

## Behavioral Health Taskforce Meeting

October 5, 2021

### Zoom Chat

- 00:57:33 Elizabeth Oseguera: Elizabeth Oseguera, California Primary Care Association
- 00:57:38 Sarah Arnquist: Sarah Arnquist, Beacon Health Options
- 00:57:39 Stephanie Welch: Stephanie Welch, Chhs
- 00:57:40 Cathy Senderling-McDonald (she/her): Hi everyone, Cathy Senderling-McDonald (she/hers), ED of the County Welfare Directors Association of CWDA. Nice to see you all!
- 00:57:46 Libby Sanchez, SEIU California: Libby Sanchez, SEIU California
- 00:57:47 Le Ondra Clark Harvey: Dr. Le Ondra Clark Harvey, CA Council of Community Behavioral Health Agencies (CBHA)
- 00:57:47 Kim McCoy Wade: Kim McCoy Wade, CA Dept of Aging Director
- 00:57:48 Brenda Grealish: Good morning! Brenda Grealish, Executive Office of the Council on Criminal Justice and Behavioral Health
- 00:57:51 MSolaiman: I am Mohmmad from DSH IT
- 00:57:51 Linnea Koopmans - LHPC (she/her): Linnea Koopmans, CEO, Local Health Plans of California. Good morning!
- 00:57:52 Lishaun Francis, Children Now: Lishaun Francis, she/her, Children Now
- 00:57:55 Kim Lewis: Kim Lewis, she/her, National Health Law Program
- 00:57:56 Tanja Heitman: Tanja Heitman, Chief Probation Officer, Santa Barbara County Probation
- 00:58:00 Carolina Valle (she/her): Carolina Valle (She/Her) California Pan-Ethnic Health Network
- 00:58:03 Ashley Zucker: Ashley Zucker - Kaiser Permanente
- 00:58:03 Mary Watanabe: Good Morning. Mary Watanabe, Director, Department of Managed Health Care.
- 00:58:05 Sonya Adam: Sonya Young Adam, CA Black Women's Health Project
- 00:58:10 Angelica Gonzalez: Angelica Gonzalez, Director of Government Relations, Kaiser Permanente
- 00:58:10 Chris Stoner-Mertz: Good Morning! Chris Stoner-Mertz, CA Alliance and Child and Family Services
- 00:58:11 Lucy Marrero she/hers GCHP: Hello. Lucy Marrero, Director of Behavioral Health and Social Programs, Gold Coast Health Plan in Ventura County
- 00:58:22 Laila Fahimuddin:Laila Fahimuddin, State Board of Education
- 00:58:28 Brian Sala (he/him) MHSOAC: Brian Sala, MHSOAC Deputy Director. Unsure of whether Executive Director Toby Ewing will be able to join today.

00:58:46 Mark Ghaly: Good morning, Mark Ghaly, Sec for CalHHS. Great to be here, as always.

00:58:52 Kris Perry: Kris Perry, Deputy Secretary CHHS, Early Childhood

00:59:07 Jessica: Jessica Cruz, CEO NAMI California

00:59:09 Kangeyan Pachaiyappan: Kangeyan Pachaiyappan, Chief Medical Officer, California Area, Indian Health Services

00:59:12 Elizabeth Landsberg: Good morning. Elizabeth Landsberg (she/her), Director, HCAI, Department of Health Care Access and Information (formerly OSHPD)

00:59:15 Tom Herman: Hi all. Tom Herman, California Department of Education.

00:59:19 Gary Tsai, LA SUD: Gary Tsai, Los Angeles County Dept of Public Health, Director of Substance Abuse Prevention and Control 00:59:21 Vitka Eisen: Vitka Eisen, healthRIGHT 360 and CAADPE here!

00:59:22 Danny Martinez: Danny Martinez, Director of Regulatory Affairs, California Pharmacists Association

00:59:30 Karen Larsen: Karen Larsen, Director, Yolo County Health & Human Services Agency

00:59:30 Michelle Cabrera, CBHDA (she/her): Michelle Cabrera, Executive Director, CBHDA

00:59:31 Starr Cloyd- Transitions Mental Hlt. Assoc.: Good Morning, Starr Cloyd from Transitions Mental Health Association in San Luis Obispo Co.

00:59:31 Cynthia Jackson Kelartinian, PhD: Good morning, Cynthia Jackson from Heritage Clinic

00:59:41 Lilyane Glamben, ONTRACK Program Resources: Good morning, Lilyane Glamben, ONTRACK Program Resources!

00:59:52 Toby Ewing: Good Morning Everyone, Toby Ewing with the Mental Health Services Oversight and Accountability Commission

00:59:59 Michelle Baass (DHCS): Good Morning, great to be here. Michelle Baass with the Department of Health Care Services. Thanks.

01:00:02 Hal Zawacki SAMHSA: Hal Zawacki, Asst. Regional Administrator, HHS-SAMHSA Federal Region 9

01:00:02 Adrienne Shilton: Adrienne Shilton, CA Alliance of Child and Family Services

01:00:09 Sean Boileau: Sean Boileau, Behavioral Health Services Director with APLA Health in Los Angeles (and professor in the MA in Psychology Program at Antioch University of Los Angeles)

01:00:18 Hector Ramirez (they/them): Hector Ramirez (they/Them) LACDMH stakeholder

01:00:24 Kim Johnson: Kim Johnson, CA Department of Social Services

01:00:25 iPhone: Ana Bolanos from OHE

01:00:29 Tanya McCullom: Tanya McCullom, Alameda County Behavioral Health Office of Family Empowerment

01:00:30 Jose Zavala: Good Morning! Jose Zavala, Social Emotional Manager for Fresno Unified School District

01:00:30 Tomas Aragon: Tomas Aragon, State Public Health Officer and Director, California Department of Public Health

01:00:44 Lyn Morris: Lyn Morris from Didi Hirsch Mental Health Services

01:00:46 Jennifer Alley, CAMFT: Jennifer Alley CA Assoc of Marriage and Family Therapists (CAMFT)

01:01:03 Andy Imparato Dis Rts CA (he/him): Hi this is Andy Imparato (he/him/his) from Disability Rights California

01:01:07 Emily Williams, SAMHSA Region IX: Good Morning Everyone, Emily Williams, SAMHSA Region 9 Administrator. [Emily.Williams@SAMHSA.HHS.Gov](mailto:Emily.Williams@SAMHSA.HHS.Gov)

01:01:25 Cynthia Jackson Kelartinian, PhD: Looks like you all turned off my video.

01:01:40 Charles Bacchi: Charles w. CAPH. Camera function is blocked

01:01:42 Andy Imparato Dis Rts CA (he/him): right now we are unable to turn on our cameras

01:01:43 Dawan Utecht, Fresno: Dawan Utecht, Director of Behavioral Health, Fresno County

01:01:44 Cynthia Jackson Kelartinian, PhD: Would it be possible to turn it back on?

01:01:45 Michelle Cabrera, CBHDA (she/her): I am also unable to turn on camera

01:01:50 Ann-Louise Kuhns: Good morning! Ann-Louise Kuhns, President and CEO, California Children's Hospital Association.

01:02:03 Chaeny Emanavin: Video is back on.

01:02:06 Dr. Seciah Aquino (LCHC) She/Her/Hers: Good morning! Seciah Aquino, Deputy Director at the Latino Coalition for a Healthy California

01:02:22 Michelle Cabrera, CBHDA (she/her): Thank you!

01:02:25 Andy Imparato Dis Rts CA (he/him): Nice to "see" you Seciah!

01:02:56 David Mineta: Hello all, David Mineta, CEO from Momentum for Health in Santa Clara County. Member of CBHA and CASRA.

01:03:03 carmela coyle: I am unable to turn on my camera

01:03:18 Jim Suennen: Jim Suennen, (he, him), California Health & Human Services Agency

01:03:44 Jevon Wilkes: Good Morning Everyone, Jevon Wilkes, Executive Director with the California Coalition for Youth and Director of Youth Engagement with the California Children's Trust.

01:04:14 eva.terrazas: Good morning- Eva Terrazas, VP Public Policy and Special Initiatives, Uplift Family Services!

01:04:16 Michelle Bronson - DHHSC ED: Hello everyone, Michelle Bronson, ED of Deaf and Hard of Hearing Service Center (DHHSC) serving the Central Valley.

01:04:28 Andy Imparato Dis Rts CA (he/him): Looks like camera is working now thanks

01:04:29 Connie Mitchell: Connie Mitchell, MD, MPH; Deputy Director of Family Health; California Department of Public Health

01:05:03 Hector Ramirez (they/them): Thank you so much for the ASL Interpretation service :-)

01:05:05 Roshena Duree: Hello, Roshena Duree, California State Association of Counties

01:05:18 Matt Schueller: Good morning! Matt Schueller, Office of the California Surgeon General

01:16:42 Stephanie Welch: Please speak slowly for the interpreters - thank you

01:16:48 Stephanie Welch: Chat is working

01:17:01 Andy Imparato Dis Rts CA (he/him): My mother is a 91-year-old working fashion journalist who is working on a book for Rizzoli. She is in many ways a role model for me for healthy aging but she also gets targeted regularly over the phone by scammers who have successfully gotten her to give them money and credit card information.

