



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

MEETING SUMMARY PURPOSE

This document provides a summary of the Behavioral Health Task Force (BHTF) quarterly meeting held on December 13, 2022. This summary is an accompaniment to the presentation slide deck and meeting recordings, both available for review on the [BHTF webpage](#) along with other meeting materials.

Appendix A of this summary contains notes from each breakout group discussion.

WELCOME & INTRODUCTIONS

WELCOME

Deputy Secretary of Behavioral Health Stephanie Welch, California Health and Human Services (CalHHS), opened the meeting. She said that the meeting agenda was centered on substance use disorder (SUD), with a focus on sharing about the breadth of current SUD work at the State level, in addition to a panel highlighting issues and efforts related to Fetal Alcohol Spectrum Disorder.

Secretary Mark Ghaly, CalHHS, welcomed BHTF members and members of the public and expressed his appreciation for the perspectives and input that participants bring to the BHTF meetings. He said that SUD is a critical issue for the State and a priority for Governor Newsom's administration, and that the State is focused on both meeting the needs of the current moment and pushing forward long-term solutions. He noted that building up the workforce to meet the State's behavioral health needs continues to be a critical challenge.

FETAL ALCOHOL SPECTRUM DISORDER – PANEL CONVERSATION

Vitka Eisen, HealthRIGHT360, Christina Chambers, UC San Diego, Annette Kunzman, FASD Network of Southern California, Brandi Madison, FASD Advocate, and Sid Gardner, Children & Family Futures, gave presentations about Fetal Alcohol Spectrum Disorder (FASD), sharing from the perspective of researchers, advocates, and people with lived experience.

Ms. Eisen introduced the panel and shared about her lived experience as a parent of a child with FASD. She noted that many people with FASD are undiagnosed and do not receive care for FASD, despite its lifelong impacts.

Ms. Chambers presented on the role of research on prevention and intervention for FASD. She gave an overview of FASD, which is a brain-based behavioral disorder with behavioral difficulties in functioning across the lifespan. FASD is an umbrella term covering multiple subcategories of diagnosis. FASD is caused by prenatal exposure to alcohol, particularly during the early weeks of pregnancy, when many women are not yet aware that they are pregnant. The prevalence of FASD has been challenging to document, in part because of the challenge of knowing whether there was prenatal alcohol exposure and in part because many clinicians are not sufficiently aware of FASD and its features. Ms. Chambers shared about efforts to address the lack of data on FASD and a summary of recent findings, which support the premise that FASD is a major – and under-recognized – public health issue in the United States.

Ms. Kunzman presented on FASD in California. She shared a fact sheet about the impact of FASD on the state. She noted that more than a dozen State agencies have roles that could

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING**Meeting Summary**

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

prevent and respond to FASD, but they have never been convened for those purposes. A theme within the fact sheet is the combination of the significant number of people impacted by FASD combined with little to no screening and services for the population. Based on conservative estimates, FASD impacts 2.5 times more people in the United States than autism, yet very few will ever receive a diagnosis. An estimated one in twenty children in California schools has FASD, yet there is no district in the state that has an FASD-informed program and nearly a third of students with FASD will be expelled or drop out. Up to one third of children in foster care and adoption have FASD, but the State's Child Welfare System does not screen for FASD. In adults, FASD often leads to difficulty living independently and holding employment, with high rates of people with FASD experiencing homelessness and incarceration.

Ms. Madison presented on the consequences of late FASD diagnosis from a lived expertise perspective. She shared that she was diagnosed with jaundice, a liver condition, and low birthweight on the day she was born, yet was not diagnosed with FASD despite these all being symptoms. Ms. Madison shared about challenges in school, such as having trouble focusing, listening to directions, and being a slow learner; yet she was not diagnosed and lived with a hidden disability. Additionally, Ms. Madison shared that she was unaware of colon, heart, brain, and thyroid issues she was born with, among other health challenges, and though she indicated on intake forms that her parents were alcoholics, medical professionals did not talk to her about FASD. Despite having a life-threatening medical emergency at 29 related to a birth defect in her colon, Ms. Madison was still not diagnosed with FASD. Ms. Madison shared that she eventually received an FASD diagnosis in her late forties, after a close friend suspected she might have FASD and suggested she seek a medical professional to confirm whether she did.

