



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary

DRAFT

TUESDAY, MARCH 8, 2022, 10AM – 3PM

SUMMARY PURPOSE

This document provides a summary of key input provided by Behavioral Health Task Force (BHTF) members. This summary is an accompaniment to the presentation slide deck and meeting recording, both available for review on the BHTF website, along with other meeting materials:

- [BHTF webpage](#)
- [Slide deck](#)
- [Recording – morning session](#)
- [Recording – afternoon session](#)

WELCOME & INTRODUCTION OF NEW MEMBERS

WELCOME

Secretary Mark Ghaly, California Health and Human Services (CalHHS), welcomed BHTF members and members of the public. He contextualized the BHTF continued focus on the Children and Youth Behavioral Health Initiative (CYBHI). Multiple departments across agency are working on significant efforts related to the CYBHI and engagement is ramping up both within CalHHS and with stakeholders across the state. In addition to the CYBHI, the State is moving forward multiple important behavioral health efforts, as reflected in Governor Newsom's proposed budget. CalAIM was approved; a new Medicaid procurement was released for managed care plans that includes integration of behavioral health; additional infrastructure funding is being put toward housing for those with serious behavioral health conditions; \$1.7 billion in the Governor's proposed budget focuses on behavioral health workforce needs. Within this context of behavioral health work throughout the State, the CYBHI is central to helping the State address current needs and create long-term system changes to serve California's young people.

Task Force members were invited to introduce themselves in the remote platform chat panel.

INTRODUCTION OF NEW BHTF MEMBERS

Deputy Secretary of Behavioral Health Stephanie Welch, CalHHS, introduced six new BHTF members – two new CalHHS staff members and four new members that bring additional expertise to the BHTF related to working with youth and families in and out of school settings.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

Devika Bhushan, MD, FAAP, is California's acting Surgeon General. She brings a wealth of expertise as an equity-focused pediatrician and public health practitioner, with a focus on adversity and resilience, toxic stress, trauma-informed systems, mental health, gender equity, and the structural and social determinants of health and well-being. Previously, as Chief Health Officer and a founding member at the Office of the California Surgeon General (2019-2022), Dr. Bhushan co-constructed its strategic vision and priorities. She helped launch the ACEs Aware Initiative, a first-in-the-nation clinical effort focused on assessing for and treating risk of toxic stress associated with ACEs, through offering clinicians evidence-based training, screening tools and protocols, and Medi-Cal payment for screening children and adults for ACEs.

Katherine Lucero is the Director of the Office of Youth and Community Restoration at the California Health and Human Services Agency and is an advocate for juvenile justice reform. She has been a Judge of the Santa Clara County Superior Court since 2001, as Presiding Judge of the Juvenile Court Division since 2019 and Supervising Judge of the Juvenile Justice Court since 2016. Judge Lucero was a Commissioner for the Santa Clara County Superior Court from 2000 to 2001 and a Deputy District Attorney at the Santa Clara County District Attorney's Office from 1991 to 1999.

Tony Thurmond is an educator, social worker, and public-school parent, serving as the State Superintendent of Public Instruction of the California Department of Education. Superintendent Thurmond has served the people of California for more than ten years in elected office, including in the California State Assembly, and has 12 years of direct experience in education. Much of Superintendent Thurmond's social service work has focused on improving the services provided to foster youth and directing programs that provide job training to at-risk youth. He also led programs to provide help for individuals with developmental disabilities.

Christine Olmstead serves as the Associate Superintendent of Instruction at the Orange County Department of Education. She oversees the Multi-Tiered System of Supports, which is a system to support wellness and social-emotional health of young people at the TK-12 school level. Associate Superintendent Olmstead also oversees STEM, Humanities, Learning Support Services, Early Childhood Education, Expanded Learning Programs, Career Technical Education, the Institute for Leadership Development, and the Local Control and Accountability Plan. She currently serves as the Chair for the California Curriculum and Instruction Steering Committee (CISC).

Karen Larsen is the new CEO of the Steinberg Institute. Her career has been dedicated to improving behavioral health systems, including working with youth involved in the justice

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

system. She was Director of the Yolo County Health and Human Services Agency from 2016 to 2022, where she helped shepherd many standout programs including a celebrated mental health court, thriving peer support network, an urgent care clinic tailored to people in mental health crisis, a specialized clinic for early intervention in psychosis-related illness, a low-income housing project incorporating services for the formerly homeless and people who have struggled with mental health, the “Bridge to Housing” pilot that moved dozens of people from homeless encampments into permanent housing, and a foster care model that offers ongoing training for foster parents and mental health support for foster youth.

Toni Trigueiro has been the California Teacher Association (CTA) Legislative Advocate since 1991. Prior to being employed at CTA, she worked in the Capitol for Assemblymembers Richard Alatorre and Sam Farr for a total of 17 years. At CTA, Ms. Trigueiro focuses on Early Childhood Education, School Safety/School Management, Student Support Services, and Adult, Alternative and Career Technical Education.

THE BHTF ASSESSMENT PROCESS AND CHARTER

Orit Kalman, PhD. Senior Facilitator, California State University, Sacramento, Consensus and Collaboration Program, gave a presentation on an assessment process and charter development for the BHTF. The assessment process had two components. Interviews with CalHHS department directors focused on how the BHTF can best link to and enhance the Agency’s work, including how the Agency’s Guiding Principles show up in departments’ work and how the BHTF can add support to these efforts. A survey for all BHTF members focused on how the BHTF can work together effectively – recognizing limitations of a quarterly meeting structure, how can the BHTF inform the work of the Agency as well as provide a space of cross-pollination between stakeholders across the state. Ms. Kalman noted that to date, 18 of the 63 BHTF members had responded to the survey; she encouraged members to share responses as charter development continues.

With the input gathered through the interviews and survey, the facilitation team drafted a charter to clarify how members come together in the shared space of the BHTF to address the critical behavioral health issues the State is working on. The charter includes six 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 needs to be at the table?