01:17:08 Hector Ramirez (they/them): Accessibility

01:17:08 Lishaun Francis, Children Now: interactions with the children/young people in their lives

01:17:10 Kim Johnson: Access to health care

01:17:13 Catherine Teare, CHCF (she/her): Remaining in their community of 50 years

01:17:14 Paul: Loneliness

01:17:14 Vitka Eisen: Social interaction

01:17:14 Angelica Lewis: Family Support

01:17:15 Matt Kijak | Parents Anonymous: Social Supports, Financial Supports, In-Home Care

01:17:15 Julie Snyder: Social connections are huge in my parents's lives

01:17:16 Lauren Libero (DDS): Diet

01:17:17 Michelle Cabrera, CBHDA (she/her): Social connection

01:17:18 Nina Moreno: Aging well = social networks, reading, access to health care

01:17:18 Judith Babcock: Community Support, financial resources

01:17:19 Mari Radzik, CHLA (she/her/hers): limited access to Medi-merit

01:17:20 Rebecca Gonzales: Good healthcare

01:17:20 Sean Boileau: My friend Nick (87) takes exercise very seriously and walks 5-7 miles per day every day, and has for decades.

01:17:20 Adriana Ramos-Yamamoto (she/her): A support system and access to health care services

01:17:22 Stephanie Welch: Having supportive social networks

01:17:23 Megan McQuaid (she, her)-: Social interaction and community

01:17:23 Terri Stratton: Family interaction with others

01:17:24 Brenda Grealish: strong family and social support

01:17:24 Kim Lewis: Family connections

01:17:25 Jose Zavala: access to health care, mental health supports

01:17:25 Michelle Cabrera, CBHDA (she/her): Family caregivers

01:17:25 Charles Bacchi: MObility

01:17:25 Connie Early: Close family

01:17:26 Chris Stoner-Mertz, member: family connections

01:17:27 David Mineta: community and family support

01:17:27 Angelica Gonzalez: long term care insurance

01:17:28 Bright Heart Health- R Courtemanche: Whole person care...

01:17:30 Kim Johnson: Sense of purpose

01:17:31 Heather Huszti: Good health care; support system to navigate systems

01:17:31 Carolina Valle (she/her): time outdoors!

01:17:32 Dr. Erik James Escareño (they): Being able to be independent while being supported

01:17:32 Emma Hoo: having purpose, goals

01:17:32 Nina Moreno: Aging not so well = deep lack of understanding of mental health

01:17:33 Joy Burkhard (2020 Mom): In-home support for practical and social support

01:17:33 Cathy Senderling-McDonald (she/her): I am thinking of my 97 year old neighbor, Helen. Her supportive factors include an active check- in by neighbors regularly and a great family who rallies around her and checks in daily.

01:17:36 Hector Ramirez (they/them): Advocacy Services

01:17:39 Michelle Cabrera, CBHDA (she/her): Ultimately home modifications

01:17:40 Janne Olson-Morgan: We lost my grandmother several years ago, but she remained very physically active throughout her 80s and into her early 90s!

01:17:40 Lynn Thull: Need in home respite for caregivers who are family members

01:17:44 Anne Dahl, NOFAS Northern California: Support for their developmentally disabled children with MH issues that will not be taken care of when they leave.

01:17:44 Mikyong Kim-Goh: Social and family network. Positive attitudes

01:17:53 Brenda Grealish: positive perspective and sense of humor

01:17:53 Sonya Adam: The same social determinants that impact AAs across the life course are exacerbated along the aging journey

01:17:53 Starr Cloyd- Transitions Mental Hlt. Assoc.: 100 year old Grandma, family, spirit, and long term health care via retiring as a teacher.

01:18:04 Rohan Radhakrishna (he/him) CDPH Office of Health Equity: My Mom called it Vitamin F: family, friends, faith, fun, food

01:18:05 Jennifer Alley, CAMFT: access to services, including emotional supports for family care givers

01:18:11 Michelle Bronson - DHHSC ED: All need social support and communication access.

01:18:11 Cynthia Jackson Kelartinian, PhD: Lack of access to mental health services in the earliest stages of dementia has been a challenge.

01:18:14 Mark Ghaly: My mom who has her church and family supports. Cooking and baking.

01:18:16 Mort Peacock: there is so little presented in the media about aging and the brain.

01:19:06 Sonya Aadam: Dr Rohan - I love that and will adopt it.

01:19:40 Stacie Hiramoto: Stigma - She resists using aids such as cane, walker, etc. She fell badly recently and required hospitalization (She is o.k. )

01:19:46 Vitka Eisen: Wait a minute; I'm an older adult?!?

01:23:43 Matt Kijak | Parents Anonymous®: Yes

01:23:45 Adriana Ramos-Yamamoto (she/her): Yes

01:23:45 Julie Snyder: Myself

01:23:46 Jennifer Alley, CAMFT: yes

01:23:46 Sean Boileau: Several friends.

01:23:46 Hector Ramirez (they/them): Mom

01:23:47 Andy Imparato Dis Rts CA (he/him): me

01:23:47 Roshena Duree: My Mom

01:23:48 Michelle Cabrera, CBHDA (she/her): Yes

01:23:50 David Mineta: me

01:23:50 Stacie Hiramoto: ME!

01:23:50 Dr. Erik James Escareño (they): Many

01:23:51 Mari Radzik, CHLA (she/her/hers): yes, many!

01:23:52 Amanda Levy, DMHC: Mom

01:23:52 Brenda Grealish: parents

01:23:52 Linnea Koopmans - LHPC (she/her): Parents

01:23:52 Matt Kijak | Parents Anonymous®: Friends

01:23:53 Starr Cloyd- Transitions Mental Hlt. Assoc.: Yes. Co workers etc.4

01:23:53 Kim Lewis: me

01:23:54 Angelica Lewis: My parents

01:23:55 Catherine Teare, CHCF (she/her): Me!

01:23:56 Vitka Eisen: many

01:23:57 Stephanie Welch: Lots - friends, siblings

01:23:57 Anne Dahl, NOFAS Northern California: Myself and most friends

01:23:58 Rebecca Gonzales:Me

01:23:58 Antonia Rios:Friends

01:23:58 Danielle Delany (she/her): My mom

01:24:00 Lishaun Francis, Children Now: parents

01:24:01 Matt Kijak | Parents Anonymous: Boss

01:24:01 Tanya McCullom: Friends and family

01:24:01 Rebecca Gonzales:Husband

01:24:02 Sean Boileau: All of my siblings, several friends.

01:24:02 Julie Snyder: My partner

01:24:03 Stacie Hiramoto: me

01:24:04 Michelle Baass (DHCS): mentor

01:24:04 Vitka Eisen: me

01:24:04 Roshena Duree: My aunt

01:24:04 Crystal Haswell, CHCF (she/her): parents

01:24:05 Kim Lewis: Partner

01:24:05 Stephanie Welch: Co-workers

01:24:05 Angelica Gonzalez: parents

01:24:06 Andy Imparato Dis Rts CA (he/him): my brother

01:24:07 Danielle Delany (she/her): My dad

01:24:07 David Mineta: cousins

01:24:08 Michelle Cabrera, CBHDA (she/her): My parents are in their 60s many mentors

01:24:08 Lyn Morris: aunt

01:24:08 Jennifer Alley, CAMFT: yes

01:24:08 Lynn Thull: spouse

01:24:08 Mari Radzik, CHLA (she/her/hers): yes, working folx

01:24:08 Cathy Senderling-McDonald (she/her): Jamie Lee Curtis! She's 62.

01:24:08 Laila Fahimuddin:colleagues, parents, aunts/uncles

01:24:10 CALBHB/C - Theresa Comstock: spouse

01:24:10 Hector Ramirez (they/them): Aunt

01:24:10 Starr Cloyd- Transitions Mental Hlt. Assoc.: Yes, coworkers

01:24:11 Anne Powell: yes

01:24:12 Crystal Haswell, CHCF (she/her): coworkers

01:24:13 Connie Early: friends

01:24:13 Anne Dahl, NOFAS Northern California: friends

01:24:14 Starr Cloyd- Transitions Mental Hlt. Assoc.: family

01:24:14 Mikyong Kim-Goh: myself, husband, friends, mother

01:24:14 Hector Ramirez (they/them): Neighbors

01:24:14 Anne Powell: yes

01:24:16 Amanda Levy, DMHC: Parents

01:24:17 Tanya McCullom: Myself husband friends famil

01:24:18 Carolina Valle (she/her): yes, definitely

01:24:18 Ahmad Bahrami-Fresno County: in laws

01:24:18 Brenda Grealish: cousins

01:24:21 Anne Powell yes

01:24:21 Ahmad Bahrami-Fresno County: mom

01:24:22 Julie Snyder: Parents

01:24:22 Michelle Baass (DHCS): parents

01:24:23 Lyn Morris: mom

01:24:23 Brenda Grealish: parents

01:24:23 Angelica Gonzalez: in laws

01:24:23 Stephanie Welch: Mom

01:24:23 Tom Herman: me and family members

01:24:23 Lishaun Francis, Children Now: aunts

01:24:24 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Everyone! The Boomer generation is robust and vital!

01:24:25 Jennifer Alley, CAMFT: yes - inlaws

01:24:25 Matt Kijak | Parents Anonymous: Family Friends

01:24:25 CALBHB/C - Theresa Comstock: mother

01:24:25 wendywang: Parent

01:24:26 Joy Burkhard (2020 Mom): Lonely friend who lives alone

01:24:26 Toby Ewing: neighbor, parent

01:24:27 Sean Boileau: A few friends and friendly acquaintances.

01:24:28 Vitka Eisen: many

01:24:28 Catherine Teare, CHCF (she/her): Friends

01:24:28 Andy Imparato Dis Rts CA (he/him): my sister

01:24:29 Mari Radzik, CHLA (she/her/hers): oh yes, still working

01:24:29 Michelle Cabrera, CBHDA (she/her): Friends

01:24:29 Chris Stoner-Mertz, member: parents

01:24:30 Sean Boileau: And Cher.

