BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

June 14, 2022

CalHHS
California Health & Human Services Agency

VIRTUAL MEETING PROTOCOLS

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

BHTF MEMBERS

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

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

WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

MEMBER INTRODUCTIONS

An-Chi Tsou, Legislative Advocate
Service Employees International Union (SEIU) CA State Council

Rebecca Ruan-O'Shaughnessy, Executive Vice Chancellor for Educational Services
California Community Colleges Chancellor's Office (CCCCO)

FINAL BHTF CHARTER

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?

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 process**: How do we assess our impact and success?

CalHHS
California Health & Human Services Agency

BHTF GUIDING PRINCIPLES AND COMMITMENT TO ENGAGEMENT

- ✓ **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**

1. **Stay focused on the agenda**
2. **Anchor discussions in a person-centered approach**
3. **Strive to examine and act in an equitable and inclusive manner**
4. **Think innovatively and welcome new ideas**
5. **Involve all BHTF members in discussions**
6. **Uphold a respectful dialogue**

CalHHS
California Health & Human Services Agency

TASK FORCE MEETING AGENDA

10:00   **Welcome and Introductions**

10:15   **Crisis Care Continuum and 988**

10:35   **Crisis Care Continuum – Lived Experience Perspective**

11:05   **Short Break**

11:10   **Crisis Care Continuum Lightning Talks**

11:45   **Public Comment**

12:00   **Update on the Children and Youth Behavioral Health Initiative (CYBHI)**

   Lunch Break (12:30 – 1:00 pm)

1:00   **Creative Solutions to Building Out the Crisis Care Continuum**
   Small Group Discussion: Crisis Prevention, Response, & Stabilization

2:05   **Short Break**

2:10   **Report Out and Open Discussion**

2:50   **Closing Thoughts**

3:00   **Adjourn**

Crisis Care Continuum and 988

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

People in California are experiencing crisis

In 2020, **4,140 Californians died by suicide**

Suicide is the **third leading cause of death** among adolescents and young adults aged 15-24 in California

In 2020, there were **31,543 non-fatal self-harm related emergency department visits** among California residents

Youth between the ages of 10-18 experienced a **20 percent increase in suicide rates** from 2019 to 2020

Since 2005, the **National Suicide Prevention Lifeline (1-800-273-8255)** *has helped millions of individuals in emotional distress*

Source: CalHHS, SAMHSA

The behavioral health continuum of care
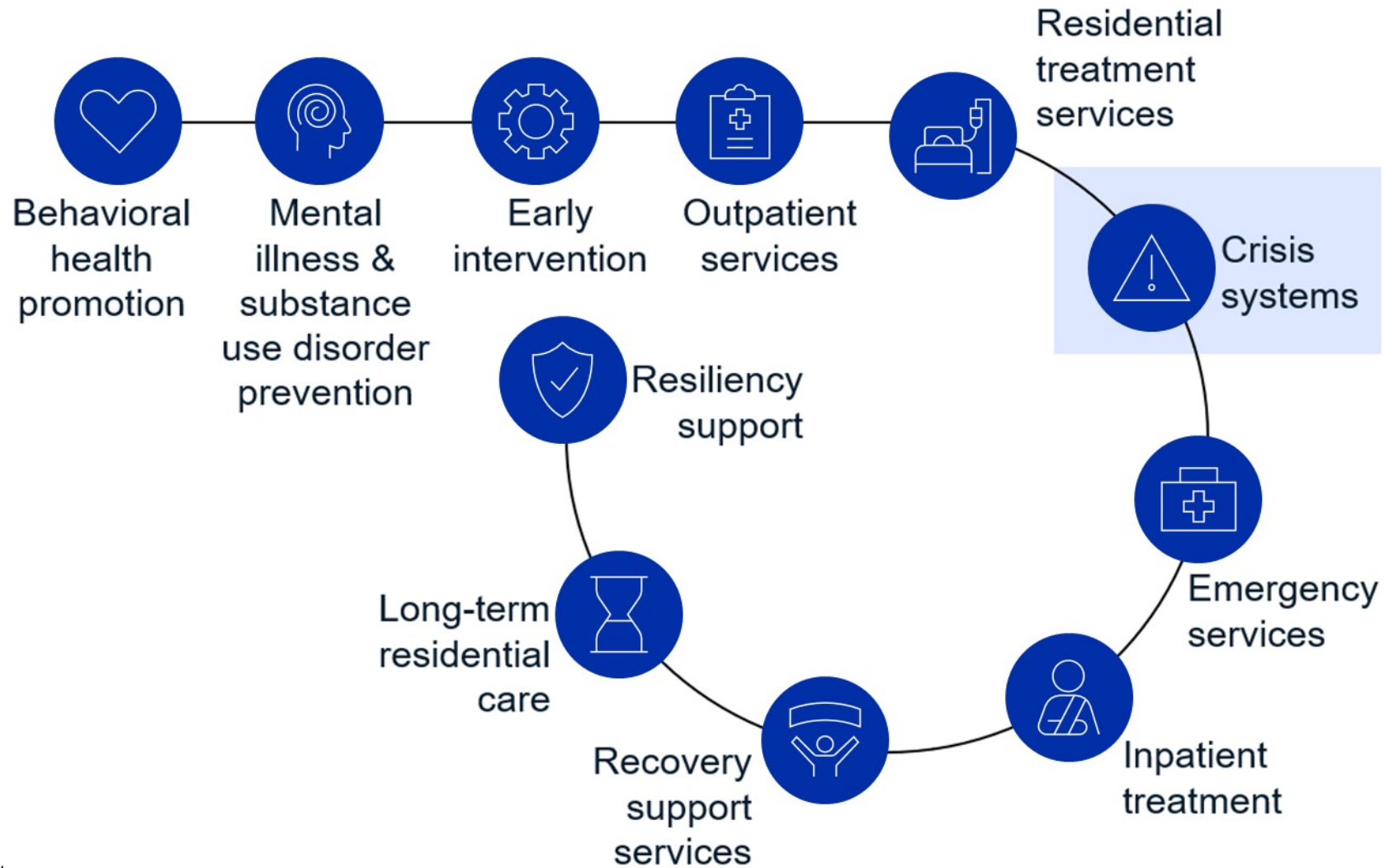
Source: Discussions with CalHHS team

Components of crisis systems (1/2)

BH crisis systems are for anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, recovery support services)

Responding to Crisis

Acute crisis response services, including hotlines, 911 diversion, mobile crisis teams, social service response, and co-response models

Crisis Stabilization

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, and crisis residential services

Source: Discussions with CalHHS team

Components of crisis systems (2/2) – non-exhaustive examples

A. Preventing Crisis

- **Peer warmlines:** A peer-run service that offers callers emotional support and is staffed by volunteers who are in recovery themselves

- **Striving for Zero:** California's strategic suicide prevention plan, that includes (among other recommendations) follow-up after suicide-related services in a healthcare setting

- **Harm reduction programs:** A proactive and evidence-based approach to reduce the impacts of behavior associated with alcohol and other substance use (e.g., overdose prevention programs)

B. Responding to Crisis

- **911 dispatch diversion:** Connecting people to mental health professionals when someone contacts 911 due to a behavioral health crisis or other health or social service need

- **Co-response models:** Law enforcement agencies dedicate personnel and team them with clinicians to respond to behavioral health emergencies

- **Mobile crisis response teams:** Community-based support where people in crisis are; either at home or a location in the community

- **Hotlines:** An accessible crisis call center that is equipped to support people in crisis and connect individuals to needed care
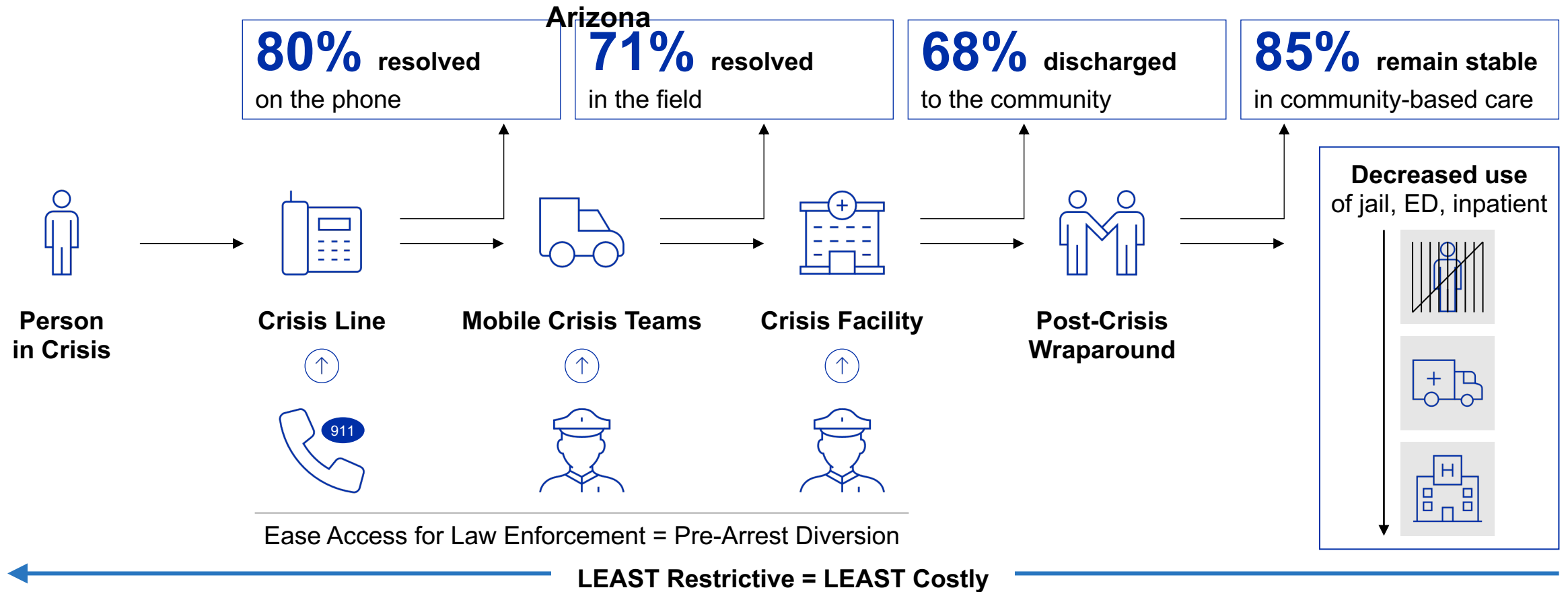
C. Crisis Stabilization

