Neurologic; Neuroendocrine	Dysregulation of SAM and HPA axes; autonomic imbalance	Difficulty modulating, sustaining, or dampening the stress response; heightened or blunted stress sensitivity
	Altered reactivity and size of the amygdala	Increased fear responsiveness, impulsivity, and aggression
	Inhibition of the prefrontal cortex	Impaired executive function, with poorer planning, decision-making, impulse control, and emotion regulation
	Hippocampal neurotoxicity	Difficulty with learning and memory
	VTA and reward processing dysregulation	Increased risky behaviors and risk of addiction
Immunologic; Inflammatory	Increased inflammatory markers, especially Th2 response; inhibition of anti-inflammatory pathways; gut microbiome dysbiosis	Increased risk of infection, auto-immune disorders, cancers, chronic inflammation; cardiometabolic disorders
Endocrine; Metabolic	Changes in growth hormone, thyroid hormone, and pubertal hormonal axes	Changes in growth, development, basal metabolism, and pubertal events
	Changes to leptin, ghrelin, lipid and glucose metabolism, and other metabolic pathways	Increased risk of overweight, obesity, cardiometabolic disorders, and insulin resistance
Epigenetic; Genetic	Sustained changes to the way DNA is read and transcribed	Mediates all aspects of the toxic stress response
	Telomere erosion, altered cell replication, and premature cell death	Increased risk for disease, cancer, and early mortality

The Toxic Stress Response Defined

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

"prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years…"

Source: National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity. Washington, DC: National Academies Press, 2019.



Source: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020.

Recognizing Other Risk Factors for Toxic Stress

A circumstance, exposure, or condition with documented associations with increased likelihood or susceptibility of development of the toxic stress response.

In addition to ACEs, ***other risk factors for toxic stress include poverty, exposure to discrimination, and exposure to the atrocities of war****.*

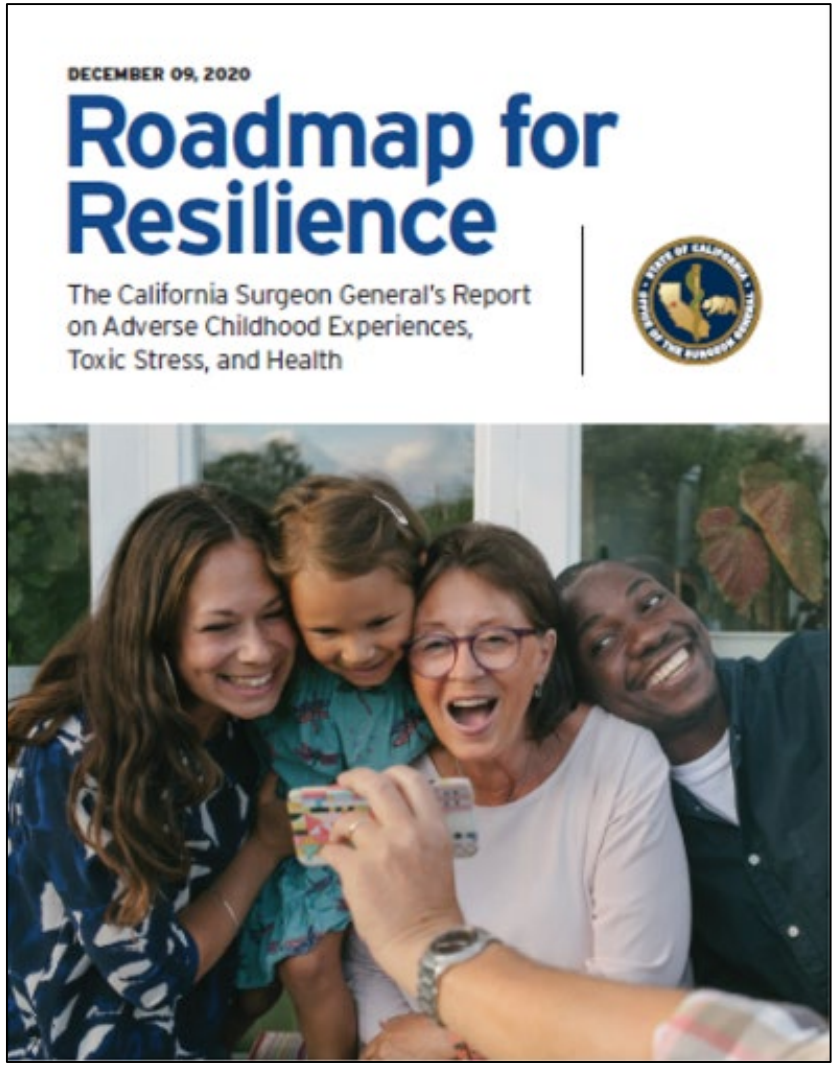
Source: Nelson CA, Bhutta ZA, Burke Harris N, Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life. BMJ (Clinical Research Edition) 2020; 371: m3048.

California is Addressing Toxic Stress

Check out the California Surgeon General's Report

Materials available at [OSG website]

- Full 438-page report
- Executive Summary
- 12 briefs summarizing key themes
- Social Media Toolkit
- Public webinar



An Effective Response to ACEs & Toxic Stress Requires Prevention at All Levels

Primary Prevention efforts target healthy individuals and aim to prevent harmful exposures from ever occurring.

Secondary Prevention efforts involve screening to identify individuals who have experienced an exposure and aim to prevent the development of symptoms, disease, or other negative outcomes.

Tertiary Prevention efforts target individuals who have already developed a disease or social outcome, and aim to lessen the severity, progression, or complications associated with that outcome.

Toxic Stress is Amenable to Treatment

- New opportunities to more precisely **interrupt the toxic stress response**, break the intergenerational cycle of ACEs and toxic stress, and promote an intergenerational cycle of health.

