BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

January 17, 2024

CalHHS
California Health & Human Services Agency

WELCOME & INTRODUCTIONS

MARK GHALY, SECRETARY, CalHHS

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THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person people: wait for mic to speak
- All: Identify yourself as you start to speak – people may not see you
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Remote people: 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

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THIS IS A HYBRID MEETING (cont'd.)

- **MEMBERS OF THE PUBLIC** will be invited to participate during public comments period at the end of the meeting.
- For additional feedback, please email: BehavioralHealthTaskForce@chhs.ca.gov

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ELEMENTS FROM BHTF GUIDING PRINCIPLES AND COMMITMENT TO ENGAGEMENT

- ✓EQUITY: STRIVE TO EXAMINE AND ACT IN AN EQUITABLE AND INCLUSIVE MANNER
- ✓RESPECT: ACTIVELY LISTEN, INVOLVE ALL
- ✓STAY FOCUSED ON THE AGENDA
- ✓ANCHOR DISCUSSIONS IN A PERSON-CENTERED APPROACH
- ✓WORK TO REDUCE STIGMA
- ✓THINK INNOVATIVELY AND WELCOME NEW IDEAS

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MEETING AGENDA

10:00 Welcome and Introductions & Getting to Know Each Other

10:35 Justice-Impacted Population: Behavioral Health Challenges and Opportunities

11:35 Group Discussion

12:00 Lunch Break

1:00 Updates on 988-Crisis Policy Advisory Committee

2:05 Review and Debrief Lunch & Learn: Street Medicine

2:25 Updates on CYBHI

2:40 BHTF Member Updates

2:50 Public Comment

3:00 Adjourn

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GETTING TO KNOW EACH OTHER: SPEED NETWORKING

ARIEL AMBRUSTER and JULIA CSERNANSKY, MEDIATOR/FACILITATORS, SACRAMENTO STATE UNIVERSITY

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CHOOSE A TOPIC TO SHARE ABOUT YOURSELF

- What encouraged you to get involved with the BHTF?
- What is something you'd like others to know about you?

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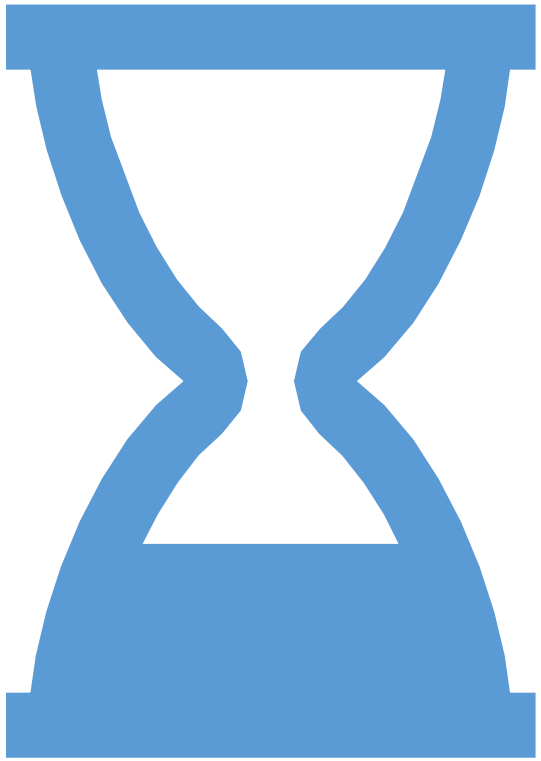
ONE MINUTE LEFT – TIME TO WRAP UP!



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JUSTICE-IMPACTED POPULATION: BEHAVIORAL HEALTH CHALLENGES AND OPPORTUNITIES

PANEL CONVERSATION

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California Health & Human Services Agency

Justice-Impacted Population: Behavioral Health Challenges and Opportunities

Introduction

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

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Justice-Impacted Population: Behavioral Health Challenges and Opportunities

Brenda Grealish

Executive Officer, Council on Criminal Justice and Behavioral Health

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CCJBH
Council on Criminal Justice and Behavioral Health
20 YEARS
of building bridges to prevent incarceration

California's Current Landscape of Justice Involvement for Individuals with Behavioral Health Needs

