

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

December 7, 2021

VIRTUAL MEETING PROTOCOLS

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

BHTF MEMBERS

- Mute/Unmute Functionality to members and policy partners.
- Stay ON MUTE when not speaking and utilize the “raise hand feature” if you have a question or comment.
- Please turn on your camera and engage
- Use chat for additional conversation

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

TASK FORCE MEETING AGENDA

1. Welcome & Introductions
2. Youth Perspective
3. Children and Youth Behavioral Health Initiative
4. Short Break
5. The Work of the BHTF
6. The Dynamic and Changing Behavioral Health Environment -
Task Force Member Discussion
7. Next Steps
8. Public Comment



Member Introductions

Where in California do you work?

- **SUPERIOR** (Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama and Trinity)
- **CENTRAL** (Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Yuba, Tulare, Tuolumne, and Yolo)
- **BAY AREA** (Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, and City of Berkeley)
- **SOUTHERN** (Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura, and Tri-City (Pomona, Claremont, La Verne))
- **LOS ANGELES** (County of Los Angeles)
- **STATEWIDE**

What is the primary age group that you work with?

(Check all that apply)

- 0-5
- 5-18
- 18-24
- 24-65
- Over 65

WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS



Melissa Stafford Jones, MPH
Director of the Children and Youth
Behavioral Health Initiative, CalHHS



Orit Kalman, PhD
Senior Facilitator/Mediator



Julia Van Horn
Lead Facilitator/Mediator

Facilitation Team
California State University, Sacramento
Consensus & Collaboration Program

YOUTH PERSPECTIVE

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

MATTHEW DIEP, ASSISTANT PROGRAM MANAGER, MENTAL HEALTH AMERICA OF CALIFORNIA

GENIE KIM, DIRECTOR OF STUDENT MENTAL HEALTH AND WELL-BEING,
UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT

Children and Youth: New BHTF Members



Jackie Thu-Huong Wong,
First 5 California



Ken Berrick, Seneca Family
of Agencies



Matthew Diep, California
Youth Empowerment
Network



Genie Kim, University of
California Office of the
President

YOUTH VIDEO DIARIES ON EXPERIENCES WITH BEHAVIORAL HEALTH



What are best practices to bringing youth voices into the BHTF?

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

MELISSA STAFFORD JONES, MPH

DIRECTOR OF THE CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE, CalHHS

Behavioral Health Task Force: Children and Youth Behavioral Health Initiative Program Update

Meeting Document

December 7, 2021



Office of the California
Surgeon General
Dr. Nadine Burke Harris

Agenda

1. Reflect on program aspirations
2. Discuss building blocks for stakeholder engagement
3. Share high-level roadmap and milestones
4. Share available program overview materials

Children and Youth Behavioral Health goal and aspirations (1/2)

As of December 3, 2021

The goal of the Children and Youth Behavioral Health Initiative is to **reimagine the systems that support behavioral health and wellness for California's children and youth** into an innovative, upstream focused, ecosystem where **ALL children and youth are routinely screened, supported, and served** for emerging and existing **behavioral health** (mental health and substance use) **needs**

Source: California Health and Human Services Agency



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Dr. Nadine Burke Harris

Children and Youth Behavioral Health goal and aspirations (2/2)

As of December 3, 2021

Advance Equity

ALL children, youth and their families have access to linguistically, culturally and developmentally appropriate services and supports

Designed for Youth by Youth

Children and youth are engaged in the design and implementation of services and supports; ensuring that programs center on their needs

Start Early, Start Smart

The systems that support children, youth, and their families act early by promoting positive mental health and reducing risk for more significant mental health needs / challenges

Center around Children and Youth

Across all levels of government, child- and youth-serving agencies form coordinated systems of care to deliver high-quality behavioral health programs responsive to the needs of youth and their families

Empower Families and Communities

People who teach, work with or care for children and youth are equipped to recognize signs of poor mental health or substance use and know how to access supports

Right Time, Right Place

Youth and children can access high-quality care and information when they need it – including early mornings, evenings and weekends and where they need it – including where they live, learn, and play

Free of Stigma

Children, youth and their families can talk about their mental health and well-being and seek help without feeling ashamed or fearing discrimination



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Questions for discussion

As of December 3, 2021

The Children and Youth Behavioral Health Initiative aims to reimagine mental health and emotional well-being for ALL children, youth, and families in California by delivering equitable, appropriate, timely, and accessible behavioral health services and supports.



