



Behavioral Health Task Force Meeting

October 5, 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

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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 (10:00)**
- 2. Panel Presentation A New Look at Aging in California (10:15)**
- 3. Stretch Break (11:15)**
- 4. BHTF and CYBHI Status Update**
- 5. The Children and Youth Behavioral Health Initiative (11:20)**
- 6. Member Discussion (12:20)**
- 7. Public Comment (12:45)**
- 8. Closing Comments (12:55)**
- 9. Adjourn**



Welcome and Opening Comments

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

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Panel Presentation

A New Look at Aging in California

*Kim McCoy-Wade, Director, California Department of Aging
Le Ondra Clark Harvey, Ph.D., Chief Executive Officer
California Council of Community Behavioral Health Agencies*

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A New Look at Aging in California

Presentation to the CHHS Agency Behavioral Health Task Force, October 5th, 2021



Kim McCoy Wade
Director
CA Department of Aging

Le Ondra Clark Harvey, Ph.D.
Chief Executive Officer
CA Council of Community
Behavioral Health Agencies

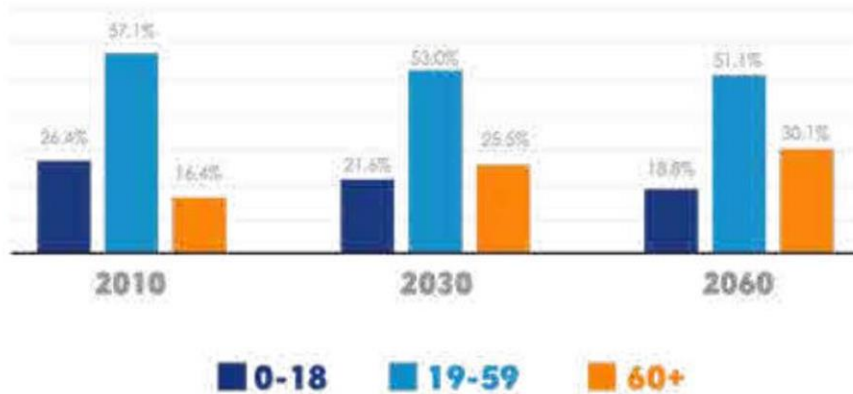




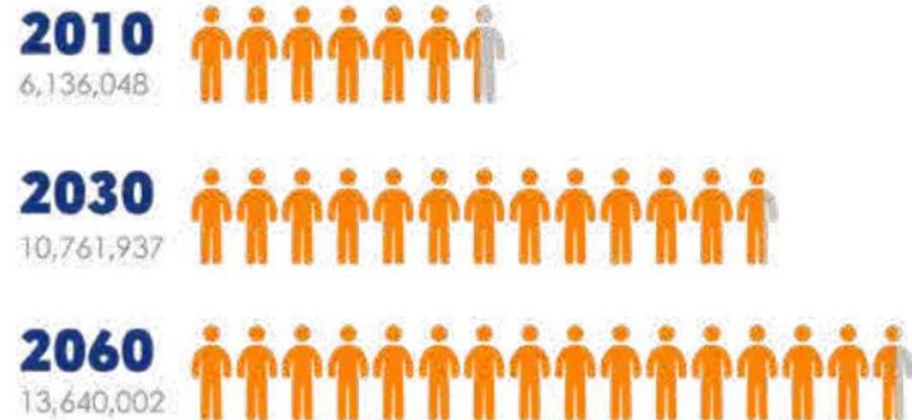
**California is Aging,
Aging is Changing**