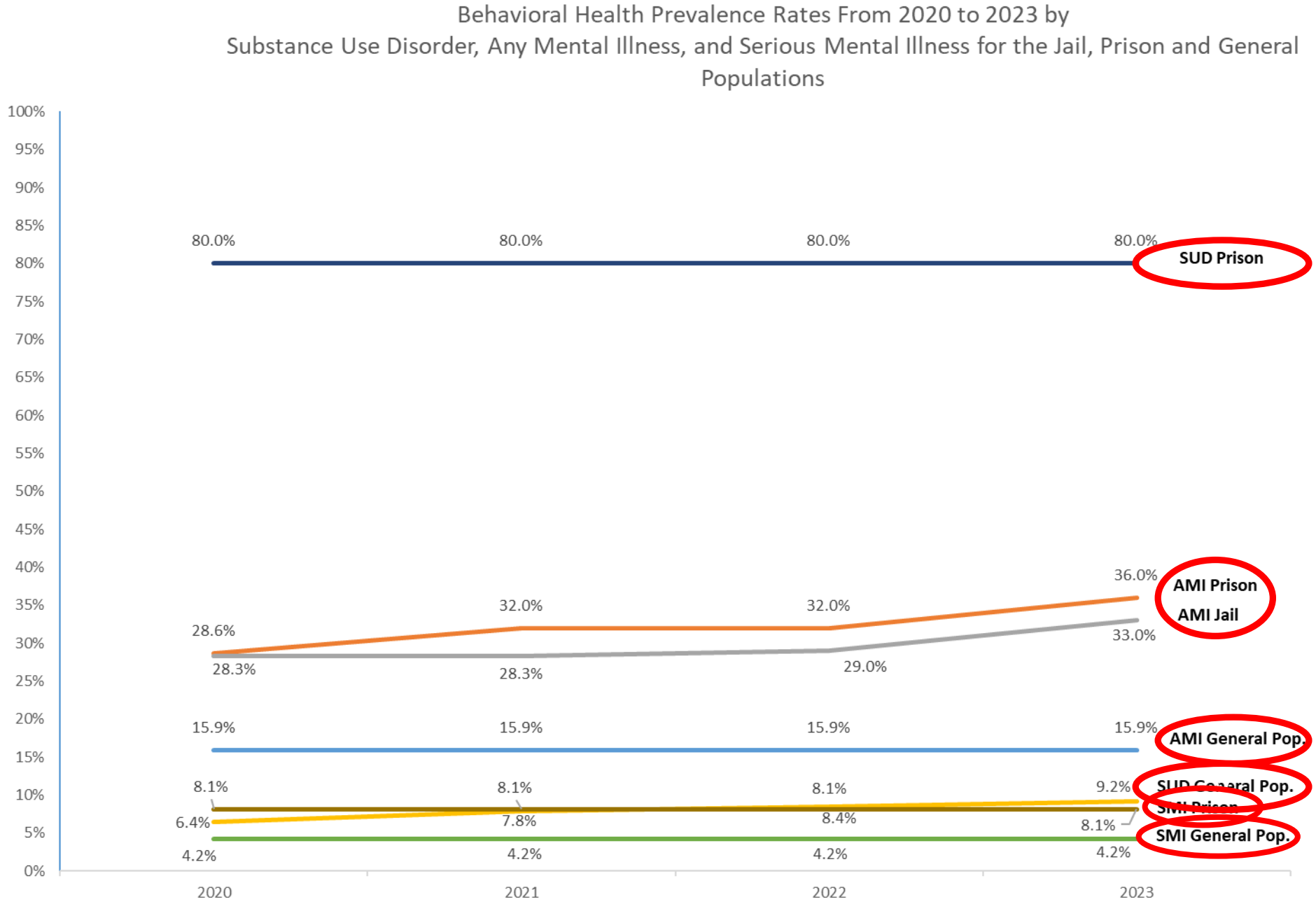
A Presentation to the
CalHHS Behavioral Health Task Force
January 17, 2023

Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Jeff Macomber
California Department of Corrections and Rehabilitation (CDCR)

CCJBH Overview

- Established by California Penal Code Section 6044(a), the Council on Criminal Justice and Behavioral Health (CCJBH) is a 12-member council, chaired by the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and co-chaired by the Directors of the Department of State Hospitals and Department of Health Care Services.
- Remaining members are appointed expert representatives from the criminal justice and behavioral health fields such as probation, court officers, and mental health care professionals.
- CCJBH serves as a resource to assist and advise the Administration and Legislature on best practices to reduce the incarceration of youth and adults with mental illness(es) and substance use disorders (SUDs), with a focus on prevention, diversion, and reentry strategies.
- More information about CCBJH, including publications, may be found About Page.