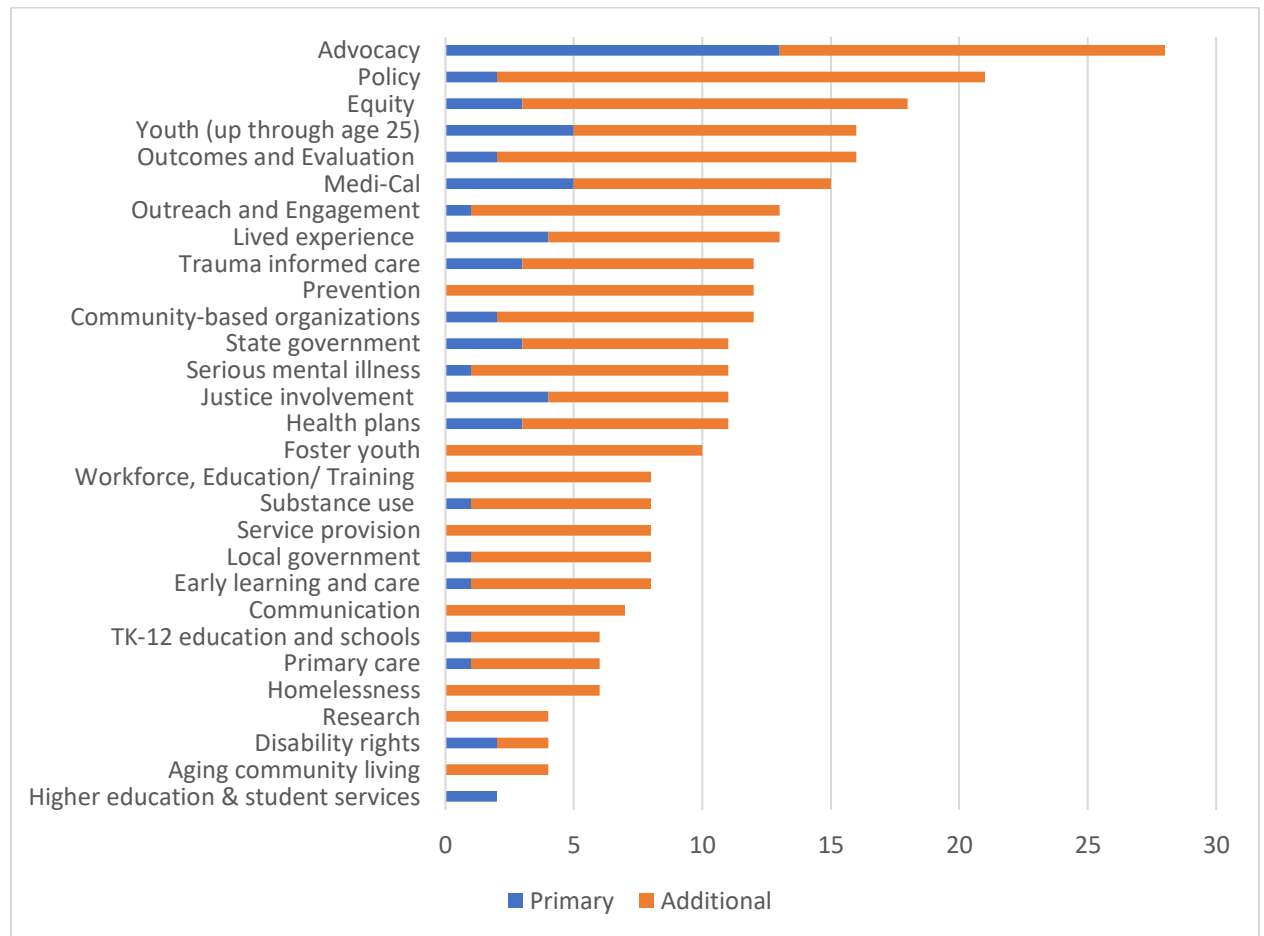
CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

4. **Engagement:** How do we connect and leverage the different spheres that members engage in?
5. **Communication:** How do we ensure transparent and inclusive environment that promotes equity and learning?
6. **Evaluation:** How do we assess our impact and success?

A draft charter, posted [here](#) ahead of the meeting, provides further detail on each of the components.

MEMBERSHIP

The BHTF currently has 63 members: 13 representing CalHHS departments and offices, 13 legislative partners, and 37 non-governmental organizations. The collective knowledge represented on the BHTF covers a wide range. The graph below shows the areas of primary and additional experience and expertise represented by the 18 survey respondents.



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

Survey respondents also identified that they bring experience and expertise related to a large private/public purchaser perspective, treatment (psychiatrist), Latinx community, and intersectionality.

Respondents shared the level of connection they have with other BHTF members, as shown below. While most respondents indicated that they work closely with only few or no other BHTF members, some respondents indicated that they work closely with some or many other BHTF members, and most respondents indicated that they have at least some level of familiarity with the work of most other BHTF members. As a hub for the complex web of people working on behavioral health issues throughout the state, the BHTF can serve as a space to support and deepen these connections.

PURPOSE AND GOALS

The BHTF is convened by CalHHS 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, validate the framing of behavioral health issues in the State, and advance innovative and coordinated work to drive progress. With this purpose, four interconnected goals arose from the interviews and survey responses:

- Goal 1. Ground truth the State's behavioral health agenda
- Goal 2. Uplift constituency voices
- Goal 3. Promote learning to expand collective understanding of behavioral health issues facing the state
- Goal 4. Advance approaches that are creative, responsive, and coordinated

These goals speak to the importance of coming together and building changes that are not possible through siloed efforts.

The survey asked about needs and areas of work that BHTF membership might provide important perspectives on. The Agency is working on many efforts related to behavioral health and respondents identified numerous topics of interest. The BHTF will continue to engage on the CYBHI, and other topics of discussion may be added to future BHTF meetings this year.

GUIDING PRINCIPLES & COMMITMENTS FOR ENGAGEMENT

Through the interviews and survey, BHTF members validated the relevance of the CalHHS guiding principles to inform the work of BHTF. In addition to sharing thoughts on how these



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

principles relate to the BHTF, respondents also elevated the importance of adding a principle that speaks to working to reduce stigma.

The assessment also informed the development of commitments for engagement within the BHTF:

- 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
 - Be aware of and explore intersectionality
 - Practice 'Oops' and 'Ouch' – 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
 - Acknowledge and welcome differing perspectives
- 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
 - Promote continual learning, not what we already know
- 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"
 - Posit open-ended questions
 - Solicit all points of view
 - Silence is not an agreement
- Uphold a respectful dialogue
 - Critique the point, not the person
 - Disagree openly without being "disagreeable"

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary
DRAFT

- Use common conversational courtesy - let people finish their sentences and use appropriate and respectful language
- Assume good intent

Throughout the assessment, participants elevated the importance of bringing an equity lens to everything that the BHTF engages on. Participants shared that this means focusing on how to disrupt disparities, thinking about access and outcomes of care, and ensuring strategies being implemented work for those most vulnerable in the state. In addition to the commitments for engagement that will contribute to this equity lens, Ms. Kalman shared three ways the facilitation team will support the group to bring this equity lens forward: incorporating dedicated time to hear from disproportionately impacted communities to center and ground all BHTF work in these experiences, impacts, and needs; provide opportunities for all to share through small group and one-on-one conversations; and create space to hear from BHTF members about the process and discuss any concerns that may arise.

MEMBER DISCUSSION – COMMITMENTS TO ENGAGEMENT

BHTF members were invited to share input on the commitments for engagement, verbally and/or in the chat.

- Relationship building, including between agency staff and stakeholder members as well as among stakeholder members, is a critical part of stakeholder bodies like the BHTF. This is harder in a virtual space but remains important to uplift.
- Provide opportunities for deeper engagement with public stakeholders – non-BHTF members that participate in BHTF meetings. Public stakeholders can bring valuable perspectives of the most impacted communities and subject matter expertise to the table.
- BHTF engagement should promote a person-centered approach, considering which people are or are not being included.
- Continue to bring intentionality around bringing consumer and youth voices into the BHTF.
- Consider how the work of the BHTF centers impacts on consumers – those relying on these systems and services to improve their lives. The impact on those we serve should be a constant, fundamental focus, moving away from set stakeholder positions.
- In reflecting on the CalHHS guiding principles, looking at the "whole person", beyond silos of services and programs, is a critical component of the commitment to

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

engagement. The whole person approach is connected to person centered – but needs to be specified.

- A suggestion for the task force to try to avoid using abbreviations. It helps to make information and how we talk accessible. Using abbreviations makes that harder.
- Uplift reduction of bias, stigma, and discrimination related to behavioral health as part of the equity frame.

PROCESS, ENGAGEMENT, ACCESSIBILITY, AND COMMUNICATION

Each quarterly meeting will include four key elements: a standing agenda item to bring perspectives from outside the BHTF membership to ground and inform discussions; presentations on topics related to CalHHS behavioral health work, BHTF member input (through small group discussions, live polls, chat, etc.), and public participation (public comment period and participation in small group discussions). Meeting follow-up includes full meeting summaries, abbreviated summaries of key themes that arose from the input provided, and updates on topics discussed, as appropriate.