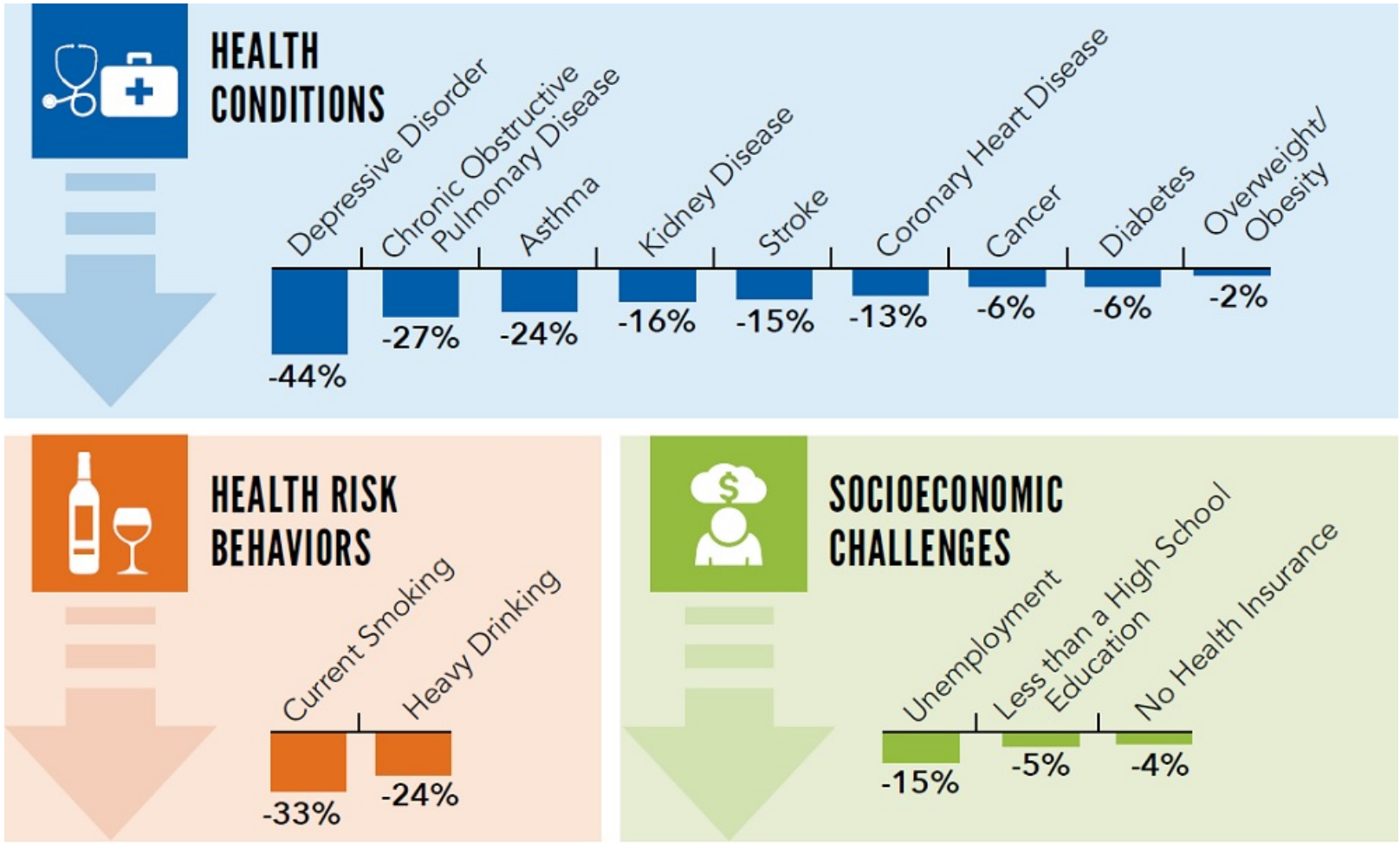
- **Early intervention** can improve brain, immune, hormonal, and genetic regulatory control of development.

- Treatment of toxic stress in adults may **prevent transmission** of neuro-endocrine-immune-metabolic and genetic regulatory disruptions in offspring.

- Early adversity and toxic stress physiology is one of the very clear modifiable risk factors we have when it comes to mental and behavioral health.

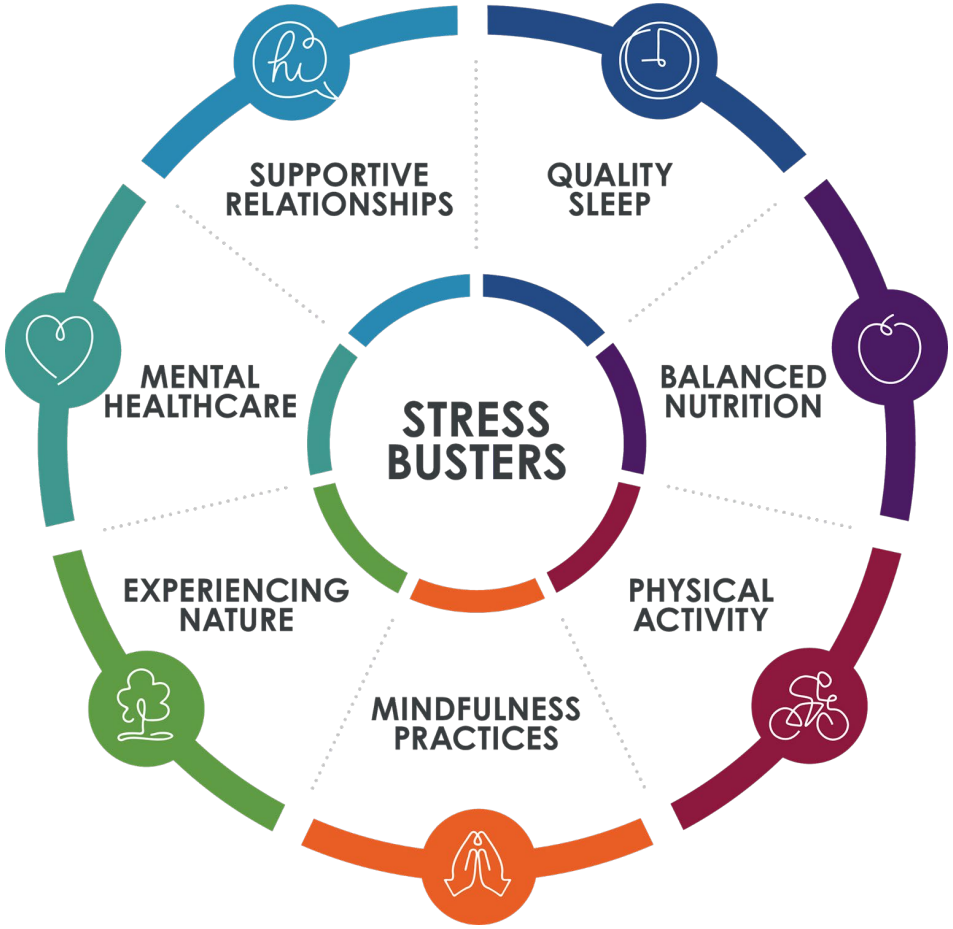
Sources: Gilgoff et al. Adverse Childhood Experiences, outcomes, and interventions. *Pediatric Clinics* 2020; **67**(2): 259-73; Purewal Boparai et al. Ameliorating the biological impacts of childhood adversity: A review of intervention programs. *Child Abuse & Neglect* 2018; **81**: 82-105; National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity. Washington, DC: National Academies Press, 2019. Blaisdell et al. Early adversity, child neglect, and stress neurobiology: From observations of impact to empirical evaluations of mechanisms. *International Journal of Developmental Neuroscience* 2019; **78**: 139-46. ; Jaffee et al. Safe, stable, nurturing relationships break the intergenerational cycle of abuse: A prospective nationally representative cohort of children in the United Kingdom. *Journal of Adolescent Health* 2013; **53**(4): S4-S10.

