Behavioral Health Crisis Care Continuum Planning

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CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

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CalHHS
California Health & Human Services Agency

VIRTUAL MEETING PROTOCOLS

Thank you for joining us today for this informational Lunch & Learn!

✓ This meeting is being recorded and will be available for viewing post meeting

✓ American Sign Language interpretation is provided in pinned video

✓ Live captioning link is provided in chat

<u>Please note</u>: This is an informational session only and there will not be a Q&A. We will have a follow-up discussion on this topic at the September 13th BHTF meeting.

WELCOME & OVERVIEW

Behavioral Health Task Force – Lunch and Learn Goals

- Recap the overview of the **current state of behavioral health investments** in California – **including crisis care services**, and share about the **CalHHS planning process** to address the gaps the current crisis care continuum

- Share preliminary insights and themes from the initial understanding of **the current state of crisis care services in California and potential approach to statewide baseline service model**

- Review BHTF engagement on this topic / Share initial overview of the **BHTF meeting on September 13th** including the opportunity to share additional resources and information not currently included in synthesis

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Overview: Current State of Behavioral Health Investments – Including Crisis Care in California

Systemic Change to Behavioral Health Care

The growing need for crisis services has signaled to California leadership that our behavioral health care system deserves much-needed **investment** and **systemic change**.

This **Administration**, similar to the leadership demonstrated in the **Legislature**, is deeply committed to transforming the Behavioral Health Care System.

Transforming the behavioral health system will ultimately create **generational change** so **ALL Californians** have access to high quality, culturally responsive and easily accessible behavioral health care.

Critical investment is needed to **build new behavioral health capacity** and **reduce fragmentation** in the behavioral health system - both for mental health and substance use disorders. Much of this is driven by **decades of stigma,** where behavioral health was not considered a core component of the health system.

Key Initiatives Underway

California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Efforts

California Advancing and Innovating Medi-Cal and Providing Access and Transforming Health (PATH)

Behavioral Health Continuum Infrastructure Program and Community Care Expansion Fund

Behavioral Health Bridge Housing

Children and Youth Behavioral Health Initiative

Community-Based Alternatives to State Hospitalization and Incarceration

Healthy CA Workforce for ALL – Care Economy Investments

Medi-Cal Community-Based Mobile Crisis Services

Extension of CalHOPE a crisis counseling assistance and training program

Opioid Response Efforts – MAT Expansion, Provider Training, Youth Fentanyl Prevention, etc.

Mental Health Parity Enforcement

CalHHS Role – Coordination and Connections

CalHHS is developing 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, CalHHS is developing a blueprint with an implementation roadmap to be completed by the end of 2022

- Currently seeking 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 – Crisis Care Continuum Blueprint and Roadmap

Plan Components

- 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

Components of crisis systems

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 – Non-exhaustive examples

Preventing Crisis

- **Warmlines:** Free call/text/chat services that offer early intervention and emotional support that can build resilience and prevent crises, often peer-run

- **Harm reduction programs:** Programs to mitigate the impacts of behavior associated with alcohol and other substance use (e.g., overdose prevention programs)

Crisis continuum care plan will build on in-flight stigma reduction and other programs focused on whole-person care contributing to primary prevention of crisis

Responding to Crisis

- **Hotlines:** Accessible crisis call center that is equipped to support people in crisis and connect individuals to needed care

- **911 / 988 coordination:** Connecting function for when someone contacts 911 due to a behavioral health crisis or other health or social service need

- **Mobile Crisis Team Services:** Community-based mobile units for people in crisis at home or a location in the community

- **Co-response models:** Integrated teams of law enforcement and behavioral health professionals respond to suicide, mental health or substance use emergencies

Stabilizing Crisis

- **Crisis Receiving & Stabilization Services:** Offer the community no-wrong-door rapid access to in person crisis care

- **Short-term crisis residential programs:** Provide in-person 24-hour crisis care with option for multi-day stays, including crisis respite services

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

- **Sobering centers**: Locations for individuals waiting for the effects of alcohol or drug intoxication to wear off while being monitored for underlying medical conditions or injury