To support full participation, meetings will continue to include American Sign Language interpretation and live captioning/transcription, and additional accommodations can be provided upon request. Meeting materials, including discussion questions, are posted publicly ahead of meetings to help participants prepare for discussion.

A key challenge that was identified through the assessment was the limitation of quarterly engagement. Some opportunities are being explored for engagement opportunities beyond quarterly BHTF meetings which may include asynchronous work (such as surveys and document review), interviews and individual conversations, and topic-specific work groups.

EVALUATION AND ACCOUNTABILITY

Periodic evaluations can help ensure that the BHTF is progressing toward its goals and commitments. Evaluations of each quarterly meeting can address the BHTF process, with questions such as:

- How well are we keeping our commitments to engagement?
- How well does the BHTF meeting agenda (presentations/discussions) reflect and help advance the BHTF goals?
- Do BHTF members feel that they are able to express their views and fully contribute to BHTF discussions?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

As members noted in the discussion on commitments to engagement, evaluating the impact of the BHTF is also a priority. Periodic, perhaps annual, evaluation of BHTF impacts can address questions such as:

- Do you feel that your participation in the BHTF is making a difference?
- How effective is the BHTF in advancing the State’s work to address behavioral health needs?
- To what extent are behavioral health services becoming accessible and equitable?

MEMBER DISCUSSION – EVALUATION

BHTF members were invited to consider what specific questions will help evaluate BHTF effectiveness, both in terms of process and impacts, with regard to its four goals.

Advancing BHTF Guiding Principles and Adhering to Commitments to Engagement

- Are those impacted being served?
- Is equity being addressed/attained?
- Does the BHTF model a person-centered approach, uplifting communities that are disproportionately impacted or often not heard, as ideas are developed and implemented?
- Is the group able to bridge differences of opinion to move toward consensus?

Working to achieve intended Goals

- Use a “SMARTIE” approach to create action steps to achieve the four goals (strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable).
- Are BHTF goals being realized in implementation, and helping to modify direction when they are not?

Identification of Impacts Realized from BHTF Input and Work

- What tangible actions are being taken as a direct result of the input gained from the standing youth voices agenda item?
- Are the conveners – the Governor and CalHHS Secretary – gaining input from the BHTF that is helpful and impacting their decision-making?
- An indicator of the BHTF’s impact is the extent to which behavioral health is brought to the forefront of work done across and within multiple entities.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- How has BHTF input impacted decisions and outcomes?
- As statewide leaders and policy-makers, the BHTF should be thinking and working proactively rather than staying in crisis response mode, for example considering behavioral health drivers on the horizon, such as climate change, and tying them to an equity lens.
- How is our work breaking down silos in the current system? Silos are huge barriers to attaining person-centered goals, because they are barriers to accessing help and also keep us from working with the "whole person."

Ms. Kalman encouraged all BHTF members who had not yet responded to the survey to share their input by March 22, 2022.

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

Melissa Stafford Jones, director of the CYBHI, presented a general CYBHI update; the children, youth, and family engagement approach; and defining CYBHI outcomes.

GENERAL CYBHI UPDATE

The CYBHI is a part of the Governor and Secretary's commitments to improving the health and well-being of all Californians, with a strong connection to the social determinants of health. The CYBHI is an effort to reimagine the systems that support social and emotional well-being and behavioral health for all children and youth aged 0-25, in a coordinated, equitable, upstream, prevention-oriented ecosystem. As a systems change initiative, it will require silo busting to ground the work in partnerships across departments, sectors, programs, and geographies.

The CYBHI has a strong equity focus, recognizing that some children and youth face greater challenges and more systemic barriers to social and emotional well-being, including children and youth of color, LGBTQ+ youth, and children from low-income and underserved communities; approaches and strategies need to center addressing these inequities. With this, the CYBHI is dedicated to centering the voices, experiences, strengths, needs, and priorities of children, youth, and families.

The CYBHI requires a systemic shift, creating a coordinated ecosystem that includes the full continuum of care from prevention to meeting most complex and intensive service needs. The CYBHI is a statewide initiative, yet it is being developed in recognition that as an ecosystem, there will be different ways to organize at the local level. There is amazing work happening around the state, including strong partnerships; the work of the CYBHI is to build on the assets and strengths of different communities.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

Director Stafford Jones shared a quote from a youth participant in a recent CYBHI planning meeting that grounds and guides the work: “Young people have so many ideas. Allow them the room to dream and have that ambition. Let’s try... Even if it seems impossible.”

The CYBHI includes work happening at the overall initiative level as well as within 14 specific workstream, each with their own planning, development, design, and implementation. For each workstream, as well as for the broader CYBHI umbrella, the work will take place in three phases:

- **What is our vision?**
Setting the overall vision, initiative-level goals, and standing up performance infrastructure.
- **How do we get there?**
Developing a robust and detailed plan, with clear accountability for design and delivery; sourcing ideas and designing the future state.
- **Let’s make it happen!**
Launching a full-scale effort to drive, accelerate, and sustain impact.

Much of the CYBHI work is currently in Phase 1, though some workstreams are beginning to shift to Phase 2, such as the student behavioral health incentive program in the Office of the Surgeon General.

At the overall initiative level, current work focuses on:

- **Goal setting:** Align on aspiration and define initiative-level outcomes
- **Governance:** Define and operationalize governance model; resource and onboard CYBHI teams; establish methodology and tools for progress tracking and coordination
- **Stakeholder engagement:** Create initiative-wide and workstream-specific stakeholder engagement plans, launch initial stakeholder engagement activities, and establish processes to coordinate stakeholder engagement
- **Communications:** Develop communication plan and launch initiative-wide communication (e.g., regular stakeholder updates)
- **Capability building and way of working:** Identify training and capability building needs across teams involved in CYBHI planning and implementation; foster a new way of working

Stakeholder engagement will occur at both the Initiative and the workstream levels.

Stakeholder engagement at the Initiative level will focus on topics that require initiative-wide

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

alignment (e.g., outcomes) and have system-level implications (e.g., equity and prevention). It will also focus on stakeholders who are engaged across multiple topics and workstreams, especially where new forums and channels are needed (e.g., children youth and families). Workstream-specific stakeholder engagement will focus on topics that are within the scope of specific workstreams (e.g., workstream-specific need assessment, solution design, expert input, user testing) and include a broad range of stakeholders and engagement models, based on workstream-specific needs and stakeholder engagement plans. The CYBHI aims to coordinate engagement efforts to gather expertise, wisdom, and insights without requiring too much time from stakeholders.

Initial initiative-level stakeholder engagement efforts are focused on areas that span across workstreams and address near-term needs. Examples of initial focus areas include:

1. Activate children, youth, and family engagement network to provide engagement channels and forums for initiative-wide and workstream activities
2. Conduct initiative kickoff webinar to increase awareness of the initiative, aspiration, workstreams, and how stakeholders will be able to engage with the work
3. Engage stakeholders in developing overall CYBHI outcomes to define success at the initiative level and inform workstream-specific priorities

Going forward, CalHHS will focus on initiative-wide stakeholder engagement as well as support for ongoing stakeholder engagement activities across workstreams, including:

- Expand children, youth, and family engagement network, establish formalized roles and a range of opportunities for children, youth and families to be integrated into initiative ongoing activities
- Form and support cross-sector workgroups to address system-wide topics and opportunities for redesign (e.g., equity, prevention)
- Host periodic listening sessions to get stakeholder input on initiative progress and direction

Additional information about the initiative can be found on the [CYBHI webpage](#), in the [CYBHI stakeholder update](#), and participants were encouraged to attend a CYBHI kick-off webinar on March 15th for more details about planning and engagement across the 14 workstreams.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

