BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

March 14, 2023



WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS



MEETING AGENDA

10:00 Welcome and Introductions

- 10:10 Behavioral Health Issues in Older Adult Population Panel & Discussion
- 11:15 Short Break
- **11:20 Small Group Discussion**
- **11:55 BHTF Members Reflections**
- 12:20 Crisis Care Continuum Plan (CCC-P)/ 988 Update
- 12:35 BHTF 2022 Review and Plans for 2023
- **12:45 Public Comment**
- **12:55 Closing Thoughts**

1:00 Adjourn



VIRTUAL MEETING GUIDELINES

- The meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Please 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 in breakout discussions and during public comments period at the end of the meeting.

For additional feedback, please email: <u>BehavioralHealthTaskForce@chhs.ca.gov</u>



BHTF GUIDING PRINCIPLES

✓ 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



Behavioral Health Issues in Older Adult Population – Panel Presentation

Community Voices

Lisa Mancini, Acting Director, San Mateo County Behavioral Health and Recovery Services Laura Trejo, DSW, MSG, MPA, Director, Los Angeles County Aging and

Disabilities Department

Older Adult Behavioral Health: What the Research Says

Kathryn Kietzman, Director, Health Equity Program, UCLA Center for Health Policy Research

Prioritizing Older Adult Behavioral Health: California's Master Plan for Aging Susan DeMarois, Director of the California Department of Aging





THE UCLA CENTER FOR HEALTH POLICY RESEARCH

Assessing and Addressing the Behavioral Health Needs of Older Californians

Kathryn G. Kietzman, PhD, MSW

March 14, 2023

www.healthpolicy.ucla.edu



Assessing Older Adult Behavioral Health Needs

What do we know?

And what do we need to know...

about the behavioral health needs of older Californians?

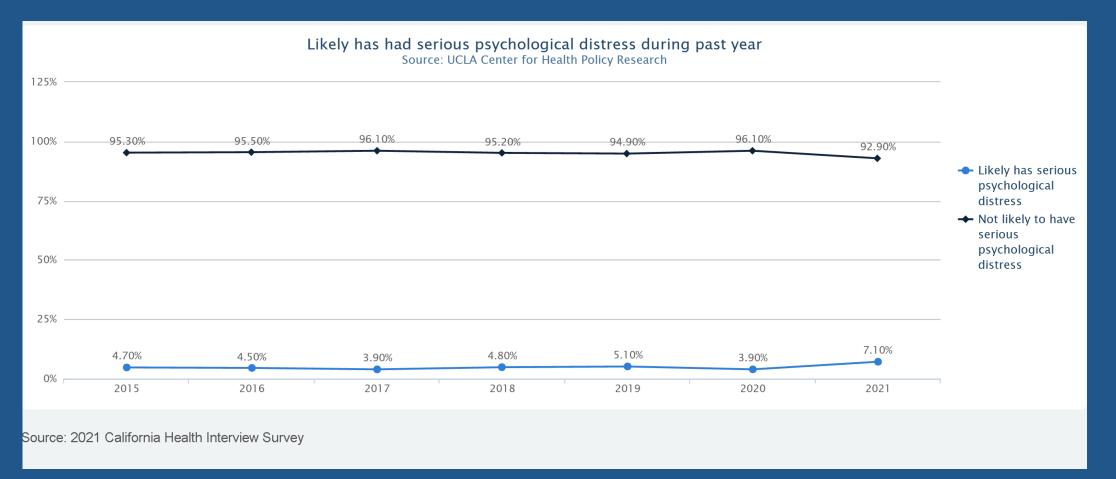
BUILDING KNOWLEDGE. INFORMING POLICY. IMPROVING HEALTH

www.healthpolicy.ucla.edu

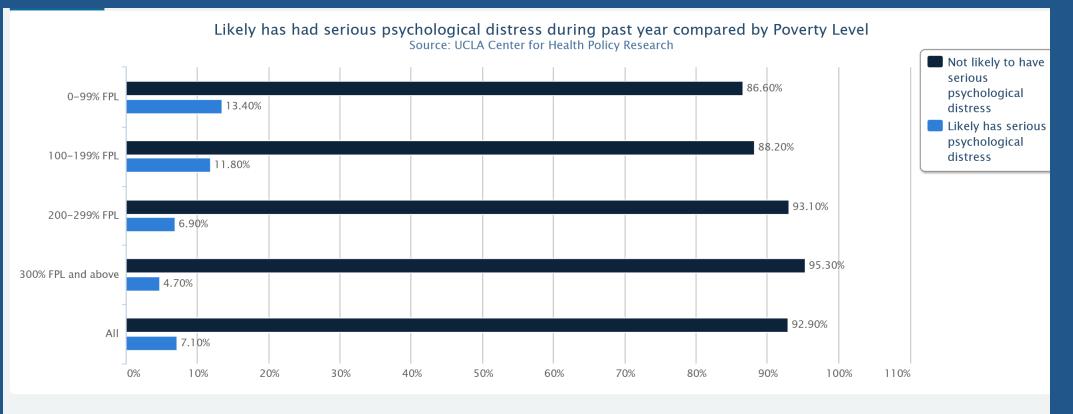
National-level estimates

- By the age of 75, close to half of all Americans will have experienced a diagnosable mental health disorder.
- Between 14% 17% of adults ages 65 and older suffer from one or more of 27 different mental health/substance use conditions.
- Depression and dementia-related behavioral and psychiatric symptoms are among the most prevalent conditions.