- **Crisis stabilization facilities:** Provide short-term (under 24 hours) observation and crisis stabilization services in a home-like, non-hospital environment

- **Short-term residential crisis care:** Provide in-person 24-hour crisis care with option for multi-day stays

- **Peer respite**: Voluntary, short-term residential programs operated by peers

- **In home crisis stabilization:** Short-term, intensive in-home services to individuals who have been assessed to be at high-risk

Sources: SAMHSA Suicide prevention, SAMHSA Find help, SAMHSA national guidelines, SAMHSA executive order, NAMI website, Vibrant website, California Treasurer's Office, MHSOAC Striving for Zero, Orange County Health Care Agency, CSG Justice Center

Illustrative state example of crisis system outcomes

Potential effectiveness of a robust crisis system, based on data from southern Arizona

80% resolved	**71%** resolved	**68%** discharged	**85%** remain stable
on the phone	in the field	to the community	in community-based care

Person in Crisis → **Crisis Line** (911) → **Mobile Crisis Teams** → **Crisis Facility** → **Post-Crisis Wraparound** → **Decreased use** of jail, ED, inpatient

Ease Access for Law Enforcement = Pre-Arrest Diversion

LEAST Restrictive = LEAST Costly

CalHHS — California Health & Human Services Agency

Summary of findings[1] from [DHCS Assessing the Continuum of Care for Behavioral Health Services in California,](link) Legislative Briefing January 2022

- Throughout California, as in the rest of the country, the family (or friends) of someone in a behavioral health crisis may often default to calling 911 or trying to persuade the person to voluntarily go to the ED

  - While sometimes an ED visit or the presence of the police is absolutely required, people often rely on these options simply because there may be no alternatives

- A growing number of counties are seeking to expand the range of health care supports and destinations available to residents in crisis

- An organized continuum of crisis services is vital to addressing these issues and diverting individuals who do not have a concurrent medical emergency, inpatient psychiatric hospitals, and incarceration

- Despite in-flight innovations, California still has room to improve crisis services to reduce avoidable ED visits, hospitalizations, and incarceration

- Even where crisis services are available, there is interest in improving connections to ongoing care

Opportunities provided by 988 and changes in crisis care

Transitioning the **National Suicide Prevention Lifeline** number
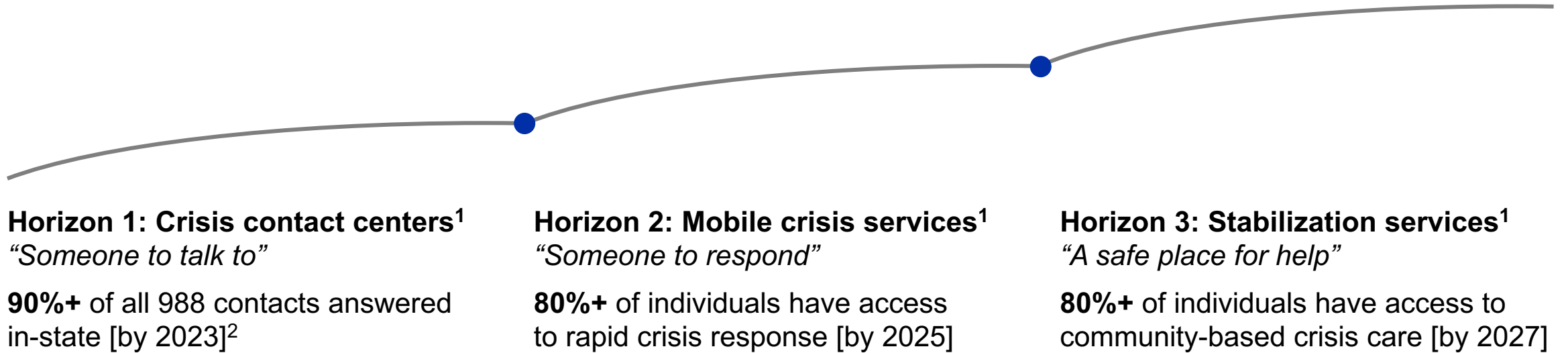
(1-800-273-8255)

>

to an **easy-to-remember**, 3-digit number

(988).

988 is an important step in **transforming crisis care in the country,** creating a **universal entry point** to needed crisis services in line with access to other emergency medical services.

Must strengthen and expand the national, state and territory **infrastructure to respond** to all behavioral health crisis calls, texts, and chats anywhere in the country

An **unprecedented opportunity** to improve **behavioral health crisis response and care for ALL Californians**

SAMHSA five-year vision for 988 and a fully resourced crisis care system

Horizon 1: Crisis contact centers[1]
"Someone to talk to"

90%+ of all 988 contacts answered in-state [by 2023][2]

Horizon 2: Mobile crisis services[1]
"Someone to respond"

80%+ of individuals have access to rapid crisis response [by 2025]

Horizon 3: Stabilization services[1]
"A safe place for help"

80%+ of individuals have access to community-based crisis care [by 2027]

Underlying principles of SAMHSA's vision

*Provide individuals experiencing **suicidal, mental health, and substance use crises,** and their loved ones, with caring, accessible, and high-quality support*

*Ensure **integrated services are available** across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)*

*Provide **"health first"** responses to behavioral health crises and ensure connection with appropriate levels of care*

*Integrate **lived experiences of peers** and support **for populations at high risk of suicide,** such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas*

*Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories*

1.Inclusive of intake, engagement, and follow-up | 2. Proportion may differ with chat/text vs. calls

Source: SAMHSA

CalHHS Role – Coordination and Connections

CalHHS will develop a plan to support connections between prevention efforts like hotlines and peer support services, 9-8-8 mental health crisis call centers, and mobile crisis response at the local level

- Building off of existing planning efforts, develop a blueprint with an implementation roadmap by the end of 2022

- Seek stakeholder input from diverse perspectives on the behavioral health crisis system, including state agencies, local jurisdictions, providers, consumers, caregivers, and family members, with a particular focus on individuals from underserved communities, communities of color, LGBTQ+, and youth

- Behavioral Health Taskforce (BHTF) will provide a forum for vetting and disseminating draft materials

Source: CalHHS, Discussion materials from Commission on Emergency Medical Services Quarterly Meeting June 15, 2022

CalHHS Role – Blueprint and Roadmap

- Identify the state-wide vision for full set of services for individuals experiencing crisis (interactions among 988, 911, Medi-Cal mobile crisis response, crisis receiving facilities, long term crisis residential services)

- Articulate state-wide minimum standards and metrics

- Define models / prototypes of how state-wide services could be implemented locally, recognizing different models will be needed in different counties/communities

- Provide a high-level view of resources required, or current investments that could be used, to support implementation of a robust crisis care response system

- Outline a governance model to support future implementation

- Identify approaches to reach major milestones ("the how to"), including what would be needed in terms of legislative authority, funding and approximate timing – a roadmap over several years of capacity building efforts

Source: CalHHS, Discussion materials from Commission on Emergency Medical Services Quarterly Meeting June 15, 2022

CalHHS
California Health & Human Services Agency

Next steps

Tuesday, June 14th

BH Task Force meeting

Introduce the Crisis Care Continuum effort to the BH Task Force

Hear from members on related efforts through "Lightning talks"

Gather inputs on gaps and opportunities in crisis care through breakout sessions

Between sessions

- *Engage BH Task Force members as subject matter experts on topics such as warmline inventory, county prototypes, stakeholder engagement, and blueprint and road map development*

Tuesday, Sept. 13th

BH Task Force meeting

- Review progress to date

- Gather feedback from BH Task Force members on the draft Crisis Care Continuum Blueprint

- Preview draft high-level road map

CalHOPE Crisis Counseling Program

Jeremy Wilson, Program Director

Kim Flores, CCP Project Manager

CalHHS
California Health & Human Services Agency

CalHOPE Crisis Counseling Program

Jeremy Wilson, Program Director

Kim Flores, CCP Project Manager

California Mental Health Services Authority – Joint Powers Authority of the 58 County Behavioral/Mental Health Directors and 2 City Health Directors.

