California Health and Human Services Agency

Behavioral Health Task Force

**Charter – Working Document**

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# **Background**

In January 2020, the California Health and Human Services Agency (CalHHS) announced the formation of the Governor’s Behavioral Health Task Force (BHTF) to address the urgent mental health and substance use disorder needs across California. The BHTF was convened to advise the Administration’s efforts to advance statewide behavioral health services, prevention, and early intervention to stabilize conditions before they become severe.

The BHTF, chaired by CalHHS Secretary Dr. Mark Ghaly, consists of a broad range of stakeholders from both the public and private sectors, including people living with behavioral health conditions (mental health and substance use disorders), family members, advocates, providers, health plans, counties, and State agency leaders.

Over the course of the two years since the BHTF formed, it has been challenging to focus and prioritize among the enormity of issues impacting behavioral health care and policy. The pandemic has exacerbated longstanding problems with equity and access and has dramatically expanded the percentage of Californians who are experiencing depression, anxiety, post-traumatic stress, and other mental health conditions. CalHHS wants to engage the BHTF to help California respond creatively and effectively to the current crisis while working towards the goal of a transformed system for Californians today and tomorrow.

# **Core Purpose, key Goals, and 2022 Focus Areas**

CalHHS has convened the BHTF to inform its work on behavioral health issues across the state. The diverse BHTF memberships is positioned well to elucidate connections among wide ranging perspectives and interests related to behavioral health needs and care, ground truth the framing of behavioral health issues in the State, and advance innovative and coordinated work to drive progress.

The Key Goals of the BHTF are:

## Goal 1. Ground truth the State’s behavioral health agenda

Confirm or validate State policy directions and impacts with direct experience, knowledge, and observations in affected communities. Provide feedback on CalHHS priorities and efforts. Bring the expertise and experience of the BHTF membership to bear as CalHHS implements initiatives. Highlight issues that are important for the Agency to integrate into its work. Elevate key considerations to ensure outcomes align with the CalHHS mission and guiding principles. Identify successes and areas for improvement to overcome barriers. Share input on touch points that Departments are missing in engagement.

## Goal 2. Uplift constituency voices

Acknowledging that problems are interconnected and that individuals show up in multiple systems, identify opportunities to bring all voices forward to learn and find commonalities rather than operate in silos. Promote equity by creating space to hear from those who are a part of and/or serve communities that are disproportionately impacted. Serve as bridge-builders and connecters sharing the experiences, expertise, and work of communities across the State. Highlight systemic barriers and other challenges to getting quality behavioral health and improving outcomes. Raise up opportunities for coordination to better serve beneficiaries from a person-centered, whole-person approach.

## Goal 3. Promote learning to expand collective understanding of behavioral health issues facing the State

Expand collective understanding of behavioral health topics by considering diverse perspectives. Include the voices and experiences of those served by the system throughout the State to advance equity. Engage in thoughtful discussions that bring together diverse interests and experiences to advance CalHHS priorities. Learning can in turn shape members’ perspective and work. Provide linkages to build awareness about Agency efforts and support implementation of State initiatives.

## Goal 4. Advance approaches that are creative, responsive, and coordinated

Learn from BHTF members and the public to build an accessible and appropriate behavioral health system. Share innovative efforts and best practices being used throughout the state to encourage creative, locally-relevant approaches. Elucidate points of connection or disconnection among components of the behavioral health system and how these impact beneficiaries. Identify opportunities to enhance coordination and collaboration – for example among CalHHS Departments and at State and local levels – in support of revolutionary change that is not possible through siloed efforts.

## 2022 BHTF Focus Areas *– Under Development*

The Children and Youth Behavioral Health Initiative is a key priority for CalHHS and will be a focus of the BHTF for 2022. As the State’s behavioral health needs and priorities continue to evolve, CalHHS may identify additional focus areas for the BHTF.