Serious Psychological Distress is <u>increasing</u> among the 60+ adult population in California

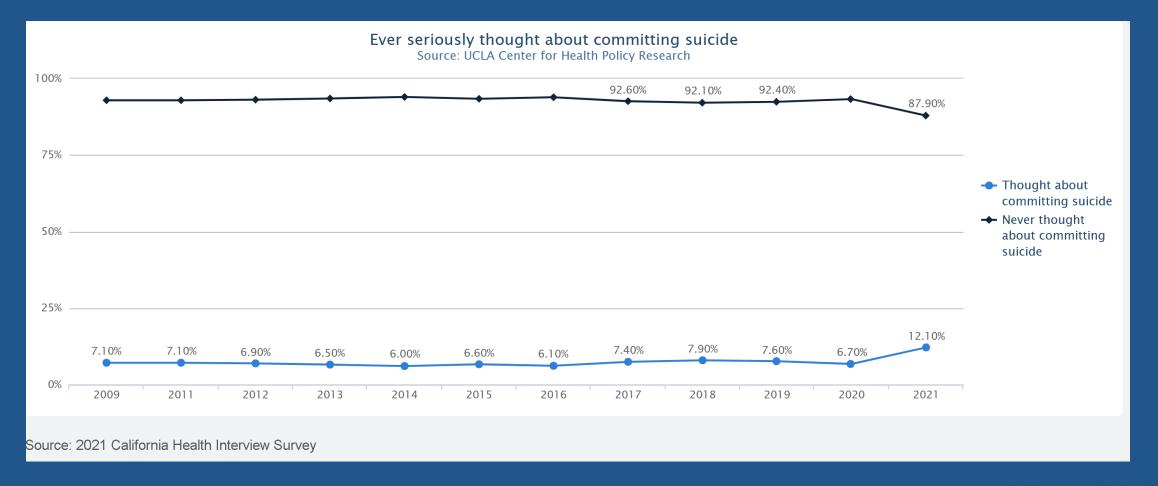


Serious Psychological Distress among older Californians varies by income

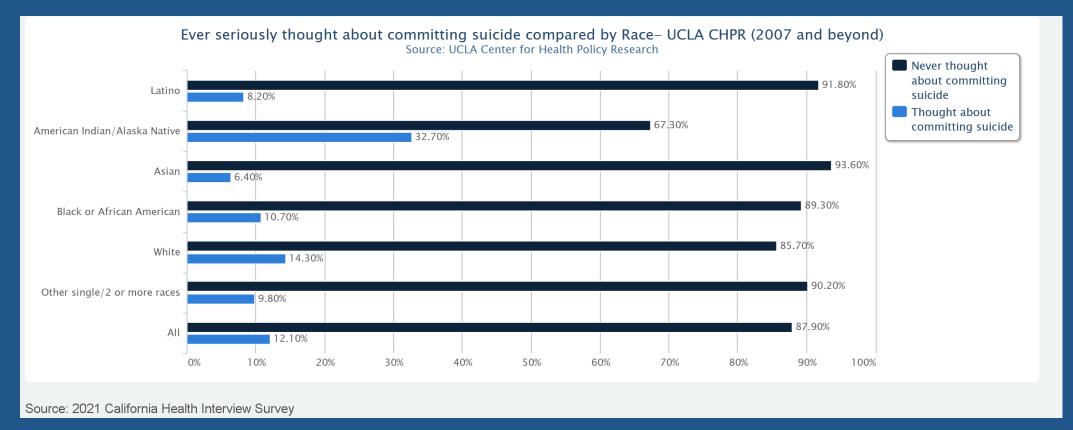


Source: 2021 California Health Interview Survey

Suicidal Ideation is <u>increasing</u> among the 60+ adult population in California