SAMHSA CCP

- FEMA relies on SAMHSA to work with localities to establish a CCP after a disaster.

- The COVID-19 CCP was the first time SAMHSA funded statewide CCPs.

- SAMHSA has an extensive website, Disaster Technical Assistance Center that includes a CCP Toolkit.

- CCP counselors provide non-clinical emotional and crisis support in response to a disaster.

- Counselors and Program Coordinators must attend SAMHSA required trainings (30 hours) and data entry into the Online Data Collection and Evaluation System.

CalHOPE CCP

- Designed by County BH Directors: Intention to contract with CBOs to reach target populations and looking ahead to SB 803 implementation.

- RFP included 18 target populations, serves entire state

- Received 96 submittals, selected 29 agencies

- Over 500 Counselors, speak over 50 languages

- Counselors – peers, MSW and Nursing students.

Serving Children, Youth and TAY

- Allies for Every Child

- Painted Brain

- Project Youth Orange County Bar Foundation

- Safe Passages

- San Diego Youth Services

- Transitions-Mental Health Association

- Unity Fellowship Social Justice Center/Rainbow Pride (Unity Hope)

Culturally Diverse CBOs

- Access California Services

- Alta Med

- Center for Empowering Refugees and Immigrants

- Community Health for Asian Americans

- Health Education Council

- Interim, Inc

- Koreatown Youth and Community Center

- La Familia Counseling Services

Culturally Diverse CBOs

- Multi-Ethnic Collaborative of Community Agencies

- Muslim American Society-Social Services Foundation

- NAMI Contra Costa

- Oakland LGBTQ Community Center

- United Women of East Africa Support Team

- Vision y Compromiso

Statewide or General Population

- Alter Management

- CalVoices

- Mental Health America, San Diego

- NAMI-CA and its affiliates, i.e. Fresno, Westside L.A.

- United Parents

- University of Southern California, Telehealth

- Well-One Health, Inc—Free Clinic

- Westside Domestic Violence Shelter

Legacy/Lessons Learned

- Demonstrated the value of having counselors with lived experience and contracting with culturally congruent agencies to provide services.

- Made the state better prepared for future emergencies.

- Expanded MH services into some of these organizations/communities for the first time. UWEAST (creating new language to talk about MH), Well-One Health (incorporated MH into a free clinic).

Legacy/Lessons Learned

- CalMHSA has formed relationships with many of Ca's diverse cultural/racial/ethnic CBOs as the public MH system begins its expansion of employing peer counselors.

- Over 500 counselors have received CCP training and our augmented trainings, to prepare them to work in the public MH system.

- Demonstrated the value of having a MH screener/counselor in clinical settings.

- Facilitated and fostered a network of CBOs that reach out to each other for guidance and program expertise, outside of the CCP.

Summary Statistics

- Provided over 95,000 individual counseling sessions (+15 minutes); 40% of sessions > 60 minutes or more

- Served over 168,000 persons in group sessions or public education events, 65% were group sessions

- Provided in-person brief educational or supportive contact to over 1 million persons.

- Handed out over 214,000 materials to people, and

- Left, over 100,000 pieces of material in public places.

Counseling Services by Race/Ethnicity

California HOPE #EndTheStigma

Individual Encounters by Race/Ethnicity

- American Indian/Alaska Native, 503 1%
- Asian 25,281 28%
- African American 16,263 18%
- Native Hawaiian/Other Pacific Islander, 2,189 2%
- White 16,944 19%
- Hispanic or Latino 28,609 32%

Group Encounters by Race/Ethnicity

- American Indian/Alaska Native, 34,978 9%
- Asian 81,210 20%
- African American 82,698 20%
- Native Hawaiian/Other Pacific Islander, 34,909 8%
- White 71,809 18%
- Hispanic or Latino 104,224 25%
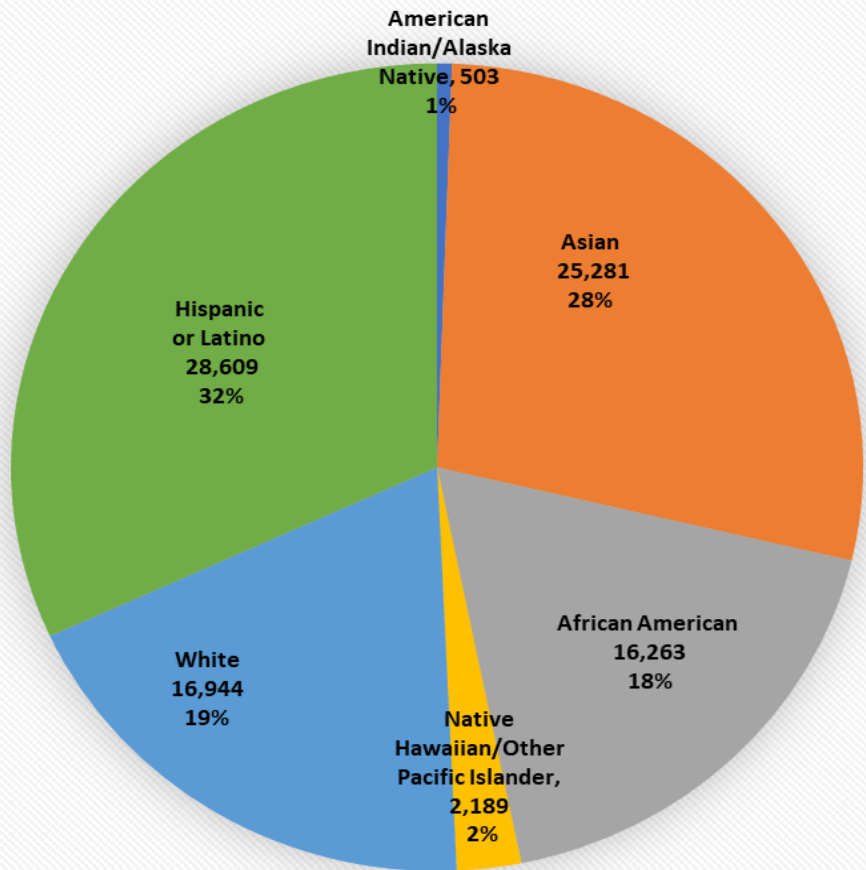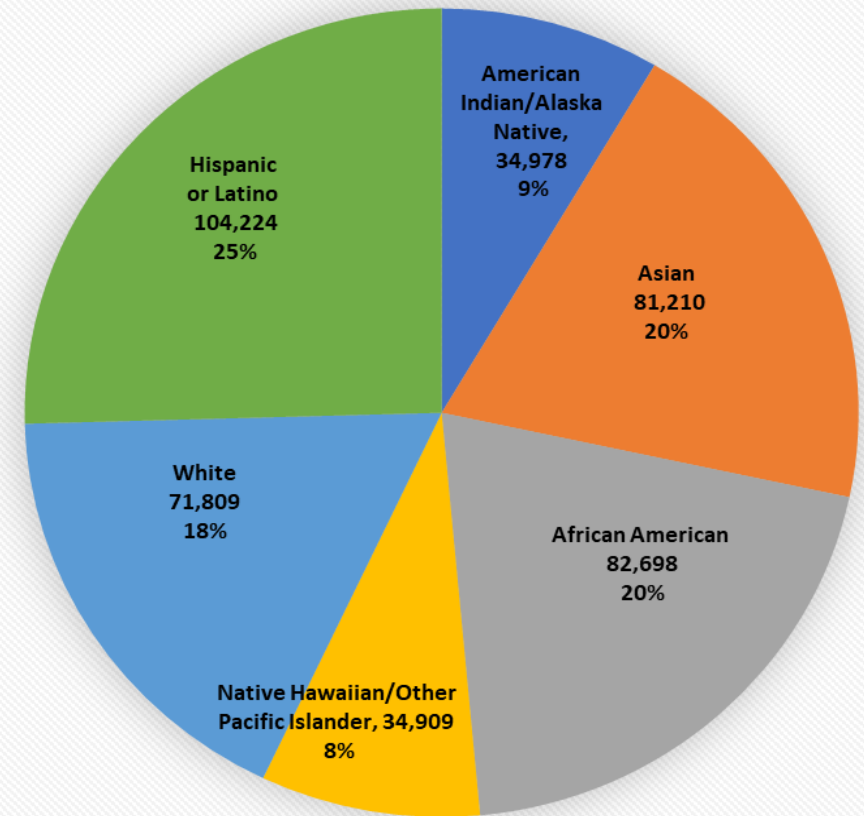
Counseling Services by Language

Individual Encounters by Language

- English, 36,560 — 38%
- Spanish, 19,212 — 20%
- Other, 34,961 — 37%
- N/A, 4,645 — 5%