01:24:30 Anne Dahl, NOFAS Northern California: Friends - adoptive moms

01:24:31 Dr. Erik James Escareño (they): Parents

01:24:32 Starr Cloyd- Transitions Mental Hlt. Assoc.: parents, family, firends

01:24:33 Mikyong Kim-Goh: mother, friends

01:24:33 Tom Herman: siblings

01:24:34 Rebecca Gonzales:Neighbors

01:24:34 Danielle Delany (she/her): neighbor

01:24:34 Hector Ramirez (they/them): Elders in tribe

01:24:36 Anne Powell: neighbors

01:24:37 Dr. Erik James Escareño (they): Grandparents

01:24:37 Tanya McCullom: Aunt uncle

01:24:38 Rebecca Gonzales:Aunt

01:24:38 Lyn Morris: dad

01:24:38 David Mineta: parents

01:24:38 Lynn Thull: parent

01:24:39 Kim Lewis: Parents

01:24:39 Michelle Baass (DHCS): mother-in-law

01:24:39 Chad Costello: parents

01:24:40 Andy Imparato Dis Rts CA (he/him): father in law

01:24:40 Sean Boileau: My friends Nick and Nancy.

01:24:41 Catherine Teare, CHCF (she/her): Parents

01:24:41 Stacie Hiramoto: Aunties!

01:24:41 Michelle Cabrera, CBHDA (she/her): Grandparent

01:24:41 Laila Fahimuddin: grandmother  
01:24:42 David Kan: Parents  
01:24:42 Danielle Delany (she/her): Grandma  
01:24:44 Heather Huszti: My parents  
01:24:44 Matt Kijak | Parents Anonymous: Bill  
01:24:45 Starr Cloyd- Transitions Mental Hlt. Assoc.: Family  
01:24:45 Toby Ewing: parent  
01:24:45 Mareva Brown: Dad  
01:24:45 Brenda Grealish: family friend  
01:24:45 Crystal Haswell, CHCF (she/her): grandma  
01:24:46 Hector Ramirez (they/them): Elders  
01:24:46 Julie Snyder: My mother-in-law  
01:24:48 Brian Sala (he/him) MHSOAC: parents  
01:24:49 Cathy Senderling-McDonald (she/her): Friend's parents.  
01:24:50 Mari Radzik, CHLA (she/her/hers): yes, a co worker is in the 80's  
01:24:52 Mikyong Kim-Goh: uncle and aunt  
01:24:54 Chris Stoner-Mertz, member: inlaws  
01:25:00 Andy Imparato Dis Rts CA (he/him): My 91 year old mother  
01:25:00 Sean Boileau: Nope  
01:25:01 Lyn Morris: grandma  
01:25:02 wendywang: grandma  
01:25:02 Tanya McCullom: Parents aunts uncles friends  
01:25:02 Anne Dahl, NOFAS Northern California: My mom  
01:25:03 Brenda Grealish: grandma (dad's mom)  
01:25:04 Stacie Hiramoto: Auntie  
01:25:04 Angelica Gonzalez: grandma  
01:25:05 Starr Cloyd- Transitions Mental Hlt. Assoc.: family  
01:25:05 Mari Radzik, CHLA (she/her/hers): in laws  
01:25:05 Lynn Thull: in law  
01:25:06 Ann-Louise Kuhns: Father in law  
01:25:07 Hector Ramirez (they/them): Auncle

01:25:07 Judith Babcock: Father-in-law

01:25:07 David Mineta: parents

01:25:08 Michelle Cabrera, CBHDA (she/her): my grandfather passed in his 90's

01:25:08 Ann-Louise Kuhns: Mother in law

01:25:10 Catherine Teare, CHCF (she/her): Parents' friends

01:25:10 Rebecca Gonzales: Celebrity - William Shatner!

01:25:13 Mikyong Kim-Goh: friend's father

01:25:13 Elizabeth Landsberg: Aunt Florine.

01:25:14 Dawan Utecht, Fresno: Parents

01:25:14 Cathy Senderling-McDonald (she/her): the aforementioned neighbor Helen who's 97 and a spitfire.

01:25:17 David Kan: Patients

01:25:19 Jennifer Alley, CAMFT: yes - 90s - 5 generations in sac

01:25:21 Connie Early: boyfriend's mother is 93

01:25:32 Brenda Grealish: grandma (mom's mom - 101.5 years)

01:25:33 David Kan: Grandfather

01:25:33 David Mineta: aunt

01:25:34 Judith Babcock: My Aunt - 104

01:25:35 Rebecca Gonzales: Betty White!

01:25:38 Starr Cloyd- Transitions Mental Hlt. Assoc.: Yes! Grandma

01:25:39 Libby Sanchez, SEIU California: Aunt Esther 102

01:25:39 Carolina Valle (she/her): Grandma!

01:25:39 Roshena Duree: great aunt 102

01:25:41 Cynthia Jackson Kelartinian, PhD: Clients of the agency

01:25:42 Catherine Teare, CHCF (she/her): BF's grandma

01:25:47 Lilyane Glamben, ONTRACK Program Resources: My momma made it to 100

01:25:52 Kathy J: Mother in law 102

01:26:21 Stacie Hiramoto: This exercise makes me smile - thank you.

01:26:25 Connie Mitchell: Mother in law is 104; lives in her own home; ambulates with walker and loves home cooking!

01:29:20 Sonya Adam: The early years for many of us have totally impacted where we are at 50... which will now determine the next phase.

01:33:01 Stacie Hiramoto: Hurray! CRDP is the Greatest!

01:33:15 Lilyane Glamben, ONTRACK Program Resources: Ditto!

01:33:29 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, we are happy to highlight this great model

01:33:31 Nina Moreno: Thanks for the CRDP shoutout!

01:33:33 Marika Collins: Let's not forget to celebrate Governor signing SB 48!!

01:34:13 Marika Collins: And Senator Limon for championing this important Alzheimer's legislation!

01:35:06 Lilyane Glamben, ONTRACK Program Resources Sonya, are you going to say something about Sankofa Sisters in the chat or in your comments? I Would love for the report to be shared in this forum!

01:35:40 Anne Powell: Include stakeholder consumers in developing and executing new programs, including training our future workforce.

01:36:05 Sonya Adam: Sistah's Aging with Grace & Elegance (SAGE) @ CA Black Women's Health Project

01:36:41 Connie Mitchell: The Center for Family Health already engages with grandparents who may also be guardians of minor children or helping to raise them, but we'd love to do more.

01:36:43 Heather Huszti: Our agency works with children, but there are models of linking older adults to children for mentoring for the children and decreasing social isolation for older adults - we could work with agencies working with older adults

01:36:52 Mort Peacock: Resources for Behavioral Health Promotion, more messaging to reach families, communities, and individual

01:36:58 Matt Kijak | Parents Anonymous: Evidence Based Program for Parents, Parents Anonymous and California Parent and Youth Helpline can work alongside Friendship Line California to referral older folks who are in a parenting role to an evidence-based support group.

01:37:00 Kathy J: Understanding same sex elders needing to stay together

01:37:02 Lilyane Glamben, ONTRACK Program Resources: Sankofa Sisters is a BRILLIANT game changing report that was just released last week about centering Black women at the conversation on aging in place, under the sponsorship of CA Black Women Health Project

01:37:09 Connie Early: Our agency has an older adult mental health program.

01:37:25 Dr. Erik James Escareño (they): Language and connection Providing mental health services in ASL and including social connections for our elders. Also including indigenous elders through culture.

01:37:28 Nina Moreno: Thank you for that concise synthesis, LeOndra!

01:37:30 Rebecca Gonzales: Visit home bound elders

01:37:30 Brenda Grealish: Continuing to consider and address the experience of lifers, individuals who have spent long, life sentences imprisoned, who are re-entering their communities as older adults.

01:37:38 Regina Marie: Vision loss affects aging and often overlooked.

01:37:40 Julie Snyder: Tap the rich resource that is retired people with time to volunteer!

01:37:42 CALBHB/C - Theresa Comstock: Help 59 local mental/behavioral health boards and commissions advise regarding best practices with providing behavioral health care, including 1) geriatric certification for providers, 2) board and cares specifically for individuals with mental illness; 3) employment supports for older adults with mental illness who want to work

01:37:43 Cynthia Jackson Kelartinian, PhD: Our agency is completely focused on older adult mental health, but we could add more caregiver support.

01:37:45 Kim Lewis: Ensure our Medicaid and Medicare coverage systems work for people as they age and move from one coverage to another.

01:37:54 Michelle Bronson - DHHSC ED: Our agency hosts workshops, classes, and events that include Deaf, Hard of Hearing, Deafblind, and Late Deafened individuals of all ages. Our community children are also connected to older adults for a shared identity, language, and cultural connection.

01:37:59 Libby Sanchez, SEIU California: Making sure there is welcome space for their LTSS service providers, where appropriate.

01:38:10 Michelle Cabrera, CBHDA (she/her): Also curious about any perspective on the intersection between older adults and homelessness

01:38:29 Antonia Rios: Evidence Based Program for Parents, Parents Anonymous and California Parent and Youth Helpline can work alongside Friendship Line California to referral older folks who are in a parenting role to an evidence-based support group.

01:38:30 Andy Imparato Dis Rts CA (he/him): Avoiding over-reliance on the internet to disseminate information--reaching older adults on platforms that work for them

01:38:31 Dawan Utecht, Fresno: Supports for older caregivers

01:38:34 Mari Radzik, CHLA (she/her/hers): Our pediatric hospital has older volunteers working in ped ICU and high risk areas as cradlers, rockers and holders of babies. :)

01:38:35 Joy Burkhard (2020 Mom): There is opportunity to employ older California's as trained volunteers to support new mothers/parents and prevent social stressors and maternal mental health challenges.