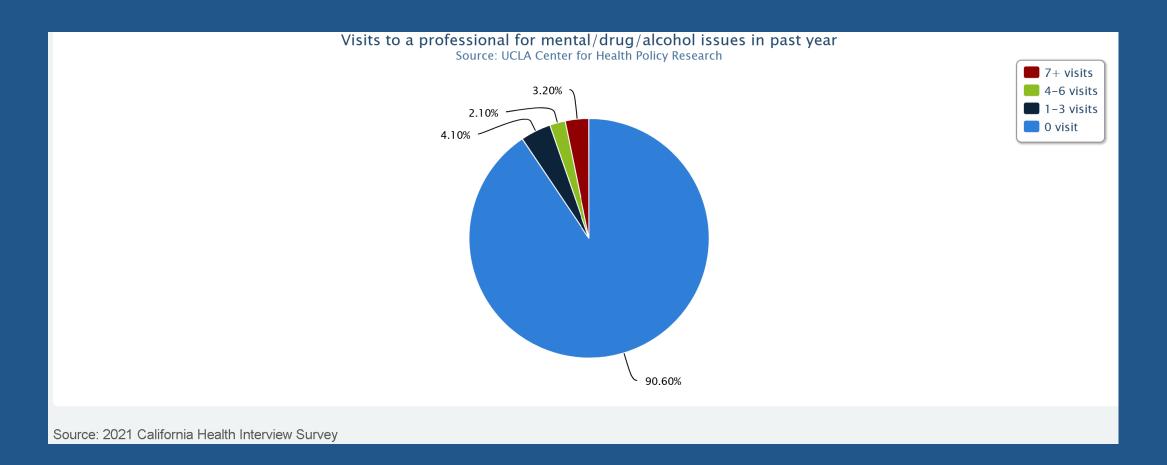


Suicidal Ideation among the 60+ California population varies by race/ethnicity



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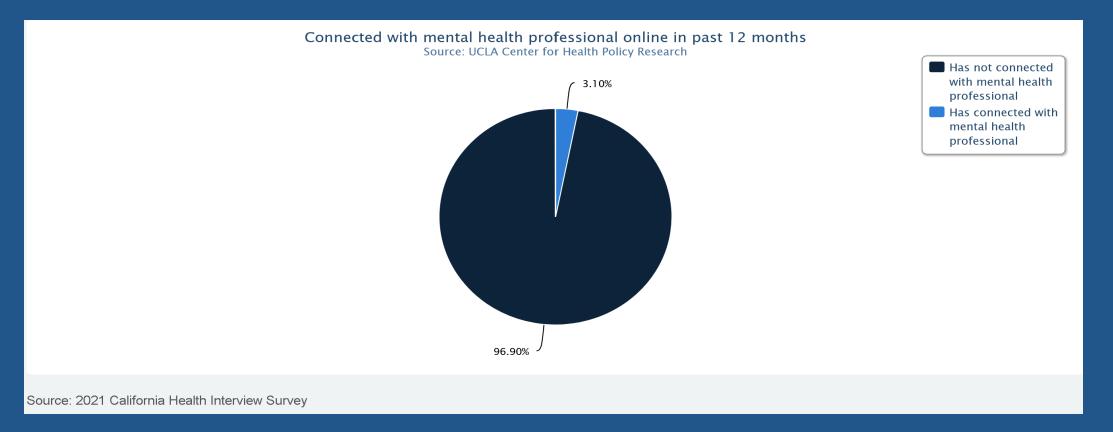
Despite evidence of need, access to behavioral health care by older Californians is limited



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Access to online behavioral health care is even more limited among the 60+ adult population in California



Addressing Older Adult Behavioral Health Needs

When and where and how... can we better address the behavioral health needs of older Californians?

Systems-Level Issues Affecting Older Californians' Access to Appropriate Behavioral Health Care

- Significant and persistent deficits in geriatric training across all provider types, including limited cross-training in mental health and aging, within and across counties, within and across different sectors and provider settings
- Lack of integration between systems of care, including housing, health, public health, social services, aging services, criminal justice, and behavioral health systems of care
- Service delivery modalities that do not account for the unique concerns of older adults with behavioral health needs, that are not established with a life course perspective, or offered across a continuum of care from prevention and early intervention to crisis intervention, and delivered in a diverse range of settings

Systems-Level Issues Affecting Older Californians' Access to Appropriate Behavioral Health Care

- Lack of systematic standards of assessment of older adults' behavioral health needs, with special attention to factors such as loneliness, social isolation, prolonged or complicated grief, cognitive and/or functional decline, depression and anxiety
- Barriers to use of behavioral health services and supports by older adults, due to ineffective outreach, inappropriate service delivery methods, geographic/physical location of services, digital divide, lack of culturally, linguistically, and/or age-appropriate services and trusted providers, and stigma

Promising Practices

Exemplars		Service S	Strategies		
Geriatric Assessment and	Mobile services		Medication services		
Response Team (GART)	Evaluation and assessment		Consultation		
	Case management		Brief therapy		
	Community outread	ch	Family support		
	Education				
Program to Encourage	Home-based care		Medication management		
Rewarding Lives for Seniors	Team-based approa	ich	n Case management		
(PEARLS)	Evidence-based pra	ctice			
Senior Peer Counseling	Service Linkage	Outreach		Advocacy	
	Navigation	Social engagement		Training	
	Education Empowerme Counseling Support grou		ent	Mobile services	
			ups	ويراوحوا ومحافاتهم والمروحين	

Promising Practices

Exemplar Models	Ser	vice Strategies				
Geriatric Certificate	Workforce development training goals:					
Program	Assess and determine treatment					
	Provide services in a culturally and spiritually consistent man					
	Provide appropriate referrals and resources					
	Recognize the unique needs of older adults					
	Peer and staff-led groups and activities					
Six Stone Wellness	Peer support	Life skills				
	Arts and crafts	Employment assistance				
	Nutrition education	Medication education				
Visalia Adult Integrated Clinic (VAIC)	Integrated care	Case management				
	Individual, family and grou	p therapy Medication services	Medication services			
	Peer delivered services	Mental Health Court	Mental Health Court			
	Mobile services	Evidence-based practic	Evidence-based practice			

In their own words...

A daughter caregiver, sharing concerns about her mother's interaction with behavioral health providers:

"I feel that when I go get treatment and it's a young person, I just wonder...if I'm taking my mother, [what is] the likelihood of them understanding [her] culture, the community... it's not even going to be match for her to even go back because the trust – she's not even going to trust them enough to even talk to them."

In their own words...

Two older adult consumers, speaking on the value of peer support:

"I feel heard. I feel supported. I feel respected. I know that I have a mental condition but...they make me feel like [I have] many qualities that you couldn't see before. She's a very sociable person. She's a very intelligent person. She's a person who has gifts like writing."

"I would listen to other people and get strength from them, you know, until I can stand on my own two feet and go for myself and that strength, that strength that I needed "

THE UCLA CENTER FOR HEALTH POLICY RESEARCH

THANK YOU!

Kathryn Kietzman: kietzman@ucla.edu

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Building the Behavioral Health Continuum Across the Lifespan

Presentation to the CalHHS Agency Behavioral Health Task Force March 14, 2023



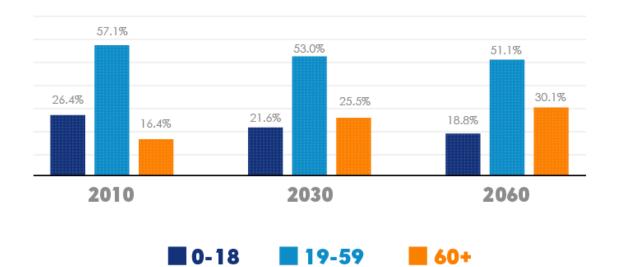
- **Susan DeMarois,** Director, California Department of Aging
- Lisa Mancini, Acting Director, San Mateo County Behavioral Health and Recovery Services
- Laura Trejo, PhD, MSG, MPA, Director, Los Angeles County Aging and Disabilities Department
- **Kathryn Kietzman,** PhD, MSW, Kathryn G. Kietzman, PhD, MSW, Director, Health Equity Program, UCLA Center for Health Policy Research