Legend: English, Spanish, Other, N/A
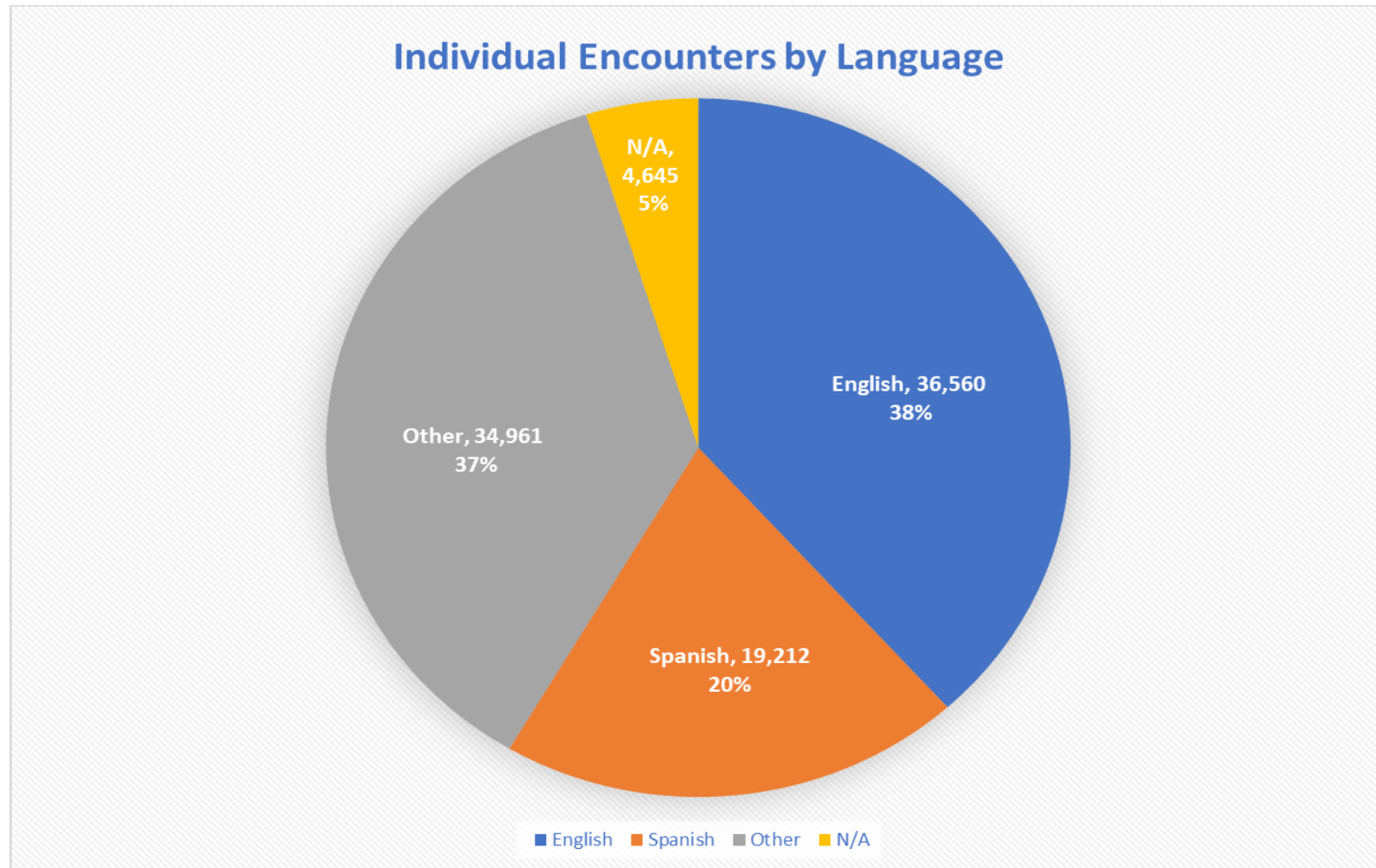
Brief Educational & Supportive Services

Tally Sheet Totals - Type of Contact
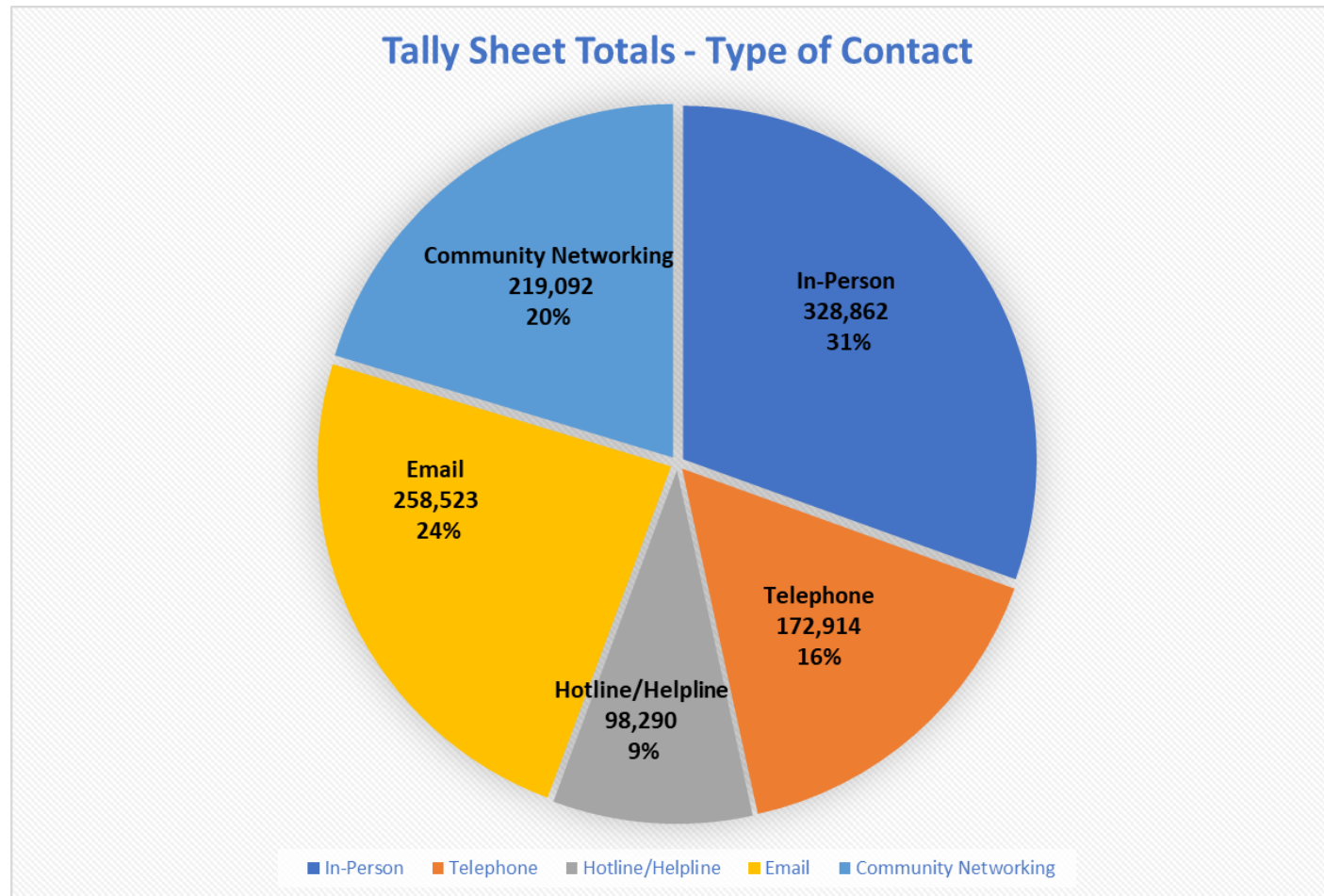
BH Assessments

- SAMHSA Individual/family forms ask about risk categories and event reactions (Behavioral, Emotional, Phys, Cogn)

- For those with event reactions:

  o 31% referred to more CCP (2nd visit, group sessions)

  o 20% referred to community services (e.g. housing, employment assistance)

  o 10% referred to MH Services;1% referred to SA services

  o 8% referred to Other Services (e.g. services for persons with different abilities)

Calhopeconnect.org

- Vision: Develop a Chat App to counsel during COVID.

- CalMHSA leveraged lessons learned from Take My Hand which is a custom-built Peer chat platform operated by Riverside County, used LiveChat.

- Take My Hand is part of Help@Hand, a multicounty innovation project administered and project managed by CalMHSA.

- Developed in a couple of months with a limited budget.

- Included a Calendar of Group Sessions; Allowing Californians to not be limited by geography.

New CalHOPE

- Governor has proposed GF for a new state funded CalHOPE.

- CalMHSA and DHCS are now discussing the new CalHOPE.

- No federal constraints, how can we improve this program?

Q&A

Appendix

- Visit CalMHSA [Repository Site](https://www.calmhsa.org/programs/fema-covid19/): https://www.calmhsa.org/programs/fema-covid19/

- Visit Chat App: https://www.calhopeconnect.org/

- Visit SAMHSA CCP Toolkit: https://www.samhsa.gov/dtac/ccp-toolkit

CCP Required Reporting

- Individual/Family Forms: encounters >15 minutes, collect location, demographics, event reactions, risk categories, referrals made (separate assessment and referral tool).