Preliminary insights:

1. Current state of crisis care services

2. Collation and comparison to national best practices

3. Potential approach to future state minimum standards

1: Preliminary takeaways of the current state of crisis care in California

- There have been many local and state-wide efforts related to crisis care; however, there is room for improved coordination between crisis prevention, response, stabilization[1]

- Across CA counties, there are different approaches to crisis prevention, stabilization, and response with considerable geographic variation in the availability of services,[2] particularly county-run warmlines[3]

- Focusing on 988, California appears to meet readiness standards within the Lifeline Network-affiliated contact centers;[4] however, there may be opportunities to ensure coordination and readiness across the broader network of call lines[5]

1. Based on the DHCS Assessing the Continuum of Care for Behavioral Health Services in California, 988 Implementation Plan for California – 988 Planning Grants, SAMHSA's Gains Center California SWOT Analysis, and participant reflections from the June 14 BHTF Meeting
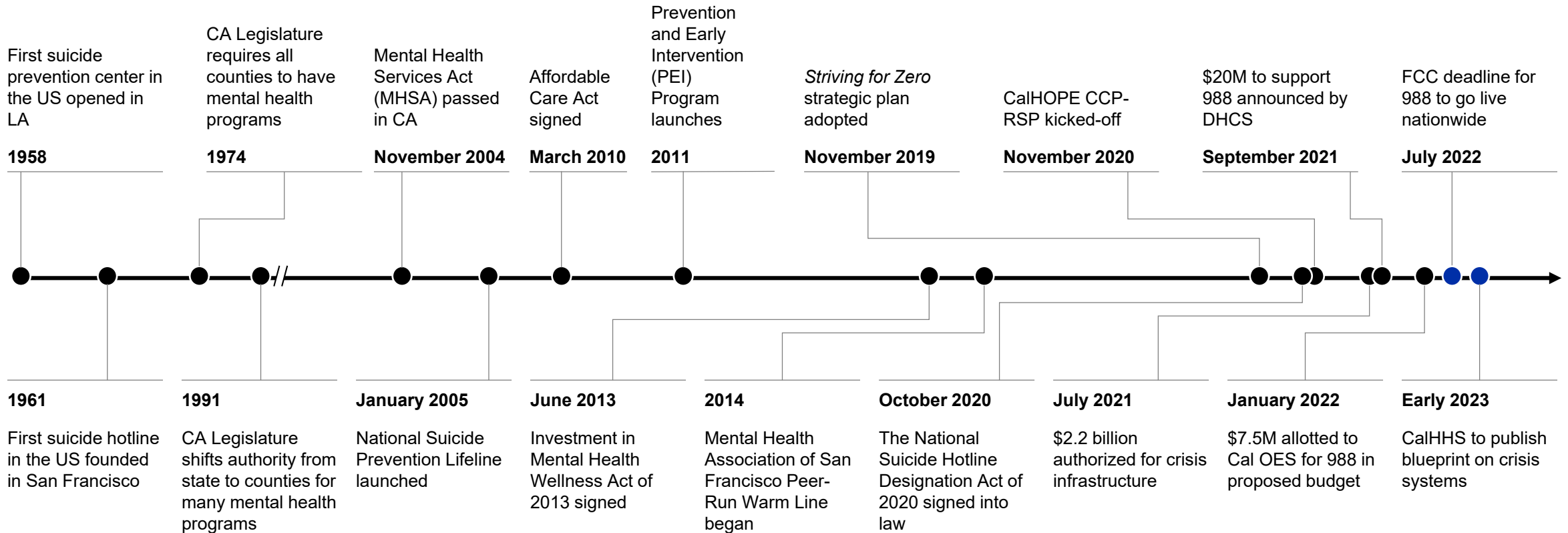2. Based on services offered by county as outlined in the DHCS Assessing the Continuum of Care for Behavioral Health Services in California and the 988 Implementation Plan for California – 988 Planning Grants
3. Only 6 county / local warmlines listed in the following National warmline directories: NAMI National Warmline Directory, Warmline.org; however, all 58 counties have crisis lines
4. Readiness metrics outlined in NASMHPD 988 Convening Playbook: States, Territories, and Tribes; insights on California from DHCS Assessing the Continuum of Care for Behavioral Health Services in California, 988 Implementation Plan for California – 988 Planning Grants, & reflections from the June 14 BHTF Meeting