By 2030, Californians 60 and Over Will Comprise One-Quarter of the Population

Distribution of the CA population by age group, by year



Number of Californians age 60+ by year

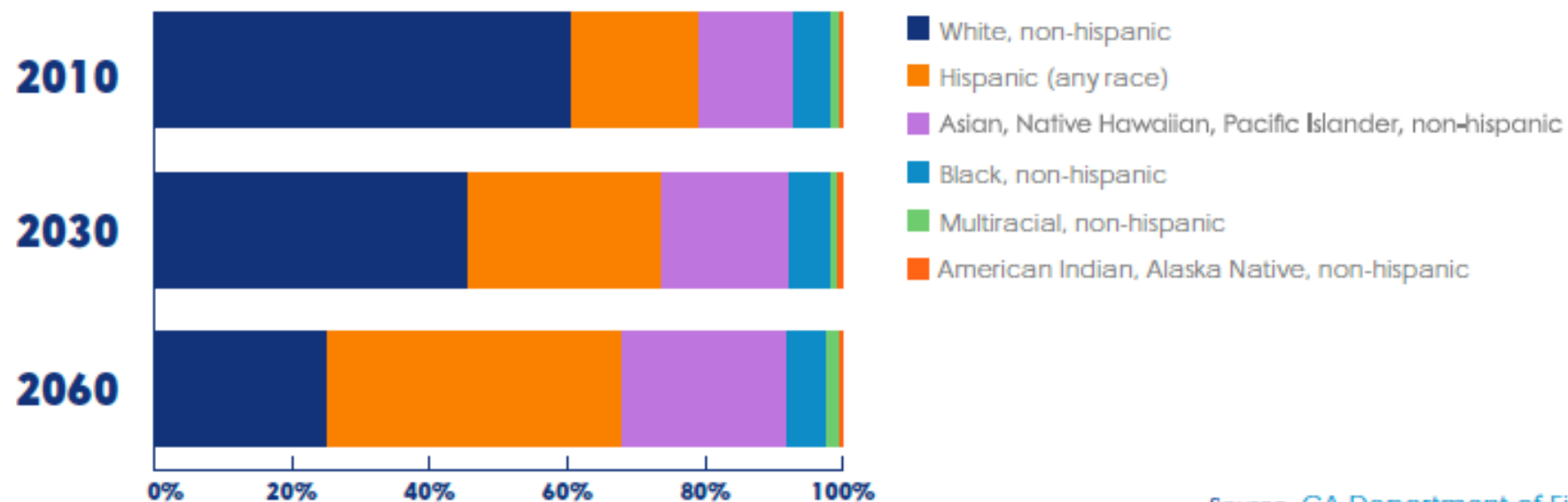


Source: [CA Department of Finance](#)

California's older population is becoming more racially and ethnically diverse

By 2030, white, non-Hispanic older adults will no longer represent the majority of older adults.

California's 60+ population by race/ethnicity, by year



Source: [CA Department of Finance](#)



Aging Looks Different for Everyone

OLDER ADULTS AT WORK

Older adults contributing even more work, income, family caregiving and some of most important volunteer services in community.

- The number of Americans 50+ who are **working** or **looking for work** has grown significantly over the past decade and is expected to continue increasing
- **35%** of U.S. labor force participants will be **50+** in **2022**. This compares to just **25%** in **2002**
- The 50+ segment of the workforce continues to be the **most engaged** age cohort across all generations.





"Being connected to others socially is widely considered a fundamental human need, crucial to both well-being and survival."

*Julianne Holt-Lunstad, Ph.D.
Professor of Psychology and Neuroscience
Brigham Young University*

OLDER ADULTS AT HOME

More adults are living alone as we age

- ¼ of the population lives alone—the highest rate ever recorded

Living alone is linked to poor health outcomes

- Currently, 1,436,715 Californians live alone and are 60+ years (CDA)

Social isolation based on geography

- 438,984 Californians live in geographic isolation (e.g., rural)

Living alone in the older adult LGBT community

- 39.8% of Californians who are 65+ and identify as LGBT live alone compared to 26.2% of others

Living in multigenerational families

- 746,000 multigenerational households. Reasons why include housing costs and other financial constraints, care needs, and cultural preferences.



"Different people may be lonely for different reasons, and so a one-size-fits-all kind of intervention is not likely to work because you need something that is going to address the underlying cause."

