

# 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





CA-YEN.org



@ca\_yenetwork



facebook.com/California  
YouthEmpowermentNetwork

# CAYEN Overview



# Our Mission

## 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.**

**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



**Warda Ali**  
**Co-Vice President**  
**Sacramento County**



**Morgan Nguyen**  
**Co-President**  
**Los Angeles County**



**Aj Arzaluz**  
**Co-President**  
**Sacramento County**

# 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.



**Mico Mastrili**  
**Co-Vice President**  
**Sacramento County**



**Zofia Trexler**  
**Secretary**  
**Fresno County**



# CAYEN's Board

(continued)



Eboni Stallworth,  
Sacramento County



Xiaoyuan (Claire) Zhang,  
Alameda County



AJ Aguilar,  
Yolo County



**ADVOCACY  
COMMITTEE**



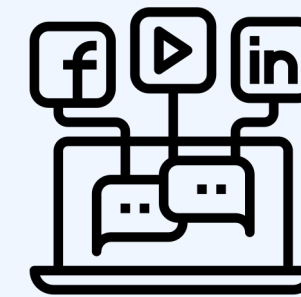
Lorne Wood,  
Los Angeles County



Derek Doung,  
Los Angeles County



Riana Youngken,  
Riverside County



**SOCIAL MEDIA  
COMMITTEE**



**WELLNESS  
COMMITTEE**

# 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.



SAN DIEGO COUNTY



ORANGE COUNTY



SAN BENITO COUNTY



TEHAMA COUNTY



FRESNO COUNTY



# 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's 2020 State of the Community Report

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

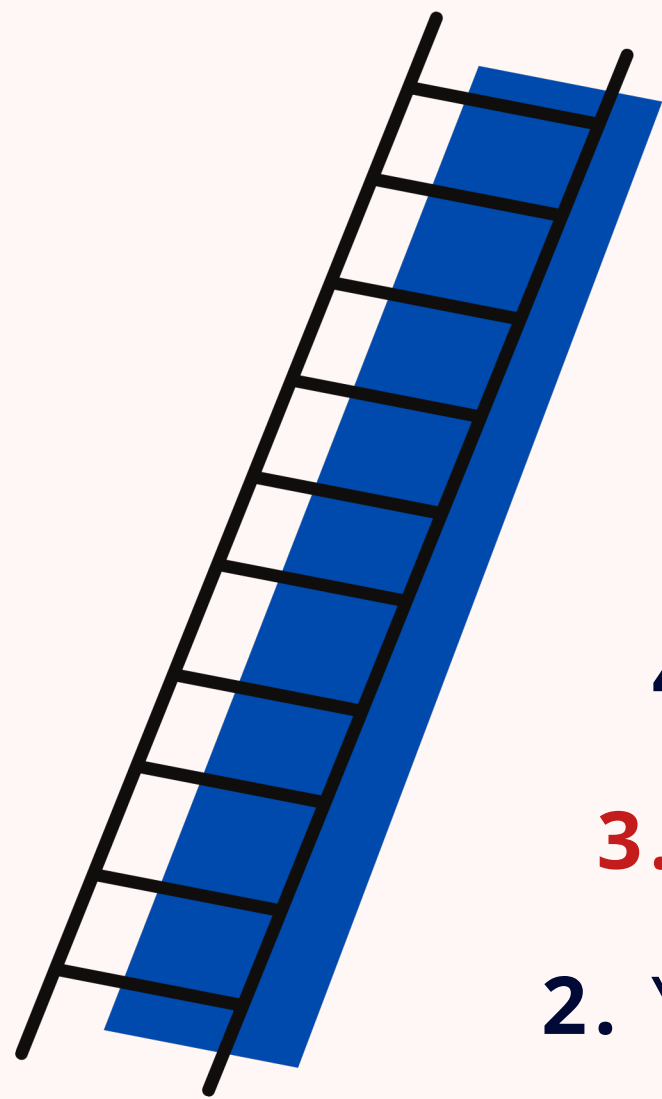
CAYEN elevates the voices of TAY across the state by bringing TAY leadership into both local and statewide behavioral health public policy spaces. We uplift community-specific needs, build strong alliances, and create actionable change together!

