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
Melia 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
Our Mission

Our mission is to empower Transitional Age Youth (TAY) to be leaders in community and mental health system transformation and to create positive change through the promotion of culturally appropriate supports, services, and approaches that improve and maintain the mental health of California’s TAY.

We envision a community in which Transitional Age Youth in need of mental health services have access to resources and supports so they can lead self-fulfilling lives and be contributing members of society.

Who Are Transitional Age Youth?

TAY stands for Transitional Age Youth. The term represents young people between the ages of 15 and 26. TAY are not children and they are not adults. They are a unique group that requires customized services and supports to meet their distinctive needs.
Meet the Officers!

Founded in 2006, CAYEN is the Transitional Age Youth program of Mental Health America of California. We are a mental health advocacy board composed of 12 TAY who have been touched by the mental health, juvenile justice, or foster care systems.
Year 1 & 2 TAY Action Teams

SANTA BARBARA COUNTY

SAN FRANCISCO COUNTY

HUMBOLDT COUNTY

SACRAMENTO COUNTY

SACRAMENTO COUNTY

MONTEREY COUNTY

ORANGE COUNTY

LOS ANGELES COUNTY

BUTTE COUNTY
Year 3 TAY Action Teams

For year 3, we are partnered with community-based organizations who already have very strong, established relationships with high schools in the counties that we are focusing our efforts in.
CAYEN's Reach Across the State

• CAYEN's Statewide TAY Board
• 15 TAY Action Teams across the State
• California Department of Social Services Backbone Committee
• Mental Health Services Oversight & Accountability Commission (MHSOAC) Anti-Bullying Advisory Committee
• California Department of Education and MHSOAC Student Mental Health Webinar Advisory Committee
• Panels, Conferences, and more

CAYEN was a co-sponsor of SB 224, which recently passed to help bring mental health education to schools across California!

CAYEN elevates the voices of TAY across the state by bringing TAY leadership into both local and statewide behavioral health public policy spaces. We uplift community-specific needs, build strong alliances, and create actionable change together!

CAYEN's 2020 State of the Community Report
Important Lessons Learned

• Understand where are youth already meeting/convening?
• Ask who is missing from the conversation? How do we authentically engage them?
• Identify opportunities for different levels of youth leadership (Hart's Ladder).
• Developing accessible processes for youth to provide input.
• Directly incorporate youth input into policies/programs that impact the lives of youth.
• Setting and communicating clear boundaries to manage expectations and limitations.
• Commitment to growth demonstrated through concrete action items.
• Providing appropriate compensation to youth for their leadership, especially when they are participating outside of the scope of their employment.
Hart's Ladder of Youth Participation

8. Young people & adults share decision-making power.
7. Young people lead & initiate action.
6. Adult-initiated, shared decisions with young people.
5. Young people consulted and informed.
4. Young people assigned and informed.
3. Young people tokenized.
2. Young people are decoration.
1. Young people are manipulated.
Immediate Recommendations

Re: The Children and Youth Behavioral Health Initiative

• Use Hart's Ladder to identify different opportunities for youth leadership at different stages of planning and implementation.
• Bring youth stakeholders into any decision making spaces where adult stakeholders currently have decision making power.
• Develop a Request for Proposal (RFP) to identify stakeholder(s) who can support authentic recruitment and engagement of youth across California.
• Hold focus groups with a diverse pool of youth impacted by different systems in California to inform the points listed above.
Thank you!

WEBSITE
ca-yen.org

EMAIL ADDRESS
mdiep@mhac.org
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, CaHHS
Behavioral Health Task Force: Children and Youth Behavioral Health Initiative Program Update

Meeting Document
December 7, 2021

Information contained in this file is confidential, preliminary and pre-decisional.
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
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
**Children and Youth Behavioral Health goal and aspirations (2/2)**

**As of December 3, 2021**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Equity</strong></td>
<td>ALL children, youth and their families have access to linguistically, culturally and developmentally appropriate services and supports</td>
</tr>
<tr>
<td><strong>Designed for Youth by Youth</strong></td>
<td>Children and youth are engaged in the design and implementation of services and supports; ensuring that programs center on their needs</td>
</tr>
<tr>
<td><strong>Start Early, Start Smart</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Center around Children and Youth</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Empower Families and Communities</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Right Time, Right Place</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Free of Stigma</strong></td>
<td>Children, youth and their families can talk about their mental health and well-being and seek help without feeling ashamed or fearing discrimination</td>
</tr>
</tbody>
</table>
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
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