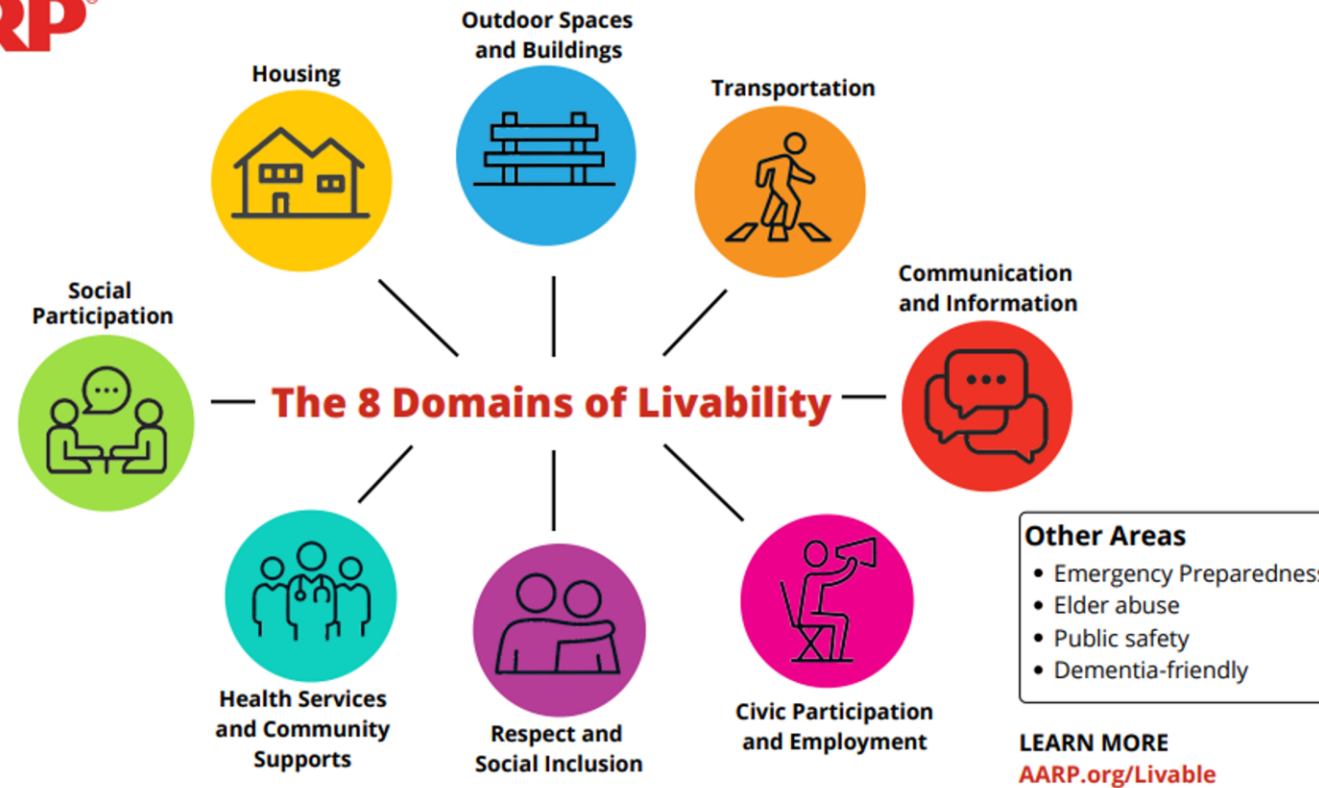
*Ami Rokach, Ph.D.
Clinical Psychologist Instructor
York University, Canada*



Building a California for ALL Ages



Age-Friendly Lens: Social Determinants of Health



Illustrations from iStock

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Where You Live at 50 Could **Determine How Long You Live**



AARP report finds access to health care, housing, jobs matters most at midlife



by Rachel Nania, **AARP**, October 7, 2020



ADAM KAZ/GETTY IMAGES

Master Plan for Aging: Five Bold Goals for 2030

The MPA is for people of all ages who are family, friends, neighbors, coworkers, and caregivers of older adults.



**Goal 1:
Housing for All Ages
and Stages**



**Goal 2:
Health Reimagined**



**Goal 3:
Inclusion and Equity,
Not Isolation**



**Goal 4:
Caregiving that Works**

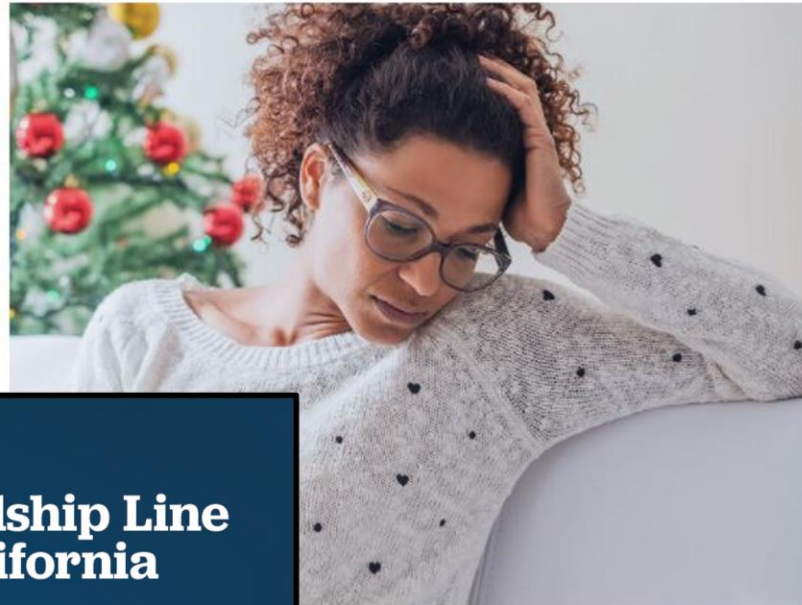


**Goal 5:
Affording Aging**



[MPA.aging.ca.gov](https://mpa.aging.ca.gov)