1. What **aspects of the system** are most important to reimagine to achieve greater person-centeredness and advance equity?
2. How would you **define success** for this initiative in 5 years?

Source: California Health and Human Services Agency

Building blocks for stakeholder engagement

As of December 3, 2021

What will be included in the stakeholder engagement plan?

The stakeholder engagement plan will **outline the approach** to engaging stakeholders through the design, development, and implementation of the initiative. It will define

Which stakeholders will be engaged (i.e., stakeholder types and specific organizations)

How stakeholders will be engaged (i.e., engagement model, channels, and timeline)

Frequency at which stakeholders will be engaged

Who will engage the stakeholders

Source: California Health and Human Services Agency



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Dr. Nadine Burke Harris

Stakeholder engagement – guiding principles

As of December 3, 2021

Bring diversity of voices to advance equity and address needs for all Californians in a way that **centers the experience and engagement of children, youth, and their families**

Reflect perspectives from the field – across the continuum of care / support and across systems and sectors

Provide consistent messaging to build awareness and shared understanding of the program

Utilize existing channels where they are effective; **establish new channels in a purposeful way**

Coordinate and aggregate asks for stakeholder inputs to avoid fatigue and maintain high level of engagement

Embed stakeholder engagement activities in state departments leading program implementation

Provide frequent updates and materials as stakeholders may engage with the initiative at different stages

Source: California Health and Human Services Agency



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Stakeholder engagement – potential elements to consider

As of December 3, 2021

	Types of stakeholders	Engagement model	Level of involvement
Description	Stakeholder groups that would be engaged as part of the effort. Stakeholders represent a variety of fields and sectors (e.g., education stakeholders, healthcare stakeholders, etc).	Models of collaboration that define stakeholder roles and expectations from stakeholders. The engagement model with each stakeholder may differ by program component and may evolve over the duration of the effort.	Frequency of interaction with stakeholders and level of effort needed to support the selected engagement model. The level of involvement of stakeholders may evolve over time.
Examples	Youth, families and individuals with lived experience Federal, state and local government partners Community-based organizations Education and health / behavioral health providers	Inform Consult Involve Collaborate Empower	Extensive Moderate Occasional

Source: California Health and Human Services Agency



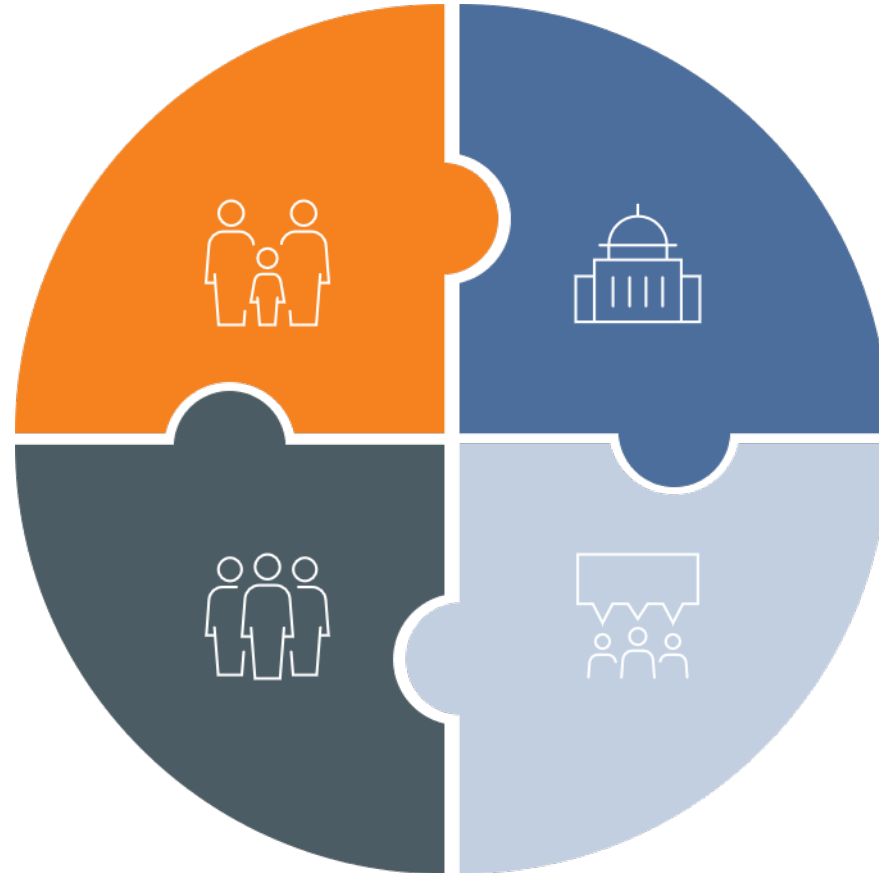
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Potential types of stakeholders