# **BHTF Guiding Principles**

The BHTF Guiding Principles align with those of CalHHS and express fundamental values that guide how members work together in pursuit of their shared purpose. BHTF members agree to prioritize and practice the following Principles in their collective work:

* 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
* Work to Reduce Stigma

# **Guidelines and Commitments for Participation**

The guidelines and commitments for participation below help set the norms of the BHTF. They are intended to advance the Agency’s Guiding Principles, listed above, promote a safe and trusting space for discussions, and ensure that members fully participate in bringing their experience and knowledge to the BHTF. Members agree to abide by and support the following guidelines and commitments for participation:

* **Stay focused on the agenda**. While acknowledging that there are numerous important behavioral health issues to attend to in California, the BHTF is only one of many opportunities for these conversations. Members are encouraged to review the agenda and related materials ahead of each meeting to ensure that they are ready to participate in BHTF discussions.
* **Anchor discussions in a person-centered approach**.
* **Strive to examine and act in an equitable and inclusive manner.**
  + Critically examine our sense of what is “objective”
  + Focus on systems and outcomes
  + Promote continual learning, not what we already know
  + Be aware of and explore intersectionality
* **Think innovatively and welcome new ideas**.
  + It is ok to voice a thought that is not fully formed
  + Focus on interests, not positions.
    - Positions: concrete conditions, demands, ‘lines in the sand’
    - Interests: underlying motivations that ‘drive’ one’s opinions – needs, aspirations, concerns
* **Involve all BHTF members in discussions**.
  + Honor time and share the airtime: *“Be brief and brilliant in providing feedback and ensure time for others who want to share”*
  + Acknowledge and welcome differing perspectives
  + Posit open-ended questions
  + Solicit all points of view
  + Silence is not an agreement
* **Uphold a respectful dialogue** 
  + Critique the point, not the person
  + Use common conversational courtesy – let people finish their sentences and use appropriate and respectful language
  + Follow the Oops and Ouch rule – if you realize you said something harmful, acknowledge it and try again; if someone else has said something harmful, identify it so it can be discussed further

# **BHTF Governance Structure**

The BHTF is convened to provide feedback that the Agency can draw on as it develops and implements policies and programs. The BHTF is a consultative body that does not have decision making capacity. The BHTF does not make formal recommendations as a group, instead providing a range of perspectives for CalHHS consideration. Through discussions and written feedback, CalHHS gains an understanding of areas of convergence and divergence among its stakeholders.

## Setting Meeting Agendas

BHTF meeting agendas are set by the Agency and are responsive to CalHHS priorities, focused on key Agency efforts that would be enhanced by input from the broad range of BHTF member perspectives. BHTF members can also elevate topics for consideration as future agenda items.

BHTF meeting agendas include standing agenda items for youth/community voices, open BHTF member discussion, and public comment. To provide continuity between meetings, BHTF members will receive updates on topics discussed during previous meetings. These updates may be provided outside of meeting time to focus meeting time on member discussion and engagement.

# **Membership and Public Participation**

The BHTF, chaired by CalHHS Secretary Dr. Mark Ghaly, consists of a broad range of stakeholders from both the public and private sectors, including people living with behavioral health conditions. A list of key perspectives and organizations represented on the BHTF is provided below.

## BHTF Chair

* CalHHS Secretary Mark Ghaly, MD, MPH

## CalHHS Departments and Offices

* Center for Data Insights and Innovation Office
* Department of Aging
* Department of Developmental Services
* Department of Health Care Access and Information
* Department of Health Care Services
* Department of Managed Health Care
* Department of Public Health
* Department of Rehabilitation
* Department of Social Services
* Department of State Hospitals
* Office of the Surgeon General
* Office of Youth and Community Restoration
* Children and Youth Behavioral Health Initiative

## Legislative Partners

* State Assembly
* State Senate

## State Partners

* Council on Criminal Justice and Behavioral Health
* Mental Health Services Oversight and Accountability Commission
* California Department of Education
* California Office of Systems Integration
* California Emergency Medical Services Authority
* California Department of Child Support Services
* California Department of Community Services and Development
* California's health benefit exchange, “Covered California.”

## Non-Governmental Organizations

Community-based and non-governmental organizations representing diverse perspectives, including:

* California Alliance of Child and Family Services
* California Association of Health Plans
* California Black Women's Health Project
* California Board of Education
* California Community Colleges
* California Consortium for Urban Indian Health
* California Council of Community Behavioral Health Agencies
* California Hospital Association
* California LGBTQ Health and Human Services Network
* California Pan-Ethnic Health Network
* California Primary Care Association
* California Teachers Association
* Californians for Safety and Justice
* Children Now
* County Behavioral Health Directors Association of California
* County Welfare Directors Association
* Disability Rights California
* First 5 California
* Fresno Unified School District
* Graduate, Undergraduate Equity Affairs
* HealthRIGHT 360
* Kaiser Permanente
* Latino Coalition for a Healthy California
* Local Health Plans of California
* Mental Health America of California
* NAMI California
* National Health Law Program
* Orange County Department of Education
* Pacific Business Group on Health
* Santa Barbara County Probation Department
* Seneca Family of Agencies
* Service Employees International Union (SEIU)
* Steinberg Institute
* Tarzana Treatment Centers
* University of California - San Diego Health (UCSD Health)
* University of California Office of the President
* Uphealth Inc.