California Demographics are Changing

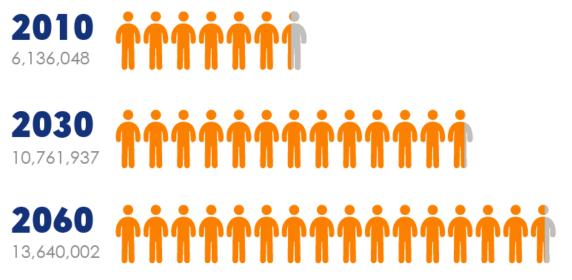


By 2030, One in Four Californians Will be Age 60 or Older

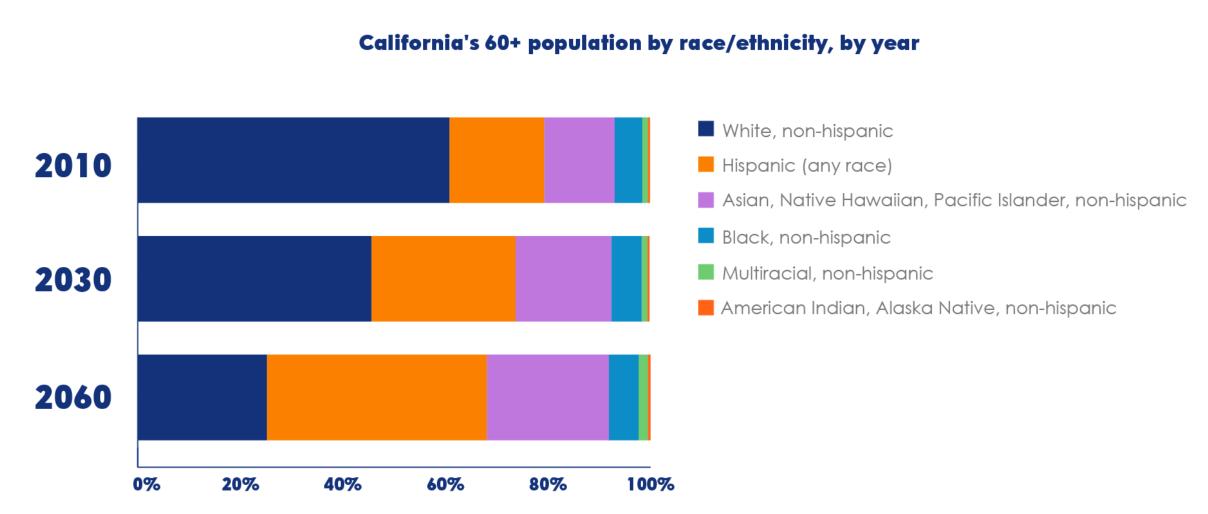
Distribution of the CA population by age group, by year



Number of Californians age 60+ by year



Building a California for ALL



California <u>De</u>partment

of AGING

California Leaders Prioritize Older Adults



Senate Bill No. 228

CHAPTER 742

An act to add Chapter 14 (comme 8.5 of the Welfare and Institutions Co

[Approved by Governor Octobe of State Octo

LEGISLATIVE CO

SB 228, Jackson. Master Plan on A Existing law requests the Universi information, including a survey of exis governmental and administrative stru needs of an aging society. Existing California Health and Human Service compiled by the University of Califor of specified entities, to develop a s long-term planning purposes and sub

By executive order, the Governor of developed and issued to serve as a t partnerships that promote healthy agi demographic changes. The executive California Health and Human Service Workgroup for Aging to advise the so master plan.

EXECUTIVE DEPARTMENT STATE OF CALIFORNIA

Executive Order N-14-19

WHEREAS, the State of California values older Californians and is committed to building an age-friendly state so that all Californians can age with dignity and independence; and

WHEREAS, California's over-65 population is projected to grow to 8.6 million by 2030, an increase of four million older Californians;

WHEREAS, the composition of older adults will change as they are more ethnically diverse and more likely to be single or childless, live alone, work longer, have lower incomes and have less retirement savings;

WHEREAS, all older adults, and those with disabilities, should be able to choose to remain in their communities as they age, and whereas meaningful choice requires access to a broad range of public and private programs, resources, and supports, including health, homecare, food and nutrition, human services, housing and transportation; and

WHEREAS, older Californians contribute to the health and strength of our communities by raising and mentoring younger generations of Californians; and

WHEREAS, direct care workers and family caregivers, who may struggle to balance work and caregiving, provide essential care for older adults and those with disabilities, and demand for this care is growing; and



Master Plan for Aging: Five Bold Goals for 2030





Goal 1: Housing for All Ages and Stages



Goal 2: Health Reimagined



Goal 3: Inclusion and Equity, Not Isolation

Goal 4: Caregiving that Works

Goal 5: Affording Aging





FOR ALL **AGES & ABILITIES DAY OF ACTION**

#CAforALL



A Life Course Perspective





"Together, we have enormous equity, housing, transportation, health care and caregiving challenges ahead, just as we have unprecedented opportunities to empower **all generations to live well and thrive across an even longer lifespan.**"

- Governor Gavin Newsom

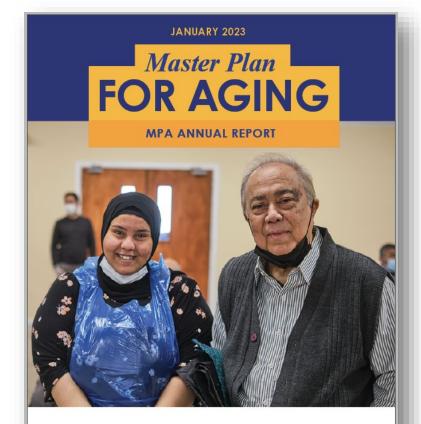


"I continue to be impressed by the values we hold in common: building a coordinated, integrated system that is **person-centered**, **equity-focused**, and data-driven."