Overrepresentation of BH in CA Jails and Prisons



CDCR-DHCS Medi-Cal Utilization Project (1/4)

- The CCJBH Medi-Cal Utilization Project (MCUP) monitors enrollment into Medi-Cal, including selection of Medi-Cal Managed Care Plans (MCP), as well as access to and utilization of Medi-Cal behavioral health services for people releasing from CDCR who suffer from mental illness(es) and/or substance use disorders (SUDs).
- Most individuals released from CDCR are enrolled into Medi-Cal within one year (85 percent for those released in FY 2018-19).
- Of the individuals enrolled into Medi-Cal, the time to select a Managed Care Plan was as follows:
    - 32% selected a plan within one month
    - 70% within three months
    - 79% within six months
    - 83% within one year

CDCR-DHCS Medi-Cal Utilization Project (2/4)

- In line with DHCS's behavioral health services reporting, service utilization is measured in terms of penetration rates, indicating utilization of one or more (1+) services, and engagement rates as a subset of penetrations rates, indicating utilization of five or more (5+) services.
- For individuals released from CDCR in FY 2018-19 who were enrolled into Medi-Cal, the demographic characteristics and behavioral health services utilization rates (within two years of release) are as follows:
  - 52% had an identified **SUD** designation at release
    - 23% SUD service penetration
    - 12% SUD service engagement
    - 8% Specialty Mental Health Services (SMHS) penetration
    - 4% SMHS engagement

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STATE OF CALIFORNIA

CDCR-DHCS Medi-Cal Utilization Project (3/4)

- 19 percent had a **co-occurring SUD and mental health** designation at release
  - 35% SUD service penetration
  - 17% SUD service engagement
  - 33% SMHS penetration
  - 20% SMHS engagement
- 7 percent had a **mental health disorder** designation at release
  - 39% SMHS penetration
  - 27% SMHS engagement
  - 28% SUD service penetration rate
  - 12% SUD service engagement rate
- 22 percent had no/unknown identified behavioral health need at release

For more information, see the 20th Annual CCJBH Legislative Report.

CDCR-DHCS Medi-Cal Utilization Project (4/4)

In Sum:

- CCJBH remains concerned with the low utilization rates of Medi-Cal behavioral health services for individuals released from prison with identified behavioral health needs who are enrolled into Medi-Cal.
- To better understand low utilization of services, CCJBH partnered with the California State University, Sacramento, to conduct listening sessions for individuals with lived experience in the justice system and having a behavioral health condition (the results of these sessions will soon be published to the CCJBH website).

Parolee's Need for Housing (1/2)

- Point-in-time data from CDCR indicate that, of the 31,752 individuals who were on parole on June 30, 2022, 83 percent (n=26,430) were not homeless or residing in a shelter (i.e., transient). That said, 17 percent (n=5,322) were transient. Of those who were transient:
  - 73 percent (n=3,879) had an identified behavioral health need at the time of their release.
    - 36 percent (n=1,941), left prison with a SUD only.
    - 25 percent (n=1,319), had a co-occurring mental health and SUD:
      - ✓75 percent (n=995) had a Correctional Clinical Case Management (CCCMS) designation.
      - ✓25 percent (n=284) had an Enhanced Outpatient Program (EOP) designation.

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STATE OF CALIFORNIA

Parolee's Need for Housing (2/2)

- 12 percent (n=619), had a mental health designation only and within that group:
  - ✓75 percent (n=484) were CCCMS.
  - ✓25 percent (n=118) were EOP.
- 27 percent (n=1,443) had no identified behavioral health need.

**Comparable statewide data are not available for individuals release from CDCR onto Post-Release Community Supervision.*

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STATE OF CALIFORNIA

Considerations/Opportunities (1/2)

- There is a critical need to be aware of and focus on:
  - Stigma…and the barriers that result!
  - Consumer mis/distrust, as well as voice and choice. There is a need for sincere compassion when serving individuals with behavioral health (BH) needs who are, or at risk of becoming, justice involved (JI; referred to as the BH/JI population).
  - Implementation of the recent investments to ensure that the BH/JI population can and will benefit (e.g., CalAIM, CARE, criminal justice system diversion, Behavioral Health Bridge Housing, BH-CONNECT). Multi-system coordination, and greater/focused consumer education on available services and navigation support, are key!

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STATE OF CALIFORNIA

Considerations/Opportunities (2/2)

- Ensuring that a portion of the workforce expansion efforts will result in adequately trained staffing to support the BH/JI population (i.e., skilled BH workers who know how to provide community-based services individuals with SMI and/or mod/severe SUD).

- See CCJBH's past Annual Legislative Reports for specific recommendations on how to best serve the BH/JI population.