- Group Forms: captures group counseling sessions and public education events by location, demographics, focus of session/event

- Tally Sheets: encounters <15 min. by type of contact, outreach including number of materials distributed.

CHAT APP: calhopeconnect.org

- Began late March, 2021: 167,000 total chats
- Last 30 days, chats averaged 8 minutes, 42 seconds
- Developed user guides for counselors and supervisors.
- Continuously trained on how to counsel by chat, and how to organize your team to respond to inappropriate conversations.
- 83% Rated Positive

Counseling Over Chats

Monthly Chat Totals
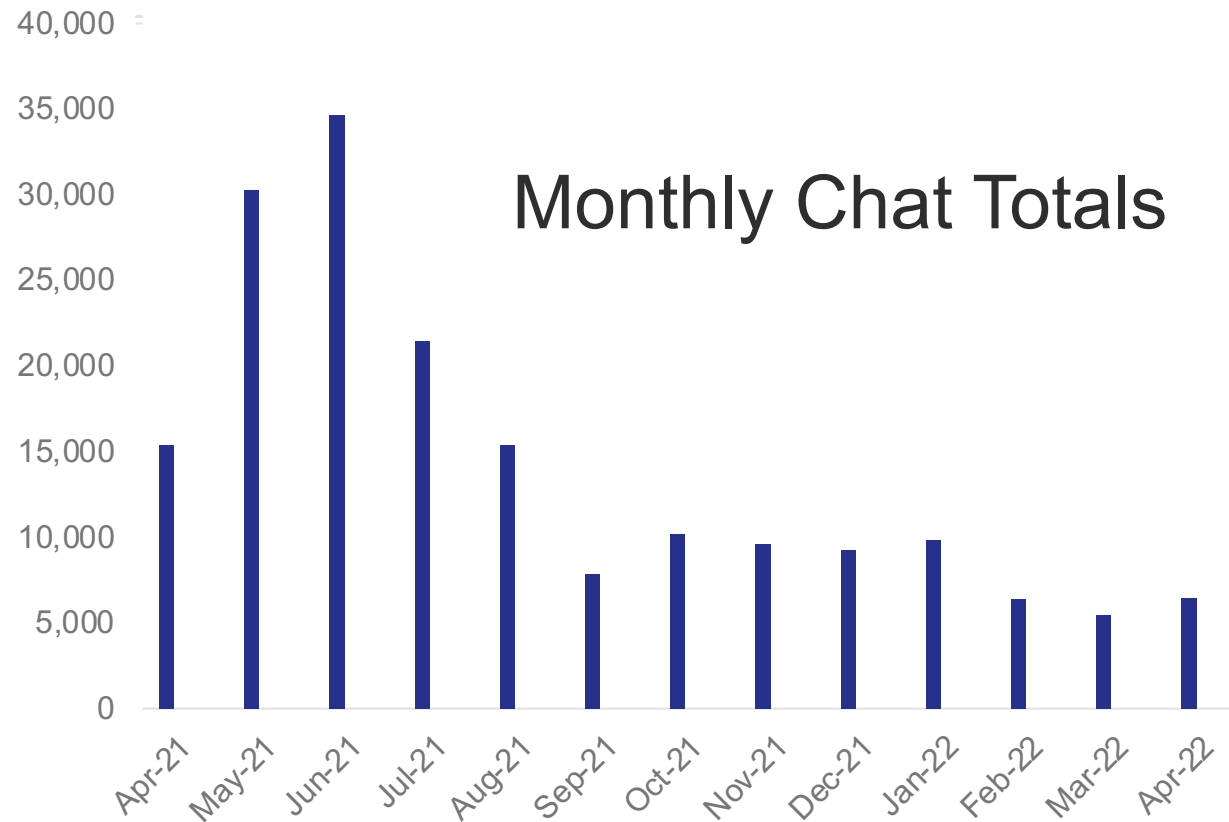
Feedback Surveys
June 6-12, 2021

- SAMHSA picks a week to survey Providers (Counselors and Program Coordinators) and Participants.

- Scale is 1-5 with 4=Good, 5=Excellent.

- Providers survey found:

- Quality of the supervision provided to you? 4.53

- How likely you would be to recommend this project to a friend or family member if he or she had the need? 4.58

Participant Survey Results

How good of a job did the counselor or outreach worker do…	Mean
Q1.Treating you with respect?	**4.73**
Q2.Respecting your culture, race, ethnicity, or religion?	4.66
Q3.Making you feel that asking for help is okay?	**4.61**
Q4.Making you feel that you can help yourself and your family?	4.53
Q5.Keeping things you said private?	**4.69**
Q13.Helping you to know that your feelings after the disaster were the same as many other people's feelings?	4.33
Q14.Helping you to find ways to take care of yourself, like eating right and getting enough sleep?	4.37
Q16.How good was the information you got on how people feel after disasters?	4.36
Q17.How good of an idea is it to tell a friend who was upset by the disaster to see this counselor or outreach worker?	**4.46**

Scale is 1-5 with 4=Good, 5=Excellent

Major Challenge: Statewide Program

- Established Weekly Program Coordinators' (supervisors of counselors) Meetings.

- Developed a Repository Site with our standard invoice, travel expense form, recordings of all weekly administrative staff and P.C. meetings, and recorded CalMHSA and FEMA trainings.

- Developed Newsletter sent to all counselors and P.C.s twice each week.

- One-on-one monthly meetings with Subs and regular Administrative Staff mtgs.

Legacy/Lessons Learned

- "Painted Brain has significantly enhanced and further professionalized our administrative and programmatic capacity to provide comprehensive counseling services as a result of our participation in and implementation of the CCP program.."

- "This allowed us to expand our service into new communities; we are now expanding into the Nepali, Tibetan and Afghani communities and creating a new program to suit new needs."(CERI)

- "Due to our agencies' participation in the FEMA/SAMHSA CCP we will continue after this program is over to provide mental health services based on our CCP training." (PYOCBF)

- "During our participation in CCP AltaMed's Health Education department recognized the need for free community classes, and a warm line; which we will continue to offer these free services."

- "Since being part of the CCP program, Westside Domestic Violence Shelter has increased outreach efforts, built stronger relationships, supported individuals with suicidality, mental crisis, domestic violence, and pandemic related traumas. A key takeaway from this experience, is that outreach is an important component when doing service work."

Counselors Speak Over 50 Languages

- UWEAST: 24 African and other refugee languages
- Spanish, Portuguese, Arabic, Mam, Marshallese, Samoan, Tongan, Tagalog, ASL
- Chinese, Cantonese, Mandarin, Korean, Thai, Hainanese, Vietnamese, Rakhine, Laotian, Mien, Cambodian, Bhutanese
- Hindi, Marathi, Gujarati, Punjabi, Khmer, Burmese, Nepali

CalHOPE CCP Providers

Two providers have counselors all over the state.

Several providers have affiliates across numerous counties.

Several Southern CA providers have counselors sprinkled over large parts of their counties.

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

PEER SUPPORT

"Because of peer support I am alive!"
—Melodie

"When I saw that other people recovered, it gave me hope that I could too."
—Corinna

"Peer support allowed me to feel 'normal.'"
—Jean

BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called "peerness"—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

WHAT DOES A PEER SUPPORT WORKER DO?

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are "experientially credentialed" by their own recovery journey (Davidson, et al., 1999). Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.

PEER SUPPORT WORKERS

- inspire hope that people can and do recover;
- walk with people on their recovery journeys;
- dispel myths about what it means to have a mental health condition or substance use disorder;
- provide self-help education and link people to tools and resources; and
- support people in identifying their goals, hopes, and dreams, and creating a roadmap for getting there.

Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support worker's role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements.

Peer support workers practice in a range of settings, including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.
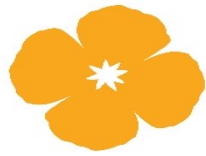
Peer support has been there for me no matter what, and now I am able to help others...
—Liza

SAMHSA

A graphic showing the many ways that peer support helps, and makes a difference. The role of a peer support worker complements but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

SHORT BREAK

(5 minutes)

Current Ongoing Crisis Care Continuum Efforts in California

CRISIS PREVENTION

- **Christine Olmstead** – Role of MTSS in preventing crisis
- **Sonya Young Aadam** – Community Defined Evidence Practices (CDEPs)
- **Mandy Taylor** – Formal and informal crisis care in LGBTQ Community Centers

CRISIS RESPONSE

- **Lenore Anderson** – Trauma Recovery Centers (TRCs) and more
- **Lishaun Francis** – Family Urgent Response System
- **Le Ondra Clark Harvey** – 988 Call Center staff training for crisis services
- **Ken Berrick** – Alternatives of care to crisis response

CRISIS STABILIZATION & SERVICES

- **Michelle Cabrera** – Crisis stabilization services
- **Kim Lewis** - Advocating for and enforcing crisis intervention services in Medi-Cal
- **Kirsten Barlow**

CalHHS
California Health & Human Services Agency

PUBLIC COMMENT

CalHHS
California Health & Human Services Agency

Update on the Children and Youth Behavioral Health Initiative (CYBHI)