1: Timeline of select milestones in California

● Forthcoming

First suicide prevention center in the US opened in LA

1958

CA Legislature requires all counties to have mental health programs

1974

Mental Health Services Act (MHSA) passed in CA

November 2004

Affordable Care Act signed

March 2010

Prevention and Early Intervention (PEI) Program launches

2011

Striving for Zero strategic plan adopted

November 2019

CalHOPE CCP-RSP kicked-off

November 2020

$20M to support 988 announced by DHCS

September 2021

FCC deadline for 988 to go live nationwide

July 2022

1961

First suicide hotline in the US founded in San Francisco

1991

CA Legislature shifts authority from state to counties for many mental health programs

January 2005

National Suicide Prevention Lifeline launched

June 2013

Investment in Mental Health Wellness Act of 2013 signed

2014

Mental Health Association of San Francisco Peer-Run Warm Line began

October 2020

The National Suicide Hotline Designation Act of 2020 signed into law

July 2021

$2.2 billion authorized for crisis infrastructure

January 2022

$7.5M allotted to Cal OES for 988 in proposed budget

Early 2023

CalHHS to publish blueprint on crisis systems

1: Opportunities for improved transitions across levels of crisis care

Preventing Crisis	Responding to Crisis	Stabilizing Crisis
• **No unified database** of statewide & local resources for use by call lines[1] • Opportunities to coordinate between **81+** county / local crisis & warm lines[12]	• Disconnects in policies for **crisis hotlines and the PSAP system** according to CA SWOT analysis[3] – No current policy on **interoperability between 911 and 988**[3] – Each PSAP has own **process for suicide risk assessment**[3] • **Gaps in referrals to care** from hotlines according to 988 Planning Grants	• **Lack of available stabilization services** following an initial crisis according to DHCS[4] • CSUs serve people > 23 hours due to **capacity constraints in other services** according to DHCS[4]

1. 988 Implementation Plan for California – 988 Planning Grants
2. 81+ county / local crisis & warm lines based on crisis line directory from California (excluding call lines that are part of the NSPL network) and collating existing county / local warmlines based the following National warmline directories: NAMI National Warmline Directory, Warmline.org
3. SAMHSA's Gains Center California SWOT Analysis for California
4. DHCS Assessing the Continuum of Care for Behavioral Health Services in California

1: Availability & sufficiency of crisis services by county

Notes about approach to estimation (from the DHCS 2022 report Assessing the Continuum of Care for Behavioral Health Services in California)

- Estimates of county-level demand for crisis care services are based on population average demand for in-person crisis episodes, which do not adjust for
  – Differences across sub-populations and geographies
  – Variation over time (including trends driven by the COVID-19 pandemic)

- Estimations for county-level supply of crisis services are based on a survey of county behavioral health directors and DHCS licensure data, as included in 2022 DHCS report

Sources: DHCS Assessing the Continuum of Care for Behavioral Health Services in California

1: Availability & sufficiency of crisis services by county

Number of <u>Mobile Crisis Teams</u> by county
Relative to projections from the Crisis Now Model