## Membership Requirements – *Under Development*

*To include: time commitments, terms, alternates*

# **Engagement to Promote incluse, accessible, and equitable participation**

## Engagement Structure

The primary engagement structure for the BHTF revolves around its quarterly meetings. These may be supplemented with engagement through work groups, asynchronous work, and information sharing outside of meetings. These additional engagement approaches will be used as appropriate to support specific goals for the BHTF.

### Quarterly Meetings

The BHTF meets quarterly, in meetings that include presentations on key topics and opportunities for BHTF members to discuss and provide input based on their experience. During these meetings, members may be asked to share input via full group discussion, breakout discussions, live polls, chat, surveys, and/or other methods. To provide opportunities for more in-depth discussion and be able to hear from all BHTF members, meetings will include breakout discussions whenever possible. Meetings have been held remotely due to the Coronavirus pandemic but may transition to in person as possible.

### Workgroup Meetings – *Under Development*

Workgroups will be established based on BHTF topic areas for 2022.

### Asynchronous Work

BHTF members may be asked to participate in asynchronous activities to enhance the work of the Task Force, for example reviewing information ahead of a meeting to prepare for robust discussion or providing further input on a topic addressed in a previous meeting. Asynchronous work may include reviewing documents and information, completing surveys, or others. Written feedback is always welcome.

## Accessibility

Accessibility accommodations are available to support participation in BHTF meetings. BHTF meetings include American Sign Language interpretation and closed captioning. Additional accommodations can be provided upon request, including live transcription or linguistic support services.

## Equity Considerations

Recognizing the inequities in experiences of behavioral health challenges, the BHTF aims to create space to hear from those who are a part of and/or serve communities that are disproportionately impacted. Members are encouraged to bring an equity lens which enhances the group’s Guiding Principles by:

* + Focusing on how to disrupt disparities
  + Thinking about access and outcomes of care
  + Focusing on systems
  + Ensuring strategies being implemented work for those most vulnerable in the state

To ground our discussions in the voices of communities that are disproportionately impacted, we will:

* + Incorporate dedicated time to hear from disproportionately impacted communities to center and ground all our work in these experiences, impacts, and needs
  + Provide opportunities for all to share through small group and one-on-one conversations
  + Create space to hear from BHTF members about the process and discuss any concerns that may arise

## Public participation

Public participation enriches BHTF discussions and enhances CalHHS work. Members of the public are invited to provide feedback at a designated public comment times during BHTF meetings and may also share written input during or following meetings. Meeting summaries include input from members of the public. Upcoming meeting materials, as well as past meeting summaries and materials, are publicly available on the BHTF website to support public engagement. Members of the public are encouraged to provide input relevant to meeting agenda items and to keep their remarks concise to ensure that all public comments can be heard.

# **Communication and Coordination**

Clear understanding of meeting topics and objectives is key to robust, meaningful engagement. To support this, BHTF members will receive timely information to support their preparation for Task Force discussions.

* Meeting dates and times are set at the beginning of the year for the full calendar year
* Draft meeting agendas are sent approximately one month ahead of each BHTF meeting
* Meeting materials and final meeting agendas, including objectives and discussion questions, are sent approximately one week ahead of each BHTF meeting
* Reminders are sent ahead of any deadlines for activities between meetings
* Meeting summaries and summaries of key meeting outcomes are provided following each meeting
* Updates are provided between meetings as relevant, addressing topics previously discussed
* All materials will be publicly available on the BHTF website.

# **Accountability *– Under Development (For Discussion during BHTF 3/8/22 Meeting)***

To ensure that the BHTF is meeting its set goals, incorporate ongoing evaluation of the BHTF process and periodic evaluation of BHTF impacts.

# **Charter Revisions**

This charter may be revised as needed to support the BHTF in fulfilling its purpose of enhancing CalHHS work. As the group’s convener and Chair, the CalHHS secretary will direct any charter revisions.