COVID-19 Response



May 13, 2:30 – 3:30 pm:
Grief & Loss During COVID-19

Panelists: Naomi Saks, Chaplain, University of California-San Francisco & Author and Grief Expert David Kessler

Listen to the May 13th Check-In Call on YouTube (English)

See our list of Grief & Loss Resources

**Friendship Line
California**

1 (888) 670-1360

 **Institute
on Aging**

 CALIFORNIA
DEPARTMENT OF
AGING

Data Dashboard for Aging

Strategy A: Lifelong Healthy Aging Two Behavioral Health Indicators

- Psychological Distress
- Suicide

Let's Get Healthy California

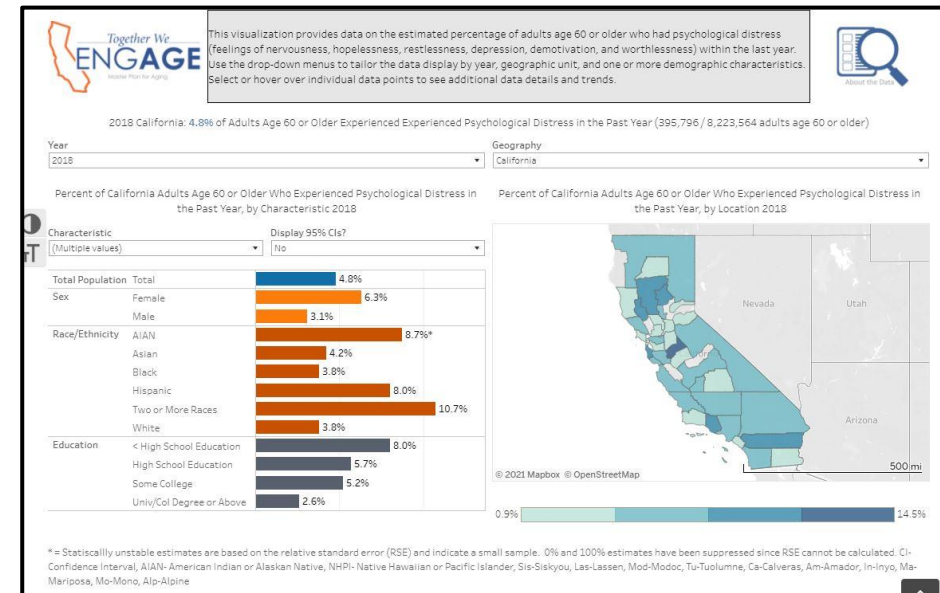
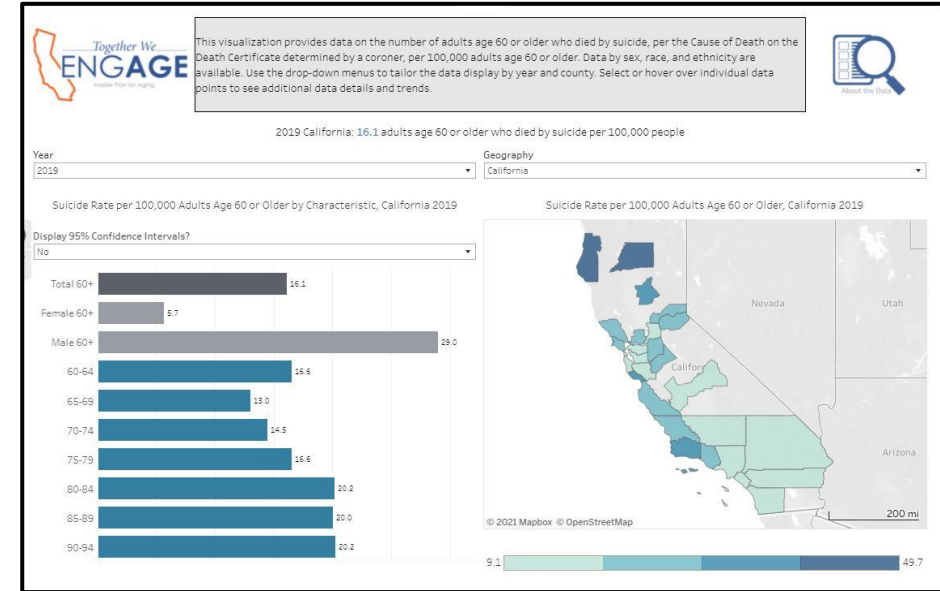
THE STORY GOALS PROGRESS TOGETHER