Number of Mobile Crisis Teams According to Crisis Now Calculator
- ■ "Sufficient"[1] mobile crisis teams available
- ■ Not enough mobile crisis teams available
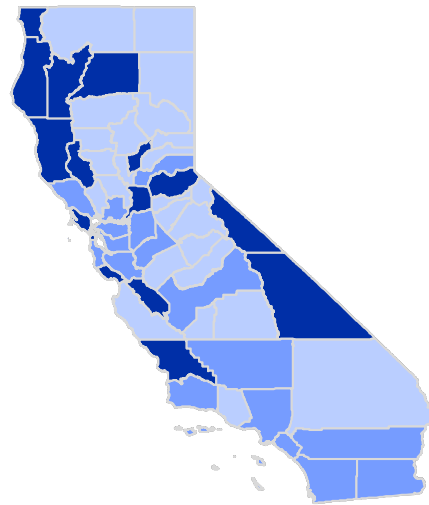- ■ No mobile crisis teams available
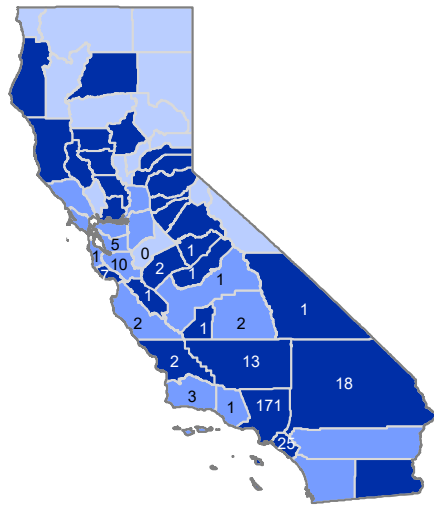
37 of 44 counties with mobile crisis teams have "sufficient"[1] intervention capacity

Number of <u>Crisis Stabilization Units</u> by county
Relative to projections from the Crisis Now Model

Number of CSU Slots According to Crisis Now Calculator
- ■ "Sufficient"[1] CSU slots available
- ■ Not enough CSU slots available
- ■ No CSU slots available

16 of 33 counties with Crisis stabilization units have "sufficient"[1] crisis stabilization capacity

Presence of <u>Crisis Residential Treatment Programs</u> by county

Counties with Operational Crisis Residential Treatment Programs
- ■ Yes
- ■ Not yet, in planning
- ■ No
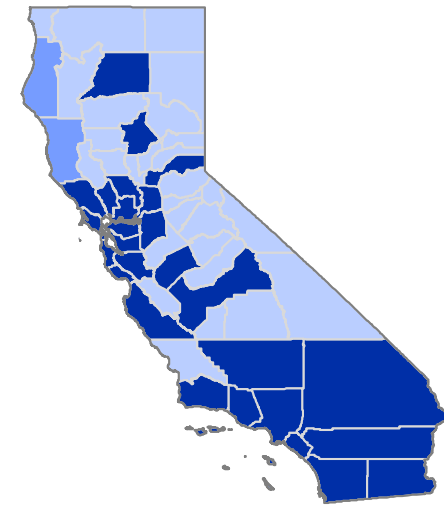
9 of 28 counties with CRTPs reported sufficient[2] crisis residential treatment capacity

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1. County-reported resource levels meet or exceed NASMHPD Crisis Resource Need Calculator recommended county level resource allocations (as reported by DHCS)
2. Counties that reported operating Crisis Residential Treatment Programs and did not report requiring additional residential treatment capacity

Sources: DHCS Assessing the Continuum of Care for Behavioral Health Services in California

1: Landscape of hotlines & warmlines available to Californians

Scope	Warmlines	Hotlines
National	• **8+** major national warmlines, including the TeenLine • Largely operated by non-profits with private funding • Volume ranges from 10k – 75k+ conversations annually by line	• **5+** major national hotlines, including the **NSPL** which operates via **13 Lifeline Centers in CA** • Operated and funded by mix of non-profit, for-profit, and federal gov. entities • Volume ranges from 150k – 2.4M national crisis contacts / calls annually by line
State-wide	• **2+** state-wide warmlines, including • Operated by gov / non-profit entities; funded by federal (e.g., CCP), state, and private sources • Annual call volume ranges from 20k – 60k by line	• **3+** statewide hotlines, including the Friendship Line (which operates as both a crisis line and a warmline), the CA Youth Crisis Line, DSS Parent & Youth Helpline • Operated by a non-profit organizations and funded by State of CA as well as private donors • Annual call volume ranges from 15k – 300k by line
County / local	• **6+** county / local warmlines • Operated by county governments and non-profits; funded through public (e.g., MHSA) and private sources • Annual call volume can be up to 100k+ in certain counties	• **75+** county / local crisis lines • Most lines run by counties and other operate as non-profits; some lines re-direct calls to lifeline centers • Annual call volume can be up to 55k+ in certain counties