01:38:37 Michelle Cabrera, CBHDA (she/her): We know from Dr. Margot Kushel's research that many homeless Californians are entering homelessness in their older age.

01:38:37 Starr Cloyd- Transitions Mental Hlt. Assoc.: Senior programs for Mental Health and allowing older adults to work and obtain work with support to navigate ageism

01:38:56 Carolina Valle (she/her): Ensuring mental health services and programs reflect the cultural experience of older adults, and that the data on older adults is fully disaggregated by race/ethnicity/disability/SOGI

01:38:58 Cynthia Jackson Kelartinian, PhD: The data regarding older adults and homelessness is very concerning.

01:39:41 Michelle Bronson - DHHSC ED: Also, need to place Deaf ASL users in same retirement communities instead of them being isolated; often one would live at one community while another lives elsewhere. Want to ensure they have their social networks too.

01:39:53 Dr. Erik James Escareño (they): Very that @michelle

01:40:01 Michelle Bronson - DHHSC ED: +

01:40:09 Chris Stoner-Mertz, member: Emphasis on whole family care approach that provides both direct support for older adults, and for their caregivers is critical.

01:40:43 Lilyane Glamben, ONTRACK Program Resources: I just uploaded the Sankofa Sisters report. The first half is filled with beautiful personal stories of older Black women aging in place well. The second half is centered on the Master Plan on Aging's 5 goals and recommendations to address the need of Black women.

01:40:45 Cynthia Jackson Kelartinian, PhD: One point on homelessness and older adults that is important, however, is that the homeless population itself is aging. It is not necessarily accurate that more older adults are becoming homeless for the first time.

01:41:16 Ahmad Bahrami-Fresno County: Non-Tech Access Options (with a shift to tech based care understanding that not all can navigate tech and web-based services/care.

01:41:16 Nina Moreno: Very pleased to see the focus on equity, mental health disparities in aging communities, and the role of culture in healing.

01:41:25 Stacie Hiramoto: Ditto!

01:41:37 Jevon Wilkes: Celebrating our older adults & community oracles, life skill training opportunities for them, individual and community mentorship opportunities.

01:42:00 Julie Snyder: The Corporation for Supportive Housing is spearheading a coalition advocating for policy changes to address the rising number of older adults experiencing homelessness. Sharon Rapport is the point person, Sharon.rapport@csh.ca.gov.

01:42:05 Cynthia Jackson Kelartinian, PhD: What we need most is dedicated funding for older adult behavioral health services. Once that priority is in place the necessary interventions and supports will follow.

01:42:15 Judith Babcock: We are all saying personal and human connection...we aren't meant to "be alone".

01:42:44 Paul Simmons: @Judith. True which is why not only family, but also peer support is vital

01:43:10 Sonya Aadam: Unprecedented report on Black women & aging: Sankofa Stories <https://sagesistahs.org/>- from Sistah's Aging with Grace & Elegance (SAGE) @ CA Black Women's Health Project

01:43:14 Rebecca Gonzales: Comadres!

01:43:25 Dr. Erik James Escareño (they): Doing well. I am HH and CODA. Recently opening a direct operating Deaf Mental Health and Suicide VP. I would love to chat with you

01:43:35 Michelle Bronson - DHHSC ED: For Deaf ASL users, the social network is so important because many family members do not sign and many of these Deaf ASL users feel very isolated and depressed at home.

01:44:10 Michelle Bronson - DHHSC ED: Often these hearing, non-Deaf family members make health decisions and living arrangements for these Deaf ASL users.

01:44:30 Michelle Bronson - DHHSC ED: So community connection is vital for these individuals.

01:44:47 Stacie Hiramoto: Great job, Le Ondra!

01:45:03 Michelle Cabrera, CBHDA (she/her): @Erik - please see the PPT presentation linked here: <https://uccs.ucdavis.edu/events/2019-October-16-> Kushel

01:45:07 Lily Sofiani - SD 2: Does this taskforce meet monthly? How can I receive the reoccurring meeting invites?

01:45:09 Carolina Valle (she/her): Thank you Le Ondra and CBHA. That was a really informative presentation.

01:45:24 Cathy Senderling-McDonald (she/her): Super engaging - a great way to kick of this meeting.

01:45:35 Lishaun Francis, Children Now: that was great, thanks so much

01:45:49 Lilyane Glamben, ONTRACK Program Resources: Thank you for that lovely presentation, Kim and LeOndra

01:46:10 Bright Heart Health- R Courtemanche: All great data and spirited data and conversation! Thank you again!!

01:46:16 Kim Lewis: Great presentation!

01:46:17 Heather Huszti: Thank you Le Ondra and Kim. Great presentation and nice way to engage the audience!

01:46:30 Cathy Senderling-McDonald (she/her): Margot Kushel at UCSF has done tremendous work on the issue of homelessness and aging.

01:46:44 Chris Stoner-Mertz, member: Thanks Kim and LeOndra - engaging presentation

01:46:59 Cathy Senderling-McDonald (she/her): <https://profiles.ucsf.edu/margot.kushel>

01:47:41 Kim Johnson: Yes, Dr. Kushol helped design Project Roomkey

01:48:08 Anne Powell: Will the chat be saved and made available?

01:48:34 Matt Kijak | Parents Anonymous: There is room here to advocate for older adults in a parenting role, this population is often under supported and forgotten about.

01:48:46 Stephanie Welch: Yes - chat will be part of the summary

01:48:47 Paul Simmons DBSA California: Yes, amazing content in the chat

01:48:52 Kim Johnson: We have many investments underway focused on addressing the availability of housing across the continuum for older adults who are unsheltered

01:48:59 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, Matt!

01:49:50 Kim Johnson: [www.cdss.ca.gov/info resources/cdss- programs/housing-programs](http://www.cdss.ca.gov/info/resources/cdss-programs/housing-programs)

01:50:14 Chris Stoner-Mertz, member: @Matt - excellent point. Many Kinship providers are older adults in need of their own supports in addition to support in their parenting roles

01:50:53 Mari Radzik, CHLA (she/her/hers): ^^ thank you, Kim! Great resource.

01:52:33 Kim Johnson: CDSS and DHCS look forward to partnering on the Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) program with all of you!

01:52:53 Antonia Rios: Absolutely Matt, the Grandparents who take over parenting role for their Adult children are unsupported and forgotten.

01:53:42 Stephanie Welch: Members, please raise your hands if you have any comments - Hector Ramirez is up next.

01:54:43 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Kim is a fantastic leader and the MPA Stakeholder Advisory Group is a terrific group of advocates. If you haven't read the MPA report, please check it out.

01:56:09 Michelle Baass (DHCS): Information on the Behavioral Health Continuum Infrastructure Program: BHCIP-Home (ca.gov)

02:03:41 Stephanie Welch: For community participants please feel free to share comments in the chat function or share your comments during the public comment period

02:03:44 Sonya Aadam: Thank you @Kim Johnson for sharing the link... we will explore it actively.

02:04:55 Anne Powell: What is the role of DDS in these efforts as their populations age as well as dually DD and MH/SUD diagnosed?

02:05:34 Cynthia Jackson Kelartinian, PhD: I think we should use workforce training dollars to re-train the existing potential workforce to provide behavioral health services to older adults.

02:06:58 Cynthia Jackson Kelartinian, PhD: My experience is that older mental health professionals tend to become more interested in work with older adults. :)

02:07:17 Andy Imparato Dis Rts CA (he/him): One thought related to aging across the lifespan for people with long-term psychiatric conditions would be to try to connect newly diagnosed young folks with older people, maybe from the same cultural or linguistic background, who have successfully navigated a similar diagnosis and can be a role model and mentor for the younger person and benefit from the social engagement with a younger person.

02:07:23 Dr. Erik James Escareño (they): YES ! We can't mine in our communities for resources without compensation

02:07:41 Sonya Aadam: Caregiver costs borne by Black women as the provider & recipient of the care is evidence of inequity in access... we need to alleviate this burden. Sankofa Stories report highlights this.

02:08:09 Cynthia Jackson Kelartinian, PhD: Andy, those intergenerational programs really work. We have a joint project with a TAY group and it is really working.

02:08:47 Michelle Bronson - DHHSC ED: I agree with what everyone is seeing here, and we need caregivers, mentors, trainers, role models, etc. who know ASL so they can also work with the Deaf and Hard of Hearing.

02:09:08 Jevon Wilkes: We could utilize our older adults in the new peer support specialist provider class to serve young people and more.

02:09:13 Cynthia Jackson Kelartinian, PhD: Completely separate issue; advocate for LMFTs to be able to serve Medicare recipients. That will dramatically increase the workforce.

02:15:56 Libby Sanchez, SEIU California: Concur with the recommendation that workforce training dollars should be expended on retraining/reintegrating older adults into the workforce. It is important to ensure that these jobs are good paying high road jobs

02:16:13 Regina Marie: I have continued to raise the issue of mental health services and services to help older adults experiencing vision loss stay in their homes or with their families in multiple forums, including the behavior health Task Force. I have not received much feedback. I also don't see much in any of the plans, reports, or presentations about this population which is growing.

02:17:11 Regina Marie: I have had to wait till the break to send these texts because using the chat during the meeting is extremely challenging for people who have to use screen reading software as I do since I am totally blind.)

02:20:36 Michelle Bronson - DHHSC ED: For those with a hearing loss, it's a huge adjustment for them because family members and loved ones start to struggle with communication issues and often "shy away" from talking with that person.