MELISSA STAFFORD JONES, DIRECTOR, CYBHI

CalHHS
California Health & Human Services Agency

CYBHI presentation topics

Agenda item	Description
CYBHI updates on selected initiative-wide and workstream-specific topics	• Share stakeholder engagement updates and upcoming opportunities for engagement • Provide an overview of recent accomplishments and upcoming milestones for selected workstreams • Introduce initiative-wide equity working group
Initiative-wide CYBHI outcomes	• Share initiative-wide outcomes with updates based on stakeholder feedback • Provide input on potential outcome measures for the CYBHI
Landscape analysis	• Provide an overview of the landscape analysis and prospective plans for its use

Source: California Health and Human Services Agency

CYBHI updates on selected initiative-wide and workstream-specific topics

Reminder: Focus areas and workstreams for the CYBHI

Workforce training and capacity	BH ecosystem infrastructure	Coverage architecture	Public awareness
BH Coach Workforce (HCAI)	School-Linked Partnership and Capacity Grants (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaign (CDPH)
CalHOPE Student Services (DHCS)	BH Continuum Infrastructure Program (DHCS)		
Broad BH Workforce Capacity (HCAI)	Student Behavioral Health Incentive Program (DHCS)	Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	ACEs[1] and Toxic Stress Public Awareness Campaign (OSG)
Trauma-informed training for educators (OSG)	Mental Health Student Services Act (MHSSA) Program (MHSOAC)		
Behavioral Health Virtual Services Platform, including CBO Network; Pediatric, Primary Care and Other Healthcare Providers; and E-Consult (DHCS)			
Evidence-Based and Community Defined Practices (DHCS)			

Source: California Health and Human Services Agency

1. Adverse childhood experiences

Recent stakeholder engagement activities for the CYBHI

Initiative-wide stakeholder engagement activities

- Initiative-wide kick-off webinar

- Focus groups with youth and parents

- Multiple existing stakeholder forums across sectors, including with health and education partners

Workstream-specific stakeholder engagement activities

- Initial listening sessions focused on school-linked behavioral health services and supports

- Think Tanks to support two DHCS workstreams (Virtual Behavioral Health Services Platform and Evidence-Based and Community-Defined Practices)

- Interviews with government leaders, industry experts, and SMEs from existing BH programs nationwide

- Initial co-design sessions with working groups focused on BH coach role design

- Lunch & Learn session to discuss CYBHI-related workforce efforts

- A group of nationwide experts to support Public Education and Awareness Campaign

Source: California Health and Human Services Agency; DHCS, HCAI, DMHC, OSG, CDPH

Upcoming stakeholder engagement activities for the CYBHI

Initiative-wide stakeholder engagement activities

- Additional focus groups with youth and parents

- Community engagement sessions focused on CYBHI outcomes and needed systems changes

- The next Initiative-wide public webinar (July 15, 2022, 2:00 pm)

- Initiative-wide working groups focused on equity, prevention and wellness, and the BH ecosystem

Workstream-specific stakeholder engagement activities

- Workstream-specific children, youth, and family stakeholder engagement efforts (e.g., Friday Night Live)

- Official public workgroup sessions to review scope for Evidence-Based and Community-Defined Practices

- Additional stakeholder interviews to continue support for the BH workforce capacity grants

- Four co-design working groups to focus on the BH coach role design

- Regular public webinars focused on workstreams

- A panel of subject matter experts to inform ACEs and toxic stress public education campaign

Source: California Health and Human Services Agency; DHCS, HCAI, DMHC, OSG, CDPH

Overview of Initiative-wide and workstream-specific updates

NOT EXHAUSTIVE

Recent highlights (Spring 2022)	Upcoming milestones (Summer-Fall 2022)
Initiative-wide updates	**Initiative-wide milestones**
▪ Confirmed partnerships children, youth, and family organizations	• RFP for evaluation partner(s)
▪ Children's Mental Health Awareness Week	• Draft of the BH Ecosystem white paper
▪ Landscape analysis *(details follow)*	• Initiative-wide outcome measures
Workstream-specific updates	**Workstream-specific milestones**
▪ Confirmed Managed Care Plans participating in SBHIP	• RFI to inform BH Virtual Services platform
▪ BH Continuum Infrastructure Program Update - Children and Youth	• Request for Application (RFA) for BH Continuum of Care Infrastructure Program
▪ CalHOPE Social Emotional Learning website	• Career ladder and framework for BH coaches
▪ Released application for multiple BH workforce expansion programs (incl. loan repayment and scholarships for school-based professionals)	• Trauma-informed training available to educators
Ongoing efforts to address urgent needs in children's BH	• Application for school-linked partnership grants; evidence-based and community-defined practices
▪ Funding proposed in May revision of the 2022-23 State Budget	• Procurement for BH Virtual Services Platform
▪ Children and Youth Mental Health Resource Hub	

Source: California Health and Human Services Agency, DHCS, DMHC, HCAI, CDPH, OSG

Initiative-wide Equity Working Group: overview

Overall purpose:

Ensure that equity is embedded into the processes, design, planning and implementation of the overall approach to the CYBHI as well as activities, services, programs, and policies of the individual workstreams

Potential role for the Equity EWG:

- Develop and help apply a recommended equity framework for the CYBHI (including defining equity and key dimensions of equity, developing an equity tool, supporting capability building, and developing a set of recommendations for how to embed a focus on equity through continuous learning and improvement)

- Support the use of data to advance equity

- Serve as thought partner and go-to resource for department teams on advancing equity through the work of the CYBHI

Additional resources:

CYBHI Equity Working Group Purpose and Description

Call for Membership Applications (applications are due June 27, 2022)

Initiative-wide CYBHI outcomes

Overview of the aspiration, initiative-level outcomes, and outcome measures for the CYBHI

CYBHI aspiration

- Cultivate commitment from all stakeholders and teams involved in the initiative
- Enable clear communication and system-level alignment across multiple, cross-sector stakeholders

CYBHI initiative-level outcomes

- Facilitate strategic decision-making and prioritization of efforts
- Inform workstream-specific efforts, ensuring alignment across departments and workstreams

CYBHI initiative-level outcome measures

- Reflect the overall vision and impact to be enabled by the initiative
- Set specific and measurable goals, offering a view that represents CYBHI progress across workstreams

← Ensure alignment across initiative-wide and workstream-specific goals →

Approach and timeline for developing CYBHI outcomes

Mar '22
BHTF
Receive initial input and feedback on CYBHI aspiration and outcomes from members of the BHTF

Jun '22
BHTF
Share stakeholder feedback, review updated outcomes, and discuss outcome measures in a follow-up discussion

Oct '22
BHTF
Share CYBHI outcomes and outcome measures; introduce the CYBHI evaluation partner

Feb '22
CYBHI department teams

Hold a joint working session with CalHHS and the CYBHI department teams to define potential outcomes

Spring '22
Existing stakeholder forums

Have outcome-focused discussions in existing groups and forums with health and education partners

May-Jun '22
Youth and Parent Focus Groups

Gather inputs related to potential initiative-level outcomes for the CYBHI and overall experiences related to behavioral health through focus groups with youth and families

Jun '22
SME interviews

Conduct 1:1 interviews with state and national SMEs to pressure test outputs, identify output measures, and define evaluation approach for the CYBHI

Summer '22
Outcome measures working group

Conduct assessment of potential outcome measures; develop initial baseline, and recommend specific and measurable outcomes for the CYBHI

Jul '22
CYBHI Evaluation partner

Release RFP to select evaluation partner for the CYBHI

Fall '22
Release of CYBHI outcomes and outcome measures

Source: California Health and Human Services Agency

Stakeholder feedback – synthesis based on discussions to date (1/2)

Topics to consider covering under outcomes

- **Early childhood interventions**
- **Substance use** issues
- Measures focused on **quality/effectiveness** of care
- Role of **parents/families/caregivers**
- Continuous **evaluation**
- **No wrong door** approach
- Impact of **preventive services**
- Needs of people with **disabilities**
- Building out **services that are not** available (e.g., crisis care, peer support)
- **Resiliency**
- **Promptness** of response
- **Sustainability** of the initiative (e.g., funding)

Language and specificity of outcomes

- Be more **people-centered**
- Address **user choice** and show how beneficiaries, families, and communities will be empowered to drive decision-making around care
- Add a **well-being framework** that isn't just about pathology across outcomes
- **Increase understanding around terms** like "normalizing" "wellness", "reimagine"
- Develop **more specific outcomes** and add more specificity around types of services (e.g., intensive, community-based and step-down services)
- Expand what counts as a support or service that will help improve access to care
- **Define ecosystem** and identify how to **intentionally address cross-system challenges** and opportunities (e.g., child welfare)
- Demonstrate how access to services can be **timely and affordable**
- Highlight how the system will be more **welcoming and user friendly** to everyone

Source: Notes from 1. Behavioral Health Task Force meeting convened on March 9, 2022, 2. Early Childhood Briefing convened on March 24, 2022, 3. Child Welfare Council Meeting convened on April 6, 2022

Stakeholder feedback – synthesis based on discussions to date (2/2)