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1: Readiness for 988 within California's Lifeline network

The 13 CA Lifeline Centers largely meet 988 readiness metrics outlined in the NASMHPD self-assessment[1]

- CA Lifeline Centers have an in-state call answer rate[2] of ~85-90%, with some variation across counties[3]

- 12 of 13 Lifeline Centers operate 24/7/365; Yolo County to become 24/7/365 by July 2022 (launch of 988)[4]

- 2 of 13 Lifeline Centers offer text/chat capabilities through Lifeline[5]
  - Plan set for 80% chat/text in-state answer rate by 2023[5]
  - 7 Lifeline Centers offer text or chat locally[5]

Efforts underway within the CA Lifeline network to prepare for projected increases in call volume[6]

- Assessment of network volume, coverage, and gaps planned for 6 months following launch of 988

- Applications submitted from 3 additional California contact centers to join the Lifeline network

- Process initiated to select a unified training platform

- $20M from DHCS awarded for capacity & infrastructure, including $8.5M in FY 22-23 for crisis line capacity

- $~5M technology budget granted to CalOES

- $14.4M SAMHSA grant application submitted

Beyond the Lifeline Centers, open questions remain for how 988 will integrate into the broader network of hotlines & warmlines available to Californians[2]

1. NASMHPD 988 operational readiness self-assessment for states, territories, and tribes; performance against all criteria noted as "Criteria identified as priorities for July 2022" based on the State of California 988 Implementation Plan
2. The percentage of calls originating in California answered by a call center located in California
3. NASMPHD defines meeting self-assessment criteria as 90% in-state calla answer rate
4. NASMPHD defines meeting self-assessment criteria as 24/7 primary coverage for Lifeline calls
5. NASMPHD defines meeting self-assessment criteria as 1+ Lifeline contact center currently has chat / text capabilities, capacity to handle at least 50 percent of chats / texts by July 2022 and 80 percent of chats / texts by July 2023, and state- / territory-wide 24/7 primary coverage for chats / texts
6. Efforts listed in the section "Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume" section in the State of California 988 Implementation Plan, or funding-related efforts listed in the "Overall Background and Context" section of the State of California 988 Implementation Plan

1: CalHOPE: High-level description and preliminary perspectives on opportunities

Background on CalHOPE

*Started in response to the COVID-19 Pandemic, **CalHOPE has evolved a into a state-wide resource for crisis prevention more broadly;** key services include **CalHOPE warm line** and **CalHOPE Connect** (chat)*

Operations

Run by the California Department of Health Care Services

- **30** community-based organizations as partners
- **400+** peer crisis counselors

Funding

FEMA grants supporting CalHOPE ended May 2022

- **$80M** in 2022-23 General Fund
- **$40M** in 2023-24 General Fund
- **$45M** for CalHOPE Student Support in 2021-22 budget

Impact

- **~5.1K** calls from Jan – May 2022
- **~33.5K** chats from Jan – May 2022

Integration with other call lines in CA

⊛ Efforts already underway

	Context	Opportunities
Hotlines (e.g., 988)	• CalHOPE offers outreach, counseling, and support services to those at risk of experiencing a behavioral health crisis • If acute crisis care is required, CalHOPE initiates a warm handoff to a hotline (e.g., 988)	• Establish clear standards governing hand-offs between CalHOPE & hotlines (e.g., 988) or 911
Warmlines	• There are other local warmlines serving a similar role as CalHOPE (i.e., pre-clinical crisis prevention) • Stakeholders report limited coordination between different warmlines, and little collated inventory	⊛ Develop federation of warmlines to: – Improve communication among warmlines – Establish common standards for warmline operations

2: Approach for review of national guidance documents

Approach for synthesizing national guidance documents from SAMHSA and national leaders