02:21:05 Michelle Bronson - DHHSC ED: and it would be great if ASL interpreters are provided at retirement communities' social activities, classes, etc. so the D/HH individuals can also participate.

02:21:53 Michelle Bronson - DHHSC ED: Some can use captioning services and staff need to be trained on access issues and becoming more comfortable with writing back and forth.

02:25:18 Stacie Hiramoto: Has that planning contract been awarded yet?

02:29:10 Regina Marie: Hearing loss too. Older adults not know ASL, where to get large print: no hearing or low vision aids covered by medicare and limited for Medi-Cal. Then grief and isolation and depression sets in, recipe for mental health crisis.

02:29:16 Jon Goldfinger: Brilliant shift Stephanie and team HHS! To not duplicate efforts, please consider coordinating closely with OSG ACEs Aware. That's the prevention piece to the continuum of care, really starting with obstetric, pediatric and family practice primary care.

Untreated ACEs-->mental illness and substance use disorders. (For ex, ACEs Aware is using UC's in LA and SF now to lead it and this BHTF is using Cal State...like the diversification but could lead to further fragmentation.)

02:29:20 Cindy Livers, Riverside COE: Please consider sharing today's slides with the participants. Thank you.

02:29:54 Hector Ramirez (they/them): OSHPD change its name from the Office of Statewide Health Planning and Development to the Department of Health Care Access and Information (HCAI)! Our new name reflects our expanding program portfolio. Learn More: <https://bit.ly/3a5TkLh>  
#WeAreHCAI #HCAI

02:30:07 Chris Stoner-Mertz, member: @Jon - yes a critical piece of the whole continuum of interventions for children and youth

02:30:25 Danny Offer (he/him/his): Slides available here: <https://www.chhs.ca.gov/wp-content/uploads/2021/10/21-10-05-BHTF-Slides.pdf>

02:30:43 Michelle Bronson - DHHSC ED: Exactly @regina!

02:31:50 Michelle Bronson - DHHSC ED: For those who experience a hearing loss later in life (Late Deafened), retirement communities need to install a FM loop system for those who wear hearing aids. Hearing aids are so expensive and getting them are a financial burden for many.

02:31:55 Linda Copeland: For building broad Behavior Work Force capacity, as a developmental-behavioral pediatrician specialist and also a BCBA (Board Certified Behavior Analyst), we need to include the thousands of certified BCBAs in this state and their state organization CalABA (California Association of Behavior Analysts).- Linda Copeland MD, BCBA

02:32:13 Charles Bacchi: I missed the name of the consultant

02:32:56 Chris Stoner-Mertz, member: @Charles - McKinsey is the consultant group

02:34:44 Dr. Erik James Escareño (they): Hi there will you please pin the ASL interpreter

02:35:00 Crystal Haswell, CHCF (she/her): will the slides online be updated to include the timeline that was just shown?

02:37:32 Cathy Senderling-McDonald (she/her): Thank you so much for this focus on workforce. We are struggling in working with our partners (esp county behavioral health of course but also private providers and non profits we work with) to find providers who can serve the youth, adults, older adults, and families we serve in the county-administered human services programs. This is a huge need.

02:39:21 Michelle Bronson - DHHSC ED: DHHSC provides a variety of services for the Deaf, Hard of Hearing, DeafBlind, and Late Deafened individuals and their families, and we're happy to partner with others in our service region (Central California).

02:39:36 Joy Burkhard (2020 Mom): Thank you HHS for continuing to look at and develop a plan to provide a living wage via MediCal reimbursements, for Certified Peer Support Specialists who work in MediCal billing orgs.

02:39:37 Nina Moreno: This is so important, Dr. Ghaly!

02:39:42 Nina Moreno: CRITICAL.

02:39:47 Jon Goldfinger: Here here! Grateful @Sec Ghaly! We're experiencing EXPONENTIAL acceleration in turnover across all BH providers in Los Angeles. Money pumped into schools (ironically) and now the venture-funded telehealth sectors and scaling private practices are offering our workforce \$20K more starting salaries! Exit interviews show COMPENSATION and PAPERWORK as the 2 primary drivers of why the workforce is leaving.

02:39:54 Linda Copeland: Behavior Analysts (BCBAs, BCaBAs, RBTs) need to be recognized as a very effective but under-utilized Work Force

02:40:36 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: All I have to say is PREACH! Workforce is our number 1 policy priority for CBHA members.

02:40:48 Frank Dussan -LAUSD/SMH: DHCS & MHPs require the delivery of EBPs along with EBP certification for clinicians - that requirement does not come with funding for training...â€¦.

02:41:05 Michelle Bronson - DHHSC ED: Very true about paperwork. Many D/HH therapists are frustrated with Medi-Cal paperwork for compensation for MH services.

02:42:15 Dr. Erik James Escaraeno (they): I have a designed pilot for an educational pipeline to specialize Deaf mental health providers.

02:42:52 Michelle Bronson - DHHSC ED: That's great, Dr. Escaraeno! That's a huge need.

02:43:09 Stephanie Welch: these slides are posted and people can review them and the reports in more detail <https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/>

02:43:40 Mari Radzik, CHLA (she/her/hers): ^ Jon Goldfinger, exactly correct. Agree these are two big issues that lead to staff dissatisfaction.

02:43:58 Libby Sanchez, SEIU California: Labor management earn and learn apprenticeship programs are another important tool, especially when complemented by a pathway to permanency with high road employers so that those initially apprenticing will ultimately have careers in this industry.

02:44:21 Joy Burkhard (2020 Mom): It's also time for virtual psychiatric consultation in CA (for patients of all ages) so PCPs and hospitals can on patients behalf have immediate access to expertise.

02:45:16 Sonya Adam: We must not ignore PREVENTION & EARLY INTERVENTION which should not be done w/o the Community-defined evidence practices (CDEPs) to ensure the importance of culture, connection, alignment, & relationship between provider & client. Evidence-based can be harmful in case where race/ethnicity/SOGL are not considered/infused in care.

02:46:32 Virginia Hedrick (She/Her): + to Sonya

02:46:34 Ann-Louise Kuhns: @Joy Burkhard totally agree. UCSF Benioff Children's Hospital has a program live in over 40 counties to do jut that.

02:46:44 Ann-Louise Kuhns: (Just that)

02:47:09 Rebecca Gonzales: We need more slots for social work programs at the CSU's. We have more qualified students than spots and the need in the community is growing.

02:47:52 Linda Copeland: Though I'm a board-certified developmental- behavioral pediatrician who did a 2-year fellowship in child psychiatry at University of Iowa, did primary care and I'm a BCBA, Insurance companies don't recognize me for working on the Mental Health side of insurance coverage EXCEPT for my BCBA.- Linda Copeland MD, BCBA. lecopeland372@gmail.com

02:47:55 Nina Moreno: The Non-prioritized proposals must be on the Prioritized proposals list.

02:48:07 Nina Moreno: Prevention is just as important as intervention.

02:48:08 Jon Goldfinger: Agreed @Sony - that prevention includes focusing on parent mental health and substance misuse (parents of young kids drinking is up), Adverse Childhood Experiences and other forms of trauma (racism, discrimination, community violence, etc.) Medi-Cal is paying to have pediatrics providers screen for. And then when they screen positive, we're still stuck with

inadequate access to preventive mental health services because of the workforce (pay+paperwork) issues.

02:48:12 Ann-Louise Kuhns: <https://capp.ucsf.edu/>

02:48:17 Heather Huszti: With workforce development want to be sure we also have adequate therapists trained - research suggests medication AND psychotherapy is the better treatment than just medication or just psychotherapy alone.

02:48:19 Camille - Redwood Community Services: We need to seriously address the difference between serving in the specialty Mental Health space ( our most acute children and youth) and serving in private practice, MCOs schools

02:49:02 Frank Dussan: I agree Camille. This is a serious issue causing fragmentation in the system.

02:49:14 Brenda Goldstein: Allow FQHCs to continue to bill for ASWs and AMFTs as they are now under the public health emergency. This has greatly expanded our ability to hire and provide BH services in an integrated setting - significant impact on workforce diversity and training and on patient access.

02:49:24 Camille - Redwood Community Services: The documentation, the salary scale , the audit pressure, the expectation for fidelity to EBP... not to mention the secondary trauma work There is a difference in public mental health that it feels like we are not addressing

02:49:25 Nina Moreno: Those who are disproportionately impacted by mh disparities (BIPOC and LGBTQ+ communities) do not trust traditional mh systems.

02:49:32 Catherine Teare, CHCF (she/her): The psychiatric-mental health NP program (post-masters certificate) is up and running at 3 UC nursing schools: <https://nursing.ucsf.edu/PMHNP-postmasters-certificate>

02:49:47 Ahmad Bahrami-Fresno County: as we have an increasing rate of substance use and the number of persons with co-occurring to either also build up the SUD workforce or to develop clinical practitioners who have better/greater SUD expertise.

02:50:21 Sonya Adam: @Nina Morena, as Carlene Davis would say, "What MH system"?

02:50:21 Michelle Cabrera, CBHDA (she/her): We have to be aware of whether we're "lifting and shifting" the workforce or adding to it. Right now, there's tremendous need across payers. The specialty system is struggling to retain workforce who are leaving for: private pay, commercial plans and schools. This is a problem in that we're not able to add to the capacity fast enough to backfill for that migration to more lucrative/attractive work/life balance sectors

02:50:38 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Agree w/Ahmad! re: SUDs workforce

02:50:56 Chris Stoner-Mertz, member: Agree, Michelle!