As of December 3, 2021

Individuals with lived experience

Subject matter experts



Federal, state and local government partners

Community partners and stakeholders on the ground and in the field

Source: California Health and Human Services Agency

Potential stakeholder engagement models

As of December 3, 2021

	Inform	Consult	Involve	Collaborate	Empower
Description	Inform or educate stakeholders	Obtain information and feedback from stakeholders to inform decisions	Work directly with stakeholders throughout the process to ensure that issues and concerns are understood and considered	Partner with stakeholders (groups) for the development of mutually agreed solutions and joint plan of action	Delegate decision-making in the hands of the stakeholders. Stakeholders are enabled/equipped to actively contribute to the achievement of outcomes
Promise to stakeholders	<i>“We will keep you informed”</i>	<i>“We will keep you informed, listen to and acknowledge your concerns, and provide feedback on how input influenced the decision”</i>	<i>“We will work with you to ensure that your concerns and issues are directly reflected in alternatives developed and provide feedback on how input influenced the decision”</i>	<i>“We will work together to agree on what we will implement and incorporate your advice and recommendations into the decisions to the maximum extent possible”</i>	<i>“We will implement what you decide and we will support and complement your actions”</i>

Source: IAP2. Spectrum of Public Participation

Questions for discussion – Linking your experience/expertise to the CYBHI

1. How could you bring engagement and insights from stakeholders/ groups that you are part of to the Behavioral Health Task Force?
2. How can CalHHS support you or your organization/ constituency to bring those insights to the Behavioral Health Task Force?
3. What are some examples of existing forums and channels, where CalHHS and its departments do not currently participate, that would have important insights to provide on the initiative?



Source: California Health and Human Services Agency

Milestones in July 2021 – June 2022

As of December 3, 2021

1	2	3	4
Expand equitable access, with no wrong door for children, youth, and families	Build capacity for prevention, treatment, and recovery services	Raise awareness and engage communities and families	Deliver behavioral health care services and supports that work
Behavioral health platform: Identify critical features and prepare to select technology partner(s)	Behavioral health workforce: Release BH workforce framework for BH counselors and coaches as well as SUD workforce Continuum of care: Complete capacity and gap analysis; prepare to administer grants	Public education and awareness: Complete trauma-informed training for educators Prepare to launch culturally specific public education and awareness campaigns	Evidence-based and community-defined practices: Identify evidence-based and community-defined programs for roll out Select a third-party grant administrator Start administering grants
Youth voice and family/ community engagement	Activate youth, family, and community engagement through existing and new channels and forums		
Integration, evaluation and continuous improvement	Launch regular program performance reporting and release approach to program evaluation Establish and maintain expert forums and stakeholder workgroups to provide support across program components		

Source: California Health and Human Services Agency



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Integrated 5-year roadmap (1/2)

As of December 3, 2021

	2021	2022	2023	2024	2025	
1. Expand equitable access	Behavioral health services platform				BH service virtual platform including e-Consult	
	School-linked and school-based services		School-linked capacity / infrastructure grants		Statewide behavioral health network and fee structure for school-based services	
	Enhanced primary care system			Issue initial guidance for commercial plans Provider education campaign	Begin enforcement	
2. Build service capacity	Expanded behavioral health workforce		Complete BH/ SUD needs and landscape analysis and release SUD and BH Coaches frameworks			
			Launch broad BH initiatives when ready and begin program evaluation design	Administer award cycles for broad BH initiatives and begin program evaluation	Administer award cycles and conduct program evaluation	Administer award cycles and conduct program evaluation
			Launch BH Coaches training program and SUD award cycle	Administer award cycles and design program evaluation	Administer award cycles and begin program evaluation	Administer award cycles and begin program evaluation