Preventing ACEs Could Reduce a Large Number of Health Conditions & Negative Outcomes



Source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Strategies for Regulating the Toxic Stress Response



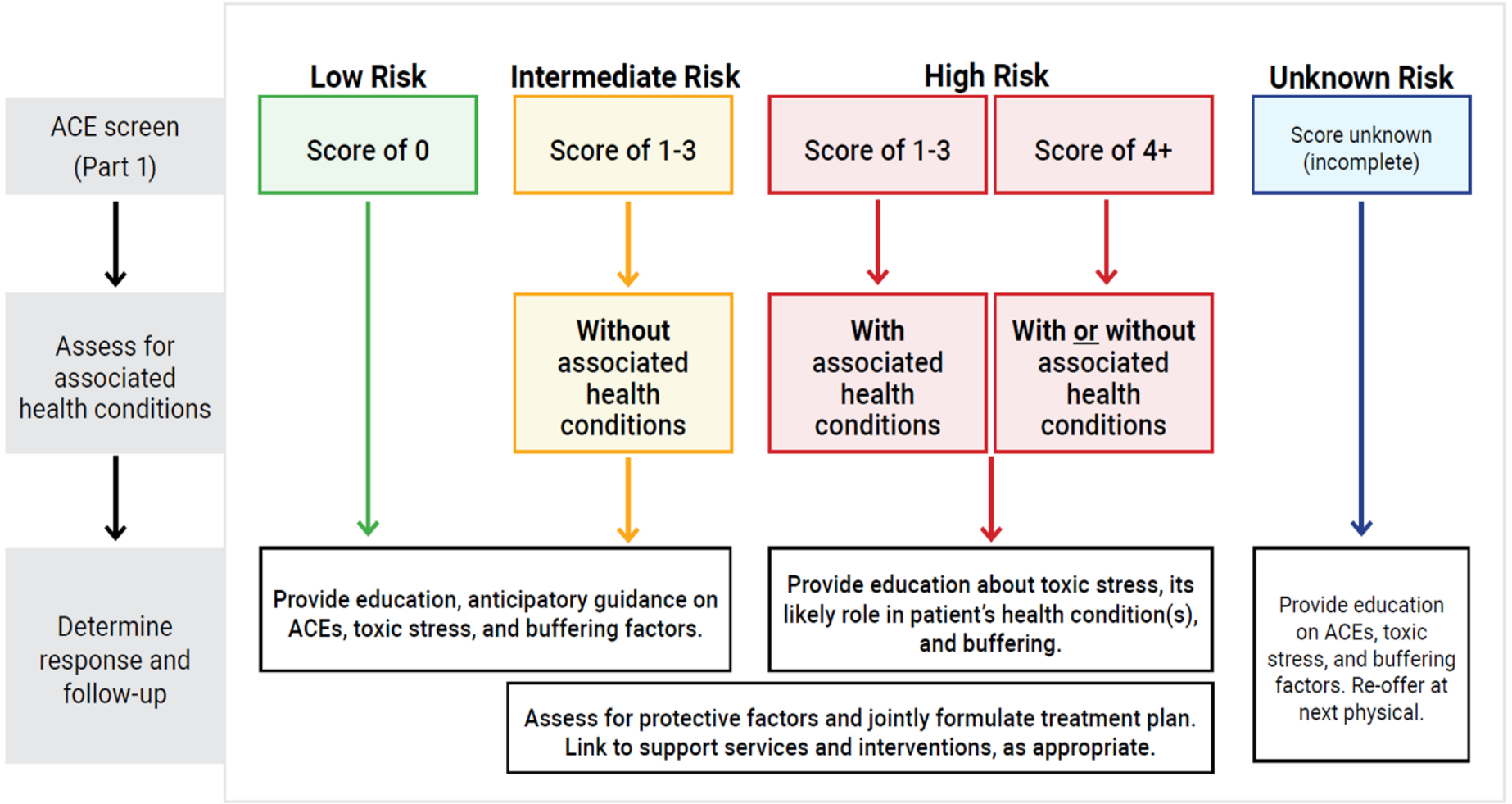
Source: Adapted from Burke Harris, Nadine. *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity*. Boston: Houghton Mifflin Harcourt, 2018; Gilgoff et al. Adverse Childhood Experiences, outcomes, and interventions. *Pediatric Clinics* 2020; **67**(2): 259-73;

Why Screen for ACEs in Primary Care?

- Identifies patients at risk for toxic stress, which can lead to behavioral health conditions
  - The ACE screening is not designed to identify BH conditions
- Universal and routine screening promotes health equity
- Talking to patients about trauma helps reduce stigma
- Educating patients/families on buffering strategies helps address toxic stress
- Improves treatment of ACE-Associated Health Conditions
- Primary care providers can refer to behavioral health providers when enhanced support is needed
  - Not every patient requires a referral to a behavioral health provider

ACEs and Toxic Stress Risk Assessment Algorithm – Pediatrics

Full algorithm is available at: [ACEs Aware Clinical Assessment]



ACE-Associated Health Conditions – Pediatrics

Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma[26, 33]	4	1.7 - 2.8
Allergies[33]	4	2.5
Dermatitis and eczema[39]	3*	2.0
Urticaria[39]	3*	2.2
Increased incidence of chronic disease, impaired management[25]	3	2.3
Any unexplained somatic symptoms[25] (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches[33]	4	3.0
Enuresis; encopresis[5]	--	--
Overweight and obesity[3]	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism[5, 2, 41]	--	--
Poor dental health[16, 22]	4	2.8
Increased infections[39] (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche[40] (≥ 14 years)	2*	2.3
Sleep disturbances[5, 31]	5**	PR 3.1
Developmental delay[30]	3	1.9
Learning and/or behavior problems[3]	4	32.6
Repeating a grade[15]	4	2.8
Not completing homework[15]	4	4.0
High school absenteeism[33]	4	7.2
Graduating from high school[29]	4	0.4
Aggression; physical fighting[28]	For each additional ACE	1.9
Depression[29]	4	3.9
ADHD[42]	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder[30]	3	4.5
Suicidal ideation[28]	For each additional ACE	1.9
Suicide attempts[28]		1.9 - 2.1
Self-harm[28]		1.8
First use of alcohol at < 14 years[7]	4	6.2
First use of illicit drugs at < 14 years[10]	5	9.1
Early sexual debut[21] (<15-17 y)	4	3.7
Teenage pregnancy[21]	4	4.2

*Odds ratio represents at least one ACE, but also includes other adversities
**Prevalence ratio represents at least one ACE, but also includes other adversities

Protective Factors

"Intrinsic or extrinsic conditions or attributes that mitigate risk for toxic stress"

Intrinsic Factors

- Neurologic, endocrine, metabolic, immune, genetic, and epigenetic factors
- Curiosity in learning
- Ability to pay attention
- Ability to regulate emotions

Extrinsic Factors

- Buffering relationships
- Supportive environments
- Community resources

Source: Bhushan D et al. Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

Clinical Response to ACEs and Toxic Stress

1. Applying principles of **trauma-informed care** including establishing trust, safety, and collaborative decision-making.

2. Supplementing usual care for ACE-Associated Health Conditions by providing **patient education** on toxic stress and offering **strategies to regulate the stress response** (using seven evidence-based strategies for toxic stress regulation).