02:51:25 Michelle Cabrera, CBHDA (she/her): If we want an insurance based system, we need to do something to encourage clinicians to work in network with public and private insurance. This problem is unique in how it plays out in BH.

02:52:15 Stacie Hiramoto: Expanding the number of primary care physicians and psychiatric residency positions will TAKE SO LONG! Although this is important, other measures (such as hiring non-licensed people to work in behavioral health) need to be prioritized to address the problem NOW.

02:52:28 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, Vitka!

02:52:46 Jon Goldfinger: Agreed @Michelle. The first rule of health we all learn as medical providers is to stop the bleeding. These are money issues when counties and non-profit providers can't afford to keep up with the private market.

02:52:54 Heather Huszti: We need to be careful to ensure that the children's workforce has training in CHILDREN and recognize children are not small adults and that they have different ways of processing information, different coping skills and live in a different system.

02:53:41 Jennifer Alley, CAMFT: To leverage existing providers there should be an attempt to remove barriers that prevent providers, like MFTs, from providing treatment in all settings - schools, some Medi-Cal settings etc.

02:53:52 Michelle Bronson - DHHSC ED: And ensure that insurance covers costs of ASL interpreters.

02:53:57 Lucy Marrero she/hers GCHP: Agreed, Jennifer!

02:55:09 Stephanie Welch: How do we increase our workforce now? What partners need to be at the table? How do we ensure diversity and ability to meet kids and families where they are? How better leverage current workforce and expand for greater reach?

02:55:12 Chris Stoner-Mertz, member: @Vitka - yes, we need immediate, near term and future interventions to address the workforce issue

02:55:28 Michelle Cabrera, CBHDA (she/her): We also need to be mindful about the way that workforce shortages and telehealth advancements interplay. Telehealth may seem a ready solution to make up for shortages, but with children in particular, we need to be mindful that in order to meet the needs of all children, particularly more severe conditions, we may need to stay focused on in-person in addition to telehealth.

02:56:36 Heather Huszti: Great point Michelle - very hard to engage children on telehealth! Especially with HIPAA requirements, those interactive activities we use in person are not available.

02:57:04 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Agree w/Lishaun.

02:57:11 Michelle Cabrera, CBHDA (she/her): Agreed Lishaun! This applies both in terms of screening/identifying BH conditions in kids, and at the clinician level.

02:57:35 Cathy Senderling-McDonald (she/her): Great points, Lishaun! Communication/making sure it's working what is offered is so important.

The relationship between the child/parents and provider is such a huge part of the efficacy of treatment.

02:57:42 Antonia Rios: Absolutely Lishaun

02:58:14 Amanda Dickey: I have to strongly disagree with eliminating statutory prohibitions that restrict which BH staff can work with children. Children are the most vulnerable population and Education Code restrictions exist for a reason.

02:58:32 Michelle Bronson - DHHSC ED: Agreed. It's hard to keep the attention of some D/HH kids, some with autism, and some with learning disabilities on the screen.

02:58:35 Heather Huszti: Agree Amanda!!!

02:58:38 Antonia Rios: Including Parents in everything and providing support to them, create a strong support for children.

02:58:44 Michelle Cabrera, CBHDA (she/her): Sometimes delays in care are compounded because the adults in the room don't recognize the signs/symptoms and/or don't know how to address them. This is why it's important to keep the specialty focus, but also broader public education is needed.

02:58:55 Lucy Marrero she/hers GCHP: Yes, Lishaun!

02:59:07 Nina Moreno: Yes, Lishaun!

02:59:49 Lynn Thull: Yes, please. talk to the youth!

02:59:53 Marika Collins: 100% on point Lishaun!

02:59:58 Stacie Hiramoto: Yes, regarding using the big firms instead of organizations connected to BIPOC and LGBTQ communities.

03:00:30 Diane Dooley: Pediatricians are essential partners in this initiative, however many providers do not feel comfortable assuming care for even mild disorders because of lack of training and lack of practice capacity. Partnering with mental health providers within the practice team would be best. School-based services may be a good option, but only if they connect with the primary care provider as part of integrated care.

Expanding the workforce and the connections between the providers is the key to success for families, children and youth.

03:01:40 Chad Costello: Need to stop the self-inflicted wound of senseless documentation requirements. We shouldn't require people to go into additional student loan debt for the "privilege" of signing documents. Also need to make use of licensed staff at the highest level of their licensure. Just because a position is currently occupied by licensed person, doesn't mean that the position requires a licensed person.

03:01:41 Ann-Louise Kuhns: @Diana Dooley " really suggest looking at the program at UCSF " provides good support to PCPs. <https://capp.ucsf.edu/>

03:01:46 Joy Burkhard (2020 Mom): How do we address licensure backlogs [https://www.latimes.com/california/newsletter/2021-09-24/aspiring-therapists-california-waits-essential-california?utm\\_source=CalMatters+Newsletters&utm\\_campaign=0cf142936b-WHATMATTERS&utm\\_medium=email&utm\\_term=0\\_faa7be558d-0cf142936b-150590328&mc\\_cid=0cf142936b&mc\\_eid=1b54e8ea89](https://www.latimes.com/california/newsletter/2021-09-24/aspiring-therapists-california-waits-essential-california?utm_source=CalMatters+Newsletters&utm_campaign=0cf142936b-WHATMATTERS&utm_medium=email&utm_term=0_faa7be558d-0cf142936b-150590328&mc_cid=0cf142936b&mc_eid=1b54e8ea89)

03:02:08 Heather Huszti: Great point Diane! Also making payment aligned with that model, for instance CA does not allow the collaborative care coding AND severely restricts use of H & B codes which has been used successfully in other states to support this whole child integrated model.

03:02:36 Dawan Utecht, Fresno: A long range lens is critical as there are no "quick" solutions to grow the workforce. Retention crucial right now as we strategize building a pipeline.

03:03:02 Heather Huszti: Good point Joy. Our psychologists awaiting licensure are waiting over 3 to 4 months just to get a date for the EPPP or CPLEE exam and then weeks/months after passing to get their licensure number. It is severely restricting us!

03:03:11 Michelle Cabrera, CBHDA (she/her): Yes, @Dawan! Retention is key in this moment.

03:05:20 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, Kim. Great examples of workers who can be integrated into pipeline quickly.

03:05:34 Chris Stoner-Mertz, member: Great points, Kim. We cannot make it difficult to bring peers and parents into our systems

03:06:18 Diane Dooley: Programs like UCSF CAPP are great! California AAP Chapter 1 is a partner in their HRSA grant, however they provide limited consultation to providers. We need ongoing support and expertise to assume even interim care for many behavioral health conditions.

03:06:26 Amanda Dickey: It's important to think about how historic and systemic racism have contributed to a lack of diversity in the BH workforce. Specifically, it's worth noting that data indicates that more students of color earn BA/BSs and MA/MSs in psychology than White students, but there is significant drop off when it comes to practice. There is some research on why this is, including that the industry still relies heavily on unpaid internships which disadvantages candidates impacted by generational wealth gaps.

03:07:02 Dr. Erik James Escareno (they): As a Queer Indigenous Deaf person we need to move toward supporting our communities without taking advantage of our communities. My experience tells me that my skills as a community member is desirable but often their support and funding does little to support the workforces mental health itself. We need better and well researched interventions.

03:07:39 Tanya Mercado, LCSW-LAUSD/SMH: Given the complexity of meeting the Mental Health needs of children and youth, including shortage of workforce, it's pivotal for this work to recognize the value of school communities, given that many have restructured into Community School models, they function as the hub for many communities which is valuable especially when working with BIPOC

03:08:19 Michelle Bronson - DHHSC ED: Like Dr. Escareno said, many D/HH individuals who want to become therapists face barriers with testing costs, trying to establish their practice, struggles with signing up with and being compensated by Medi-Cal, etc.

03:08:31 Joy Burkhard (2020 Mom): Where formal/reimbursable peer support is emerging, as is in the case with the field of Maternal Mental Health, we are eager to offer formal peer training and a certification to professionalize the field. We are running a pilot now, using Black mothers and doulas, in CA -funded by Cigna. <https://www.2020mom.org/certified-peer-support>

03:09:09 Stacie Hiramoto: Great comments Dr. Aquino!

03:09:32 Heather Huszti: So many great ideas on ways to increase workforce and touch points for children with mental health needs - I will also add a need for (and payment for) coordination of care across sectors- such as school and primary care providers being able to talk with each other to support children, or inpatient psychiatric units work with schools upon a child's discharge.

03:09:37 Jon Goldfinger: Hooray for using pediatricians for ACEs and MH screening but if there's no MH providers to address the trauma or teen & parent MH with EBP's because the workforce is shedding Medi-Cal service like leprosy, what's the point? Diverse, community- & peer-led, and integrated workforces still need experts on the team. HHS/DHCS should do a quick evaluation as to how we can deregulate the ability to pay BH professionals ASAP before they're all gone.

03:09:45 Diane Dooley: Promoters and peer support specialists would be great additions to primary care practice

03:11:03 Cathy Senderling-McDonald (she/her): As we have in child welfare in the past several years in particular, it seems like this would be a good time to relook at the criminal background check processes and prohibitions for licensure related to certain crimes and think about whether those are so tied to historic racism that underlies not just our systems but the justice system and broader society and whether it's time to make some changes there. We have moved the needle in a good way on this in child welfare and are seeking some additional changes in legislation pending before the Governor now. Time to look at that question here as well, too.