Source: CalHHS, HCAI, CDPH, OSG, DMHC, [DHCS Major Program Initiatives Go Live as of 10/13/2021](#)



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Integrated 5-year roadmap (2/2)

As of December 3, 2021

		2021	2022	2023	2024	2025
3. Raise awareness and engage	Public education and ACEs awareness	Launch provider ACEs education campaign	Launch ACEs and toxic stress public aware-ness campaign	Evaluate success/ challenges of trauma-informed training for educators		
		Promote CYBHI via stakeholder engagement and media appearance	Complete trauma-informed training for educators			
4. Provide BH services and supports	Evidence- and community-based practices		BH evidence-based programs grants			
5. Youth voice and family/ community engagement		Launch youth digital diaries	Activate youth engagement forums			
6. Integration, evaluation and continuous improvement			Set up Delivery Unit			
			Issue RFP for program evaluation partner			
			Launch on-going evaluation efforts			

Source: CalHHS, HCAI, CDPH, OSG, DMHC, [DHCS Major Program Initiatives Go Live as of 10/13/2021](#)



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Question for discussion – Short and long-term accomplishments



What is the BHTF's advice and suggestions on how we can ensure simultaneous progress on both addressing the needs of children and youth today AND doing the longer-term systems reimagining/change work of the CYBHI?

Source: California Health and Human Services Agency



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Program overview materials

Program Brief

Document describing the initiative including goals, background, initial focus areas / components, timelines and milestones

Program webpage

- Webpage containing information about the initiative and contact information for questions, comments, feedback
- Webpage will be continuously updated with relevant program information
- **[Placeholder for webpage link]**

Children and Youth Behavioral Health Initiative

Overview

The goal of the Children and Youth Behavioral Health Initiative is to reimagine the systems that support behavioral health and wellness for California's children and youth into an innovative, up-stream focused, ecosystem. This ecosystem will focus on promoting well-being and preventing behavioral health challenges, and on routinely screening, supporting, and serving ALL children and youth for emerging and existing behavioral health (mental health and substance use) needs.

Figure 1: Children and Youth Behavioral Health Initiative goals



As of December 3, 2021

Figure 2: Children and Youth Behavioral Health Initiative initial focus areas and components



Timeline and milestones

Since the California State Budget passed in July 2021 which included the Children and Youth Behavioral Health Initiative, CalHHS has launched an interdepartmental team to focus initially on activating and expanding stakeholder engagement, analyzing existing efforts, planning implementation, and making preparations to launch the initial solution design. A roadmap and milestones will be defined and updated as the team incorporates stakeholder inputs and completes the initial planning phase across all program components.

Source: California Health and Human Services Agency

SHORT BREAK



THE WORK OF THE BHTF

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

ORIT KALMAN, SENIOR FACILITATOR, CONSENSUS & COLLABORATION PROGRAM

CalHHS Guiding Principles

Focus on Equity

Actively Listen

Use Data to Drive Action

See the Whole Person

Put the Person back in Person-Centered

Cultivate a Culture of Innovation

Deliver on Outcomes



CalHHS Strategic Priorities

Create an Equitable Pandemic Recovery

Build a Healthy California for All

Integrate Health and Human Services

Improve the Lives of California's Most Vulnerable

Advancing the Well-Being of Children and Youth

Build an Age-Friendly State for All



The Work of the BHTF

Orit Kalman, Senior Facilitator, CSUS - CCP
Julia Van Horn, Lead Facilitator, CSUS - CCP