- CalHHS Agency Secretary Dr. Mark Ghaly

Embarking on Years 3 & 4 of California's 10-year Plan







California Department of **AGING**

California's Master Plan FOR AGING 2023-24 INITIATIVES

Delivering Results for Older Adults, People with Disabilities, and Caregivers



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State of California Master Plan for Aging Implementation Tracker



The Master Plan for Aging (MPA) is comprised of Five Bold Goals, twenty-three strategies, and over 200 initiatives to drive action across California in the pursuit of building the most age-and disability-friendly state in the nation.





The MPA Implementation Tracker is a publicly available resource for monitoring the implementation activities of the Master Plan. You are invited to search for progress updates on each of the MPA initiatives using the Search Box or Filters below. If you would like to download a copy of your search results, click "Download" from the options in the upper right corner.

ARCH	Show	10 🗢	Initiatives		🔩 Share 🛓 Download 🔟 Edit Colum	nns Ieel E	xpand
Q Housing for All Ages ×							
TER BY GOAL		GOAL	STRATEGY®	INITIATIVE	DESCRIPTION \$	YEAR 0	
Select a Goal	-	goal 1	strategy A	initiative 1	Identify ways to bolster production of more housing options to age well in all California sub	2021-	~
TER BY STRATEGY			~	1		LULL	
Select a Strategy		goal	strategy	initiative 2	Provide tax credits and pursue other strategies to continue to prioritize the types of housing units	2021-	~
TER BY AGENCY		1	A	2	continue to prioritize the types of housing onits	2022	
BCSH X X		goal 1	strategy A	initiative 3	Further facilitate affordable housing production by using monitoring, technical assistance, and	2021-2022	~
Select a Department							
TER BY TAG	-	goal 1	strategy A	initiative 4	Advance fair housing and equity by conducting outreach, education, and surveys, as well as	2021-2022	~
Select a Tag	-						
Only include reports with corresponding legislation	1	goal 1	strategy A	initiative 5	Review housing planning and data indicators with Strategic Growth Council for older adult	2021- 2022	~
Only include reports with corresponding budgets		goal 1	strategy A	initiative 6	Review current housing program definitions with Strategic Growth Council for inclusion of older	2021 - 2022	~

Unmet Need



- Less than 50% of older adults with mental and/or substance use disorders receive treatment. [source: U.S. Substance Abuse and Mental Health Services Administration]
- Older adults (65+) are the **least likely** to report receiving mental health care (21%) compared to all other age groups [source: California Health Care Foundation, February 2023]



Social Isolation and Loneliness

- Currently, **1,436,715** Californians age 60+ live alone
- 39.8% of Californians who are 65+ and identify as LGBTQ+ live alone compared to 26.2% of others
- The prolonged **COVID-19 pandemic** has exacerbated the harmful impacts of social isolation and physical/cognitive decline on older adults and their family caregivers



California <u>Depart</u>ment

of AGING

Psychological Distress

- Older adults who identify as LGBTQ+ and older adults of color are more likely than their white counterparts to report high levels of psychological distress and serious mental illness
- One million more older adults fell into **poverty** last year...the only age group that saw a rise

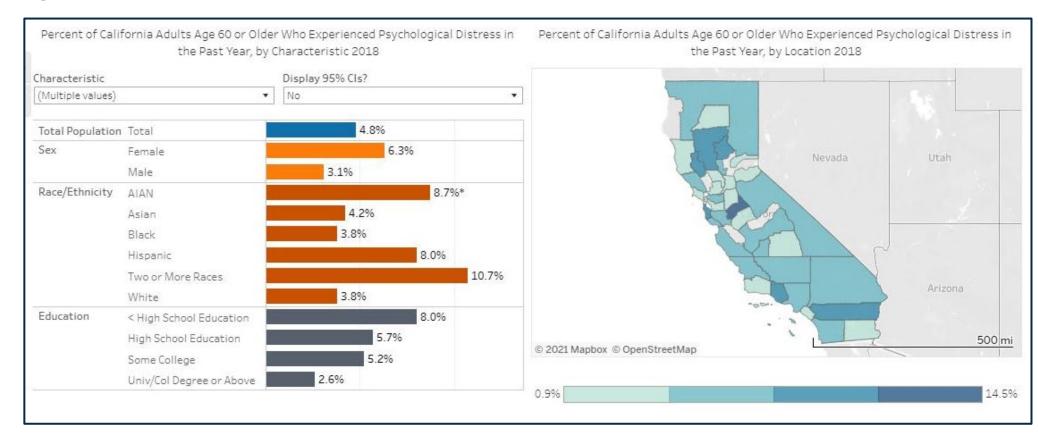




Data Dashboard for Aging

Strategy A: Lifelong Healthy Aging Behavioral Health Indicator:

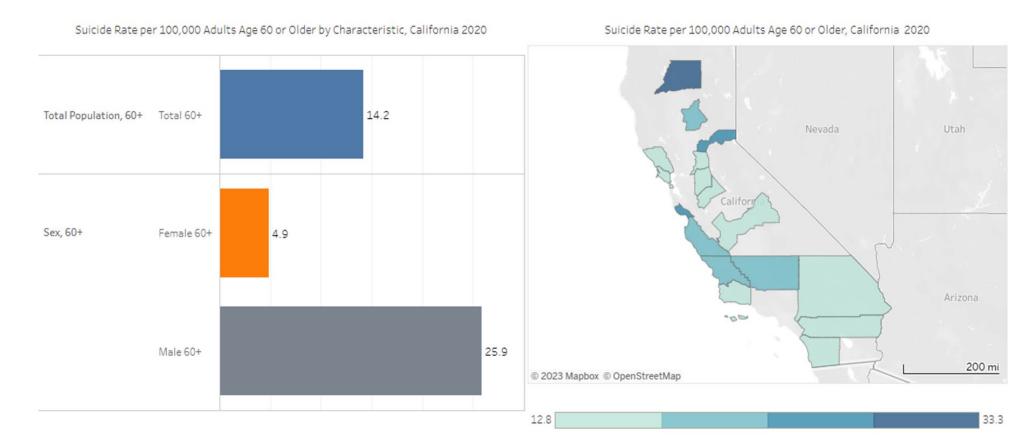
- Psychological Distress



Data Dashboard for Aging

Strategy A: Lifelong Healthy Aging Behavioral Health Indicator:

- Older Adult Suicide



Partners in Progress



1. Stigma Reduction

 Mental Health, Ageism, Racism
 Normalizing behavioral health needs

2. Workforce Development

From peer support to specialty care

 Supportive care at home, in community settings, and in crisis

3. Local Capacity Building

Linking trusted community partners with providers
Strengthening the aging network



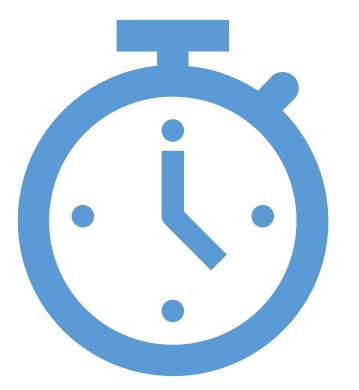
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES





BHTF MEMBERS QUESTIONS AND COMMENTS





SHORT BREAK



OLDER ADULTS AND BEHAVIORAL HEALTH Small Group Discussion



BREAKOUT DISCUSSION PROCESS

PURPOSE

- ✓ Connect with other members of the BHTF
- Inform overarching approach to promoting awareness about older adult population behavioral health

TIMING 30 minutes in breakout discussion – discuss questions & add comments on the Jamboard (in the chat panel, note taking) and prepare to share out

GROUP ASSIGNMENTS Participants are randomly assigned to participate in breakouts – grouped by BHTF membership and the public.

OVERARCHING QUESTIONS

What are best practice that the state can adopt to raise awareness and elevate older adult BH issues?



How can you incorporate what you have learned from the panel into your work?

BREAKOUT DISCUSSION AGENDA

[3 min] Logistics Before starting the discussion, please identify:

- Timekeeper
- Notetaker and reporter on behalf of the group when we reconvene

[10 min] Quick brainstorm

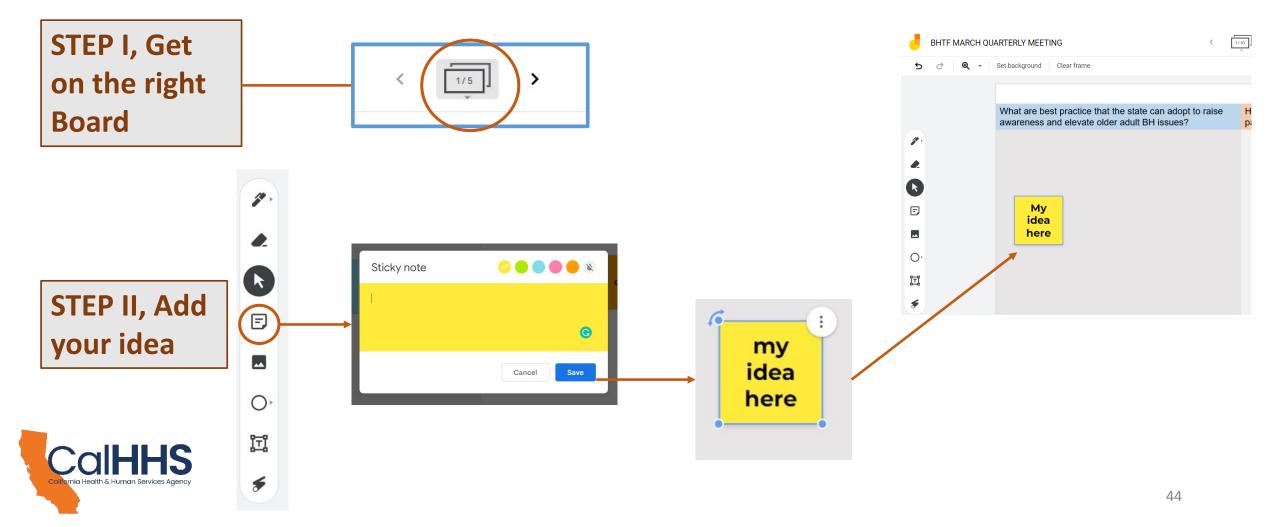
• What are best practice that the state can adopt to raise awareness and elevate older adult BH issues?

[17 min] Implications of information shared

 How can you incorporate what you have learned from the panel into your work?



USING JAMBOARD TO TRACK BREAKOUT DISCUSSION



BHTF MEMBERS REFLECTIONS

- 1. What are best practice that the state can adopt to raise awareness and elevate older adult BH issues?
- 2. How can you incorporate what you have learned from the panel into your work?