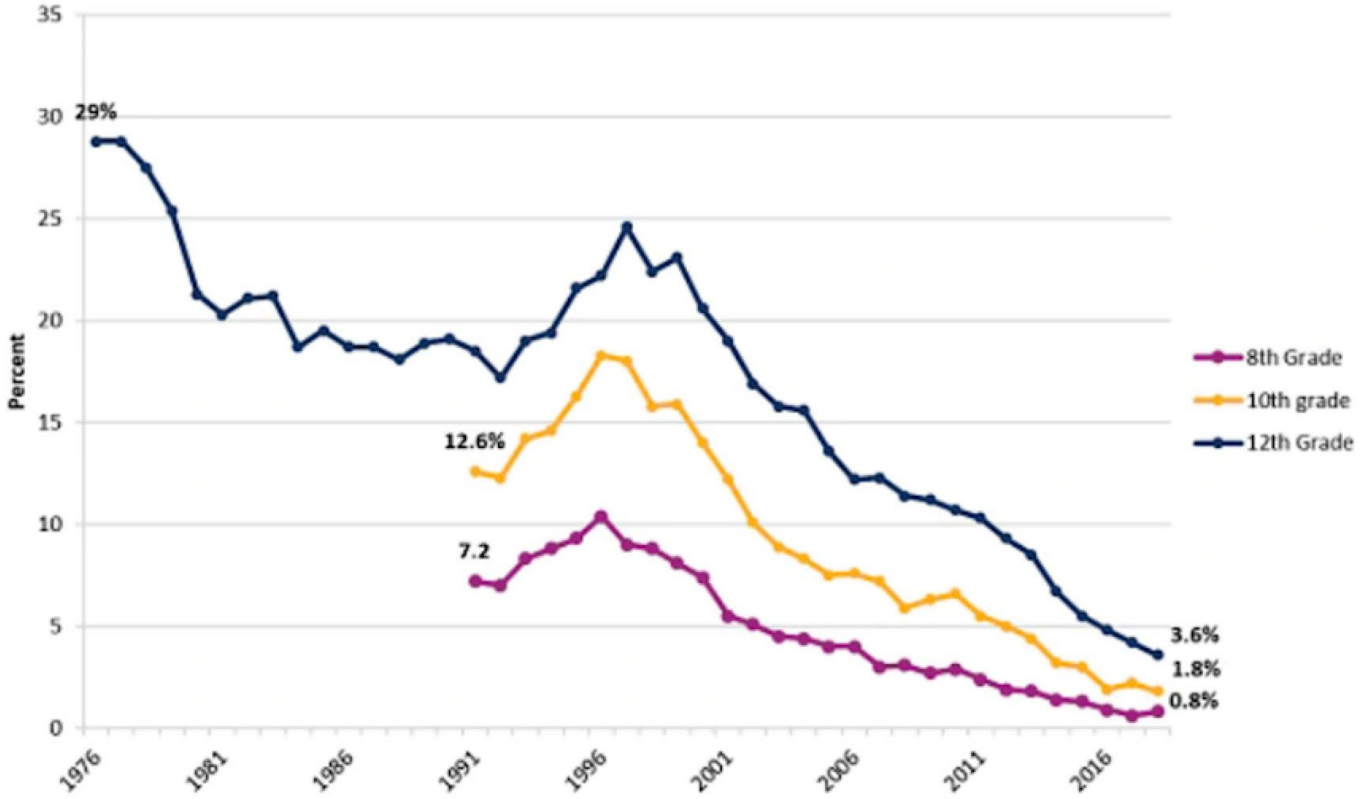
3. Validating existing **strengths and protective factors.**

4. **Referrals** to patient resources or interventions, such as educational materials, social work, school agencies, care coordination or patient navigation, community health workers.

5. **Follow-up** as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress.

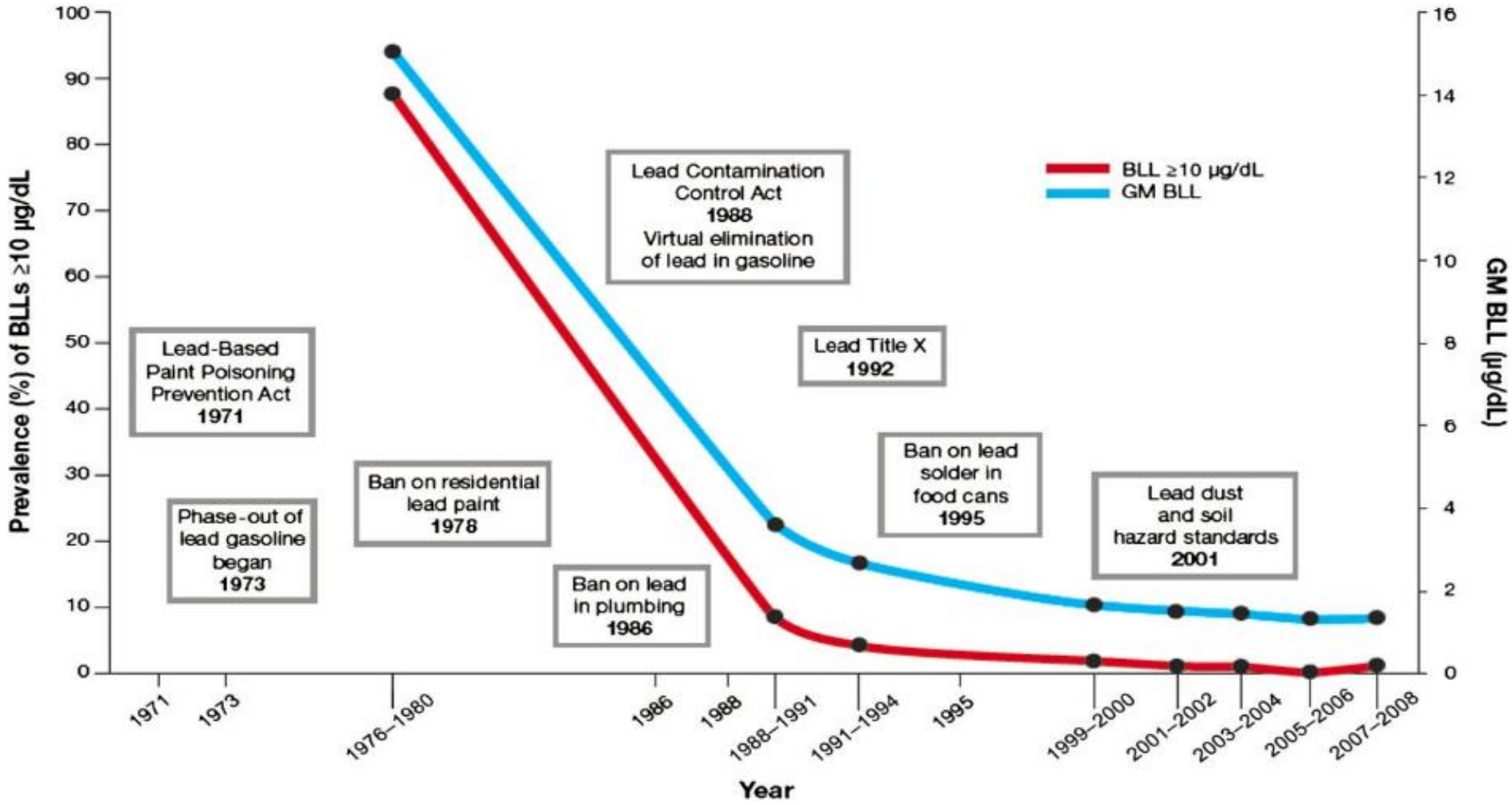
Successful Primary, Secondary & Tertiary Prevention Efforts