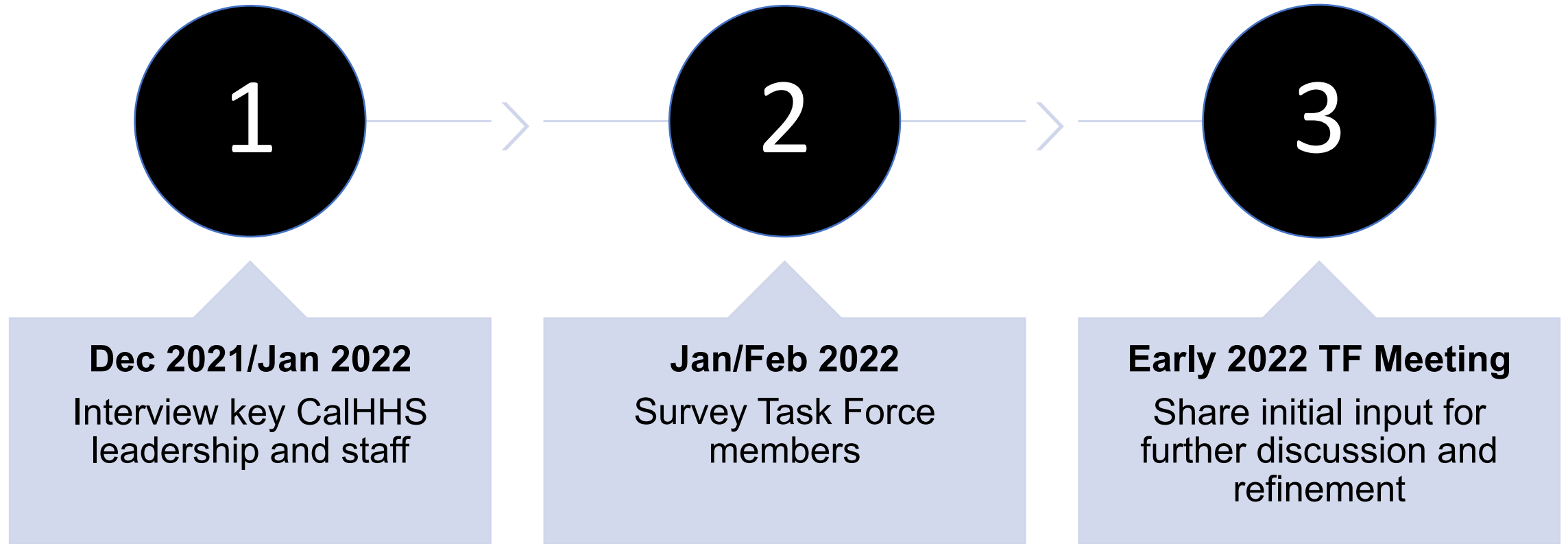
The Role of the Behavioral Health Task Force



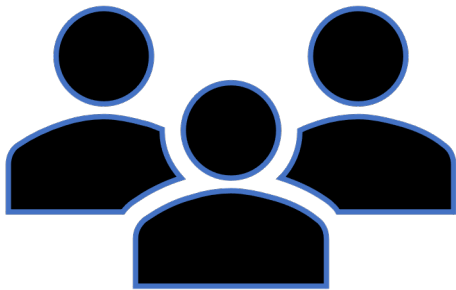
“Addressing urgent mental health and substance use disorder needs across California”.

What does it mean in the context of the Behavioral Health Task Force?

Developing a Task Force Charter - Process



Developing a Task Force Charter: Key Components



1. **Purpose and scope:** What is our shared agenda as a Task Force?
2. **Guiding Principles:** What is the culture and approach to our shared work?
3. **Membership:** Who's voice need to be at the table?
4. **Evaluation process:** How do we assess our impact and success?
5. **Engagement:** How do we connect and leverage the different spheres that members engage in?
6. **Communication:** How do we ensure transparent and inclusive environment that promotes equity and learning?



What are the necessary ingredients for a successful Task Force?

THE DYNAMIC & CHANGING BEHAVIORAL HEALTH ENVIRONMENT

TASK FORCE MEMBERS OPEN DISCUSSION



How does the work that you do in your world relate to the CYBHI?

NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

PUBLIC COMMENT

- Please use the “**raise hand function**” and you will be unmuted in order to make comments
 - Via phone, dial *9 to raise hand
- Please state **your name and affiliation** prior to public comment
- Please **be succinct**
- Comments can also be emailed to BehavioralHealthTaskForce@chhs.ca.gov

Thank you!

[California Health & Human Services Agency](#)