Cross-system collaboration and sustainability for outcomes

- **Address structural challenges** and emphasize how **cross-system silos will be reduced**
- Develop a more **accountable system**
- Address the CYBHI's impact on ongoing **funding / reimbursement strategies and sustainability**
- **Identify duplicative services** and optimize funding
- Engage and sustain the voice of **beneficiaries** from a **co-construction/systems change** perspective
- Address **challenges driven by fragmented reimbursement systems**
- Facilitate cross-cultural between **health and education systems**

Equity and cultural proficiency for outcomes

- Address **social determinants** of health
- Emphasize **workforce diversity**, culturally concordant staff and community defined practices
- Include people with **lived experience** as eligible providers
- Acknowledge existing supports and **networks of care**
- Focus on **culturally relevant** supports and services
- Improve **equitable access to services and supports** for communities/families of color; work to **minimize and eliminate any racial profiling, racial bias, and stereotyping**
- **Specify the inequities** the CYBHI will focus on

School-linked services and supports
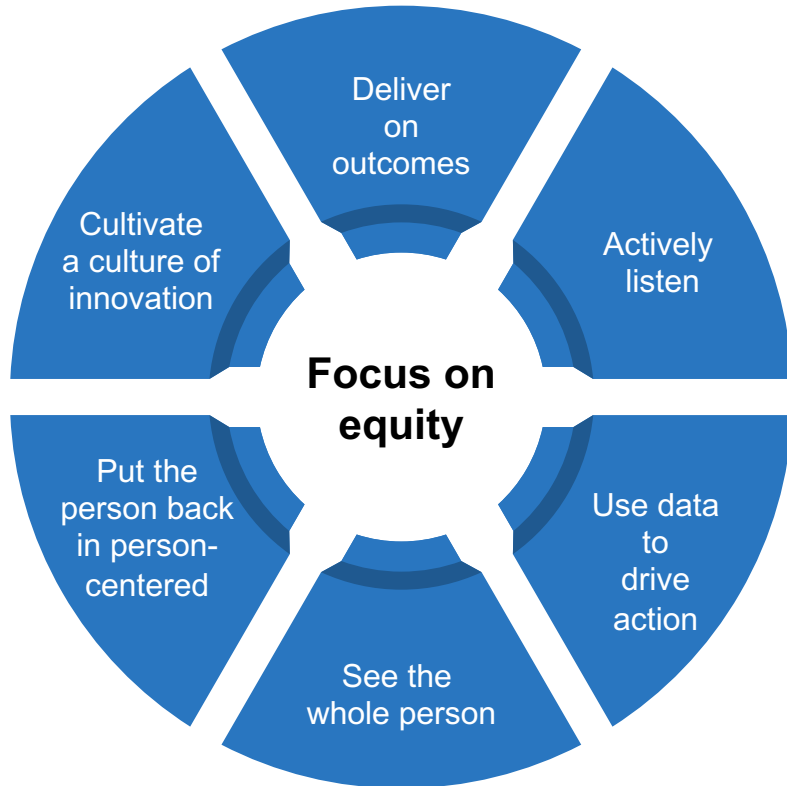
- Ensure services are **consistently available** at schools
- Increase **linguistically appropriate** services
- Identify and address **root causes**
- Increase **accessibility and visibility** of services
- Support staff with **resources and training** (e.g., trauma informed care)
- **Identify and manage any frictions** that school services face (e.g., any perception of undermining parents)

CYBHI aspiration and initiative-wide outcomes

CalHHS guiding principles

- Deliver on outcomes
- Actively listen
- Use data to drive action
- See the whole person
- Put the person back in person-centered
- Cultivate a culture of innovation

Focus on equity

CYBHI aspiration

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

CYBHI outcomes

1. **Improve overall health, social outcomes, and emotional wellbeing**

2. **Advance health equity and reduce disparities** in behavioral health

3. **Decrease stigma** related to behavioral health conditions

4. **Reduce incidence** of preventable[1] behavioral health conditions

5. **Improve access to** programs that work

6. **Embed continuous quality improvement and accountability** across behavioral health services and supports

7. Ensure ongoing **sustainability of the initiative's impact**

1. Mental health disorder prevention aims at "reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society" (WHO Report, 2005)

Source: Notes from 1. Behavioral Health Task Force meeting convened on March 9, 2022, 2. Early Childhood Briefing convened on March 24, 2022, 3. Child Welfare Council Meeting convened on April 6, 2022; CalHHS; Feedback from cross-department meeting on May 6, 2022

Framework for potential outcomes measures for the CYBHI

		Initiative-level	Workstream-level
Population outcome measures	Asseses impact based on overall population level health and well-being indicators	**Example:** Decreased rates of depression/anxiety among children and youth in California	**Example:** Decreased rates of depression/anxiety among children and youth in communities served by CYBHI grantees
System performance measures	Measures related to system changes that feed into the overall outcomes (can be statewide or focused on specific communities, programs, and populations)	**Example:** Increased number of BH providers delivering supports and services to children and youth, statewide and in selected areas (e.g., rural counties)	**Example:** Increased number of BH providers for selected roles supported through grants and professional development programs within the CYBHI

Source: California Health and Human Services Agency

Examples of potential outcome measures

Emerging CYBHI outcomes	Example outcome measures (not exhaustive)
1 **Improve overall health, social outcomes, and emotional wellbeing**	Improvement of experience with BH services and supports for children and youth (specific metrics TBD) Increase in number of people who feel comfortable talking with someone about their BH conditions Increase in school attendance / decrease in suspension and expulsion rates
2 **Advance health equity and reduce disparities** in behavioral health	Decrease in suicide rates among specific vulnerable populations (e.g., socio-demographic groups) Increase in multi-lingual BH supports and services
3 **Decrease stigma** related to behavioral health conditions	Changes in help seeking attitudes for children/youth with BH conditions Increase in stigma reduction initiatives in communities and school campuses
4 **Reduce incidence** of preventable behavioral health conditions	Increase in screening for Adverse Childhood Experiences (ACEs), Perinatal Mood and Anxiety Disorders (PMADs), social determinants of health; Desired Results Developmental Profile (DRDP) assessment Increase in utilization of preventive interventions and supports Decrease in emergency room visits and hospitalizations for mental or behavioral health
5 **Improve access to** programs that work	Increase in number of children and youth with access to BH services and supports across the continuum Reduction in waiting times to receive BH services and supports
6 **Embed continuous quality improvement and accountability** across behavioral health services and supports	Availability of disaggregated data related to BH services, supports, and population outcomes (e.g., data by socio-demographic groups and granular geographies) Availability of regularly updated initiative-wide CYBHI evaluations
7 Ensure ongoing **sustainability of the initiative's impact**	Increase in access to behavioral health workforce education and training programs Established solution to reimburse for school-based and school-linked BH services

Questions for input

?   Are the any further adjustments to initiative-wide outcomes that you would like to suggest?

?   Based on your experience and understanding of priorities in children and youth behavioral health, which specific measures would you prioritize and why?

Source: California Health and Human Services Agency

Landscape analysis

Landscape analysis Overview

A **landscape analysis of ongoing and new state efforts in California** related to the behavioral health system for children and youth

The analysis is intended to **inform the development of workstreams** as part of the CYBHI and can also be used more broadly to inform **collaboration across ongoing state efforts**

The analysis currently focuses on K-12 and health care efforts; it will be updated over time to include early childhood, higher ed, and other initiatives identified by stakeholders

1. Kania, J. & Kramer, M. Winter 2011. Collective Impact. Essentials of Social Innovation. Stanford Social Innovation Review. Stanford, CA. https://ssir.org/articles/entry/collective_impact#

Source: California Health and Human Services Agency

Landscape analysis tool

Program / initiative overview including, brief description, department and/or agency, type of program, target population, budget, funding timeline, and point of contact

Select observations of **potential intersections** across system-level and initiative-wide priorities and **potential interdependencies / opportunities for collaboration or coordination** across the CYBHI workstreams

Initiative profiles

In-depth profiles of several initiatives (selected by CalHHS), including background and objectives, approaches to systems change, and potential opportunities for collaboration

The key questions and opportunities that these profiles aim to surface focus on **interconnectedness, equity, and prevention**

Landscape analysis: next steps

Landscape Analysis	+	Community Ecosystem of Care Whitepaper

- CYBHI cross-department working sessions

- Cross-sector and cross-agency working sessions to explore opportunities for collaboration and systems change

- Public forums to engage stakeholders on the ground and in the field

CYBHI contacts

- To provide input on initiative-wide topics or sign up to receive regular updates about the CYBHI, please email CYBHI@chhs.ca.gov

- To engage on workstream-specific topics, please use the following contact information and resources:
  - Department of Health Care Services:
    - Contact information for questions/feedback: CYBHI@dhcs.ca.gov
    - Children & Youth Behavioral Health Initiative Webpage
    - Student Behavioral Health Incentive Program (SBHIP) Webpage
    - Behavioral Health Continuum Infrastructure Program (BHCIP) Webpage
    - CalHOPE Student Support Webpage
  - Department of Health Care Access and Information (HCAI): HWDD.ADMIN@hcai.ca.gov
  - Department of Managed Health Care: CYBHI@dmhc.ca.gov
  - California Department of Public Health: CYBHI@cdph.ca.gov
  - Office of the California Surgeon General: info@osg.ca.gov

