SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

Discussion Highlights

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

DISCUSSION HIGHLIGHTS PURPOSE

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

BREAKOUT DISCUSSIONS

Attendees participated in breakout discussions during the morning portion of the meeting, sharing input to inform the State's Crisis Care Continuum (CCC) Plan. Participants shared input on the standards of basic behavioral health crisis care services that the State should strive to ensure all Californians have access to. As one participant noted, minimum standards and best practices are distinct, and both are needed. Key themes from the breakout discussions and report outs are summarized below.

STATEWIDE CONSISTENCY AND ACCESS

There was broad agreement around the need for statewide standards of behavioral health crisis care services. While there are some locally-defined service standards, members emphasized the importance of State leadership to ensure that services are consistently available and accessible across jurisdictions like school districts or counties.

A key issue related to statewide consistency of care is the need to standardize the service response across payers, so that individuals in crisis receive the care they need regardless of who is funding it. Participants emphasized that this is an issue that will require systematic coordination across services and payer groups. Ensuring that care is not based on payer is an important equity issue, as many disparities are based on economic resources and the channels through which people access care.

Groups emphasized that availability of services is not sufficient if those services are not accessible to those who need them. One group recommended tracking the availability, affordability, and accessibility of services over time, from both a quantitative and a qualitative perspective. Additionally, groups highlighted the need for a "no wrong door" approach to ensure that people in crisis are able to get connected to the services they need regardless of their entry point to the system. Participants noted that this will require strong connections across the system, with intensive training so that the people working in the system are aware of the no-wrong-door approach and know how to connect people to the services they need.

In addition, one group emphasized that meeting statewide standards and improving access will require appropriately resourcing the system. The group highlighted in particular the importance of sufficient funding and adequate compensation for the workforce, as well as the need to address workforce burnout.

One group also said that improving coordination of medical and behavioral health care would support access to services. They discussed developing standards and reducing requirements for medical clearance and screenings to make the connections between medical and behavioral health care less traumatic and get clients where they need to be more seamlessly.

One group highlighted that the statewide standards should not remain static, but instead ongoing community engagement should be implemented to understand what is and is not working for community members and improve the system's responsiveness.

EQUITY

Participants highlighted that equity is a key issue that future state standards should address, with the aspiration of addressing the overrepresentation of certain groups among those experiencing behavioral health crises. Suggestions included:

- Analysis of outcomes should address outcomes for underserved and overrepresented groups, not just overall average outcomes
- Ensure care is culturally affirming and linguistically appropriate
    - Invest in community-defined practices
    - Target workforce development and recruitment to mirror the client population – Black communities; bilingual and bicultural communities
    - The definition of "stabilization" and what is considered a successful outcome should recognize cultural contexts and non-clinical outcomes like self-determination, community integration, and employment
- Expand investment in equity projects, such as the California Reducing Disparities Project and the Perinatal Equity Initiative
- Address the negative consequences that can be associated with seeking and receiving behavioral health care (for example, employment and professional consequences or impacts on things like family court and security clearances)
    - Provide support such as financial support, child care, and paid medical leave that allows people to receive the services they need – "time and space to heal"

- Leverage people with lived experience and design thinking to anticipate and mitigate these potential harms and improve the experience of the person seeking care in a crisis

PREVENTION

Participants discussed the need to integrate upstream prevention, before reaching the point of crisis. Some groups discussed the importance of stigma reduction as a measure that can help prevent behavioral health crisis. They suggested bolstering school-based programs to address stigma among children. One group suggested integrating upstream prevention with those that are not yet involved in the behavioral health system in any way through avenues like Family Resource Centers. One group highlighted that screening is an important part of prevention. While there are many screening tools, the group said that a standard set of vetted screening tools was needed that was agreed upon for use across sectors. They recommended that the screening tools be free, open-source, and universal. A group also said that an aspirational goal would be to evaluate and measure the impact of stigma on behavioral health crises.

TRUSTED RESPONDERS AND APPROPRIATE CRISIS CARE SETTINGS

One group discussed the importance of ensuring that crisis responders are trusted community members, including peers. Law enforcement involvement in crisis response should be eliminated whenever possible. The group also discussed the importance of establishing alternatives to jail, juvenile hall, and even emergency room settings in order to provide appropriate crisis care.

NAVIGATION, EDUCATION, AND AWARENESS

Multiple groups discussed the need for navigation support and improved awareness to improve access. They discussed the need to educate and inform providers and the public in order to meet these minimum standards and improve care for people in experiencing behavioral health crises. Some examples include:

- Provide navigators to help clients understand the care available and access the care they need
- Educating providers, beneficiaries, and family members on available services
- Educating providers to better understand crises, for example distinguishing between mental health psychosis versus substance use-induced psychosis

- Competency training is needed related to intellectual and developmental disabilities to ensure appropriate access to care based on client need
- Increase community awareness of resources and reduce stigma through marketing campaigns

CONSIDERATIONS FOR SPECIAL POPULATIONS

Multiple groups addressed the need for special considerations regarding care for certain populations. The statewide standards should articulate standards of response for these different populations, including youth, older adults, and cultural and linguistic considerations.

DISCHARGE, FOLLOW UP, AND CONTINUED CARE

Multiple groups addressed the importance of thoughtful discharge, follow-up, and continued care. Suggestions and considerations include:

- Discharge planning should include a warm handoff, not just a list of resources
- Clearly identify who is responsible for follow-up and linking the client to services (e.g., provider that served the person while in crisis, insurer, primary care physician, other)
- Ensure that there are clear mechanisms to cover the work of follow up and linking to services under both Medi-Cal and private insurance
- One group highlighted that this is an equity issue: according to the AB 470 Performance Dashboard, 48 percent of African-Americans received no stepdown services in 2019-2020
- Training and workforce development will be critical to appropriate follow up care
- Clarify the linkages between discharge planning, follow up, and continued monitoring
- Follow up and discharge planning should consider not just the client, but also their family
    - Support the loved ones that will be accompanying and supporting the individual in crisis, for example with peer support and with support available in waiting areas
- As part of crisis follow up, establish psychiatric advanced directives for those that do not already have them
    - Name trusted people within psychiatric advanced directives

- Connect psychiatric advanced directives to the crisis response system, so that the people answering calls and responding to crisis have access to that information