30-Day Prevalence of Daily Use of Cigarettes, by Grade 1976 - 2018



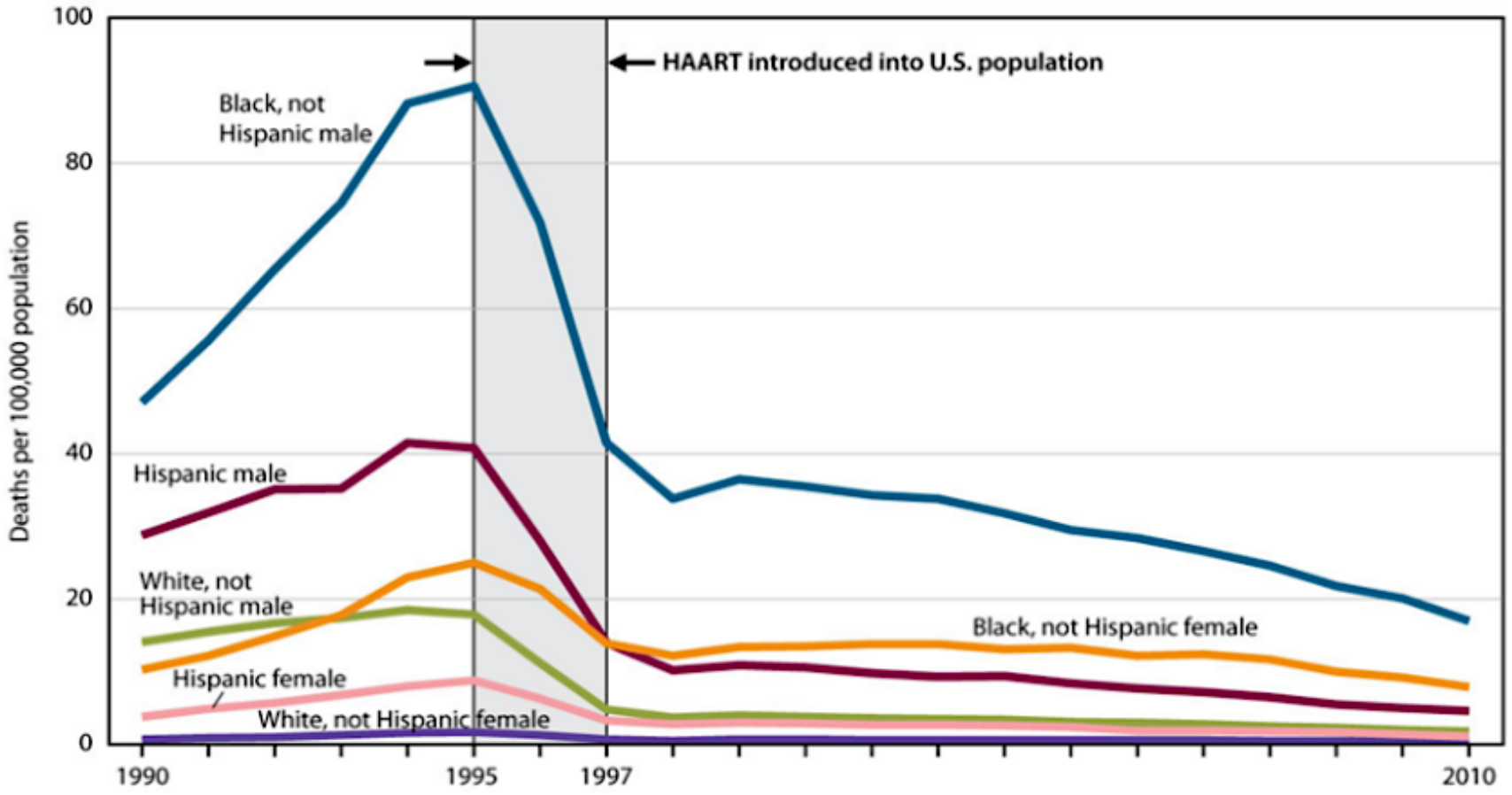
Source: Johnston, L.D., Miech, R.A., O'Malley, P.M., Bachman, J.G., Schulenberg, J.E., & Patrick, M.E. (2019). *Monitoring the Future national survey results on drug use 1975-2018: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, University of Michigan. Monitoring the Future

Lead Exposure: Prevention Approaches



Source: Council on Environmental Health, American Academy of Pediatrics. Prevention of childhood lead toxicity. *Pediatrics* 2016; **138**(1): e20161493.

Death Rates for HIV Disease for All Ages



NOTE: HAART is highly active antiretroviral therapy.
SOURCE: CDC/NCHS, Health, United States, 2013, Figure 24. Data from the National Vital Statistics System.

How You Can Help

Get ACEs Aware Certified & Connect Patients to Certified Primary Care Providers

1. **Get trained** at [ACEs Aware]

   - Free, 2-hour online course that offers CME and MOC credits

2. **Attest to completing the training** at [Medi-Cal]

   - List of Medi-Cal provider types eligible to receive payment at [ACEs Aware Eligible Providers]

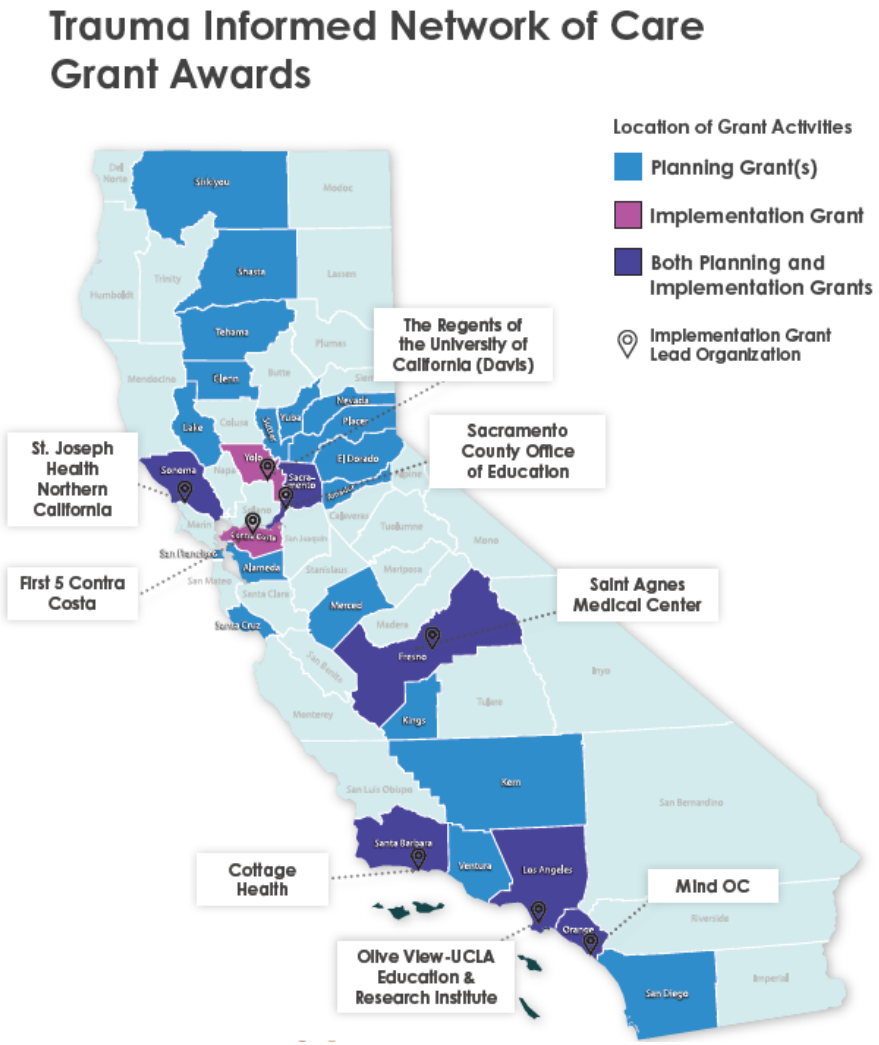
3. **Join the ACEs Aware Clinician Directory and find ACEs Aware-certified primary care providers** at [ACEs Aware Provider Directory]