Information contained in this file is confidential, preliminary and pre-decisional
# Stakeholder engagement – potential elements to consider

As of December 3, 2021

<table>
<thead>
<tr>
<th>Item</th>
<th>Types of stakeholders</th>
<th>Engagement model</th>
<th>Level of involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>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).</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Examples</td>
<td>Youth, families and individuals with lived experience</td>
<td>Inform Consult Involve Collaborate Empower</td>
<td>Extensive Moderate Occasional</td>
</tr>
</tbody>
</table>
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

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## Potential stakeholder engagement models

As of December 3, 2021

<table>
<thead>
<tr>
<th>Item</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Inform or educate stakeholders</td>
<td>Obtain information and feedback from stakeholders to inform decisions</td>
<td>Work directly with stakeholders throughout the process to ensure that issues and concerns are understood and considered</td>
<td>Partner with stakeholders (groups) for the development of mutually agreed solutions and joint plan of action</td>
<td>Delegate decision-making in the hands of the stakeholders. Stakeholders are enabled/equipped to actively contribute to the achievement of outcomes</td>
</tr>
</tbody>
</table>

### Promise to stakeholders

- **Inform**: “*We will keep you informed*”
- **Consult**: “*We will keep you informed, listen to and acknowledge your concerns, and provide feedback on how input influenced the decision*”
- **Involve**: “*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*”
- **Collaborate**: “*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*”
- **Empower**: “*We will implement what you decide and we will support and complement your actions*”

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
<table>
<thead>
<tr>
<th>Milestones in July 2021 – June 2022</th>
<th>As of December 3, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Expand equitable access, with no wrong door for children, youth, and families</td>
<td><strong>2</strong> Build capacity for prevention, treatment, and recovery services</td>
</tr>
<tr>
<td>Behavioral health platform: Identify critical features and prepare to select technology partner(s)</td>
<td>Behavioral health workforce: Release BH workforce framework for BH counselors and coaches as well as SUD workforce</td>
</tr>
<tr>
<td><strong>Continuum of care</strong>: Complete capacity and gap analysis; prepare to administer grants</td>
<td></td>
</tr>
<tr>
<td><strong>Youth voice and family/community engagement</strong></td>
<td><strong>Activate youth, family, and community engagement through existing and new channels and forums</strong></td>
</tr>
<tr>
<td><strong>Integration, evaluation and continuous improvement</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: California Health and Human Services Agency
## Integrated 5-year roadmap (1/2)

As of December 3, 2021

<table>
<thead>
<tr>
<th>Step</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expand equitable access</td>
<td><strong>Behavioral health services platform</strong></td>
<td><strong>School-linked capacity / infrastructure grants</strong></td>
<td><strong>Statewide behavioral health network and fee structure for school-based services</strong></td>
<td><strong>Issue initial guidance for commercial plans</strong></td>
<td><strong>Begin enforcement</strong></td>
</tr>
<tr>
<td></td>
<td>School-linked and school-based services</td>
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<tr>
<td>2. Build service capacity</td>
<td><strong>Expanded behavioral health workforce</strong></td>
<td><strong>Complete BH/ SUD needs and landscape analysis and release SUD and BH Coaches frameworks</strong></td>
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<td></td>
<td></td>
<td><strong>Launch broad BH initiatives when ready and begin program evaluation design</strong></td>
<td></td>
<td><strong>Administer award cycles for broad BH initiatives and begin program evaluation</strong></td>
<td><strong>Administer award cycles and conduct program evaluation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Launch BH Coaches training program and SUD award cycle</strong></td>
<td></td>
<td><strong>Administer award cycles and design program evaluation</strong></td>
<td><strong>Administer award cycles and begin program evaluation</strong></td>
</tr>
</tbody>
</table>

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

Information contained in this file is confidential, preliminary and pre-decisional
## Integrated 5-year roadmap (2/2)

As of December 3, 2021

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

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

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

1. Dec 2021/Jan 2022
   Interview key CalHHS leadership and staff

2. Jan/Feb 2022
   Survey Task Force members

3. Early 2022 TF Meeting
   Share initial input for further discussion and refinement
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?
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