MEMBER DISCUSSION – CYBHI GENERAL UPDATE

- How will the CYBHI approach equity? For example, which inequities will be centered?
 - One of the cross-cutting CYBHI working groups is focused on equity, and the work of that group will help guide and define how the CYBHI answers these questions. The work will be data driven as well as incorporate best practices to embed equity throughout the CYBHI.
- A shared analysis of equity is key to this process and should be embedded throughout all the workgroups.
 - A key charge for the committee on equity is to inform and support each of the individual workstreams in integrating equity into all the CYBHI work.
- The Mad Pride movement is evidence of how we can accept, embrace, uplift and center perspectives of individuals living with behavioral health conditions.
- It is worth distinguishing between trying to prevent children and youth from experiencing mental illness (which is not always possible) and trying to prevent avoidable bad outcomes connected to people's experience with mental illness.
- While we might not always be able to prevent children and youth from experiencing mental illness, we can create environments that aren't harmful to the mental health of youth. For example, black male youth suffer from PTSD due to aggressive policing at higher rates than any other group. Addressing the trauma and harm caused by systems is critical.
- The BHTF should discuss how to best optimize positive outcomes (and prevent bad outcomes): given all of the current opportunities in behavioral health, what concrete efforts are needed across and within the different systems to optimize implementation so that those in need actually benefit?
- Rather than simply “breaking down siloes” between the tiers of our existing system, the CYBHI should be informed by a clear vision for an ideal future state that is fundamentally different from how current systems functions.
 - A key part of the collective work of the CYBHI at this time is articulating the vision for this ecosystem that will support all children and youth in the state. There are many existing bright spots and best practices in communities across the state, which should deeply inform the vision of the ecosystem.
- Interventions should be targeted based on data, though this can be challenging.
- Involve local educational agencies in the CYBHI and its cross-sector work groups.
- How will data set the foundation for both the workstream-specific and Initiative-wide workgroups?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Consider how the CYBHI processes expand cultural proficiency, including around disability culture.

CYBHI CHILDREN, YOUTH, AND FAMILY ENGAGEMENT APPROACHES AND STRATEGY

Part of the CYBHI theory of change is the conviction that centering the experience, priorities, strengths, and needs of children and families is essential to building the ecosystem and the change the Initiative envisions. The approach to this achieving this is being developed at the initiative-wide level, beginning by engaging groups that are trusted partners for children, youth, and families, to gather their insights and advice on how to approach the work. CalHHS interviewed 15 youth engagement organizations thus far to learn from experience and ongoing efforts focused on engaging children, youth, and families. Topics covered during the interviews included guiding principles of children, youth, and family engagement; approaches to engaging wide/diverse populations; perspective across behavioral health continuum; CYBHI design choices; and capabilities required. Some themes emerging from these interviews include:

- **Partner with existing networks of youth organizations** to tap into experience, expertise, and established channels of reaching youth
- **Empower youth** by offering formalized roles (e.g., facilitator, researcher), avoiding complex or sector-specific language, and providing compensation for involvement
- **Prepare facilitators (including adult facilitators)** by providing trainings to promote effective youth-adult partnerships and a strength-based engagement approach, and to avoid tokenism and adultism
- **Establish a variety of engagement options, from one-time feedback to co-creation and formalized roles**
- **Ensure broad and diverse children, youth, and family participation** (including hard-to-reach or traditionally underserved populations) by ensuring accessibility in format and language (e.g., translations, avoid jargon) and cultural sensitivity
- **Engage youth in both age/identity-based groups** conducive to trust-based, open conversations **and heterogenous groups** (e.g., intergenerational) conducive to sharing of diverse perspectives on system-level topics

Based on the interviews and themes, the CYBHI is identifying partners to build on and activate existing networks and trusted relationships. The children, youth, and family engagement approach will provide broad range of forums (youth-facilitated, adult-led, intergenerational) and engagement options (from one-time inputs to formalized roles). Once initial children, youth, and family network and partnership are established, CalHHS will focus on expanding the

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

children, youth, and family engagement network and establishing formalized roles (e.g., youth council) and a range of opportunities for children, youth, and families to be integrated into ongoing activities.

The engagement approach envisions the role of children, youth, and family network partners will include:

- Building and coordinating a broad state-wide network engaging children, youth, and families, with trusted relationships and equitable engagement
- Ensuring quality and consistency of engagement throughout the network, including supporting comprehensive and detailed synthesis of findings that represent a broad set of perspectives and provide actionable insights
- Co-designing solutions and approaches with CYBHI and department teams to ensure that the approach, topics, and outputs achieve defined objectives and meaningful engagement
- Developing capabilities for CYBHI teams to ensure that adult partners and facilitators use trauma-informed approaches and engage in ways that promote effective youth-adult partnerships

MEMBER DISCUSSION – CHILDREN, YOUTH, AND FAMILY ENGAGEMENT APPROACH

- The engagement approach needs to include consideration for disability culture, challenging the idea that people are sick or need to be fixed. For this to be a revolutionary change, the process must not further stigmatize people. It also needs to consider how systems and the world young people are living in contribute to their mental health – are people dealing with depression or oppression? The engagement needs to make space for how things like COVID, war, and climate change are impacting youth.
- Ensuring interventions are community-defined and culturally responsive is critical, and flexibility in development, design, and implementation is key to achieve this. Lack of flexibility in systems often becomes a barrier to supporting communities. Children’s lives are intertwined with their parents, families, and communities, so caring for children cannot be done in isolation.
 - One of the workstreams specifically addresses evidence-based practices, including community-defined evidence.
- Meetings should be held during times when parents and youth are out of work and school.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Hold meetings at school to engage youth and families, involving parents and students to lead discussions and as facilitators, for example using a “World Café” meeting structure. Regular meetings are important to keep stakeholders engaged and demonstrate they are being listened to.
- Empowering parents is central to equity.
- There is an opportunity to engage youth involved with the justice system and those who are at-risk of becoming involved (at-promise youth). Although broad initiatives are intended to reach these youth, they and their families too often do not benefit; their unique needs require additional, focused approaches and strategies that are not common knowledge.

DEVELOPMENT OF CYBHI OUTCOMES

The CYBHI aspiration statement will be a guiding vision for the Initiative, and a set of five-year outcomes will be a framework guiding strategic decision-making, prioritization, and alignment of efforts. The five-year outcomes will relate on the initiative level, supporting each of the workstream components in the development of their goals. Inputs from CalHHS, CYBHI department teams, and various other stakeholders – including the BHTF – will be used to co-develop and refine the CYBHI aspiration and initiative-level outcomes.

Draft CYBHI Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for ALL children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, up-stream focused, ecosystem.

Draft Potential CYBHI Outcomes:

- Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness as part of everyday life
- Embed preventive interventions and supports throughout the ecosystem to decrease downstream needs
- Improve accessibility of services and supports, across the continuum of care, by building capacity and expanding the breadth of services
- Equitably improve behavioral health outcomes across the State, addressing the needs of at-risk and underserved communities
- Improve overall health, social outcomes, and emotional wellbeing for children and youth
- Ensure that positive outcomes are sustainable in the short- and long-term

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

The process began in February 2022, with input from CYBHI department teams. After gathering BHTF input, as summarized below, further input will be gathered in youth and parent focus groups, existing stakeholder forums, and community listening sessions.

PUBLIC COMMENT

Members of the public were invited to share thoughts on the CYBHI aspiration and outcomes, to inform the later breakout discussions. (Members of the public also participated in breakout discussions following the lunch break.)