22% of people who have taken the training specialize in behavioral health.

No Sector or Category of Prevention is Sufficient Alone

Healthcare	Public Health	Social Services	Early Childhood	Education	Justice

Join Trauma-Informed Networks of Care



- A Network of Care is a group of **interdisciplinary** health, education, and human service professionals, community members, and organizations;
- Supports families by providing access to **evidence-based "buffering" resources** and supports; and
- Helps to **prevent, treat, and heal** the harmful consequences of toxic stress.

Source: ACEs Aware Network of Care Roadmap: Draft for Public Comment. Released December 2020.
Bhushan D, et al. Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. (p. 79-80)

Who is in the Network of Care?

Provider Type	Examples
Primary Care Providers	Pediatricians, Family Medicine, Nurse Practitioners, School-based Health Centers (SBHCs)
Behavioral Health Providers	Psychologists, County Mental Health, Social Workers, FQHCs
Schools/Education	Offices of Education, Superintendents, Family Resource Centers, SBHCs, School lunch program
Early Intervention Services	Help Me Grow, Child Advocacy Centers
Social Service Programs	Family Resource Centers, CalFresh, WIC, Home Visiting
Local and County Government Programs	First 5, Black Infant Health, Child Abuse Prevention, Parks & Recreation, Adult Protective Services
Community Based Organizations	National Alliance on Mental Illness (NAMI), Culturally Specific Providers (e.g., Promotoras, LGBTQ community centers, translation services),
Tribal Organizations	Urban-Indian Health Agencies, Indian Child Welfare Act, Family Violence Prevention, Tribal Justice
Legal/Justice System	Juvenile Justice, Family Courts, Mediation/Divorce Teams, Domestic Violence Support, Family Reunification, Tribal-State-Court Forum, Medical-Legal Partnerships
Digital Health Technology Platforms	Unite Us, Aunt Bertha, FINDConnect, Service Care Coordination (e.g., Mahmee, Emilio Health), Mindfulness services, (e.g., Headspace)
Provider Networks/Managed Care Plans	IPAs, MCPs, DMC-ODS, County Mental Health

Behavioral Health Partners Play Key Roles in ACEs Aware Grants

- ACEs Aware has awarded a total of $45 million for 185 grants designed to promote the initiative and to build an augment Trauma-Informed Networks of Care

- Behavioral health entities are involved throughout the Grants

- Examples of BH partners include:
  - Merced County Behavioral Health & Recovery Services
  - Mind OC
  - Tri-City Mental Health
  - Western Youth Services
  - Hillsides - Los Angeles

Work toward Network of Care "Milestones"

- Build and commit to **cross-sector partnerships** and establish a formal **leadership and accountability** structure;
- Understand and document all **available resources** such as health care, community-based, and social services;
- Establish **referral and response workflows** across sectors; hold each other accountable for follow-up;
- Leverage **technology** to facilitate connections; and
- **Evaluate,** refine, and improve Network of Care activities.

See the full Network of Care Roadmap for more information.

Look to the Future – Governor Newsom's 2021-2022 Budget

- Public education on ACEs and mental health literacy
- Trauma-informed care training for educators
- Coverage of community health workers through Medi-Cal
- Additional ACE research grant funds through Precision Medicine Initiative
- Investments in HIT/HIE infrastructure

Join the Movement!

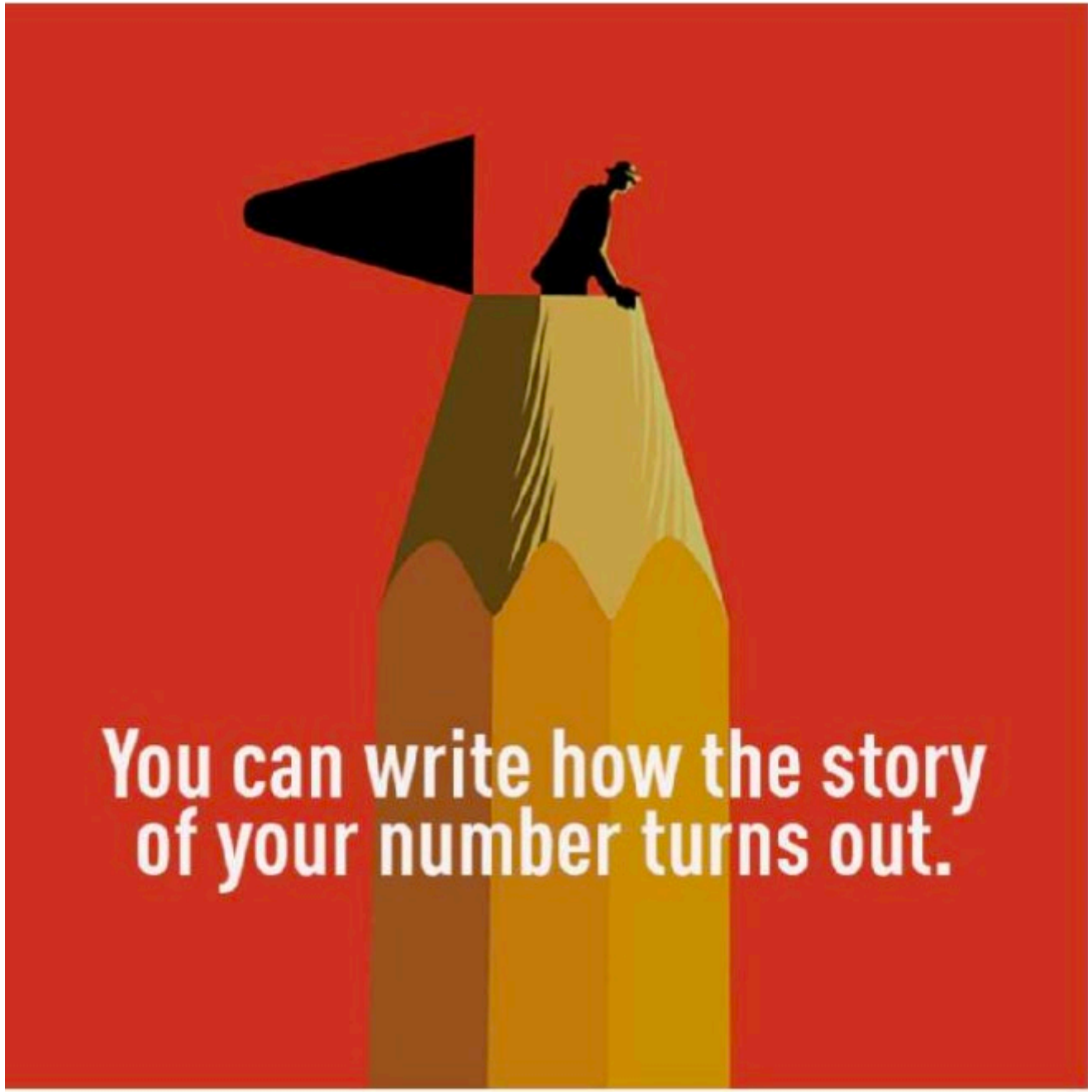
[ACEs State of CAre (Video)]