Upcoming Events

Juvenile Justice Workgroup

February 16, 2024, 12:45 PM – 2:45 PM

Diversion/Reentry Workgroup

February 16, 2024, 3:00 PM – 5:00 PM

CCJBH Full Council Meeting

March 22, 2024, 2:00 PM – 4:30 PM

An in-person location is also available for all CCJBH meetings at:
1515 K St. Suite 550, Sacramento, CA 95814

Please visit our website at https://www.cdcr.ca.gov/ccjbh/

Email us at CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, go to Get Updates.

THANK YOU!

Justice-Impacted Population: Behavioral Health Challenges and Opportunities

Sydney Armendariz
Chief of Justice Involved Re-Entry Services, Department of Health Care Services CalAIM Justice-Involved Initiative

CalHHS
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California CalAIM 1115 Demonstration: Justice-Involved Initiative

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

January 2023

National and State of California Context

Focus on California

- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by **63%**[5]
- California's correctional health care system drug overdose rate for incarcerated individuals is **3x** the national prison rate[6]
- Among justice-involved individuals, 2 of 3 individuals incarcerated in California have high or moderate need for substance use disorder treatment[7]

Sources:

[5] The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019

[6] Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System, 2018

[7] Improving In-Prison Rehabilitation Programs, Legislative Analyst's Office; The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019

Stronger Connections to Medicaid Coverage at Reentry Can Support People with Mental Health and Substance Use Conditions

Expanding coverage and access to care at reentry holds potential to improve health outcomes and reduce the risk of reincarceration

- Research shows that access to Medicaid benefits during this crucial period can advance peoples':
  - Ability to maintain continuity of care
  - Adherence to treatment
  - Management of chronic health and behavioral health conditions
  - Access to other services such as housing and employment
  - Overall chance of achieving successful long-term stability

Source:

Winkelman, T.N.A., Kieffer, E.C., Goold, S.D., Morenoff, J.D., Cross, K., & Ayanian, J.Z. (2016). Health Insurance Trends and Access to Behavioral Healthcare Among Justice-Involved Individuals—United States, 2008–2014. Journal of General Internal Medicine, 31, 1523–1529.

Mallik-Kane, K., & Visher, C.A. (2007). Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. The Urban Institute Justice Policy Center.

Barnert, E.S., Scannell, C., Ashtari, N., & Albertson, E. (2021). Policy Solutions to End Gaps in Medicaid Coverage during Reentry after Incarceration in the United States: Experts' Recommendations. Z Gesundh Wiss; 30(9):2201-2209.

CalAIM 1115 Demonstration Rationale and Goals

National Context for California's 1115 Demonstration Request (1/2)

Until now, due to a provision of federal Medicaid law known as the "inmate exclusion," inpatient hospital care was the only service that could be covered by Medicaid for individuals considered an "inmate of a public institution."

- In 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) which requires HHS to provide guidance to states on how to seek 1115 demonstration authority to waive the inmate exclusion to improve care transitions to the community for incarcerated individuals.
- Prior to HHS' release of guidance, California, along with 14 other states, submitted 1115 demonstration requests to provide pre-release services to justice-involved populations.

National Context for California's 1115 Demonstration Request (2/2)

- California has received approval to authorize federal Medicaid matching funds for select Medicaid services for eligible justice-involved individuals in the 90-day period prior to release from incarceration in prisons, county jails, and youth correctional facilities.

California is the first state in the nation to get federal approval to provide pre-release services.

Objectives of Providing Services Prior to Release (1/2)

By bridging relationships between community-based providers and justice-involved populations prior to release, California seeks to improve the chances these individuals receive stable and continuous care in the most appropriate and cost-effective settings.

Under the Justice-Involved Initiative, California expects to achieve the following goals:

- ☑ **Increase Medi-Cal coverage**, continuity of coverage, and appropriate service uptake.
- ☑ **Improve access** to services prior to release and improve transitions and continuity of care into the community upon release.
- ☑ **Improve coordination and communication** between correctional systems, State and county systems, managed care plans and community-based providers.

Objectives of Providing Services Prior to Release (2/2)

- ☑ **Increase investments** in health care and related services in order to maximize successful reentry post release.
- ☑ **Improve connections** between carceral settings and community services upon release to address physical health, behavioral health, and health related social needs.
- ☑ **Provide intervention** for certain behavioral health conditions and use stabilizing medications with the goal of reducing decompensation and deaths.
- ☑ **Reduce post-release acute care utilizations** such as ED visits and inpatient hospitalizations and all-cause deaths

Rationale for Providing Pre-Release Services

The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a reentry care plan for their community-based care prior to release.

This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the State's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.

With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

Justice-Involved Initiative Goals (1/2)

The demonstration approval represents a first-of-its-kind section initiative, focused on improving care transitions for incarcerated individuals.

With the implementation of this demonstration, DHCS hopes to achieve the following:

Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.