Mr. Gardner presented on advocacy for appropriate policy responses to care for people with FASD. He noted that the issues surrounding FASD cannot be isolated to any single service or even agency, with lifelong effects from prenatal through adulthood. It is critical that FASD issues be integrated across agencies, services, education, and support for parents, as it requires coordinated efforts and interventions. A review of State agencies that currently or potentially have responsibilities for FASD issues found that the relevant agencies have never been convened to address FASD issues. The review compared California to other states' efforts on FASD, finding that the other states were well ahead of California in FASD response. In California, there is no interagency review of progress or problems in responding to FASD across state agencies and current data collection efforts among agencies do not address the under-identification of FASD. Mr. Gardner said that the enactment of SB 1016 offers an opportunity spotlight the impact of FASD in the K-12 system.

DISCUSSION

- Are people with FASD denied Regional Center Services when they apply, or do their parents or caregivers or professionals not refer them for eligibility?
 - Ms. Kunzman said they are denied. Most individuals with FASD have an IQ over 70, and Regional Centers often say that their issue is mental health. Families often appeal and appeal, incurring costly lawyer fees.
- It is good to hear medical school training called out. What is the role of physicians, hospitals, plans, and prenatal care and resources?



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

- What are some of the key interventions for FASD?
 - Mr. Gardner said that screening and assessment are critical, from the prenatal period through school. He said that there is a task force working on identifying what school special education and school psychologists need to better identify FASD, and SB 1016 will also hopefully contribute to this through training. One challenge in California is that there are only two diagnostic centers with the full multidisciplinary staffing and tools to do FASD diagnosis. Though we know how to screen for FASD, more resources and capacity are needed. Ms. Eisen said that often when FASD symptoms are identified, they are assumed to be something else, so the interventions and expectations for the person with FASD are misguided. Wraparound services are critical, because FASD is a brain-based condition but also has other health impacts. Ms. Kunzman said that with early identification, there are many interventions that can be implemented such as supplements to support brain development, sensory integration, and most importantly education of the caregiver to understand how to parent appropriately given that their child has a neural behavioral disability that impacts their brain and whole body.
- Are there any federal-level expectations or accreditation requirements (e.g., Joint Commission, Medicare Certification) that apply to hospitals (particularly in labor and delivery) to screen, diagnose, and intervene for FASD?
- How early can interventions begin?
- Is this an aspect of Nurse-Family Partnership/Public Health Nurse Visiting programming in California today?
- What are the specific policies and programs in place in other states around FASD, that California should consider implementing?
 - Ms. Eisen said a key first step is establishing an interagency task force or working group on FASD. She noted that there may be federal funding forthcoming which the State would be better positioned to access. Ms. Kunzman said that the federal FASD Respect Act (SB2238/ HR4151) was introduced in 2021 and would increase funding at the federal level for research, prevention, and service efforts for FASD. Having an interagency coordinating committee that could petition for this funding is key.
- It would be helpful to get some basic information to share out with our child welfare directors for awareness.

SUBSTANCE USE DISORDER EFFORTS – INTRODUCTION OF PANEL DISCUSSIONS

Deputy Secretary Welch introduced the panels for the rest of the meeting. She noted that there is significant work happening at the State level on many previous BHTF meetings have not touched significantly on. The panels include CalHHS departments working on the topic, partners they are working with, and lived experience perspectives. Ms. Welch noted that there would be a brief time for discussion following each presentation, and invited BHTF members to elevate topics that they would be interested to return to for more in-depth engagement at a later meeting.

CANNABIS-RELATED EFFORTS – PANEL & DISCUSSION

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING**Meeting Summary**

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

YOUTH FORWARD & CANNABIS POLICY

Jim Keddy, Adwoa Akyianu, and Tona Miranda, all from Youth Forward, presented on the work their organization is doing around cannabis policy in California. Youth Forward works with State agencies on Proposition 64 grant programs and engages a statewide network of community-based organizations on developing policy recommendations. Youth Forward advocates for Prop 64 grant funding to be prioritized for prevention and youth development and for investments in communities most impacted by the War on Drugs. The presenters shared about their engagement with young people to understand what works best in substance abuse prevention. Through this engagement, Youth Forward has learned that young people generally view cannabis as harmless and many use cannabis to cope with mental health issues. In addition to co-sponsoring legislation aimed at requiring stronger warnings on cannabis products and advertising, Youth Forward supports local organizing to direct cannabis tax revenue toward prevention and local youth services and has a campaign focused on protecting Prop 64 funding streams. Additionally, Youth Forward works with Tribal nations to invest Prop 64 funding in youth prevention in Tribal communities and secure funding for environmental repair of illegal cannabis grows on Tribal lands.