Crisis Care Continuum – Plan (CCC-P)/988 Update

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS



Summary of Findings for CCC-P (1 of 2)

- Based on preliminary research and stakeholder discussions, CalHHS believes that California's current crisis care system meets select measures of 988 readiness¹, but includes geographic variation and opportunities to improve coordination across settings
- The Plan includes **three Strategic Pillars** for the future state crisis care system:
 - i. Build towards **consistent access statewide**
 - ii. Enhance coordination across and outside of the crisis care continuum of care
 - iii. Design and deliver a high quality and equitable system for ALL Californians



^{1.} Determined by the 988 Convening Playbook

Summary of Findings for CCC-P (2 of 2)

- Initial implementation considerations to achieve these Strategic Pillars to be executed over time with near-, medium-, and long-term milestones over the next 5 years. The pillars will be measured against metrics that are not yet finalized
- California has made significant investments in crisis care over the last few years
- CalHHS prioritizes inclusion and equity and will examine best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations



^{1.} Determined by the 988 Convening Playbook

Completed November 2022

Transition point	Preliminary view of current state in CA	Potential actions ⁸
A Crisis prevention-> hotlines	 Individual warmlines in CA (e.g., CalHOPE) initiate a warm handoff to a hotline if acute care is required¹ 	 Establish standards for protocols for warm handoffs between warmlines and hotlines (building off work from CalHOPE)
	 Currently, there are no formalized standards governing handoffs¹ 	 Provide training standards for staff related to handoffs



Completed November 2022

Transition point	Preliminary view of current state in CA	Potential actions ⁸
B Hotlines – Mobile crisis teams or co-response models	 Mobile crisis teams are largely run and initiated by county-run hotlines (rather than Lifeline centers)² There is not utilization of location-tracking technology³ There are gaps in referrals from hotlines reported by Didi Hirsch⁴ 	 Establish standards for protocols for triage processes, safety considerations, and law enforcement engagement Incentivize formal partnerships between the CA Lifeline Centers and county-operated mobile crisis teams Explore technological approaches for location-tracking technology



Completed November 2022

Transition point	Preliminary view of current state in CA	Potential actions ⁸
C Hotlines A 911/ Bmergency services	 California is developing processes to transfer calls between 911 & 988 through the SAMHSA Gains Center Policy Academy⁵ County hotlines are already co-located with 911⁶ 	 Establish standards for protocols for warm handoffs between 911 & 988 (building off the SAMHSA Gains Center Policy Academy) Explore technological approaches for interoperability between 911/988 (building off existing work from CalOES)



Completed November 2022

Transition point	Preliminary view of current state in CA	Potential actions ⁸
D Mobile crisis teams or co-response models-> crisis receiving & stabilization services	 According to the DHCS, "stabilization services following an initial crisis are not generally available in CA"⁷ There is no current view of real-time vacancies for crisis receiving & stabilization services³ 	 Establish standards for protocols for assessment tools and voluntary & involuntary services Explore technological approaches to generate a view of real-time vacancies for crisis receiving & stabilization services



Completed November 2022

Transition point	Preliminary view of current state in CA	Potential actions ⁸
E Crisis receiving & stabilization services -> short-term crisis residential programs	 Crisis receiving & stabilization services often serve people > 23 hours due to capacity constraints in other services according to DHCS⁷ 	 Incentivize formal partnerships between crisis receiving & stabilization services and short-term crisis residential programs Explore technological approaches to generate a view of real-time vacancies for short- term crisis residential programs



Key CalHHS Responsibilities Under AB 988

- Participate in CalOES Technical Advisory Board through 2028 to coordinate and advise on issues related to 911/988 interoperability and operations
- Create set of recommendations to support a 5-year implementation plan for a comprehensive 988 system, including:
 - Resources and policy changes necessary to address statewide and regional needs
 - Quantifiable goals for statewide and regional behavioral health crisis services
 - Comprehensive assessment of the behavioral health crisis services system
 - Statewide and regional public communications strategies
- Convene quarterly meetings of the State 988 Policy Advisory Group, including a diverse group of stakeholders. This group will advise CalHHS on the set of recommendations for the 5-year implementation plan.



	AB-988 required areas for CalHHS and 988 state advisory group recommendations	Next steps
1	SAMHSA requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers	Determine where additional details are needed for the comparison of California's current state to the national best practice guidelines and convene the appropriate stakeholders to finalize the information



AB-988 required areas for CalHHS and 988 state advisory group recommendations

2

Maintenance of an active agreement with the administrator of the National Suicide Prevention for participation within the network

	_		
Next steps	.		
N/A			



	AB-988 required areas for CalHHS and 988 state advisory group recommendations Next steps		
3	Compliance with state technology requirements or guidelines for the operation of 988	Finalize benchmarking of state technology requirements against current state	



AB-988 required areas for CalHHS
and 988 state advisory group
recommendations

State governance structure to support the implementation and administration of crisis services accessed through 988 Next steps
Determine state governance

structure per what is discussed in AB-988



	AB-988 required areas for CalHHS and 988 state advisory group recommendations	Next steps Develop high-level training		
5	988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors	Develop high-level training standards and staffing targets for 988 and confirm hypothesis with stakeholders		



AB-988 required areas for CalHHS and 988 state advisory group recommendations	Next steps	
Access to crisis receiving and stabilization services and triage and response to warm handoffs from 911 and 988 call centers	Determine additional data needed on access to essential crisis services	



AB-988 required areas for CalHHS and 988 state advisory group recommendations

7

Resources and policy changes to address statewide and regional population needs for behavioral health crisis services Next steps Landscape assessment of current statewide and regional policies regarding coverage, rates, service definitions, and others needed to facilitate access, quality, and quality of crisis services