03:11:34 Michelle Cabrera, CBHDA (she/her): Yes, @Chris - retention is key in this moment. We'll be digging ourselves a bigger hole if folks leave. It will be even worse, if they leave the public sector altogether. 03:11:35 Andy Imparato Dis Rts CA (he/him): Two points. 1) when you look at diversity within the population of children, don't forget to think about some of the unique issues facing children with other types of disabilities and chronic health conditions like intellectual disabilities, sensory disabilities, etc. 2) from a workforce standpoint, leverage HRSA funded programs like the Leadership Education in Neurodevelopmental and Related Disabilities who can help address behavioral health issues for kids with multiple disabilities and their families.

03:12:01 Dr. Erik James Escareño (they): I look forward to the next meeting and participating in creating sustainable change for CA. Thanks!

03:13:07 Lauren Libero (DDS): Individuals on the autism spectrum, despite experiencing increased rates of mental health conditions, have challenges finding providers willing to serve them. Many clinicians do not feel they have the training to serve people with developmental disabilities. I hope the pipeline does not overlook the need to build capacity to serve this already underserved population.

03:13:32 Vitka Eisen: A problematic paradox: there are many initiatives that purportedly welcome people with lived experience. Those people--particularly those who are BIPOC-- based on a racist criminal justice system, may have been targeted by police, and therefore more likely to experience arrest and conviction, based on race. And then we make it incredibly difficult for those same individuals to enter the behavioral health youth and senior workforce. Some of the most effective workers we have had in our youth development programs, have been young people of color who are former gang members, former drug users, and formerly incarcerated.

03:13:45 Stacie Hiramoto: Organizations such as Diversity in Health Training Institute need to be consulted and involved in this workforce component. DHTI's purpose is to promote conditions in which immigrants can thrive. Their vision and mission are to improve healthcare services for the local community by advancing workforce development and community wellness with and for immigrants. They connect immigrants to healthcare career pathways in the US and work with educators and employers to qualify immigrants for healthcare careers. They connect immigrants to social and mental health services and create awareness about relevant civic and public health issues such as Census 2020 and COVID-19.

03:13:59 Andy Imparato Dis Rts CA (he/him): +1 Lauren Libero

03:14:15 Megan McQuaid (she, her)-: Community Colleges are essential partners for pipeline. Non-traditional Apprenticeships can be a great strategy for reaching our community to join the workforce. They can access education at no- or low cost while earning wages. These programs should be thoughtful so they fulfill higher up education requirements to support career mobility and retention of the individuals in the field.

03:14:36 Heather Huszti: Need to include representatives of places training our workforce on many levels, peer workers, masters level clinicians, psychologists, psychiatrists, NPs, primary care providers, including internships, fellowships training representatives as well.

03:14:37 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, Vitka. We have to limit barriers for re-entry into the workforce!

03:16:14 Linda Copeland: Please bring Behavior Analysts (BCBAs etc) to the table. There are tens of thousands of trained, certified Behavior Analysts. Contact CalABA (Matt McAlear mattmcalear@calaba.org); phone 510- 290-6060 & President Amanda Nicolson: 559-320-5260

03:16:40 Amanda Dickey: It is very important to have K12 representatives at the table in all conversations about the Initiative. We have a unique set of laws, regulations, and bargaining requirements. Designing a system (including infrastructure, planning, and workforce) without K12 at the table will guarantee failure.

03:17:02 Jevon Wilkes: We must leverage state (CCC- CA Conservation Corp), Federal (WIOA- Workforce Investment Opportunity Act), and local workforce programs to engage youth especially when CA has a wavier to empower our most vulnerable youth populations to be a part of the solutions to increase our behavioral health workforce and build up communities. There is also a way to incentivize and bring college partners to the table to support youth and older adults in accessing practicum hours to streamline this process to elevate cradle to career. (Example: Youth eligible for CCC and WIOA & wavier could support local behavioral health initiatives receive a mental health first aid certificate, peer support specialist certificate, and others. There could be an increase in wages through match opportunities. These young people could also be trained in billing to be able to become the professionals we need to draw down as much of the medical benefits as possible now and in the future.)

03:17:08 Jevon Wilkes: I hope this makes sense and I see it as an opportunity right now as there are community schools and schools in general that are engaging in the behavioral health initiatives within their community. Young behavioral health professionals are being developed now.

03:17:44 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: 100% Stephanie!

03:18:01 Michelle Bronson - DHHSC ED: Agree with @jevon!

03:18:08 Jon Goldfinger: Yes!! 03:18:13 Vitka Eisen: Yes Stephanie!

03:18:25 Jon Goldfinger: Fund CBO's to train AND keep them

03:18:35 Elizabeth Oseguera: Also, would like to point out that School Based Health Centers are a great way to reach youth and provide BH services :)

03:18:51 Jon Goldfinger: Otherwise we'll be creating a pipeline for tech companies with our tax dollars.

03:18:56 Gustavo Loera: Thank you Stephanie for mentioning career technical education (CTE) I would also include career and technical student organizations like Cal-HOSA.

03:18:59 Linda Copeland: Behavior Analysts have many Evidence-Based Practices (EBPs) that can deliver effective parent-training, help children learn to read; do early intervention for developmentally delayed children or other children with special needs such as intellectual disability or autism; decrease problem behaviors; improve classroom management, and address many, many

other behavioral issues both the prevention levels and treatment levels.- Linda Copeland MD, Developmental Pediatrician

03:19:25 Lenore Anderson: In terms of additional partners, I see increasing attention to the lack of behavioral health programs that serve people in the justice system among leaders advancing justice reform, both in the private sector and the public sector. I think its crucial to break down the silos btwn systems, criminal justice and behavioral health in particular. I think there would be substantial support among justice reform leaders for a scale-up of behavioral health in a way that moves people out of justice and into health programs.

03:20:20 Chad Costello: CBOs can/should partner with community colleges - if you want diversity, youâ€™™ find it there

03:20:21 Elizabeth Oseguera: Also wanted to point out that Community Health Centers / FQHCS / RHCs won't be able to take full advantage of the Medi-Cal payment for CHW and Doula services. We hope to work with the administration to find a payment mechanism that could work for CHCs so they too can offer these services to patients and have them be funded by Medi-Cal vs grants as they mostly are now

03:20:23 Lenore Anderson: Business leaders, philanthropists, etc., interested in justice reform should be partners in scaling up BH 03:20:53 Kathy Jett: Point do history in 1977 the Department of Health developed a state classification

03:21:21 Stephanie Welch: Thanks Lenore - I agree the business community can be a good partner

03:22:35 Lishaun Francis, Children Now: agree!! we need to make sure we're providing opportunities for folks to move across/"up"/within because what ends up happening is that the folks doing the lived experience work (many/most? BIPOC) do it with little pay and all the folks with more professionalized degrees make fair pay and rely on BIPOC for the emotional labor of this work

03:23:46 Kathy Jett: The state developed a classification for alcohol and drug program specialist that recruited lived experience individuals to state positions. This was a valuable group that assisted in the formation of the previous Department of Alcohol and Drug Programs.

03:23:54 Chris Stoner-Mertz, she/hers: @Jevon - great points and ideas in terms to ways to engage more youth through CCCs and other places. They have so much to offer to this initiative.

03:24:22 Rebecca Gonzales:I echo all of Cathy's comments!

03:24:47 Stacie Hiramoto: Social workers provide more mental health services than any other profession.

03:25:01 Brenda Grealish: Agree with Vitka and Le Ondra, and add that addressing these employment barriers is going to be critical to the effectiveness/success of these initiatives. The new and expanded menu of benefits/services are terrific for those who engage in the services offered, but data from the DHCS/CDCR Medi-Cal Utilization Project show low rates of engagement for individuals returning to their communities after incarceration. As such, individuals with lived experience in the behavioral health and justice systems are going to be critical to optimize engagement.

03:25:22 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, Brenda

03:26:02 Linda Copeland: There are tens of thousands of Behavior Analysts trained now who want to be at the table

03:26:29 Amanda Dickey: Will this new position be eligible for Medi-Cal reimbursement? If not, this will create an untenable situation where we train and recruit hundreds of staff that then cannot find a job.

03:26:46 Chris Stoner-Mertz, she/hers: So important to include educators in this conversation as well. The emphasis in the initiative on school mental health interventions make partnerships with districts and LEAs critical

03:26:53 Linda Copeland: Yes, we must make sure we are also utilizing our existing work force effectively now, decrease working in silos and get more collaborative care.

03:27:05 Libby Sanchez, SEIU California: Forgot to echo Cathy's comments regarding reducing and addressing hurdles to employment for those with prior criminal and juvenile adjudicatory histories. There's a great pre-employment training program out of LA which helps those with such histories learn tools for sitting for civil service exams and interviewing for jobs. Also wanted to add the need to look comprehensively at other workforce needs, especially in relation to child welfare social workers and public health nurses. Finally wanted to underscore comment made by another speaker regarding need for funding for apprenticeship/training programs including funding for supervising workforce.

03:28:21 Kim Lewis: Need to also partner with First5CA to think about infants and young children prevention and early intervention models and EBPs.

03:29:32 Connie Mitchell: I just wanted to be sure everyone knows that the Center for Family Health in the Department of Public Health has allocated one time funding to do an oversampling of CA households for the National Survey of Children's Health. With this opportunity we will be able to go from our usual survey of 3000 households to 30,000 households. This is a great opportunity to learn more about behavioral health, measures of risk, resiliency and impact. We will oversample in 2022.

03:30:42 Camille - Redwood Community Services: That is wonderful news Connie Mitchell.. The data and information you glean could really help our systems think upstream for how to help our children, youth and families.