- The Department of Developmental Services should be included on the BHTF, as they have an important perspective and expertise to bring.
- All CYBHI outcomes must be person-centered and look at the whole person.
- Taking a “whole person” approach should involve parents, taking into account what they see as their children’s needs. The CYBHI provides a wonderful opportunity to address many issues that parents face when they are trying to support struggling children.
- The most critical thing is meaningful change in interventions, with measures to ensure different outcomes.
- BHTF meetings should provide accommodations for non-English speakers.
 - The BHTF can provide any needed accommodations; both members and the public are invited to request the accommodations they need to participate.
- The CYBHI should include voices from children and youth who may not be currently engaged in systems of care, as well as those experiencing housing insecurity.
- There may be important opportunities to connect with youth through reproductive health providers, who often have a significant patient base that is under 26 years old. There are many potential intersections to screen, detect, and support early intervention. These spaces could also support reaching youth that are not currently enrolled in Medi-Cal.

CYBHI OUTCOMES – BREAKOUT DISCUSSIONS

Following a lunch break, all participants were invited to join breakout discussions. The afternoon portion of the quarterly meeting was held on a Zoom meeting platform, utilizing breakout sessions to provide opportunities for BHTF members to connect with each other, consider public input and perspectives, and inform the development of the CYBHI aspiration statement and outcomes. 74 participants joined the afternoon breakout discussions and there were six breakout groups – four with BHTF members and two with public stakeholders.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

BHTF members and public participants were randomly assigned to small groups of six participants that represented, to the extent possible, diverse perspectives to support cross pollinate and creative ideas. Participants were asked to identify a facilitator, a timekeeper, a notetaker, and a reporter to support the discussion and share key takeaways. Each group was provided with a template document to track their ideas (see Appendix A for the breakout group notes). Breakout discussions began with introductions and a short reflection on the aspiration statement. Then participants reviewed and discussed the appropriateness and completeness of the outcome statements to guide the work of the CYBHI. Breakout groups wrapped up their discussions by identifying two key themes to share in a report out to the larger group.

CYBHI Draft Aspiration Statement: Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Discussion Question: Pick one word in the CYBHI aspiration statement and share how it is meaningful to you.

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

Discussion Questions:

- Is this set of outcomes complete to fully realize the aspiration?
 - Do these outcomes appropriately reflect your hopes?
 - Are there additional outcomes that should be included?
- What would these outcomes look like in your community and how do they relate to your work?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

REPORT OUT ON BREAKOUT DISCUSSIONS

Following the breakout discussions, each group shared key takeaways from their discussions on CYBHI outcomes. The detailed input provided during small group discussions is provided in Appendix A.

BHTF MEMBER GROUP DISCUSSIONS

Group 1 reported that they had a rich discussion and much of their conversation was centered on the creation of the “ecosystem” of support for children and youth behavioral health. The group shared the following two key takeaways:

- Create an ecosystem of care that holds cross-system collaboration as an imperative. Any person who is eligible in one system should be eligible across systems to ensure preventative services.
- Create a culturally responsive behavioral health system that removes access barriers by improving care coordination between providers and systems, valuing family needs over billing, and creating a true “no wrong door” approach. In the current system, it often takes around 8 phone calls and three to four weeks to get services for a student in crisis – removing these barriers is key.

Group 2 discussed the deep question of how much communities are able to define what they need and what outcomes look like for them in the CYBHI. The group shared the following takeaways and suggestions:

- Improve the accessibility of services and supports, including expanding the breadth of services.
- Expand and normalize culturally evidenced best practices, further prioritizing community identified needs and creating opportunities for communities to define the solutions that work for them.
- Add an outcome about autonomy, self-determination, empowerment, and self-efficacy to highlight the importance of trusting that individuals know what's best for them and empowering them.
- Include language about empowering beneficiaries, families, and communities to drive decisions around care.

Group 3 had a robust discussion about funding for the initiative and how to best leverage resources to achieve the desired outcomes. The group provided the following key takeaways and input:

- Acknowledging the significant investment and excitement about the initiative, it is important to look at how to best leverage resources, including avoiding duplicative

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

spending on the same opportunities for care and considering potential future needs for additional funding to address complex issues like stigma and broader systems changes.

- Stigma is a complex issue and deserves greater attention. What does success at addressing stigma look like? Is there a model that can guide us? Specifically, consider how to normalize care seeking behavior, how stigma shows up at the individual and societal level, and how it appears in a way that is different for behavioral health than for other physical health issues.

Group 4 discussed the need for agreement on outcomes, including how they can be measured across different sectors. Group 4 reported on the following key takeaways:

- A shared vision of equity is needed, including how to define and measure it.
- One important approach to measuring outcomes is based on consumer satisfaction, hearing directly from those trying to access care.
- Normalize conversations about behavioral health across sectors, so that youth have space to seek help. Elevate the conversation about systems and impacts so larger systems do not trigger and traumatize people. A safe space that promotes self-advocacy, as well as identifying adults willing to be accountable to young people.

MEMBERS OF THE PUBLIC GROUP DISCUSSIONS

Group 6 discussed the importance of having all the right stakeholders at the table, fully including all interests, to cultivate real change. The group shared the following input:

- This must be a communal effort as we are standing on the brink of being able to do impactful things. We have resources in our communities and need to improve the process through collaboration and by connecting the dots. Those most impacted need to be at the table.
- It is imperative to make sure that whatever system is in place is truly representative of the populations that we are serving. Communities of color are experiencing huge issues with youth suicide rates, depression, and anxiety, and Black/African American and Native American populations do not have the same level of access to services.

Group 7 shared a vision for building a behavioral health ecosystem, with the following key takeaways:

- Communally define and establish metrics to measure outcomes, developed with, by, and for communities, with a focus on securing, preserving, improving, and empowering the lives of California's children, youth, and families. We need ongoing funding, shared power, and shared agency to get the job done.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- A prevention focus, looking at wellness from a broad perspective, is important. Everyone should learn and be supported in daily practices that help fill people up with love and support.
- Parents need to be included meaningfully in this process, as well as considered to be people who need support, removing blame and shame.

Group 8 shared the following takeaways:

- Sustainability of long-term funding is critical. Short term funding makes it hard to hire people for positions that will only last two to three years, and what is built is often lost when the funding runs out.
- Communities of color are subject to misunderstanding, stereotypes, racism, bias, and a lack of acknowledgment of the strengths of the networks of care, including connections to family and extended kin that already exist within them.
- Build in flexibility to ensure all children and youth have robust care. For example, the system should serve those that have private insurance but are unable to utilize it for reasons such as lack of safety in the home.

ADDITIONAL DISCUSSION

Following the group-by-group report out, participants shared additional reflections on their breakout discussions.