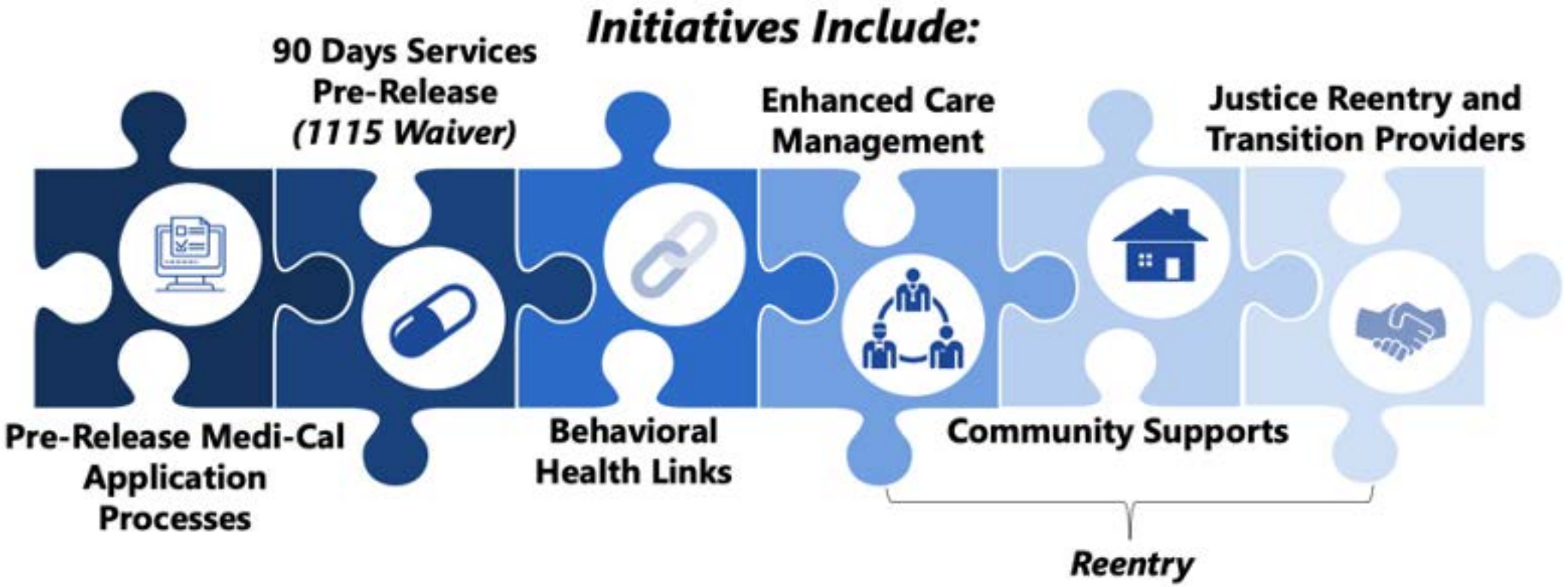
Justice-Involved Initiative Goals (2/2)

Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.

Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

CalAIM justice-involved initiative support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Eligibility Criteria, Covered Services and Capacity Funding

Justice-Involved Initiative Timeline

January 1, 2023

- Pre-Release Medi-Cal Application Mandate: **requires all counties to** facilitate enrollment in Medi-Cal for individuals who are incarcerated

January 1, 2024

- Enhanced Care Management for the Population of Focus for Adults and Youth who are transitioning from incarceration

October 1, 2024-September 30, 2026

- 2-Year Period for Correctional Facilities to Go Live with 90-Day Pre-Release Services
- Correctional Facilities will have a six-month readiness assessment review and approval process prior to the go-live date.

Eligible Correctional Facilities

- State law requires the following correctional facilities to provide Medi-Cal services in the 90-days prior to release:
  - State Prisons
  - County Jails, Detention Centers, Detention Facilities
  - County Youth Correctional Facilities
- Pre-release services will only be provided to individuals prior to leaving a correctional facility and reentering the community.
- 90-Day Pre-Release Services do **not** include:
  - State forensic mental health hospitals (i.e. Department of State Hospital facilities)
  - City Jails
  - Federal Prisons

Eligibility Criteria for Pre-Release Services (1/3)

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)

Eligibility Criteria for Pre-Release Services (2/3)

- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

Note: *All Medi-Cal/CHIP eligible youth incarcerated at a youth correctional facility are eligible to receive pre-release services and do not need to demonstrate a health care need.*