for the coming demographic changes and continue California's leadership in aging, disability, and equity.

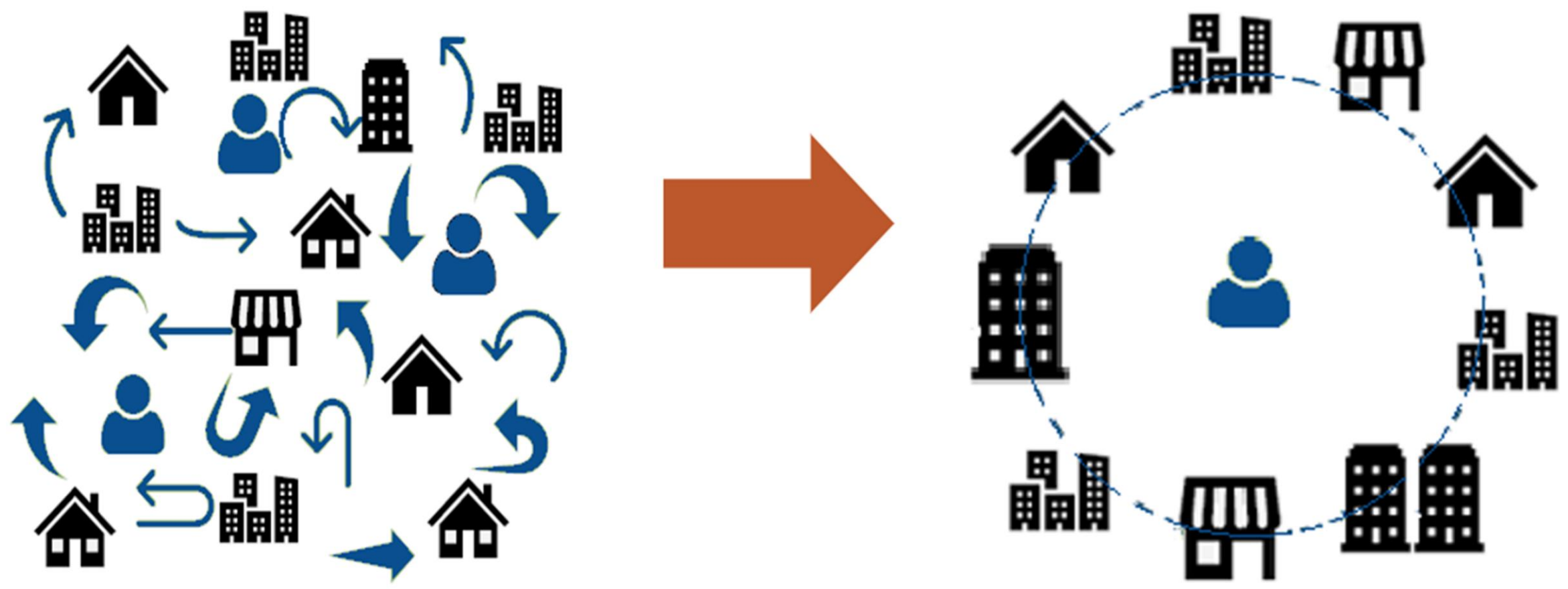
California for All Ages by 2030

The Master Plan for Aging outlines five bold goals to pursue over the next ten years. This Data Dashboard for Aging provides a set of indicators to measure progress. Learn more about the five bold goals and view indicator progress below.

- Housing for All Ages and Stages
- Health Reimagined
- Inclusion and Equity, Not Isolation
- Caregiving that Works
- Affording Aging
- Indicator Progress Dashboard



Vision for Person-Centered Services: Integrated, Accessible, Equitable



California Reducing Disparities Project

a culturally responsive mental health initiative



Models to Advance Equity & Intergenerational Connections



Photos (right to left): Openhouse, Sisters Mentally Mobilized

Place for New Thinking, New Solutions, and New Connections

Historic Opportunity to Recover & Build Back Better with and for **Older and Disabled Adults and Families of all Ages**

COVID-19 Accelerator

Exposed the strengths and weaknesses in our statewide network of aging, disability, and caregiving services and in the options for older and disabled adults to live at home and communities.