# 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



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

# 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](http://ca-yen.org)

## EMAIL ADDRESS

[mdiep@mhac.org](mailto: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, CalHHS

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

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Meeting Document

December 7, 2021



Office of the California  
Surgeon General  
Dr. Nadine Burke Harris

# Agenda

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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, up-stream 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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Surgeon General  
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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# 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

Item	Types of stakeholders	Engagement model	Level of involvement
<b>Description</b>	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.
<b>Examples</b>	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



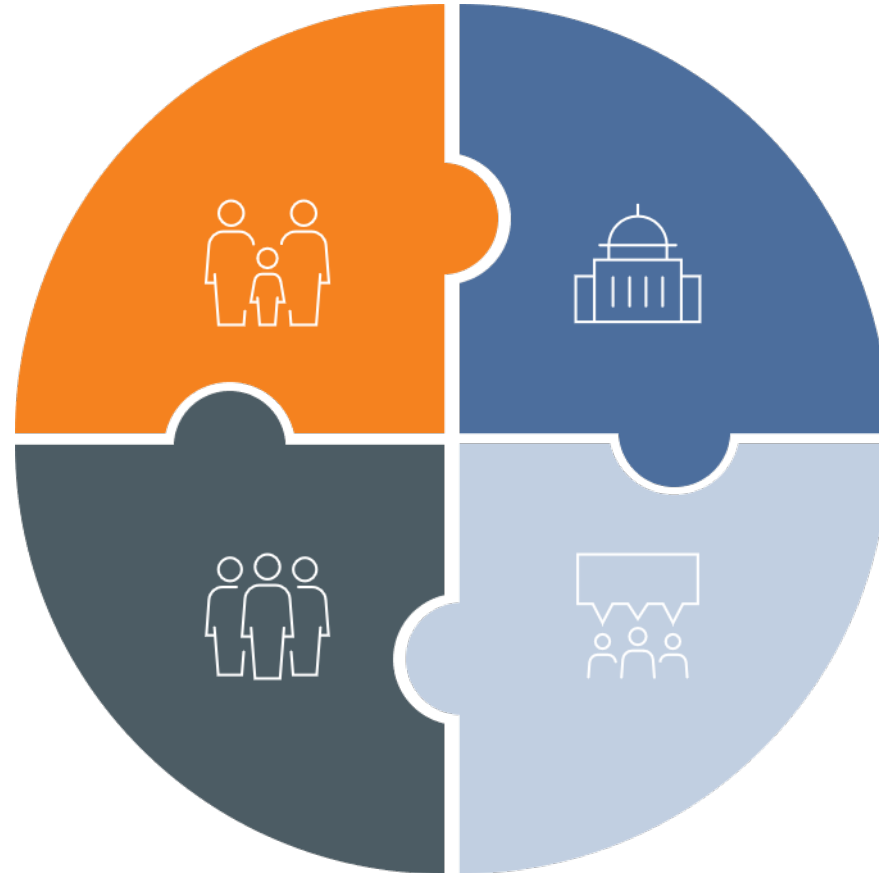
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# Potential types of stakeholders

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

Item	Inform	Consult	Involve	Collaborate	Empower
<b>Description</b>	<b>Inform or educate</b> stakeholders	<b>Obtain</b> information and <b>feedback</b> from stakeholders <b>to inform decisions</b>	<b>Work</b> directly with stakeholders throughout the process <b>to ensure that issues and concerns</b> are understood and <b>considered</b>	<b>Partner</b> with stakeholders (groups) for the <b>development of mutually agreed solutions</b> and joint plan of action	<b>Delegate decision-making</b> in the hands of the stakeholders. Stakeholders are enabled/equipped to actively contribute to the achievement of outcomes
<b>Promise to stakeholders</b>	<i>“We will <b>keep you informed</b>”</i>	<i>“We will <b>keep you informed, listen to and acknowledge</b> your concerns, and provide feedback on how input influenced the decision”</i>	<i>“We will work with you to <b>ensure that your concerns and issues are directly reflected</b> in alternatives developed and provide feedback on how input influenced the decision”</i>	<i>“We will <b>work together</b> to agree on what we will implement and <b>incorporate</b> your <b>advice and recommendations</b> into the decisions <b>to the maximum extent possible</b>”</i>	<i>“We will <b>implement what you decide</b> 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
<b>Expand equitable access, with no wrong door for children, youth, and families</b>	<b>Build capacity for prevention, treatment, and recovery services</b>	<b>Raise awareness and engage communities and families</b>	<b>Deliver behavioral health care services and supports that work</b>
<b>Behavioral health platform:</b> Identify critical features and prepare to select technology partner(s)	<b>Behavioral health workforce:</b> Release BH workforce framework for BH counselors and coaches as well as SUD workforce <b>Continuum of care:</b> Complete capacity and gap analysis; prepare to administer grants	<b>Public education and awareness:</b> Complete trauma-informed training for educators Prepare to launch culturally specific public education and awareness campaigns	<b>Evidence-based and community-defined practices:</b> Identify evidence-based and community-defined programs for roll out Select a third-party grant administrator Start administering grants
<b>Youth voice and family/ community engagement</b>	Activate youth, family, and community engagement through existing and new channels and forums		
<b>Integration, evaluation and continuous improvement</b>	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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Dr. Nadine Burke Harris