- There is urgency in operationalizing the CYBHI outcomes and it is important to ground the aspiration and outcome statements in actional and measurable activities.
- Collaboration and learning are important outcomes for this process especially as the CYBHI promotes the concept of ecosystems, connections, and breaking down of silos.
- It is important to acknowledge that measuring system change is a big task, and it is particularly important to think clearly about the appropriate measures for system change – especially since realizing outcomes will take time.
- An overarching outcome is to ensure that those being served by the system ultimately are able to participate in society fully – for example, thinking about sustainable wages as something that needs to be brought into the mix.
- One of the most important outcomes for young people who may end up living with a long-term mental health diagnosis is their own comfort level describing their condition and asking for accommodations at work and in other settings. That may not be an easy outcome to measure.
- It is important to consider the specifics of outcomes. How will we know that the CYBHI has achieved equitable outcomes? What are the specific groups CYBHI is intending to serve?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary
DRAFT

- It is critical to highlight the importance of including parents. We are very proud to be parents, whether we are struggling or not.
- How we hold ourselves accountable for system violence is an important piece, because the longer we fail to do that, the more we will experience disproportionate needs, for example among BIPOC or LGBTQ+ youth. A key challenge to addressing the ambitious goals that we have set forth is trying to prevent harm and go upstream as much as possible. There are broad system issues that impact people – for example, we fail to acknowledge things like the national wave of anti-transgender legislation and its impact on how LGBT youth feels the world is open to them. Violence and state-sanctioned murder of black folks are impacting black youth. We can build a system of care that is better at being responsive to those youth and their families, and at the same time it is critical to acknowledge that sometimes those needs are going to increase as a direct result of things that are not in the hands of the care delivery system. People are experiencing and responding to trauma, which can show up as mental health needs or substance use disorder needs. There has to be a multidimensional accountability system in place: if need increases, it is not necessarily only because there aren't more service, and also sometimes additional services are needed in response to things happening in the world, like COVID.
- Racism and discrimination are a public health crisis that needs to be recognized, acknowledged, and addressed within a mental health framework, given the impact that it has in our communities. Living with this burden is a constant in many young peoples' experiences, and it is a tiresome and expensive burden to carry. Young people should not have to be relying on individual wellness to deal with discrimination, being asked to do breathing exercises to deal with racism or count to 10 after you've been discriminated against. It is critical that this be named, and the impact be acknowledged and addressed.

CLOSING – REFLECTIONS AND NEXT STEPS

Deputy Secretary Welch thanked participants for their engagement and expressed her hope that the BHTF meeting process and content reflected the BHTF members' requests for smaller group discussions and incorporating input from members of the public. Ms. Welch encouraged BHTF members to continue providing suggestions for improving the BHTF process, including by completing the BHTF member survey informing the BHTF charter.

Ms. Welch acknowledged that many BHTF members are involved in multiple tables related to California's dynamic behavioral health system. Governor Newsom recently announced a new framework for providing wraparound care for individuals living with very serious mental health

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

challenges, specifically schizophrenia spectrum disorders, called Community Assistance, Recovery and Empowerment (CARE) Court. CalHHS held an initial stakeholder call on the framework during the first week of March 2022, with more than 700 stakeholders joining in, and will continue to engage stakeholders in the near future, as listed below. Information about the CARE Court framework is available [here](#), including the [framework document](#).

NEXT STEPS

- Stakeholder engagement opportunities:
 - CalHHS CARE Court stakeholder call – Monday, March 14, 2022
 - CalHHS CYBHI Kickoff webinar – Tuesday, March 15, 2022
 - Disability Rights California town hall on CARE Courts – Thursday, March 10, 2022
- BHTF meeting follow up activities:
 - BHTF members are encouraged to provide additional input on the BHTF Charter through the member survey, sent out via email
 - Meeting participants are encouraged to provide feedback on meeting content and process through an evaluation form shared during the meeting
 - The BHTF Charter will be finalized based on input provided at the meeting and additional feedback collected through the survey
 - The facilitation team will share the BHTF meeting presentation slides and a meeting summary when complete

ADDITIONAL MEMBER AND STAKEHOLDER REFLECTIONS AND INPUT

BHTF Process Comments

- I really wish we could have a presentation from Dr. Rhea Boyd on equity, racism, & systemic oppression has the potential to live in the background if we are not careful or diligent to ensure goals and interventions reflect these issues. We should also be careful as we center schools/school systems in the initiative given the harm many Black youth continue experience in these spaces.
 - Response from facilitation team: The Charter includes a suggestion to create a dedicated space in meetings to center BHTF discussions with input from impacted communities. This work has already begun with having a dedicated agenda item for youth voice. We are taking note of this suggestion you have provided and would encourage others to offer suggestions to help bring in perspectives that would inform our discussions moving forward.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- We want to make sure that our time together in this meeting is not just to go over work that has already been decided by somebody else and not necessarily the community or the agencies. We want our work to be purposeful and authentic collaboration. We need to ensure that work is driven by the Stakeholders of California.
- The Department of Developmental Services should participate as a BHTF member, given the population the department serves, over half of which are children and youth.

CYBHI Comments

- As we are considering how to link the CYBHI efforts to community and school efforts, it will be beneficial, when convening a working group, to create opportunities for stakeholders to really engage to make both of these efforts more powerful by making sure they are deeply coordinated.
 - Response from Director Stafford Jones: Please bring all your ideas to the CYBHI work. This is an opportunity to be a catalyst for conversations about where connections can be made. Even if something doesn't ultimately get worked out through one of the CYBHI work streams, there are other ways that we can connect those dots and work through all the other work that is happening to support children and youth. We are working on a landscape analysis to try and capture key pieces across sectors and age groups, and hope that this landscape analysis will serve as a spark for connections and dialogue. Hopefully, we will be ready to bring the landscape analysis to the BHTF June meeting and use it as the basis for conversation.
- We support the 15 action teams across the State. Underserved communities should identify their own youth led solutions to improve mental health in their community. Communities have been building their expertise around the mental health ecosystem in their community. Transitional Age Youth (TAY) all across the state are strong experts when it comes to navigating that landscape and uplifting what they want and need. Mental Health America of California (MHAC) can help connect to these youth and their expertise to support the BHTF work and other members' work.
 - Response from Deputy Secretary Welch: There are numerous spaces where behavioral health issues are addressed beyond the BHTF. CalHHS will have a separate stakeholder engagement to address Care Court and the behavior healthcare continuum. Stakeholder engagement at these multiple tables is appreciated and needed. This is an exciting time because we have an administration that's dedicated across the lifespan from people who are trying to

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

prevent people from having the negative outcomes that might be associated with decades trying to address our most vulnerable even potentially our older adult communities. There is a lot of work to do, and your time, attention, energy and good ideas are appreciated.

CARE Court

- Given the focus of today's meeting on the CYBHI, how will the proposal related to young people dealing with a new diagnosis of schizophrenia show up in the CYBHI and CARE Court frameworks?
 - Response from Deputy Secretary Welch: One of the premises of CARE Court is to go upstream in efforts to prevent institutionalization whether that be in the form of incarceration, state hospitalization, or long-term conservatorship. There is a tremendous opportunity to think about how to do that appropriately. Care court is intended for a specific and narrow population. There is an incredible momentum with the CYBHI to pick up this program because it's already underway. The first break program getting as fast as possible is to provide wraparound services for individuals who are experiencing the beginning of schizophrenia spectrum disorder. We want this evidence-based program to expand and scale up as part of the CYBHI. Counties are doing it and healthcare plans are investing in it. Statistics and data clearly demonstrate that the onset of schizophrenia spectrum disorders affects particularly males before the age of 25 and we have to look at multiple tools that are at our disposal. It is unclear if Care Court would be one of the tools that we would be using more than something more like first break approaches.

RESOURCES SHARED BY PARTICIPANTS

- Dr Lisa Raising the Future/ Parents Anonymous: caparentyouthhelpline.org

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

APPENDIX A. BREAKOUT DISCUSSION NOTES

As summarized above, BHTF members and public stakeholders participated in breakout discussions on the CYBHI draft aspiration and outcomes statements. Groups took notes on their discussions, included below with minor edits for clarity.

GROUP 1

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Accessible
- Equity
- Prevention

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

1. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?
 - b. Are there **additional** outcomes that should be included?
2. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- 3.** Improve accessibility of services and supports across the continuum of care
- 4.** Equitably improve behavioral health outcomes across the State
- 5.** Improve overall health, social outcomes, and emotional wellbeing for children and youth
- 6.** Ensure that positive outcomes are sustainable

- Access, how do we ensure access? It seems like triage and get out.
- Do we provide all the benefits to ALL people?
- Outcomes are great but seem operational. How do we include more language that is person focused?
- Eliminate stigma, how do we do this?
- Add seamless removal of barriers and access throughout the ecosystem...
- Get services, do paperwork/billing later, especially when families and students are in crisis
- Focus on long term care, not just triage, what is the follow up and follow through
- Create positive experiences if we are framing in equity especially when we speak about therapy, being culturally appropriate is crucial.