PROPOSITION 64 YOUTH EDUCATION, PREVENTION, EARLY INTERVENTION, AND TREATMENT

Denise Galvez, Department of Health Care Services, presented on the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA) Prop 64 funding. The YEPEITA funding is administrated through a stakeholder-informed process guided by the Prop 64 Advisory Group strategic planning process. This process directed that YEPEITA-funded programs prioritize communities disproportionately impacted by the war on drugs – low-income communities and communities of color already experiencing structural challenges such as discrimination, disinvestment, disenfranchisement, and historical trauma. The solutions identified for YEPEITA funding are youth-led social justice initiatives, mentoring and peer support for youth living in communities affected by the war on drugs, childcare programs addressing inequities and disproportionalities, youth community access grants, and public education and awareness. Elevate Youth California is a youth social justice, peer support, and mentoring program. It has granted 246 awards in 53 counties, for a total of \$189.2 million, in communities disproportionately impacted by the war on drugs. The YEPEITA funding also support the Prop 64 Child Care Voucher program, the Youth Community Access Grants, and the Public Awareness and Education program.

YOUTH CANNABIS PREVENTION INITIATIVE

Robin Christensen, California Department of Public Health, presented on the Youth Cannabis Prevention Initiative (YCPI). The YCPI, which is YEPEITA funded, incorporates surveillance, research, and evaluation; health education and policy, systems, and environmental approaches; media and social marketing campaigns; and community interventions. CDPH has released a baseline data brief from 2016 with information on cannabis use among youth and adults and related public health impacts. CDPH has also released two fact sheets on cannabis use and impacts, one among youth and the other among adults. The Youth Cannabis Education and Prevention Campaign is a key piece of the work and is built on input from youth and parents around the state. Through focus groups and interviews, CDPH gathered information on the



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

reasons for cannabis use among teens and developed campaigns for youth and parents. The goals are to educate California teens about the risks of underage cannabis use and empower youth to make the best decisions for their emotional, social and physical well-being; and to equip parents of these teens to have open conversations about underage cannabis use by providing them the tools and resources they need and reminding them of their influence. The messaging within the campaign is designed to speak to the reasons youth use cannabis, demonstrating how cannabis use interferes with social and emotional well-being. For parents, the messaging focuses on helping parents feel empowered to have conversations with their kids about the risks of cannabis use. CDPH is supporting local partners through toolkit materials, regular learning webinars, and local event opportunities.

DISCUSSION

BHTF members were invited to share questions and comments about the presentations. The questions and answers below summarize those answered live during the session.

- Can Proposition 64 funding be used with adults?
 - Mr. Keddy said that one of the four Prop 64 grant programs, managed by the Governor's Office of Business and Economic Development, primarily serves adults, with supports around mental health, substance use treatment, and job training. This program, like the others, focuses on communities disproportionately impacted by the war on drugs.
- How can people join Prop 64 email lists?
 - Ms. Galvez said that interested participants can email dhcsprop64@dhcs.ca.gov to receive information.
- Drug Medi-Cal is a large funder of substance use treatment for youth, but the way services are provided is really an adult model and is very restrictive with heavy assessment and enrollment protocols. Could any of the Prop 64 funding be used to subsidize youth-friendly interventions and treatment outside the Drug Medi-Cal system?
 - Ms. Galvez said that the YEPEITA funding includes significant consideration for upstream work, yet it is not primarily a prevention-focused program and it does include some harm reduction work.
- Is there data on how many youth use cannabis? Are there efforts underway to collect this information?
 - Ms. Christensen said CDPH tracks cannabis use among youth through the healthy kids survey, national data, and a number of other survey tools. Generally, the findings indicate around 16% of California high school students use cannabis. This number has been fairly consistent over time, but there are fluctuations among sub-groups and CDPH is keeping an eye on that, as well as potential changes following legalization.
- Is there definitive research on the impacts of cannabis use on cognitive development in youth?
 - Ms. Christensen said that this is an area of emerging research, in large part because of firm regulations at the federal against research involving cannabis. Although it is now possible to study, there remain many ethical and practical reasons why it is hard to gather strong evidence about the impacts of cannabis



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

use on brain development. While we are unsure of the specific mechanisms and parts of the brain that are most impacted, correlational research shows associations between increases in cannabis use and increases in psychosis, anxiety, and depression. Mr. Keddy said that there is funding in the Department of Cannabis Control for research on health impacts of cannabis use, so there should be additional data in coming years. There is also longer-term data coming from Europe on this issue.

- It is important to consider how the messaging changes when targeted to different ages, and how that might create a sense of mixed messaging.
 - Ms. Christensen noted that, while there may be appropriate uses of cannabis for adults, and we accept that adults can make choices around certain risks (for example, around drinking alcohol), it is appropriate for the approach to be different for youth.