- **SAMHSA National Guidelines[1] outlined:**

  - **Minimum expectations**: baseline requirements as listed in the SAMHSA National Guidelines (for select continuum components); includes performing all **essential functions** outlined by SAMHSA for each service

  - **Best practices**: actions accepted as "gold standard" in addition to meeting minimum expectations, including **cross-cutting enablers** for excellent crisis care from SAMHSA

- All other practices from other sources[2] are classified in this document as **example recommendations from national guidance documents**

Approach for reviewing California's crisis system against synthesized national standards

Based on **public sources and preliminary stakeholder feedback**, relative to national standards, crisis care in California can be defined as:

- **Beginning:** Work in this area has not yet started

- **Emerging:** Work in this area is underway but not yet complete

- **Solidified:** Objectives in this area are fully or almost fully met

> *This review is based on publicly available sources and CalHHS has not yet vetted the analysis with stakeholders*

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1. [SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#)
2. [SAMHSA Harm Reduction](#), [National Harm Reduction Coalition](#), [NASMHSPD 988 Convening Playbook](#), [SAMHSA & NASMHPD 988 Implementation Guidance for States, Territories & Tribes](#), [Vibrant](#), [Council of State Governments Justice Center](#), [Crisis Residential Association](#)

2: Preliminary takeaways of California's performance against national standards for crisis systems

Based on synthesis of 7 public national guidance documents, 4 external sources on crisis services in CA, and preliminary stakeholder interviews

- Existing national guidance documents primarily focus on responding to and stabilizing crises;[1] CA may consider prioritizing preventing crises in the context of ongoing public health initiatives in the area

- When compared to national guidance documents for responding to and stabilizing crises, CA meets expectations for hotlines;[2] however, there are inconsistencies for other crisis services operated at the county-level[3]

1. Based on national guidance documents from SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit, SAMHSA Harm Reduction, National Harm Reduction Coalition, SAMHSA & NASMHPD 988 Implementation Guidance for States, Territories & Tribes, Vibrant, Council of State Governments Justice Center, Crisis Residential Association
2. National Standards from SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit & additional national guidance documents from Vibrant & NASMHPD; current state analysis based on the 13 Lifeline Centers affiliated with NSPL based on the DHCS BH assessment, 988 Implementation Plan for California – 988 Planning Grants, NSPL offerings, and June 14 BHTF meeting reflections
3. National Standards from SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit & additional national guidance documents from Vibrant & NASMHPD; current state analysis based on the DHCS BH Assessment, as well as the 988 Implementation Plan for California – 988 Planning Grants and June 14 BHTF meeting reflections

2: Overview of national guidance documents in review

✓ Guidance documents included in analysis

	Preventing Crisis		Responding to Crisis				Stabilizing Crisis			
	Warmlines	**Harm reduction programs**	**Hotlines**	**911 / 988 coordination**	**Mobile crisis team services**	**Co-response models**	**Crisis Receiving & Stabilization Services**	**Short-term crisis residential programs**	**In home crisis stabilization**	**Sobering centers[4]**
Minimum expectations from SAMHSA	*Not included in analysis[1]*		✓		✓		✓	✓	*Not included in analysis[1]*	
Minimum expectations: essential functions			✓		✓	*Not included in analysis[1]*	✓			
Example recommendations from national guidance documents		✓	✓	✓	✓		✓	✓		✓

1. Not included in analysis since there is not a clear, nationally recognized guidance document

Sources: SAMHSA Harm Reduction, National Harm Reduction Coalition, SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit, NASMHSPD 988 Convening Playbook, SAMHSA & NASMHPD 988 Implementation Guidance for States, Territories & Tribes, Vibrant, Council of State Governments Justice Center, Crisis Residential Association,

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2: Overview of crisis care components in CA relative to national guidance

Legend:
- Beginning - Work in this area has not yet started
- Emerging - Work in this area is underway but not yet complete
- Solidified - Objectives in this area are fully or almost fully met
- More information needed
- N / A
- X Detail to follow