03:31:07 Linda Copeland: Important for health insurance plans to cover preventative services like evidence-based parent training such as Incredible Years, Triple P (Positive) Parenting Program, Parent-Child Interaction Therapy, Child-Parent Psychotherapy and parents doing Functional Assessments with Telehealth guidance as researched by Dave Wacker PhD at University of Iowa Hospitals & clinics.

03:31:14 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, the nursing project was very successful and we can see the long term impacts of it

03:31:43 Linnea Koopmans - LHPC (she/her): Thank you! Re: my comments on CYBHI landscape analysis sequencing, I am thinking of some of the programs under DHCS that are implementing in 2022, including the Student BH Incentive Program and school-linked infrastructure grants, etc. Look forward to hearing more and revisiting at a future meeting.

03:32:59 Jon Goldfinger: @Stephanie - love the idea of bringing business/employer community to table as they too are experiencing high turnover related to Covid burnout. And have to be careful re potential fox in henhouse if thinking of private sector teleMH as they're luring away the Medi-Cal MH workforce (even if Medi-Cal paperwork, reimbursement parity, & contracting overregulation in the SMHP carve out are root causes). Maybe HHS/DHCS could work with McKinzie on a market pay

analysis and benchmark for counties and plans a pay-rate outcome where they need to get pay up to X for certain roles to ensure those with low-income, disproportionately Black, Latinx, and LGBTQ+ youth, do not lose mental health services.

03:33:02 Toni Trigueiro: Nursing shortages were addressed by increasing the number of nurses with community college degrees as opposed to nurses with Bachelors and Master degrees who are more likely to work towards the Pupil Personnel Services credential needed to both work in schools and supervise non-credentialed employees providing services in schools

03:33:42 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, exactly Toni. Utilizing community college programs to build the pipeline was key.

03:33:56 Natalie Zavala: Thank you Linnea for asking the question! I also look forward to hearing more.

03:34:37 Toni Trigueiro: But that particular route does not address the need for nurses with Bachelor Degrees and more

03:36:51 Tanya McCullom: THANK YOU SONYA!!!!

03:37:32 Nina Moreno: I agree Sonya!

03:37:33 Diane Dooley: I believe that it would help support workforce capacity if interpreters and medical providers were able to bill additional time for every interpreted visit. Everything is repeated in the visit so Without additional time and billing, youâ€™re forced to just discuss less during the visit. This does not serve the needs of many families, especially those with behavioral health concerns.

03:38:02 Nina Moreno: It is about the approach!

03:38:24 Michelle Bronson - DHHSC ED: Exactly Diane!

03:39:28 Joy Burkhard (2020 Mom): How do we reduce barriers for community based orgs providing BH care (and evidence based prevention services) to provide services that are reimbursed by MediCal?

03:39:54 Michelle Bronson - DHHSC ED: With insufficient D/HH clinicians, mental health workers, therapists, etc., the D/HH face additional barriers in finding therapists willing to work with them and provide communication access. Writing back and forth is not effective and adds on additional frustrations. Does not work with D/HH children.

03:40:15 Chris Stoner-Mertz, she/hers: @Sonya - exactly - we can't just add to the system as it exists but by developing new systems and services that address the needs of BIPOC/LGBTQI, etc.. Community-defined practices.

03:40:42 Lishaun Francis, Children Now: Thanks Sonya!! and want to highlight your point on pay-important not to rely solely on BIPOC to do the emotional labor with little pay

03:40:42 Joy Burkhard (2020 Mom): So nicely said Sonya!

03:41:17 Stacie Hiramoto: Well said Sonya! Thank you!

03:42:46 Brenda Grealish: Second Sonya's point, and add that we need to do something different for BIPOC, in general. Suggest exploring non- traditional community-based providers, many of whom rely on unstable, short-term funding sources (e.g., grants, foundations) to determine how to fold them into the larger "systems." For example, the CRDP has seeded many community-based providers, but

these providers are not Medi-Cal certified. I've been referring to these (and other) community-based providers as the "hidden network." How can we bring them into the broader system landscape as the "something new" that will actually serve to address longstanding systemic inequities.

03:42:55 Michelle Cabrera, CBHDA (she/her): Yes to all this! Behavioral health is: biopsychosocial. Emphasis on the Psychosocial needs and responses. We can't forget that insurance, whether Medi-Cal or private commercial still needs to catch up to those very effective interventions which so often aren't funded by insurance and reflected in the service array provided through our public safety net in partnership with consumers and communities.

03:43:15 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Agree. 100%!

03:47:14 Camille - Redwood Community Services: Currently the private insurance companies largely do not reimburse counties for the Crisis work and support that is given to their beneficiaries because it is provided by MHRCA's and not licensed clinicians though licensed clinicians oversee as well as the medical physician in the hospital.. This is a significant cost (in our counties about 30 percent ) of the work of our crisis support systems and could be resolved by medicare, and our private insurance plans simply credentialing the qualified Mental Health Rehabilitation Specialists who are willing and able to provide this very intense field work. This is one of many easy changes that could be considered to build capacity and funding.

03:47:38 Jon Goldfinger: Yes @SecGhaly! Integrated care can happen in all our settings.

03:48:18 Nina Moreno: Yes, yes, yes to Brenda's comments.

03:48:46 Michelle Cabrera, CBHDA (she/her): Again, the CHW and peer workforce aren't new to our public behavioral health system, but they have not been paid for through insurance - that is the shift. Camille's point about the gaps in insurance reimbursement - whether Medi-Cal or commercial are very relevant and will support sustainability for any emerging or expanding workforce.

03:49:34 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Agree w/Camille

03:52:37 Diane Dooley: Group appointments for pediatric obesity have been very successful and could be translated into similar options for some teens with anxiety/depression. They utilize PHNs and CHWs.

03:54:39 Kim Lewis: Peers and parent partners are already a paid part of the workforce in SMHS (e.g. Therapeutic behavioral services and rehab/wraparound) but not across the board.

03:55:56 Lynn Thull: Agree with Kim Lewis. Many peers have been billing to Medi-Cal SMHS tx codes for a very long time and have not had their billings disallowed.

03:56:18 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, at Kim and Lynn, very true

03:56:18 Dr. Jim Kooler- DHCS: If you have an extra minute to hear the voices of youth about their experience during COVID-19- follow this link- <https://vimeo.com/620087197> - What is your word? Thank you for all you do!

03:56:22 Megan McQuaid (she, her)-: Ideally an environmental scan can outline the existing requirements regarding worker competencies and educational attainment required for organizations to access existing funding sources for their services. This will allow us to then get creative regarding how to support individuals in more authentic and customized ways to meet these requirements as well as ensure the organizations access funding to be able to pay them for this work.

03:56:42 Camille - Redwood Community Services: Well said Megan McQuaid

03:59:07 Bright Heart Health- R Courtemanche: All, leaving to another Mtg. Thank you ALL for the time & space today! All my best!

03:59:26 Michelle Cabrera, CBHDA (she/her): @Kim, Lynn, etc - these peers in Medi-Cal were not billing for certified peer services. There are individuals with lived experience who may bill under other existing codes, but that doesn't mean that they have received the training to deliver the value of peer services with fidelity to the model. The difference with SB 803 will be we will be able to ensure that fidelity and track peer- specific services in Medi-Cal.

04:00:30 Elizabeth Landsberg: Thanks, @Tanya McCullom. Yes, many HCAI/OSHPD workforce programs support people from communities to serve those communities and have a service obligation to work in medically underserved areas. Thank you for your input.

04:00:55 Camille - Redwood Community Services: Thank yo so sincerely Secretary Ghaly and our legislative leaders and Governor for this unprecedented opportunity to truly support the emotional and behavioral health needs of our children and youth. I hope we can make it a reality for them.

04:02:30 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Great work, Nina and CRDP colleagues!

04:03:14 Kim Lewis: @Michelle I think there is fidelity (not a state standard or certification requirement) but that is certainly a different question than payment. More discussion is needed on this as this is not black and white.

04:04:21 Stacie Hiramoto: Yes Nina! CDEPs over EBPs!!!

04:04:26 Michelle La Place-Watts (she, her, hers): We are the answer to the inequity in the health care systems as they currently stand. We as culturally relevant providers should be prioritized because we understand how to work with BIPOC communities. More of the same is not sufficient and has underserved our communities that are disproportionately impacted by systems of oppression, MediCal being one of those systems.

04:04:34 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: Yes, (I think I was part of the "etc" :) I think the comments made were about current practices and the ability for these folks to currently bill- not about training requirements etc which are also important of course.

04:04:40 Lynn Thull: well said Nina!

04:04:52 Brenda Grealish: Yes, Nina!

04:05:49 Nina Moreno: Rebecca Gonzalez = The Best Closer!

04:06:14 Michelle Cabrera, CBHDA (she/her): My point, @Kim, is that we can't know the degree to which peer services are happening under Medi-Cal unless and until we have a specific billing code. The statewide certification will ensure a consistent set of standards. Much like with the integration of CHWs into Medi-Cal services. This is why I said they're there and not understood/acknowledged under our insurance reimbursement models.

04:07:11 Nina Moreno: Thank you, All!

04:07:26 Nina Moreno: Thank you, Stephanie.

04:07:26 Tanya McCullom: THANK YOU!

04:07:27 Le Ondra Clark Harvey, Ph.D., CEO of CBHA: What a great meeting! Thank you all!

04:07:43 Dr. Seciah Aquino (LCHC) She/Her/Hers: Thank you for a wonderful meeting!

04:07:46 Chris Stoner-Mertz, she/hers: Thank you Stephanie and Dr. Ghaly! Great meeting.

04:07:47 Kangeyan Pachaiyappan: Thank you Ms. Welch