The questions and comments below include those shared in the chat and through an online tool where BHTF members responded to the prompt “After hearing the cannabis panel presentations, what questions remain that you would be interested to see the BHTF return to?” Public stakeholder responses to the same prompt are in Appendix A.

- It is great to see youth leadership and youth being listened to on this issue.
- The focus on youth education and empowerment is important, rather than a “just say no” approach.
- Cannabis use among adults in kids’ lives may be more out in the open now that it is legal. It may be similar to the 1980s when parents who smoked cigarettes were trying to dissuade their kids from doing the same.
- A rare, but severe and highly impactful, adverse risk of long-term cannabis use is cannabinoid hyperemesis syndrome.
- A UCSD research facility said that the biggest hurdle to cannabis research is the federal scheduled category. Because it is not available legally, they cannot obtain a Grade O cannabis that is currently available in CA to use in research without jeopardizing other federal funding.
- How can Medi-Cal play a role in covering these services and how can we make sure the DMC, DMC-ODS programs are covering these treatment needs consistently and have providers who understand these needs and expertise in providing these services.
- Curious how the State is balancing the need for communication and conversation with school policies that punish and isolate with it comes to SUD
- How do effective strategies on education about cannabis vary by race/ethnicity, language, SOGI?
- Moving forward, can we do more to address cannabis as an option of care for older adults living in residential care facilities for the elderly?
- There is a great need for more research on drug interactions with cannabis use.
- This was very informative. Looking forward to the resources.
- Do we know how many children and youth use cannabis, is there any way to or effort underway to collect that information statewide?

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING**Meeting Summary**

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

- I don't understand how the approaches presented differ from "Just Say No" – seems like it is just a more detailed way of saying that. Would like more engagement on what other messaging and strategies are being used with youth.
- The presentations were very interesting. I would love to know more about how social work professionals can think about how to engage with clients (adults and children/youth) who are using cannabis using the empowerment and choice lens.
- Would be great to dive deeper into impacts of FASD and cannabis impacts on the justice system population (children/youth and adults) and how this information could be used for efforts currently underway (CalAIM, CYBHI, etc.).
- Best practices in cannabis prevention and intervention
- I would like to see discussion of when cannabis is a positive intervention for young adults, especially those with ADHD, anxiety, and depression.
- Harm reduction approaches to youth substance use.
- There's also an increase in older adults using cannabis for pain management and anxiety/depression. Are they a population of focus in this work?
- Can research on the definitive impacts of cannabis on cognitive development be shared?
- Have there been discussions on the inclusion of college aged youth (up to 25). Substance use disorders, addiction, first episode psychosis and recreational use are prevalent in college.
- More time to discuss what other states are doing on FAS
- I would like to see us identify how our financing structures get in the way of provision of the most effective services and how to adjust the financing through Medi-Cal
- I'd welcome a focus on workforce and request pulling in how we can improve screening, detection, and diagnosis of SUD among older adults as it's often overlooked or misattributed to aging process or cognitive decline.

FENTANYL-RELATED EFFORTS – PANEL & DISCUSSION**OVERDOSE PREVENTION INITIATIVE**

Ms. Christensen presented on the CDPH Overdose Prevention Initiative (OPI). The OPI aims to improve departmental and State agency coordination to address the overdose epidemic, do state and local level data and surveillance efforts, promote protective factors and reduce the risk factors that are associated with overdose and substance use disorder, and improve and increase public awareness and education.

One of the key strategies of overdose prevention is raising awareness and access to naloxone, which is safe, easy to administer, non-addictive and has no side-effects. Two-thirds of overdose deaths had at least one potential opportunity for a lifesaving intervention, the most common of which is having a bystander present. If that person is able to recognize the signs of opioid overdose and has naloxone on hand, this can reverse the overdose. CDPH has a standing order to expand access to naloxone, allowing entities like community-based organizations, schools, and others to receive, administer, and distribute naloxone in the community without a prescription.

ADDRESSING THE FENTANYL CRISIS AMONG CALIFORNIA'S YOUTH



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

Dr. Sohil Sud, CDPH, and Jake Wolf, a parent who lost his teenage daughter to fentanyl, presented on the impacts of fentanyl among youth and the youth-focused work being done at CDPH. While fentanyl impacts all ages, there has been a significant increase in emergency department visits and deaths among youth aged 10-19. Mr. Sud shared the [California Overdose Surveillance Dashboard](#), which allows users to view overall information about opioid overdose in California, as well as to drill down geographically or by other variables like age or race. He noted that behind each of these numbers are many lives cut short and families who have lost loved ones, including many kids.