Appendix

Recent stakeholder engagement activities for the CYBHI

PRELIMINARY, DRAFT as of June 1, 2022

Initiative-wide stakeholder engagement activities

- Conducted initiative-wide kick-off webinar (presentation and video recording)

- Launched initiative-wide focus groups with youth and parents to discuss CYBHI outcomes and experiences with mental health

- Participated in multiple existing stakeholder forums and gave multiple presentations across sectors to share an overview of the CYBHI and gather stakeholder inputs (e.g., Child Welfare Council BH Committee, American Association of Pediatrics California Chapter 1, California School Based Health Alliance's Annual Conference, California County Superintendents Educational Services Association, California Association of Health Plans)

- Discussed potential CYBHI outcomes with health and education partners

Workstream-specific stakeholder engagement activities

- Completed initial listening sessions focused on school-linked behavioral health services and supports (K-12, Higher Education Institutions, Commercial Plans and Medi-Cal Managed Care Plans) – *DHCS, HCAI, DMHC*

- Launched Think Tanks to support two workstreams (Virtual Behavioral Health Services Platform and Evidence-Based and Community-Defined Practices) – *DHCS*

- Conducted a public webinar focused on selected CYBHI workstreams (information about access to the presentation is here) – *DHCS*

- Conducted 50+ interviews with government leaders, industry experts, and SMEs from existing BH programs nationwide to identify workforce-related pain points and potential solutions to support through BH workforce capacity grants – *HCAI*

- Conducted initial co-design sessions with working groups focused on BH coach role design – *HCAI*

- Led a Lunch & Learn session for the BHTF and members of the public to discuss CYBHI-related workforce efforts – *HCAI*

- Convened a group of nationwide experts (Brain Trust) to support Public Education and Awareness Campaign – *CDPH*

Upcoming stakeholder engagement activities for the CYBHI

PRELIMINARY, DRAFT as of June 1, 2022

Initiative-wide stakeholder engagement activities

- Additional Initiative-wide focus groups with youth and parents to discuss CYBHI outcomes (to be completed by end of June)
- Focused community engagement sessions on CYBHI outcomes and needed systems changes in Summer 2022
- The next Initiative-wide public webinar in July 2022 (date to be confirmed)
- Initiative-wide working groups focused on equity, prevention and wellness, and the behavioral health ecosystem (to be launched in June-July 2022)

Workstream-specific stakeholder engagement activities

- Workstream-specific children, youth, and family stakeholder engagement efforts (e.g., focus groups, Friday Night Live Event) – *DHCS, HCAI*
- Additional listening sessions focused on school-linked behavioral health services and supports (including with Early Education and Childcare, Community-Based Organizations, County BH Departments) – *DHCS, HCAI, DMHC* – *sessions to be completed by 6/14; page to be updated*
- Three official public workgroup sessions to review scope for Evidence-Based and Community-Defined Practices identified for scaling through the CYBHI granting programs are planned (to be completed by late July 2022) – *DHCS first session to be completed by 6/14; page to be updated*
- Additional stakeholder interviews to continue support for the BH workforce capacity grants – *HCAI*
- Four co-design working groups to focus on the BH coach role design – *HCAI*
- Regular public webinars focused on workstreams; dates and materials to be posted here – *DHCS*
- Regular engagement with a panel of subject matter experts to inform Adverse Childhood Experiences (ACEs) public education campaign strategy and messaging – *OSG*

Source: California Health and Human Services Agency; DHCS, HCAI, DMHC, OSG, CDPH

Overview of Initiative-wide and workstream-specific updates

PRELIMINARY, DRAFT as of June 1, 2022

NOT EXHAUSTIVE

Recent highlights (Spring 2022)

Initiative-wide updates

- Established partnerships with 4 children, youth, and family organizations (discussions with additional 6-7 potential partners in progress) – number of contracts to be updated before 6/14
- Supported Children's Mental Health Awareness Week
- Conducted landscape analysis to explore collaboration opportunities with ongoing BH efforts*

Workstream-specific updates

- Identified 23 Managed Care Plans (MCPs), 58 County Offices of Education, 57 County BH Departments and 306 local educational agencies that will be participating in SBHIP – *DHCS*
- Released [BH Continuum Infrastructure Program Update - Round 4: Children and Youth,](#) May 2022 – *DHCS*
- Convened the final Community of Practice meeting of the school year with over 90 participants representing 58 counties; launched [CalHOPE Social Emotional Learning website](#) – *DHCS*
- Launched application for Peer Personnel Training and Placement program, Psychiatric Education Capacity Expansion program, Health Professions Pathways program as well as four loan repayment and scholarship augmentations to existing programs that are open to school-based professionals (details [here](#)) – *HCAI*

Ongoing efforts to address urgent needs in children's behavioral health

- May revision of the 2022-23 State Budget included additional funding focused on youth suicide prevention, crisis response, and wellness
- Launched [Children and Youth Mental Health Resource Hub](#) to raise awareness and share resources with broader communities

Upcoming milestones (Summer-Fall '22)

Initiative-wide milestones

- Jul '22: Release RFP for evaluation partner(s)
- Aug-Sep '22: Release draft of the BH Ecosystem paper focused on opportunities for systems change
- Fall '22: Release initiative-wide outcomes and measures

Workstream-specific milestones

- June '22: Issue an RFI to inform BH Virtual Services platform capabilities - *DHCS*
- June '22: Release Request for Application (RFA) for BH Continuum of Care Infrastructure Program (Round 4) - *DHCS*
- June '22: Finalize contract with Sacramento County Office of Education (CalHOPE Student Services) - *DHCS*
- Mid '22: Release career ladder and framework for BH coaches; release psychiatry education capacity application - *HCAI*
- Fall '22: Make trauma-informed training available to educators - *OSG*
- Sep-Dec '22: Open application for school-linked partnership grants; evidence-based and community-defined practices - *DHCS*
- Late '22: Administer first earn/learn award cycles – *HCAI*
- Late '22: Launch procurement for BH Virtual Services Platform - *DHCS*

Source: California Health and Human Services Agency, DHCS, DMHC, HCAI, CDPH, OSG

Lunch Break

Instructions for afternoon working session:

Please join the afternoon Zoom meeting now to help us start on time.

Zoom meeting link is provided below, on the meeting agenda, and can be found on the BHTF website

http://shorturl.at/hsEP2

The afternoon session will begin at 1:15pm

Thank you for joining the afternoon BHTF discussion session.
The meeting will begin at 1:15pm.
Thank you for your patience!

Creative Solutions to Building Out the Crisis Care Continuum
Small Group Discussions

CalHHS
California Health & Human Services Agency

BREAKOUT DISCUSSION PROCESS

PURPOSE:
- ✓ Connect with other members of the BHTF
- ✓ Inform the CalHHS Crisis Care Continuum/988 Blueprint

TIMING: 50 - 55 minutes in breakout discussion – introductions, discuss questions, prepare for report out

GROUP ASSIGNMENTS are based on members preference. Indicate preference with P, R, or S before your name in Zoom. If no preference, participants will be randomly assigned.

QUESTIONS FOR DISCUSSION:

1. **Inventory:** What successful efforts are currently being implemented in California?

2. **Gaps:** What is needed to ensure a robust CCC system in California?

3. **The road ahead:** How can we expand and build programs and services to address identified gaps?

Each group will need a notetaker: Please see the Chat Panel for links to each group's breakout templates.

CalHHS
California Health & Human Services Agency

BREAKOUT DISCUSSION AGENDA

[3 min] Logistics. Before starting the discussion, please **identify:**
- **Timekeeper,**
- **Facilitator** to ensure that everyone has an opportunity to contribute to the conversation, and
- **Notetaker and reporter** on behalf of the group when we reconvene

[10 min] Introductions. Please take few moments to introduce yourselves by sharing:
- Your name, affiliation, and perspective that you represent
- **Inventory:** What additional services/programs would you like to add to the CCC list?

[30 min] Discussion. Please address the following two key questions:
- **Gaps:** What is needed to ensure a robust CCC system in California? Who is not being served? What issues are not being addressed?
- **The road ahead:** How can we expand and build programs and services to address these identified gaps? In the short-term? Long-term?

[10 min] Closing. Consider what you heard from other participants in the group
- Please identify two opportunities to build out the CCC to share during the report out. Each group will have **3 minutes** to report out on the discussion.

[2:15] Transition. Short 5-minute break as we transition out of breakouts for the report out

SHORT BREAK
[5 MIN]

REPORT OUT

Report Out: Please share, in 2-3 minutes, **two key takeaways** from your discussion on opportunities to build out the Crisis Care Continuum

CLOSING THOUGHTS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

NEXT STEPS

ADDITIONAL INFORMATION & ENGAGEMENT OPPORTUNITIES

FOLLOW UP ON BHTF MEETING

- Meeting evaluation

- Meeting summary, recording, and materials

CalHHS
California Health & Human Services Agency