AB-988 required areas for CalHHS
and 988 state advisory group
recommendations ¹

8 Statewide and regional **public communications strategy** informed by National Suicide Prevention Lifeline and SAMHSA

Next steps
Use documented key
considerations and national
best practices to determine
California's guiding principles
for a public communications
strategy



AB-988 required areas for CalHHS and 988 state advisory group recommendations¹

9

Statewide **provision of mobile crisis team services** that are offered 24/7/365, can respond to individuals in crisis in a timely manner, [and] are able to respond to clearly articulated suicidal or behavioral health contacts made or routed to 988

Next steps

Meet with the DHCS to monitor how counties are expanding these teams as part of current and future funding investments



AB-988 required areas for CalHHS and 988 state advisory group recommendations¹



Quantifiable goals for the provision of statewide and regional BH services

Next steps	
Confirm potential metrics with stakeholders	



AB-988 required areas for CalHHS
and 988 state advisory group
recommendations ¹



Process for establishing outcome measures, benchmarks, and improvement targets for 988 [crisis] centers

Next steps

Apply gathered observed practices from other states to existing California system



AB-988 required areas for CalHHS and 988 state advisory group recommendations¹



Findings from comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded **Next steps** Determine what additional findings are needed in addition to existing DHCS

BH Needs Assessment



AB-988 required areas for CalHHS
and 988 state advisory group
recommendations ¹



Procedures for **determining annual budget for purpose** of establishing the rate of the 988 surcharge and how revenue will be dispersed [sic] to fund the 988 system

Next	steps

Develop high-level hypothesis on the budgeting process



and	988 required areas for CalHHS 988 state advisory group mmendations ¹	Next steps
servi inclue	egies to support the BH crisis ice system is adequately funded, ding mechanisms for oursement	Determine high-level guiding principles based on the key considerations for commercial coverage found in the blueprint

1



Key 2023 Revisions to AB 988

Revise definition of 988 to conform to federal requirements

• The addition of "and with the capacity to connect callers to behavioral health crisis services" goes beyond the federal 9-8-8 requirement. TBL conforms the 9-8-8 definition to the federal requirements.

Remove requirement that 988 surcharge revenue is to be used solely for the operations of 988 centers and mobile crisis teams

- TBL would instead allow the 988 surcharge revenue to be used to pay state departments for their costs in administering the 988 Suicide and Crisis Lifeline before further disbursement
- Although there is no hard line prohibition on using the 9-8-8 surcharge for mobile crisis teams responding to/dispatched directly by a 9-8-8 hotline call, the Federal Communications Commission (FCC) may promulgate regulations for the 9-8-8 statute in a similar manner for 9-1-1 fees, which could limit the 9-8-8 surcharge expenditures. Therefore, proposes to apply appropriate guardrails pending FCC rulemaking (GC Section 53123.4(b)(2)).

Key 2023 Trailer Bill Revisions to AB 988

- "Behavioral health contacts made or routed to 9-8-8" is too broad and does not align with DHCS' definition of mobile crisis. An individual who is not in crisis and calls 9-8-8 does not need a mobile crisis team to respond. Additionally, an individual in crisis who calls 9-8-8 do not always require a mobile crisis team to respond. TBL clean up has been made to these sections.
- Align required commercial health plan coverage with services covered under Medi-Cal plans
- Clarify that health plans must cover all 988-related pre-stabilization services, regardless of medical necessity determination
- Extend deadline for five-year implementation plan from December 2023 to December 2024
- Extend timeline for CalHHS Policy Advisory Group through January 1, 2025



CalHHS Next Steps

- Publish and disseminate the Plan in 2023
- Leverage Plan to address CalHHS responsibilities as part of AB-988, including development of 5-Year Implementation Plan
- Continue to support CalOES as member of Technical Advisory Board
- Convene 988 Policy Advisory Group in Summer 2023 and begin developing required recommendations for 5-Year Implementation Plan
- Budget Proposal and Clean-Up TBL



Questions and Discussion

For additional information:

CalHHS Crisis Care Continuum – Plan webpage

BHTF 2022 Review and Plans for 2023

ORIT KALMAN, SAC STATE



BHTF GOALS AND 2022 BHTF ENGAGEMENT

Goal 1. Ground truth the State's behavioral health agenda

Goal 2. Uplift constituency voices

Goal 3. Promote learning to expand collective understanding of behavioral health issues facing the State

Goal 4. Advance approaches that are creative, responsive, and coordinated



Provide input in key policy areas • CYBHI – input on desired outcomes CCC-P Creative Solutions to Building Out the Crisis Care Continuum CCC-P standards for access to basic behavioral health crisis care services Expand understanding in key areas Children and Youth Behavioral Health Initiative (CYBHI) ○ Crisis Care Continuum and 988 Fetal Alcohol Spectrum Disorder • Substance Use Disorder Efforts Cannabis-Related Efforts Fentanyl-Related Efforts • Contingency Management

2023 APPROACH TO BHTF ENGAGEMENT

Quarterly Workshop

- 2.5- to 3-hour input meeting.
- Review topics related to Agency and/or Department work
- Engage BHTF members in highlevel discussions on the topic to solicit input and inform and ground truth Agency work.

Quarterly Lunch & Learn

- 1-1.5-hour information sharing meeting.
- Informational
- Deep dive into cuttingedge/innovative topics, identified by Agency/Depts

California Health & Human Services Agency

Information sharing that considers different perspectives including: research, advocacy/lived experience, policy, and best practices.

&

PUBLIC COMMENTS



CLOSING THOUGHTS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS



NEXT STEPS

2023 BHTF QUARTERLY MEETINGS

- June 13th
- September 12th
- December 12th

UPCOMING LUNCH & LEARN

Stay tuned

FOLLOW UP ON BHTF MEETING

- Meeting evaluation
- Meeting summary, recording, and materials