Mr. Wolf shared about his personal experience of losing his fifteen-year-old daughter Jules to overdose after she ingested fentanyl accidentally. He said that although he runs a faith-based recovery program in his community, where some participants are recovering from fentanyl addiction, and is heavily involved in school safety issues around the state, none of this protected him or his daughter from the danger fentanyl poses. Mr. Wolf emphasized the need for a coordinated effort on this issue, and shared a [letter](#) from State Superintendent of Public Instruction Tony Thurmond on how the Department of Education is working to address it.

Mr. Sud shared about the CDPH Naloxone Distribution Program, and how the work on naloxone supports a broader campaign of information and awareness in schools. The program has seen a major increase in applications from schools to receive naloxone, as a result of awareness efforts such as the CDPH Fentanyl Alert, a series of webinars on fentanyl targeted to schools, and a newsletter to lift up local efforts and successes and share these with other schools. Mr. Sud shared the [Safe Schools for All webpage](#), where people can access these and other resources.

MAT EXPANSION PROJECT MEDIA CAMPAIGN

Waheeda Sabah, DHCS, presented on the Medication Assisted Treatment (MAT) Expansion project and the media campaign within the project. The project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery activities, and focuses on populations with limited MAT access, including rural areas and tribal communities. The [Choose Change California](#) media campaign targets communities that are most highly impacted, and includes television, radio, digital, and print media in English, Spanish, and Chinese. Ms. Sabah shared about the research that went into development of the campaign, such as overdose rates in different geographical areas, demographics impacted (including change over time), languages spoken, preferred media sources, and messaging to appropriately tailor the campaign to impacted communities. The campaign aims to direct people to the Choose Change webpage, where they can connect with treatment through the treatment locator tool.

DISCUSSION

BHTF members were invited to share questions and comments about the presentations verbally, through the chat, or through the virtual participation tool. Public stakeholder comments and questions are in Appendix A.

- Is there currently sufficient naloxone available for all via CDPH?
 - Mr. Sud said there are a number of ways to obtain Naloxone, of which DHCS Naloxone Distribution Program (NDP) is one avenue. NDP reviews and approves



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

applications and then refers to the manufacturer for distribution. Current processing can take up to 4 weeks but is often faster than that. Order shipment from the manufacturer continues smoothly and rapidly upon approval.

Additional methods to obtain Naloxone are included [here](#), including getting it from local pharmacies. It doesn't require a prescription or insurance and in many cases is free.

- Not using alone is the most potent way to prevent overdose deaths. The State needs to recognize this and create opportunities and spaces for people to not use alone. A supervised consumption pilot project in San Francisco, which had to close last week, reversed an average of one overdose every day in the year that it was open. Harm reduction is a critical component of combatting fentanyl overdose deaths, including among young people. Many teens will use and try using drugs, and given the risk that unknowingly using fentanyl poses, it is critical to teach young adults and teens harm reduction.
 - Ms. Christensen said that CDPH has a forthcoming youth and young adults overdose prevention media campaign, which will extend harm reduction messaging to youth and young adults, with appropriate messaging tailored to two target age ranges (16-21 years and 20-34 years). It is critical to include everyone along the full spectrum from preventing use before it starts to intervening with people starting to experiment to intervening with people who may be using regularly, with messaging targeted to reach different audiences. CDPH is also working on messaging to a general audience to address stigma, including moving the harm reduction message forward.
- Are there efforts under way regarding youth access to MAT (the treatment, not the campaign)?
 - Ms. Sabah said that DHCS has projects within the State Opioid Response that fund youth projects providing direct services including MAT, for example the Youth Opioid Response project. More information is available [here](#) and [here](#).
- How did the pandemic impact these efforts? I have seen in mental health and homeless services that the emphasis on infection control may have impacted similar efforts.
- It is heartening that the State has fully embraced MAT, yet it is critical that the full range of housing providers – including recovery and sober living housing – not discriminate against people on MAT. There is still significant stigma against MAT that needs to be combated.
- It is important to also keep in mind why people are turning to illicit drug use and what kind of community based supports and services we need to provide to help people cope with the pain they are dealing with in their lives.
- The holiday season can be particularly challenging for some people and I encourage people to step back and think about who in their lives might need extra support or resources.