	Preventing Crisis		Responding to Crisis				Stabilizing Crisis			
	Warmlines	Harm reduction programs	(i) Hotlines[1]	911 / 988 coordination	(ii) Mobile crisis team services[2]	Co-response models	(iii) Crisis Receiving & Stabilization Services[3]	Short-term crisis residential programs	In home crisis stabilization	Sobering centers[4]
Availability	*Not included in analysis[5]*	More info needed	Solidified	N/A	Emerging	*Not included in analysis[5]*	Emerging	N/A	*Not included in analysis[5]*	Emerging
Standard of care		More info needed	Solidified	More info needed	Emerging		More info needed	More info needed		Emerging
Coordination		More info needed	Emerging	More info needed	Emerging		Emerging	More info needed		Emerging
Technology		N/A	Emerging	More info needed	Beginning		Beginning	More info needed		N/A

1. Current state analysis based on the 13 Lifeline Centers affiliated with NSPL based on the DHCS BH assessment, 988 Implementation Plan for California – 988 Planning Grants, NSPL offerings, and June 14 BHTF meeting reflections
2. Current state analysis based on county resources as reported in the DHCS BH Assessment, as well as the 988 Implementation Plan for California – 988 Planning Grants and June 14 BHTF meeting reflections
3. Current state analysis based on county resources as reported in the DHCS BH Assessment
4. Current state analysis based on synthesis from the California Health Care Foundation, which states: "most California sobering centers share [these] key best practices that sustain and support their work"
5. Not included in analysis since there is not a clear, nationally recognized guidance document

3: Potential approach to establishing future state minimum standards

The approach below is informed by national guidelines from SAMHSA and expert interviews

Future state minimum standards may **address objectives of each component** (e.g., prevention, response, stabilization) regardless of specific service or setting being used to meet the standard

Preventing Crisis

- Access to peer-based warmlines
- Access to community-based behavioral health services, such as:
  - Community-based social services
  - School-based and school-linked services
  - Primary care clinics and FQHCs
  - Outpatient BH care (e.g., CCBHCs, urgent care clinics, transition clinics, bridge clinics)
  - Peer support
  - Harm reduction
- Exposure to digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)

Responding to Crisis[1]

- Real-time coordination of crisis and outgoing services
- Linked, flexible services specific to crisis response
- Triage/screening & initial assessment, including explicit screening for suicidality
- Counseling throughout the encounter and intervene to de-escalate the crisis
- Family and individual psycho-education
- Exposure to peer support and family support
- Coordination with medical and behavioral health services
- Crisis planning and follow-up

Stabilizing Crisis[1]

- Evaluation of needs and strengths
- Continued monitoring of care
- Crisis service discharge planning
- Linkage to ongoing care

Baseline standards for the crisis care continuum plan assume access to services in the broader behavioral health ecosystem addressing primary prevention of crisis and routine treatment of mental and substance use disorders

1. Based on the "Essential Functions" described for individual crisis care continuum components included in the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit

Sources: SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit.

Recap: BHTF engagement to date and upcoming

● *Today, August 31*

May Lunch & Learn	**Tuesday, June 14th**	**Tuesday, September 13**	**October and Beyond**
• Introduce the Crisis Care Continuum effort to the BH Task Force	• 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	• Review progress to date • Gather feedback from BH Task Force members on potential gaps in initial understanding of current crisis care landscape and preliminary approach to future state minimum service levels	• *Engagement opportunities to focus on population- and service-specific needs and gather feedback on major elements of the Blueprint.*

Sources: Discussions with CalHHS and CSUS

Next Behavioral Health Task Force Meeting

- September 13, 2022, 10am – 3pm

  10:00 am - 12:30 pm | Crisis Care Continuum Plan

  12:30 pm - 1:00 pm | Lunch Break

  1:00 pm - 3:00 pm | Children and Youth Behavioral Health Initiative

- Email BehavioralHealthTaskForce@chhs.ca.gov to sign up for the BHTF listserv and send any questions/comments

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Thank you!

For resources and more information regarding our behavioral health initiatives:

[CalHHS Crisis Care Continuum – Plan webpage](#)

[Behavioral Health Task Force webpage](#)