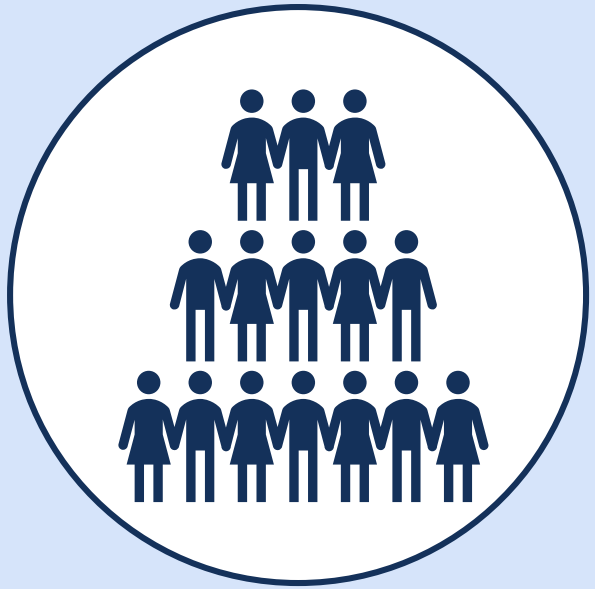
Eligibility Criteria for Pre-Release Services (3/3)

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Covered Pre-Release Services (1/2)

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medication assisted treatment/medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.

Covered Pre-Release Services (2/2)

In addition to the pre-release services specified above, qualifying individuals will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

Behavioral Health (BH) Links (1/2)

To promote continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals/links to post-release behavioral health providers and share information with the individual's health plan.

BH Links Requirements:

To operationalize behavioral health links for individuals who will receive services through SMHS/MHPs, DMC, and DMC-ODS, DHCS has laid out the following minimum requirements for CFs, county behavioral health agencies, and pre-release care management providers/post-release ECM providers:

Behavioral Health (BH) Links (2/3)

Correctional Facilities (CF)

- Leverage existing processes to screen and identify individuals who may qualify for a BH link.
- County CFs will be expected to screen for this need at intake; CDCR will be expected to leverage existing treatment plans to screen for need.

Pre-Release Care Manager

- Review all available records related to the individual's behavioral health care.
- If a screening was not already performed, complete the standardized behavioral health screening to identify behavioral health needs.
- Determine if a BH link is needed
- Build the care plan.

Behavioral Health (BH) Links (3/3)

County Behavioral Health Agency

- Enter into agreements or amend current agreements as needed, by mutual consent, with the CFs to provide or support in-reach provision of pre-release services related to reentry behavioral health treatment.
- Within 14 days prior to release (if known) and in coordination with the pre- and/or post-release care manager:
  - Ensure processes are in place for a professional-to-professional clinical handoff between the correctional behavioral health provider, a county behavioral health agency provider, and the member (as appropriate).

Behavioral Health Links minimum requirements are detailed in **Section 11.4 of the Policy and Operational Guide. Source:** CA Penal Code 4011.11(h)(5)

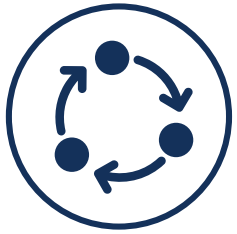
Providing Access and Transforming Health (PATH) Capacity Building Program (1/2)

The approved CalAIM 1115 waiver authorized $410 million for PATH Justice-Involved Capacity Building Program to support collaborative planning and IT investments intended to support implementation of pre-release and reentry planning services in the 90 days prior to release.

Funding from the PATH Justice-Involved Capacity Building Program provided implementation grants to the following eligible entities:

- County Sheriff's Offices to support county jails
- County Probation Offices to support youth correctional facilities
- California Department of Corrections and Rehabilitation (CDCR) to support state prisons
- County Behavioral Health Agencies to support behavioral health links

Providing Access and Transforming Health (PATH) Capacity Building Program (2/2)



Funding is intended to support eligible entities as they stand-up processes, protocols, and IT system modifications that are necessary to implement or modify processes to support the provision of pre-release services.

Applications for PATH Funding were due July 2023. Additional detail on PATH applications can be found on the DHCS Justice-Involved Initiative website PATH JI Initiative.

Questions?

CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

DHCS

Sources From Health Care Needs for Justice-Involved Populations (1/2)

Sources:

1. Five Ways the Criminal Justice System Could Slow the Pandemic
2. Release from Prison — A High Risk of Death for Former Inmates
3. How Have States Addressed Behavioral Health Needs through the Justice Reinvestment Initiative?
4. Release From Prison — A High Risk of Death for Former Inmates
5. The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019

Sources From Health Care Needs for Justice-Involved Populations (2/2)

Sources:

6. Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System, 2018

7. Improving In-Prison Rehabilitation Programs, Legislative Analyst's Office; The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019

Rationale for Provision of Services in the 90 Days Prior to Release (1/3)

The intent of the 90-day pre-release window is to give DHCS and corrections facilities enough time to enroll individuals in Medi-Cal, screen for access criteria for the pre-release services, assign a care manager, meaningfully engage with the individual, and set up medications and DME for release.