CONTINGENCY MANAGEMENT – PRESENTATION & DISCUSSION

Corinne Kamerman, DHCS, presented on the Recovery Incentives Program, California's contingency management benefit. Ms. Kamerman noted that while opioids still account for the

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING**Meeting Summary**

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

largest share of drug-related deaths in California, deaths from methamphetamines and other stimulants have almost quadrupled since 2010. Currently there are no approved medications to treat stimulant use disorders, but there are evidence-based practices for treatment approaches. One of the most important is contingency management, which provides cash incentives to beneficiaries for not using stimulants, as a complementary program used alongside other substance use disorder treatment services. California is the first state to receive federal funding and approval to offer contingency management services as a benefit in the Medicaid program through CalAIM, though it has been tested as a smaller scale. DHCS will be implementing a pilot program beginning in the first quarter of 2023, with the goal of informing design and implementation of a statewide contingency management benefit through the Drug Medi-Cal Organized Delivery System. The program will be 24 weeks long, split into two 12-week sessions. During the first 12 weeks, the program will include testing and incentives twice per week and during the second half, the testing and incentives will be once per week. Participants will receive incentives each time they test negative for stimulants, even if they test positive for other drugs. Over the course of the 24 weeks, participants may receive up to a total of \$599, if they have stimulant-free tests every time. The Recovery Incentives Program pilot will incorporate training and technical assistance to participating counties and providers; evaluation of the program impact; and monitoring and oversight of contingency management providers by DHCS and Counties. More information on the program is available [here](#) and [here](#).

DISCUSSION

BHTF members were invited to share questions and comments about the Contingency Management presentation and any SUD-related work they are doing.

CONTINGENCY MANAGEMENT

- How will participant information be safeguarded? This can impact willingness to participate in treatment programs, particularly for those that are criminal justice system impacted?
 - Ms. Kamerman thanked the commenter for sharing question. She said she would be bringing this issue back and making sure it is considered in design of the program.
- It is good to see a humane program like this being carried out. It is important to have a variety of approaches and services available, particularly approaches that do not further stigmatize people for self-medicating. It is also important to challenge the idea that mental health services cannot be provided while someone is actively using.
- How many people does DHCS expect to reach in the pilot program?
 - Ms. Kamerman said there is not a target number at this time. Instead, as sites become ready and pass their readiness test, they will begin to offer the Contingency Management services. Once the program begins, we will likely be able to make an estimate.
- What is the reason behind the \$599 maximum incentive amount? Is it evidence-based in terms of the effectiveness of the program?
 - Ms. Kamerman said that the cap on the annual amount of incentives that a beneficiary can earn is set at \$599 to ensure that it will not impact their income



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

for Medi-Cal eligibility purposes. The research suggests a higher incentive may be beneficial, so DHCS is working with CMS and other outside agencies to see if that would be possible, however this will need to be balanced with potential issues around eligibility for benefits like Medi-Cal.

MEMBERS' SUD-RELATED WORK

- The I Am Collaborative works with unhoused LGBTQ+ youth, providing training and mentorship around understanding SUD, advocacy, and identifying their own community-defined solutions to preventing SUD. The program provides resources to engage in artistic and expressive outlets to lift up their solutions. One example of a solution from the program is creating more safe sober spaces for the LGBTQ+ community. Another is developing messaging that moves beyond zero tolerance, fear, and punishment-based approaches, to create space for youth to speak up and get support when they need it, including harm reduction approaches. Listen to policy recommendations that come directly from youth.
- The zero-tolerance issue is particularly pronounced in school settings. If we want youth to talk about the issues they are facing, they need to have a space that is safe to do so.
- HCAI has a new SUD workforce program called the Substance Use Disorder (SUD) Earn and Learn Program. It supports a three-year grant agreement with eligible organizations who furnish education, training, and paid job experience for students receiving SUD certification in California. The grant program application cycle opened on December 1, 2022, and closes on January 31, 2023. For webinar materials and recording, visit <https://hcai.ca.gov/loans-scholarships-grants/grants/bhp/>. For further information, please contact BHPrograms@HCAI.ca.gov. HCAI is also reviewing CBO BH Grant applications that will support recruitment and retention of BH and SUD workforce in CBOs.
- Some parts of the state with very high rates of SUD use and severe workforce shortages do not have CBOs and so these county direct services will not benefit from these SUD workforce investments.

PUBLIC COMMENT

Members of the public were invited to share brief comments up to two minutes each.

- Lisa Coleman, California Commission on Aging, thanked the panelists for their presentation. She echoed the importance of addressing SUD among youth and noted that opioid use and misuse among older adults is also increasing and needs to be addressed. Similar to the need for education, training, and outreach focused specifically on reaching youth, the same is needed to address the under-diagnosis and -treatment of older adults with substance use disorders.
- Deborah Small, Richmond Reimagining Public Safety Community Task Force, said that the way FASD was presented was reminiscent of conversations from thirty years ago about cocaine-exposed babies. She said that the presentation did not make clear that the level of alcohol use that a pregnant woman would have to engage in to cause Fetal Alcohol Syndrome is more than “exposure.” This word is vague and could mean a couple glasses of wine or much larger amounts of alcohol. Similarly, with regard to the



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

presentation on how parents should talk to their children about cannabis use, it needs to move beyond a focus only on modeling behavior.