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

- Create a culturally responsive BH system that removes access barriers for patients by improving care coordination between providers and systems, valuing family needs over billing, and truly creating a no wrong door approach that improves the operational hurdles within systems.
- Create an ecosystem of care that holds cross system collaboration as an imperative. If you are eligible in one system, one should be eligible across systems to ensure preventative services.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

GROUP 2

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Reimagine
- Reimagine
- Reimagine
- Wellbeing
- Ecosystem

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

1. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?
 - b. Are there **additional** outcomes that should be included?
2. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

Is this set of outcomes **complete** to fully realize the aspiration?

A. Do these outcomes appropriately **reflect your hopes**?

- Delivering equitable care isn't necessarily innovative or imaginative, communities have been asking for this for a long time.
- Enforcement and or facilitation to obtaining equitable care can be innovative.
- Clarify in #4: add "and expand/normalize culturally evidenced best practices".
- Participatory design models that really center the individual, families, and communities.
- A system that works to reduce the stigma it generates

B. Are there **additional** outcomes that should be included?

- Can we define the ecosystem?
- Once we decide, how do we disseminate the information/education?
- How do we know when we have accomplished these outcomes? What measurements are we using to know if we achieve these outcomes?
- Add for #7: autonomy, self-determination, empowerment, and self-efficacy
- Prioritize community identified needs
- Empowering beneficiaries, families, and communities to drive the decision of the care, even when it need to be changed.

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

Clarify in #4: add "and expand/normalize culturally evidenced best practices". Prioritize community identified needs.

Add for #7: autonomy, self-determination, empowerment, and self-efficacy. Empowering beneficiaries, families, and communities to drive the decision of the care, even when it need to be changed.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

GROUP 3

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Wellbeing - question if one can have wellbeing & live with a long-term MH conditions
- Timely - seems simple, but as a Corrections professional, the lack of timely services is an impediment to care and service; really strikes a chord
- Reimagine - we sit on lots of different groups w/ our 'hats' on; need to remove the 'hats' to really think about youth/children
- Ecosystem - notion of interconnected systems; they don't remain static & they evolve, but we can get stuck
- Equitable - this word can lose impact like 'diversity', 'equity', 'bias'; the potential to throw this word around w/o real meaning is upon us
- Ecosystem - how do we thread our boats in the same direction so that there is a connection that gets us to the other side

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

1. Is this set of outcomes complete to fully realize the aspiration?
 - a. Do these outcomes appropriately reflect your hopes?
 - b. Are there additional outcomes that should be included?
2. What would these outcomes look like in your community and how do they relate to your work?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

- Eliminate stigma - would like to add disability ...not just normalize wellness, but also disability b/c it is a part of life
- Equity across the board vs in behavioral health; possibly explicitly call out equity in combination with #5
- All outcomes relate to Corrections work - even a fraction of achievement would be an improvement; what would the preventative interventions look like; could mean significant changes from where we are today
- Consider improving the experience of adults in response to youth mental health challenges
- Eliminating stigma - not just individual experience, but stigma from all adults around the youth; 1st outcome must involve training & education
- Prevention & intervention includes training
- Substance abuse - self-medication should be addressed
- Stigma - eliminate stigma; normalize help seeking - stigma is around us & at a community level, but normalizing help-seeking seems to be an individual level which is outside of the way we look at other health issues like diabetes & cancer where we take a community level approach to help-seeking (the absence of stigma is not the opposite of stigma; active promotion of care is key
- Medical model is about diagnosis & treatment; there are other models
- How do we eliminate any impact of financial barriers to care?
- The financial investment is so unprecedented and should be leveraged
- There are potentially billions spent on duplicate services - design of our health & human services agencies has resulted in a complicated system that is difficult to use - a system question... what are we aiming to achieve?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

What would success look like - is there a model for success; the model for guidance many not be in the public sector

Stigma is a complex issue that deserves greater attention

ex/ Stigma - eliminate stigma; normalize help seeking - stigma is around us & at a community level, but normalizing help-seeking seems to be an individual level which is outside of the way we look at other health issues like diabetes & cancer where we take a community level approach to help-seeking (the absence of stigma is not the opposite of stigma; active promotion of care is key

Leveraging resources is important to achieve the outcomes; the \$4b is enough perhaps for PEI, but not enough to address stigma and broader systems change

GROUP 4

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Timely because if everyone has timely access if you get the care you need it.
- Accessibility - it is not a cohesive and comprehensive initiative that goes beyond silos that exist. Not including CDE or Developmental Services. Santa Clara Office of Education recently produced a paper on accessibility of services at schools is better than elsewhere.
- Equitable - if services are equitable, then they can be appropriate, timely, and accessible
- Reimagine - what does this look like for families and kids that is not limiting. We have all of these aspirational goals...reimagine is an invitation to do better.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Appropriate - we talk so much about availability and expanded coverage, but if people don't feel the services are appropriate, then they won't access them.

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

1. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?
 - b. Are there **additional** outcomes that should be included?
2. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

- As much as these are great draft outcomes. E.g., #1, which speaks to hope - that if someone needs help, then help is going to be there. There is a reluctance to ask for help if the help that is going to show up is what you want or that you trust.
- Tension between the notion that not all mental health conditions can be prevented and that sometimes there are things that can be prevented. It's about systems change. We hear this around concerns of policing, children in schools (e.g., students targeted by racism, judges misgender a youth), etc. How people in power and authority respond when these issues are reported. Normalizing conversations so students have space to seek help. How systems actually play out to trigger, reinforce,

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

and traumatize people. Self-advocacy + structural pieces. Adults willing to be accountable to young people.

- What is the ecosystem? Implies that things are contained in one environment. What is the disruption we need in this reimagined system?
- Shared outcomes across multiple departments.
- How do we come up with measures that do not perpetuate or deepen the need for BH interventions in the first place?
- We're talking about equity, but we haven't developed a shared analysis/definition for what this means. This could be an outcome...the State coming up with a shared analysis and definition.
- #4 and #5 don't necessarily need to be two different goals. #5 (improving overall health) could hamper/mask goal #4 (focus on improving BH services). We need to be focused around population-specific needs (LGBTQ kids, juvenile justice). If we're not targeted, we lose an opportunity for this to be meaningful. Can't say the focus is on 0-25 and do all the same.
- We're missing collaboration in these outcomes. A lack of cohesiveness in the 14 different programs that have been called out in the initiative and how they build on each other, what the foundation is. One of the more important outcomes of all 6 listed is sustainability - this is one-time dollars over 5 years, with really only 3 years to spend the funds. What happens when the funding is gone? Also, how do we make things meaningful. Parity law is not optimal if the bar is low. If you're a low-income family with insurance that has deductibles and copays that make it too difficult to access care, then where are we in terms of equity? These are real challenges. If an affluent person has this problem, which they do, then what hope do we have for those who are less affluent? We need to step back and say what is it that we want for the starting point for all of us?
- The more we hurt people, the more need we're going to have over time.
- Need good data at the State level to be able to see what's happening across the State - frontload data collection to track measurable progress. We often focus on access, utilization, whether or not people are getting better, but there are intermediate measures we should be open to and discuss (e.g., research on children/youth focused on helping them more strongly connect with their indigenous culture...and how it helps with SUD resiliency). There are determinants of health that have not been explored by dominant cultures. This falls within the recovery framework. Children are not operating within isolation...the adults in their lives matter in terms of health seeking and buffering/protecting...how do we create spaces to allow young people to seek help beyond the adults in their lives.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- The person-centered approach - what is important to the person as a goal (the wraparound process). Mental health care may not always be the right approach or the person's preference but should be available if they do want it. Need to engage families in the right way. Clinical workforce that aligns with person preference.