Building Trusted Relationships

The 90-day period allows a care manager to visit multiple times with the individual while they are incarcerated. This ensures enough time to:

- Develop a transition plan with care manager and individual
- Coordinate care
- Support stabilization upon re-entry
- Build familiarity and trust in a way that ensures continuity once an individual reenters the community

Rationale for Provision of Services in the 90 Days Prior to Release (2/3)

Pre-Release Management and Stabilization

The 90-day period allows for:

- Better management of ambulatory care sensitive conditions (e.g., diabetes, heart failure, and hypertension) which could reduce post-release acute care utilization
- Stabilization of treatment regimens (e.g., injectable long-acting anti-psychotics and medications for addiction treatment) that could reduce decompensation and overdoses post-release

Rationale for Provision of Services in the 90 Days Prior to Release (2/3)

Connecting to Services Post-Release

The 90-day period allows for:

- Sufficient time to coordinate seamless hand-offs to community-based physical and behavioral health treatment, and supportive social services upon re-entry.
- Adequate time for the coordination and provision of durable medical equipment (oxygen, wheelchairs, wound care supplies) for post-release
- Adequate time for data sharing with managed care plans to enable seamless hand-offs

DHCS understands that many individuals will not have a known release date, and many will be released in less than 30 days. DHCS will work with correctional facilities to implement a short-term model that aims to provide services immediately.

Mental Illness and Substance Use Disorder (1/3)

Qualifying Criteria	Definition
Mental Illness	A person with a "Mental Illness" is a person who is currently receiving mental health services or medications OR meets both of the following criteria: i. The individual has one or both of the following: a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities; AND/OR b. A reasonable probability of significant deterioration in an important area of life functioning; AND

Mental Illness and Substance Use Disorder (2/3)

Qualifying Criteria	Definition
Mental Illness	ii. The individual's condition as described in paragraph (i) is due to either of the following: a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; OR b. A suspected mental disorder that has not yet been diagnosed.

Mental Illness and Substance Use Disorder (3/3)

Qualifying Criteria	Definition
Substance Use Disorder	A person with a "Substance Use Disorder" shall either: i. Meets SUD criteria, according to the criteria of the current editions of the Diagnostic and/or Statistical Manual of Mental Disorders and/or the International Statistical Classification of Diseases and Related Health Problems; OR ii. Has a suspected SUD diagnosis that is currently being assessed through either National Institute of Drug Abuse (NIDA)-modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), American Society of Addiction Medicine (ASAM) criteria, or other state-approved screening tool.

Chronic Condition/Significant Non-Chronic Clinical Condition (1/5)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	A person with a "Chronic Condition" or a "Significant Non-Chronic Clinical Condition" shall have ongoing and frequent medical needs that require treatment and can include one of the following diagnoses, as indicated by the individual, and may be receiving treatment for the condition, as indicated: ▪ Active cancer; ▪ Active COVID-19 or Long COVID-19; ▪ Active hepatitis A, B, C, D, or E; ▪ Advanced liver disease; ▪ Advanced renal (kidney) disease; ▪ Dementia, including but not limited to Alzheimer's disease;

Chronic Condition/Significant Non-Chronic Clinical Condition (2/5)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	▪ Autoimmune disease, including but not limited to rheumatoid arthritis, Lupus, inflammatory bowel disease, and/or multiple sclerosis; ▪ Chronic musculoskeletal disorders that impact functionality of activities of daily living, including but not limited to arthritis and muscular dystrophy; ▪ Chronic neurological disorder; ▪ Severe chronic pain; ▪ Congestive heart failure; ▪ Connective tissue disease; ▪ Coronary artery disease;

Chronic Condition/Significant Non-Chronic Clinical Condition (3/5)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	▪ Currently prescribed opiates or benzodiazepines; ▪ Currently undergoing a course of treatment for any other diagnosis that will require medication management of three or more medications or one or more complex medications that requires monitoring (e.g. anticoagulation) therapy after reentry; ▪ Cystic fibrosis and other metabolic development disorders; ▪ Epilepsy or seizures; ▪ Foot, hand, arm, or leg amputee ▪ Hip/Pelvic fracture; ▪ HIV/AIDS; ▪ Hyperlipidemia