- Ms. Eisen said that the term "pre-natal alcohol exposure" (PAE) is used because there is a great deal of complexity regarding PAE in terms of timing, amount, etc. There is no known safe amount of alcohol use during pregnancy.
- If members of marginalized communities are sharing that a term is problematic to achieving the collective desired outcome, then we should be humble as public health leaders and explore alternate language that facilitates better communication with marginalized communities.
- Jeff Farber said that schools should approach substance use from a public health lens, rather than criminalizing students for disclosure of use. Schools should be a safe place for youth, and there needs to be more of an open door and understanding of substance use within an integrated behavioral health approach in the same way that we approach youth experiencing mental health challenges. The State should take leadership on this so that school districts understand that this is the approach they need to take with their students.
- Susannah Meyer, Empowered Aging, said that behavioral health conditions among older adults present unique challenges for family members and care providers, and require special planning and physical interventions.

BHTF MEMBERS OPEN DISCUSSION & YEAR-END REFLECTION

Orit Kalman, BHTF facilitator from California State University Sacramento, shared a reflection on the work of the BHTF over the past year, including the engagement done, feedback received through post-meeting evaluations, and how the facilitation has built on that input. In early 2022, the facilitation team conducted an assessment with Agency leaders and BHTF members, defining four goals for the BHTF. BHTF engagement through 2022 included quarterly meetings grounded in lived experience perspectives and providing opportunities for discussion and input on the CYBHI, Crisis Care Continuum (CCC) and 988, and SUD. In addition, Lunch and Learn sessions were held to provide supplemental opportunities for information-sharing and to prepare for the quarterly meetings, covering the State's CCC work and behavioral health workforce development initiatives. Additionally, one Community Conversation was held, which was a listening session with community members on their personal experiences with crisis care services, to further inform the State's CCC work. BHTF members' process feedback focused on improving accessibility through Zoom logistics; continuing to provide opportunities for breakout discussion among BHTF members and public stakeholders; and providing more background information to support discussion topics.

Ms. Welch said that there are a significant number of BHTF members that do not engage in BHTF meetings. While there may be multiple factors driving this, one possible factor might be the virtual format. She noted that many members have never met each other, and that it could be very valuable for the group to be able to meet in person and build relationships. Ms. Kalman noted that 2022 BHTF meetings were all held remotely, but that there may be an opportunity to hold meetings in person in 2023. She asked members to weigh in on preferences for in-person versus remote meetings. Of 15 respondents to the virtual poll, 13 indicated that they would like the BHTF to hold at least one in-person meeting in 2023 and two indicated they



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

would like all BHTF meetings to remain virtual. BHTF members were invited to share further thoughts on this question.

- An in-person only approach will make the meetings inaccessible for disabled and high-risk members of the BHTF and the public. For any in-person meetings, make mask wearing a requirement to keep the space more accessible for high-risk and disabled participants. Hold in-person meetings during a time when it is safe to travel.
- Consider a hybrid approach to allow for some of the relationship building that in-person engagement supports while also keeping the meetings accessible.
- Consider that in-person meetings would likely make it harder for some panelists to join – particularly lived experience panelists.
- Suggest doing one or two meetings in person and the rest virtual.
- CalHHS has a meeting room that has hybrid capabilities. It is used for the hybrid meetings of the Child Welfare Council.
- Virtual meetings are much more accessible for those with even minor hearing disability. It can be very challenging to hear in person.
- Ensure that any in-person meetings are still accessible to members of the public.
- In-person meetings are important; there is a lot of need to re-build trust and reconnect with systems and each other.
- Consider holding any in-person meetings in locations outside of Sacramento.
- Consider alternating between in-person and virtual meetings to accommodate different needs.
- Utilize in-person meetings for discussion and working together, and virtual for informational meetings.

BHTF members shared reflections on the work of the BHTF, including suggestions related to meeting structure and elevating topics that have not yet been addressed at the BHTF.