Master Plan for Aging Bold Goals

Set bold goals and ambitious initiatives in January 2021 to create a California for All Ages by 2030.

*Layer in lifespan considerations; Target older adults for both services and contributions

Historic Investments

Includes unprecedented federal and state investment in Older American & Home and Community Living services, navigation, transitions, workforce, and infrastructure.

Question for All:

What can your organization, sector, or community do to fully include diverse older adults in program and service design, development, and delivery and improve lifelong healthy aging?





Include Family and Community

- Partner with community allies
- Social support for older people *and* their caregivers
- Information on longer-term care and supportive services



Culturally Responsive Services

- Integrate care
- Train the workforce
- Understand the impact of racism
- Start the dialogue about difference
- Focus on **RESILIENCE!** Be strengths based
- Integrate cultural norms and traditions



Thank You!



Kim McCoy Wade, CDA Director: Kim.McCoy.Wade@aging.ca.gov

Le Ondra Clark Harvey, CBHA Chief Executive Officer: LClarkHarvey@cccbha.org

LEARN MORE ABOUT THE MPA: MPA.aging.ca.gov

Amanda Lawrence, MPA Project Director: Amanda.Lawrence@aging.ca.gov



Stretch Break

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BHTF and CYBHI Status Update

Deputy Secretary Behavioral Health, Stephanie Welch, MSW

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Children and Youth Behavioral Health Initiative (CYBHI) overview

DRAFT as of October 1, 2021



Objective: Transform California’s children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where

- ALL children and youth are routinely screened, supported and served for emerging and existing BH needs
- Services are statewide, evidence based, culturally competent, and equity focused.

Major components

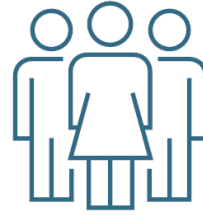
- Behavioral Health Service Virtual Platform (DHCS)
- Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools (DHCS)
- BH Evidence Based Programs Development & Scale-Up (DHCS)
- Continuum of Care Infrastructure Building (DHCS)
- Medi-Cal Benefits Enhancement (DHCS)
- School BH Counselor and BH Coach Workforce (OSHPD)
- Broad BH Workforce Capacity (OSHPD)
- Pediatric, Primary Care and Other Healthcare Providers (DHCS)
- Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign (CDPH & OSG)
- Coordination, Subject Matter Expertise and Evaluation (CHHS)

CHHS role and initial focus areas

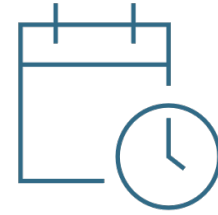
DRAFT as of October 1, 2021



Facilitate cross-departmental collaboration



Identify, convene, and engage stakeholders



Lead initial setup and project management



Monitor progress and establish regular reporting



Integrate and align implementation plans



Involve BH experts (e.g., SMEs, think tanks)

CHHS has selected a team led by McKinsey to bring experience, expertise, and tools to support this effort

DRAFT as of October 1, 2021



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Extensive experience on setting up behavioral health programs, with a combination of global insights and deep local knowledge