# Integrated 5-year roadmap (1/2)

As of December 3, 2021

Step	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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Dr. Nadine Burke Harris

# Integrated 5-year roadmap (2/2)

As of December 3, 2021

Step		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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Dr. Nadine Burke Harris

## 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

# 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

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

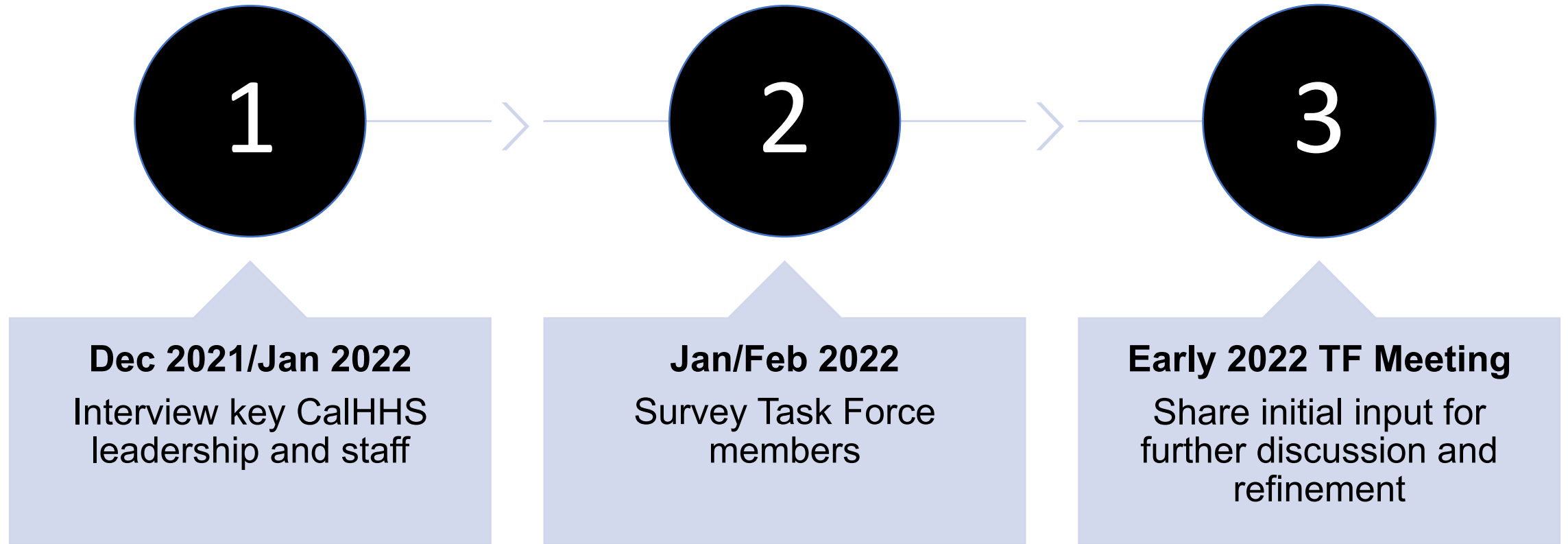
# The Role of the Behavioral Health Task Force



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

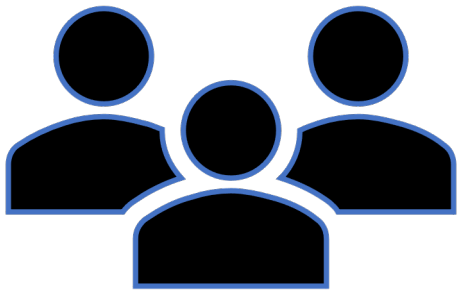
**What does it mean in the context of the Behavioral Health Task Force?**

# Developing a Task Force Charter - Process



# Developing a Task Force Charter: Key Components

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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](mailto:BehavioralHealthTaskForce@chhs.ca.gov)

# Thank you!

[California Health & Human Services Agency](#)