1
23
456
7890

NumberStory.org

Patient-facing materials now available!

Even when the numbers are the same, the stories are all different.



It's easier to rewrite the story of your number when you've got help.

Now more than ever, there is an immediate need to replace the shame surrounding mental health with wisdom, compassion, and honesty. #TheMeYouCantSee is a new docuseries, executive produced by Prince Harry and me, that features stories that help lift the veil on the current state of mental health and hopefully sparks a global conversation. Watch all episodes on May 21 only on Apple TV+. #MentalHealthAwarenessMonth

Questions?

Contact Us

Info@ACEsAware.org

BEHAVIORAL HEALTH ACTION

ELEVATE. EDUCATE. INNOVATE.

Behavioral Health Action

BHA CO-CHAIRS

Carmela Coyle

President and CEO
California Hospital Association

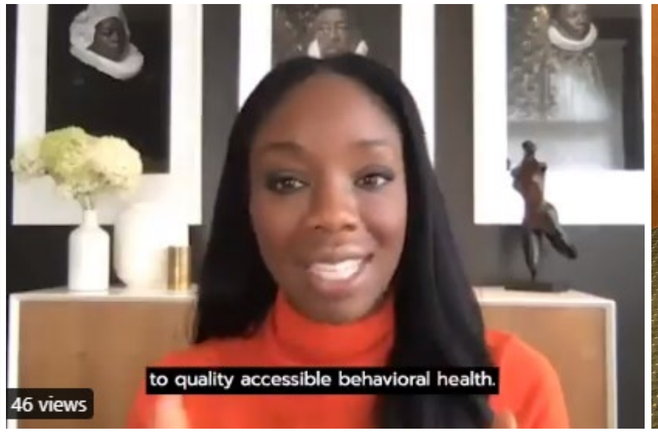
Jessica Cruz

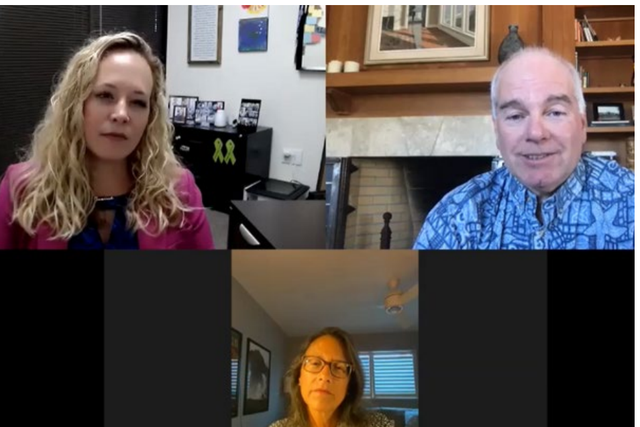
CEO
NAMI California

WHO WE ARE


Behavioral
Health
Action
Behavioral
Health Action
Behavioral
Health
Action
www.BehavioralHealthAction.org
Behavioral
Health
Action