- Some members are less vocal due to time constraints in the meetings, where there is often a lot of content covered and many BHTF members wanting to weigh in.
- BHTF meetings are very long and can be hard to digest. The Lunch and Learns are much more digestible.
- Set the dates of the Lunch and Learns as far in advance as possible so that people can save the times on their calendars.
- Knowing how input has impacted development and implementation of policies and programs is a very important way to keep people engaged. Provide more updates on how BHTF member input has impacted program design.
- In addition to reflecting on how BHTF member input has shaped work at the State, it is important for BHTF members to reflect on how the perspectives we hear in the meetings shape the work that we each do. This is another important metric of impact.
- Create an agenda or set of goals for what the BHTF aims to accomplish for the year so that we can see the arc of the progression.
- It would be helpful to hear lived experience perspectives specifically with the programs the State is sharing about in these meetings, to better understand how programs and policies are working for people on the ground. For example, what is the experience of



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

consumers who are participating in these programs and what is the experience of providers whose patients are participating in these programs.

- BHTF member Matthew Diep offered to support bringing in more lived expertise voices from transition-age youth.
- Given that the BHTF includes both policy experts and people who have the linkage to what is happening on the ground, it would be helpful to think together about the gaps – whether funding, policy, or other – that create barriers at the State and local level.
- Workforce is one of the significant barriers that needs to be addressed and would be an important topic for a future BHTF meeting.
- It would be very helpful to have a State education campaign that fights misinformation and disinformation around mental health conditions – one that is stigma free, safe, culturally responsive, and relatable to the State’s diverse populations and is not focus on the brain disease model.

CLOSING THOUGHTS

Ms. Welch shared brief updates about key behavioral health efforts at CalHHS beyond the panel topics. The Crisis Care Continuum Plan will be published in early 2023. A more detailed update on the planning process, including how BHTF input was incorporated into the plan, was provided at the December 2nd BHTF Lunch and Learn; see the recording [here](#) for details. Ms. Welch said that implementation of AB 988 will involve another significant planning process, with a dedicated advisory body. The Agency will also be launching a CARE Act Working Group to advise on implementation of that legislation; see [here](#) for an informational webinar and other resources about the CARE Act. Ms. Welch said that Agency recognizes that there are many tables and it can be tiring for stakeholders to be part of multiple planning process. She said that the BHTF attempts to synthesize and synergize between efforts, gathering high-level input at appropriate times, while also maintaining dedicated spaces for deeper and more detailed engagement on specific efforts.

Ms. Welch thanked BHTF members and stakeholders for joining the meetings and for sharing their valuable input.

2023 BHTF quarterly meeting dates are below; the Lunch and Learn dates will be announced in the new year.

- March 14, 2023
- June 13, 2023
- September 12, 2023
- December 12, 2023



CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Meeting Summary

TUESDAY, DECEMBER 13, 2022, 10AM – 3PM

APPENDIX A. PUBLIC STAKEHOLDERS MENTIMETER RESPONSES

AFTER HEARING THE CANNABIS PANEL PRESENTATIONS, WHAT QUESTIONS REMAIN THAT YOU WOULD BE INTERESTED TO SEE THE BHTF RETURN TO?

- Harm reduction as a treatment strategy
- What is being done for older adults? Is there focus on older adults with substance use issues within the state? And is there any focus on how drug use as a youth will affect an individual as a senior? i.e cognitive issues
- Family-based programs for families at risk for substance use disorders where all ages have services to teach skills.
- Based on the cannabis and fentanyl epidemic, we need to develop school district policies that are public health oriented and offer students with a safe place for disclosure so that they can be supported instead of criminalized.
- Sharing information about the different funding opportunities under Prop 64 with BHT that includes who is eligible to apply, how much funding is available, target work / population and funding cycle deadlines
- Can you talk a little about specific workforce issues around youth SUD?
- Yes really important to look at FASD in juvenile justice system!
- Young people need safe places to disclose their fears and challenges including substance use. Schools need to approach substance use from a public health lens and encourage youth by supporting them instead of criminalizing substance use on campuses.
- Also family based programs for families dealing with substance use disorders which can help provide strategies to help children.
- We need to develop youth-created messages regarding cannabis use and youth.
- Northern CA FASD group has a parent group online once a month for parents of different age groups
- Melissa Santos at Community Solutions, Santa Clara County, provides excellent FASD trainings.
- You might want to have presentation on the national adolescent brain study - one site is UC San Diego

AFTER HEARING THE FENTANYL PANEL PRESENTATIONS, WHAT QUESTIONS REMAIN THAT YOU WOULD BE INTERESTED TO SEE THE BHTF RETURN TO?

- Youth need a safe place to disclose their fears and challenges. Schools need to approach substance use from a public health lens and support youth experiencing substance use challenges instead having policies that criminalize them.
- More information on harm reduction models for youth
- Develop a youth-centered model that includes activities such as outdoor activities, art/music, animal therapy, sports, vocational training, to support youth. Develop youth-created messages for engagement and outreach and hiring of youth.