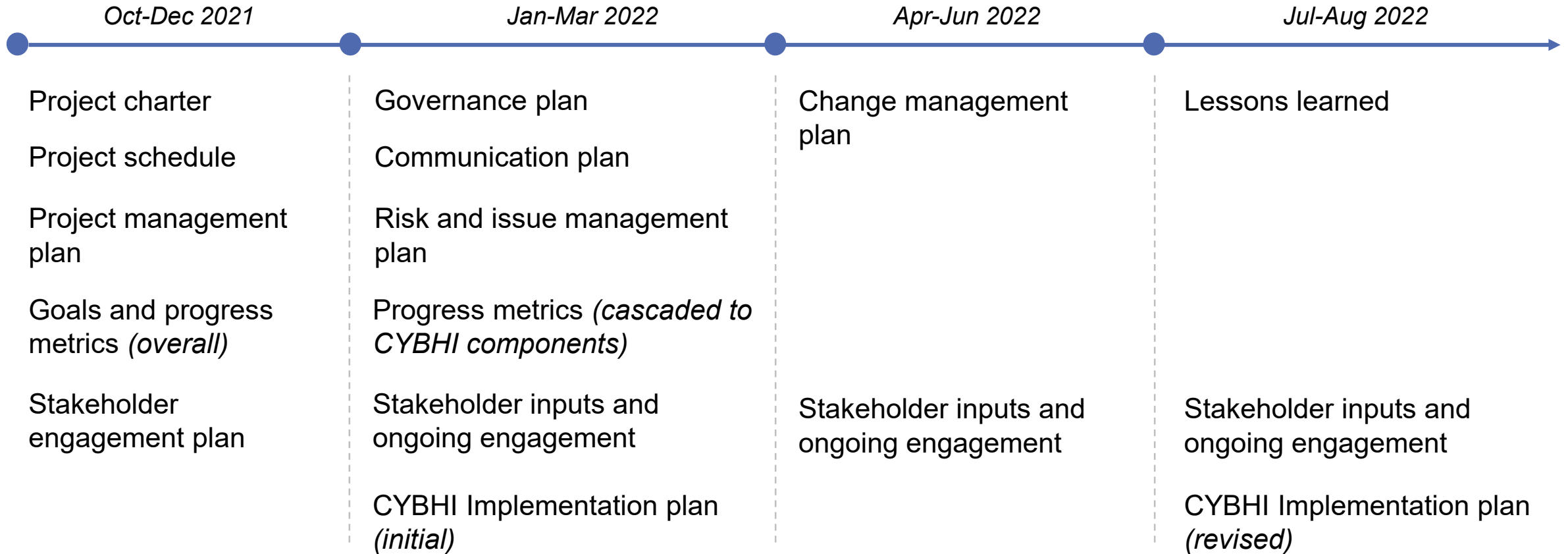
Cutting-edge tools and research to drive innovation, help identify critical aspects of program, and inform state decisions

New ways of working, with focus on individuals, families, and communities. to generate early momentum and ensure constituent engagement and impact

Initial CHHS timeline and outputs

DRAFT as of October 1, 2021

TO BE FURTHER DEVELOPED AND ADJUSTED



Progress metrics will be defined for the overall program and for major program components. Regular progress updates will be shared with Behavioral Health Task Force and other stakeholders

Status Update on BHTF

The FY 2021-22 budget, including the federal relief package, represents a generational investment to transform the state's behavioral health system, including:

- Children and Youth Behavioral Health Initiative (CYBHI),
- California Advancing and Innovating Medi-Cal (CalAIM),
- Home and Community Based Spending Plan, and
- Behavioral Health Continuum Infrastructure and Community Care Investments.

At this time, it is critical that the BHTF functions to support the successful planning and implementation of work being led by CHHS; therefore, the BHTF will shift its focus to the CYBHI.

Status Update on BHTF

CHHS is “focusing” the BHTF on the CYBHI -

- Want to be intentional with the BHTF, including opportunities to lift up what our various departments are working on to improve policies and programs impacting and service individuals with BH challenges.
- Work with California State University at Sacramento, on behalf of its College of Continuing Education (CCE) to support high quality facilitation, and bring additional tools to support higher quality meetings, including interaction between members and more meaningful participation from the public.
- Develop processes to capture high quality and constructive feedback.

Status Update on BHTF

Sharpened focus on CYBHI will require –

- New membership on the taskforce – particularly within the birth through K-12 and higher education as well as youth and family voice.
 - The CYBHI also calls on CHHS to develop and use youth empowerment principles to capture youth voice so there will additional activities
- BHTF is one body that will provide advise on the CYBHI – there will be several other tables and strategies
- Meetings will be moving to 4 hours in the new year – with the likelihood of more changes based on guidance from our strategic stakeholder engagement plan

Status Update on BHTF

In August CHHS put out an RFP for the following:

- Planning and Project Management Services
- Landscape Analysis – Leverage and Coordination not Duplicate
- Strategic Stakeholder Engagement Plan and Strategies
- Comprehensive Implementation Plan – including metrics and strategies to measure and report progress, course correct, etc.
- Acquire Subject Matter Expertise

CHHS is bringing on a Project Director and other staffing supports, Departments doing similar activities