ENGAGING LEADERS

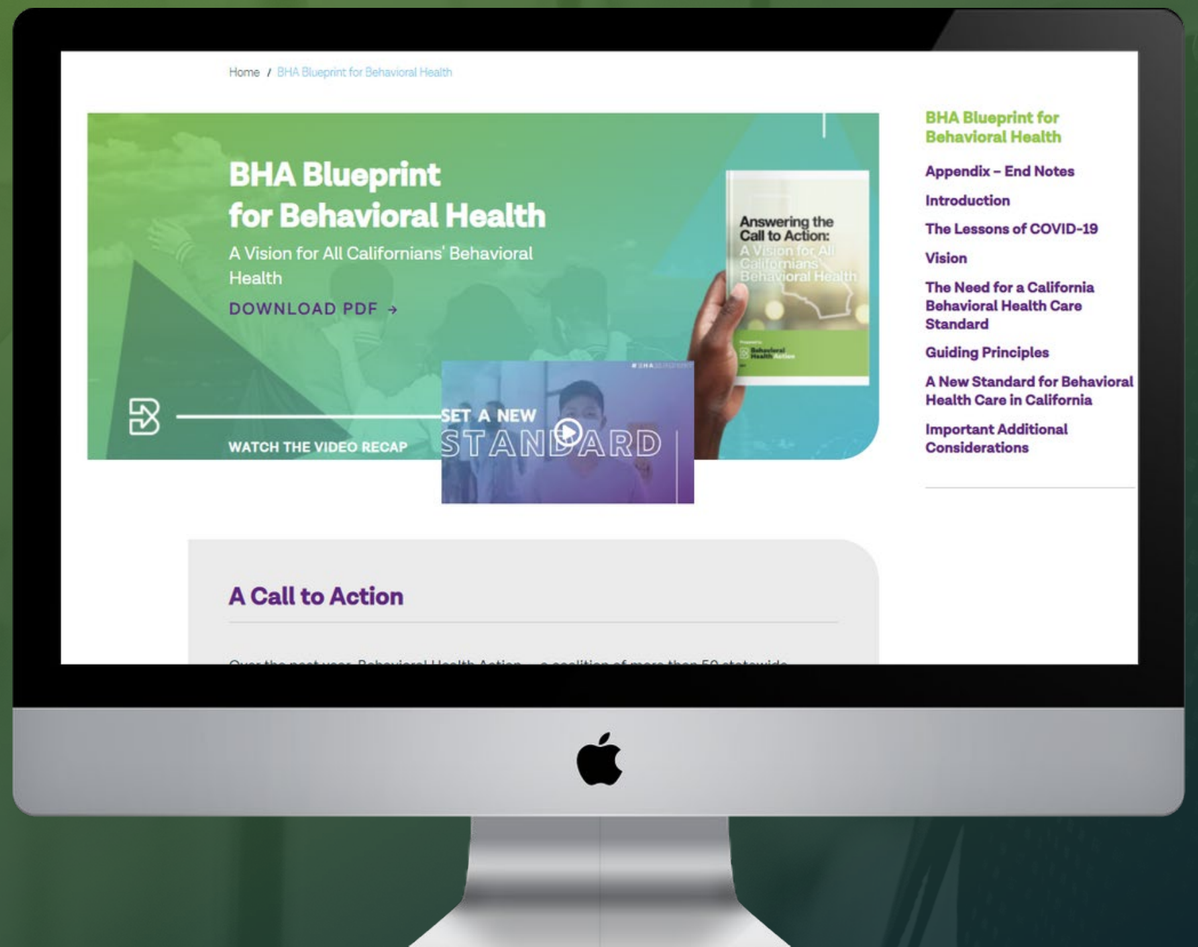




SHARED VISION

Behavioral
Health
Action

BHA BLUEPRINT FOR BEHAVIORAL HEALTH



Behavioral Health Action

VISION

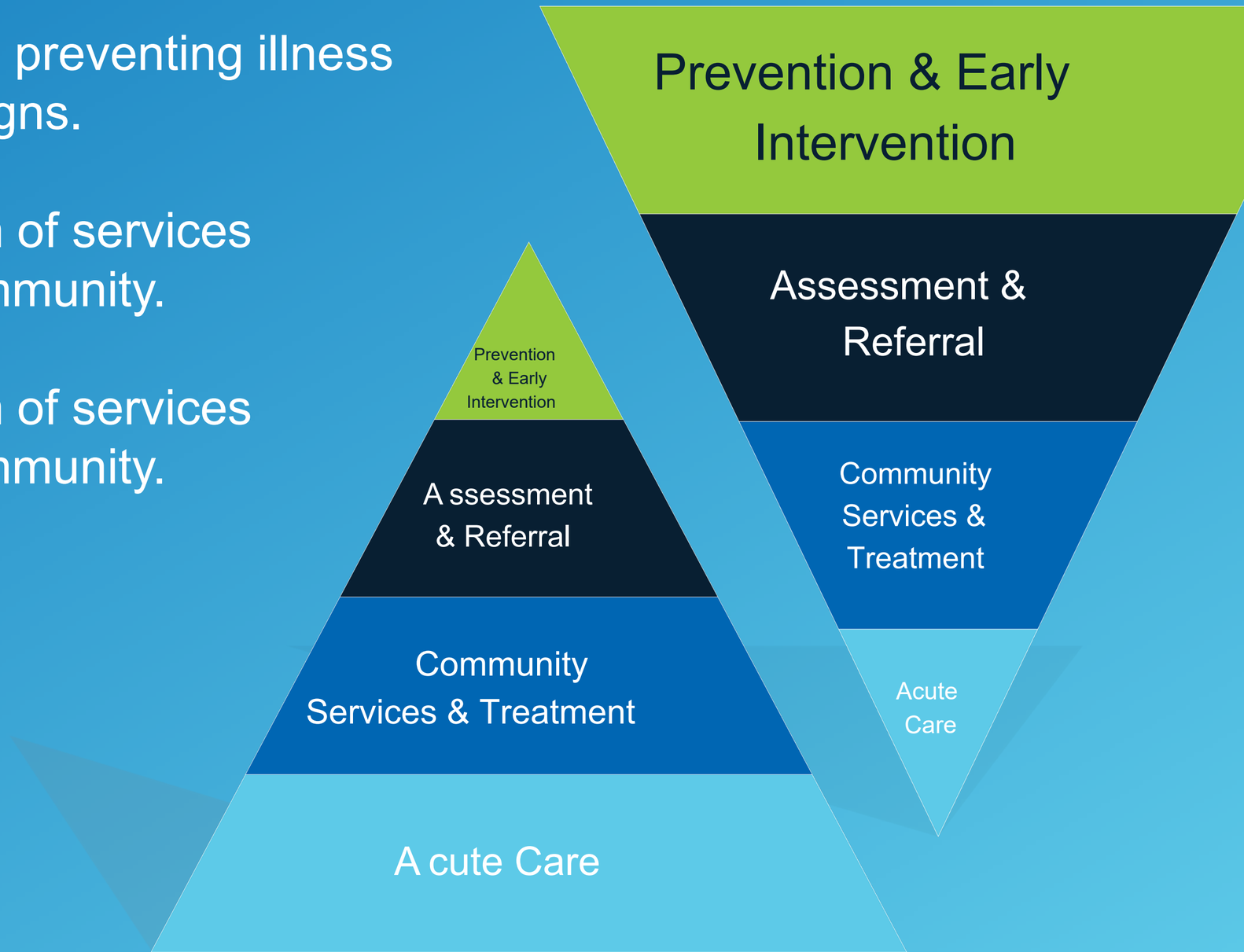
Californians will attain wellness, hope, resilience, and recovery through timely access to a robust continuum of prevention services and behavioral health care that is person-centered, culturally competent, and evidence-based.

Behavioral Health Action

A FRAMEWORK FOR OUR FUTURE

FLIP THE TRIANGLE

- Invest more heavily in preventing illness and detecting early signs.
- Make a full continuum of services available in every community.
- Make a full continuum of services available in every community.



A NEW STANDARD FOR BEHAVIORAL HEALTH CARE IN CALIFORNIA

- The full continuum should be available everywhere. This is not a menu of options from which to pick and choose.
- Parity in coverage and availability of services, regardless of where individuals reside and who insures them.
- Invest in earlier levels of care, which will reduce reliance and use on higher levels.
- Interlinked strategies along 5 core action areas.
- Common goal of All Californians achieve health and wellness, live self-directed lives, and strive to reach their full potential

CONTINUUM OF BEHAVIORAL HEALTH INVESTMENTS

Behavioral Health Action

ACHIEVE 10%+ IMPROVEMENT EVERY YEAR

1. Reduce the delay from onset of symptoms to engagement in treatment

2. Reduce the disparities in service utilization among racial, ethnic, and sexual orientation/gender identity populations.

3. Reduce the proportion of individuals with mental health and substance use disorder needs in jails and prisons.

4. Reduce the rate of re-hospitalization following a psychiatric hospitalization.

5. Increase the number of children and youth receiving screenings for behavioral health needs.

6. Improve the satisfaction of consumers and families with the behavioral health care services they receive.

LET'S WORK TOGETHER TO #FLIPTHETRIANGLE

Learn more: www.behavioralhealthaction.org/blueprint

Behavioral Health Action

6. Behavioral Health Action (BHA) – Call to Action Report

Carmela Coyle
President and CEO California Hospital Association and Co-Chair of the BHA
Jessica Cruz
CEO NAMI-California and Co-Chair of the BHA

California Health and Human Services Agency

Person Centered. Data Driven.

Member Discussion

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Public Comment

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

Person Centered. Data Driven.

Adjourn

Next Task Force Meeting: September 7, 2021

California Health and Human Services Agency

Person Centered. Data Driven.