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

Need agreement on the outcomes and how to measure them across the different sectors. We need a shared vision of equity, and how to define and measure it. Also, consumer satisfaction...hearing directly from people who are trying to get care.

Normalize the conversations about behavioral health across the different sectors so students have space to seek help and elevate the conversation about systems/impact, so systems do not trigger, reinforce, and traumatize people. Basically, a safe space that promotes self-advocacy + improving the structural pieces. Need adults that are willing to be accountable to young people.

GROUP 5

Due to a technical issue, there was no Group 5 (the numbering skipped to Group 6).

GROUP 6

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Accessible - Schools are ground zero for mental health services to children, yet LEAs struggle to provide services due to a fragmented and confusing reimbursement system, sustainability, workforce, etcetera. Accessibility would be enhanced/improved by streamlining the system so schools can more easily provide services to students.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Innovative - new ways of doing things, more efficiency
- Ecosystem - needing to be less siloed and coordinated
- Timely - access to services and referrals at critical moments
- Person Centered is missing from statement

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

1. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?
 - b. Are there **additional** outcomes that should be included?
2. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

- Missing something that looks at transformation of systems/processes (how we do the work); what's going to change to achieve the goals
- Include "resiliency" (maybe included in 5 but good to call out)
- System is too disjointed. Need to connect all of the dots in the system.
- Weave culturally sensitive/appropriate care throughout the outcomes (i.e. Embed CULTURALLY SENSITIVE preventive interventions and supports throughout the ecosystem)

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Improve accessibility of services and supports across the continuum of care IN AN EQUITABLE MANNER

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

System transformation that highlights cultural sensitivity and equity.

Transforming the system/processes of a highly siloed system to achieve the outcomes/goals of the aspiration statement.

GROUP 7

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Ecosystem
- Reimagine
- Wellness
- Timely
- Missing word: parents

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

3. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

b. Are there **additional** outcomes that should be included?

4. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

- Want to see concrete metrics to measure these outcomes. Consider aligning with existing healthcare performance measures.**
- RE Accessibility - add an outcome regarding standardization of the referral process in schools. Track access points. Evaluate appropriateness - we asked people what they wanted - did we meet their needs with a range of service/treatment options?
- Ask youth and parents how to define elimination of stigma - what will that look like? **Make sure Parents & Youth are in Leadership roles throughout the design, implementation and evaluation processes.
- Operationalizing CalAIM component that allows provision of services before diagnosis. Helps remove the stigma. *
- Prevention focus, wellness
- Think critically about prevention. How can the BH system interrupt sources of trauma? EX) children of color can be traumatized by microaggressions and/or overt discrimination from teachers. How do we prevent that?
- Building connections between systems serving children, youth and families**
- REMOVE BLAME AND SHAME!*
- Embrace Asking for Help is a Sign of Strength *
- Integration of services

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Streamlining of funding streams - what is this 1-time funding going to do to make it easier for schools and community providers to understand and access ongoing funding streams?
- Integrate wellbeing strategies for everyday life: Meditation, Mindfulness and practices of various cultural groups such as Native Americans, etc., that can lift all of our spirits and fill us up with love and support. Focus on PREVENTION

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.

Building Behavioral Health ecosystems together, communally define and establish metrics to measure outcomes developed with people, by people, for people with a focus on securing, preserving, improving, and empowering the lives of Children, Youth, and Families. We need ongoing funding, shared power and agency to get the job done!

GROUP 8

CYBHI Draft Aspiration Statement:

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

Please pick one word in the CYBHI draft aspiration statement and share **how it is meaningful** to you.

- Timely - witnessing patients getting screened for depression and it taking a long time to get them to providers, wanting to make sure the end user experience is seamless.
- Equity/equitable - my organization advocates for racial and ethnic communities, the lgbt community and other underserved communities. When we talk about equity, what are we talking about? Need specifics on how the initiative will be addressing equity. What groups?
- SUD - want to uplift that this initiative is focused on mental health and substance use, we see more challenges on the substance use side, we see more barriers to break down with youth who have SUD needs.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

- Accessible - promote a no wrong door approach, to ensure that students regardless of insurance can receive services
- Parents - importance of supporting parents to support parents, our future depends on parents, supporting parents in order to support children

CYBHI Outcome Themes

As you think about how you would like to see the CYBHI show up in your work and your community, please review the outcomes below and discuss the following questions:

5. Is this set of outcomes **complete** to fully realize the aspiration?
 - a. Do these outcomes appropriately **reflect your hopes**?
 - b. Are there **additional** outcomes that should be included?
6. What would these outcomes look like **in your community** and how do they **relate to your work**?

Draft Outcomes

1. Eliminate stigma related to behavioral health conditions and normalize help-seeking and wellness
2. Embed preventive interventions and supports throughout the ecosystem
3. Improve accessibility of services and supports across the continuum of care
4. Equitably improve behavioral health outcomes across the State
5. Improve overall health, social outcomes, and emotional wellbeing for children and youth
6. Ensure that positive outcomes are sustainable

- These are all very high level, there is not specificity. What do mean by equitably improve outcomes, would like more specificity and focus. A lot of discussion needs to happen around the specifics of these.
- There is not enough information here to notice anything missing - these are umbrella topics. We need to know the specifics to know if anything is missing. Grant funding to ensure that services can be increased to this population means that funding streams can't be just 1, 2, 3 years because that is impossible on our side, we can't break though the ism's and focus on social determinants, or deal with back of the house.

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING
Meeting Summary
DRAFT

Sustainable to me means continuity of dollars so providers can plan. It is not functional to be hiring people for 2 year contracts.

- Within all of these there is a way to talk about flexibility, one of the big thing coming up with affiliates, there are not existing contracts or relationship with health plans or other larger providers. Is it possible to get a grant that will cover the cost of a licensed provider who can oversee residency level of BH clinician training? It's only a few hundred thousand dollars - but where does it come from? Do people have private insurance but not comfortable using it? For minors, the mental health claims could show up to the parents, so then they won't use the private service. People who are not safe at home, or have intimate partner violence might not be able to use the insurance, so it must be no wrong door for entities that want to be part of the solution. Equity means centering at the margins, how do we make sure people get services without going in the red?
- For communities of color, it puzzled me that people acted like children were independent and not part of families and extended families. Caregivers and families are so important.
- Being a parent of color, when I took in a child to get help, I was profiled and treated with such disrespect. The way we were treated those 48 hours when my son needed help. It was disgusting, awful, my son shared his deepest feelings - I was immediately blamed as his mom. Police were sent to my house, it disrupted my home, traumatized my children, it did not need to be that way. We were racially profiled. My child needed help because his medication changed - they immediately blamed me. The system needs to change and needs to provide the correct support.
- Will the system change?
- We really need specifics on these goals.
- It is going to take a lot of resources to figure out how to meet the needs of certain groups of people.
- Communities of color subject to misunderstanding, stereotypes, racism, and bias, and a lack of acknowledgement of the networks of care already embedded in communities of color.
- Will the workgroups include members of the public?

REPORT OUT: Please share two key takeaways from the discussion to inform the development of the CYBHI outcomes.