CYBHI Funding Summary - \$4.4 Billion	FY 2021-22 through FY 2025-26
Behavioral Health Service Virtual Platform/ E-Consult	\$750
Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools	\$550
Develop & Scale-up EBPs & Community Defined Evidence	\$429
Building Continuum of Care Infrastructure	\$305
Enhance Medi-Cal Benefits (<i>Dyadic services, ACEs</i>)	\$800
School BH Counselor and BH Coach Workforce	\$352
Broad BH Workforce Capacity	\$430
Pediatric, Primary Care and Other Healthcare Providers	\$50
Public Education and Change Campaign/ACES	\$125
Coordination, Subject Matter Expertise and Evaluation	\$50
Plus MHSSA and Medi-Cal Incentive Program*	\$205M + \$400M

* ***Separate but Related Investments***

Note: \$150M of Capacity Building \$\$\$ dedicated to Higher Education and Infrastructure includes \$\$\$ for kids mobile crisis



The Children and Youth Behavioral Health Initiative (CYBHI)

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

California Health and Human Services Agency

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Workforce Crisis – What we Know

CA Future Health Workforce Commission:

- Health care workforce crisis is the most acute in Primary Care, Behavioral Health and Care for the Aging.
- Significant mismatch of the workforce that does not represent California cultural and linguistic diversity.
- Education and training is costly and unattainable for most Californians, especially when future salaries and reimbursement rates are low.
- High need and demand for services drives case and workloads leading to compassion fatigue, job dissatisfaction and burnout.
- Significant barriers to fully utilizing health workers and technological innovations.

Workforce Crisis – What we Know

Commission's TOP priority actions that are the most urgent and most impactful for all Health Care Delivery include:

1. Scale up pipeline programs for students from underrepresented and low-income backgrounds for health careers
2. Support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers.
3. Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.
4. Recruit and train students from rural areas to practice in community health centers in their home regions
5. Scale the engagement of community health workers, promotores, and peer providers through certification, training, and reimbursement

Workforce Crisis – What we Know

Commission identified six “essential conditions” for success:

1. Adequate Medi-Cal payment rates
2. Practice transformation
3. Acceleration of value-based payment
4. Increased investment in primary prevention to address the social determinants of health
5. Increased access to technology in low-income communities
6. Effective preparation of K–16 students

The Commission estimated it would take a \$3B investment for top 10 priorities and \$6B investment over 10 years to adequately implement ALL 27 recommendations

Workforce Crisis – What we Know

Prioritized BH Proposals:

- Expand the number of primary care physician and psychiatry residency positions.
- Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.

Non-prioritized but included BH proposals:

- Implement a statewide prevention and early intervention mental health and workforce development model for K–12 students.
- Assess, treat, and improve college student mental health and promote behavioral health careers.

Workforce Crisis – What we Know

The California Future of Work Commission

Established by Governor Newsom to study, understand, analyze, and make recommendations regarding the kinds of jobs Californians could have in the decades to come; the impact of technology on work, workers, employers, jobs, and societies; methods of promoting better job quality, wages, and working conditions through technology; modernizing worker safety net protections; and the best way to preserve good jobs, ready the workforce for the jobs of the future throughout lifelong learning, and ensure shared prosperity for all.

Workforce Crisis – What we Know

The California Future of Work Commission

- Reduce challenges of inequity, economic mobility, and low-quality work with higher paying jobs, worker empowerment and significant investments in reducing disparities.
- Address work-adjacent issues (i.e. high costs of housing, transportation, childcare, & healthcare) and improve quality of life.
- Leverage new opportunities, support workers in transition, maximize technology, and make the most of California's position as a global leader.

Workforce Crisis – What we Know

Five Priorities:

1. Ensure there are jobs for everyone who wants to work – job creation, workforce development and employment access for vulnerable populations.
2. Eliminate working poverty – raise wages, address higher cost of living, and support workers who face further economic and employment fragility.
3. Create a 21st century workers benefit model and safety net.
4. Raise the standard and share of quality jobs – identify and measure and improve job quality.
5. Future proof CA with jobs and skills – to prepare for technology, climate and other shocks.

CYBHI and Workforce Crisis – Discussion

- Similar to behavioral health care pre-pandemic, our workforce shortages and strategies needed serious investments.
- Then the pandemic significantly intensified these needs.
- Workforce is a momentous challenge and barrier to successful health outcomes.
- **What strategies will ensure that the workforce crisis does not impact the success of the CYBHI?**



Member Discussion

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

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Public Comment

Stephanie Welch, MSW, Deputy Secretary

California Health and Human Services Agency

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Closing Comments / Adjourn

Next Task Force Meeting: December 7, 2021

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