Chronic Condition/Significant Non-Chronic Clinical Condition (4/5)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	▪ Hypertension ▪ Incontinence ▪ Severe migraine or chronic headache ▪ Moderate to severe atrial fibrillation/arrhythmia ▪ Moderate to severe mobility or neurosensory impairment (including, but not limited to spinal cord injury, multiple sclerosis, transverse myelitis, spinal canal stenosis, peripheral neuropathy); ▪ Obesity ▪ Peripheral vascular disease; ▪ Pressure injury or chronic ulcers (vascular, neuropathic, moisture-related);

Chronic Condition/Significant Non-Chronic Clinical Condition (5/5)

Qualifying Criteria	Definition
Chronic Condition/ Significant Non-Chronic Clinical Condition	▪ Previous stroke or transient ischemic attack (TIA); ▪ Receiving gender affirming care; ▪ Active respiratory conditions, such as severe bronchitis, COPD, asthma or emphysema ▪ Severe viral, bacterial, or fungal infections ▪ Sickle cell disease or other hematological disorders; ▪ Significant hearing or visual impairment; ▪ Spina Bifida or other congenital anomalies of the nervous system; ▪ Tuberculosis; or ▪ Type 1 or 2 diabetes.

I/DD, TBI, HIV, Pregnancy (1/2)

Qualifying Criteria	Definition
Intellectual or Developmental Disability	A person with an "Intellectual or Developmental Disability" is a person who has a disability that begins before the individual reaches age 18 and that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, autism, Down syndrome, and other disabling conditions as defined in Section 4512 of the California Welfare and Institutions Code.
Traumatic Brain Injury	A person with a "Traumatic Brain Injury" means a person with a traumatic brain injury or other condition, where the condition has caused significant cognitive, behavioral, and/or functional impairment.

I/DD, TBI, HIV, Pregnancy (2/2)

Qualifying Criteria	Definition
HIV/AIDS	A person with “HIV/AIDS” means a person who has tested positive for either human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) at any point in their life.
Pregnant or Postpartum	A person who is “Pregnant or Postpartum” is a person who is either currently pregnant or within the 12-month period following the end of the pregnancy.

Definitions of Covered Services (1/11)

Covered Service	Definition
Case Management	Case management will be provided in the period up to 90 days immediately prior to the expected date of release and is intended to facilitate reentry planning into the community in order to: (1) support the coordination of services delivered during the pre-release period and upon reentry; (2) ensure smooth linkages to social services and supports; and (3) and ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community. Services shall include: ▪ Conducting a health risk assessment, as appropriate;

Definitions of Covered Services (2/11)

Covered Service	Definition
Case Management	▪ Assessing the needs of the individual in order to inform development, with the individual, of a discharge/reentry person-centered care plan, with input from the clinician providing consultation services and correctional facility's reentry planning team; ▪ While the person-centered care plan is created in the pre-release period and is part of the case management pre-release service to assess and address physical and behavioral health needs and HRSN identified, the scope of the plan extends beyond release; ▪ Obtaining informed consent when needed to furnish services and/or to share information with other entities to improve coordination of care;

Definitions of Covered Services (3/11)

Covered Service	Definition
Case Management	▪ Providing warm linkages with designated managed care plan care managers (including potentially a care management provider, for which all individuals eligible for pre-release services will be eligible) which includes sharing discharge/reentry care plans with managed care plans upon reentry; ▪ Ensuring that necessary appointments with physical and behavioral health care providers, including, as relevant to care needs, with specialty county behavioral health coordinators and managed care providers are arranged; ▪ Making warm linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development, and mutual aid support groups;

Definitions of Covered Services (4/11)

Covered Service	Definition
Case Management	▪ Provide a warm hand-off as appropriate to post-release case managers who will provide services under the Medicaid state plan or other waiver or demonstration authority; ▪ Ensuring that, as allowed under federal and state laws and through consent with the individual, data are shared with managed care plans, and, as relevant to physical and behavioral health/SMI/SUD providers to enable timely and seamless hand-offs; ▪ Conducting follow-up with community-based providers to ensure engagement was made with individual and community-based providers as soon as possible and no later than 30 days from release; and

Definitions of Covered Services (5/11)

Covered Service	Definition
Case Management	▪ Conducting follow up with the individual to ensure engagement with community-based providers, behavioral health services, and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.

Definitions of Covered Services (6/11)

Covered Service	Definition
Physical and Behavioral Health Clinical Consultation Services	Physical and behavioral health clinical consultation services include targeted preventive, physical and behavioral health clinical consultation services related to the qualifying conditions. Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including: conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology, and/or medications); providing recommendations or orders for needed medications and durable medical equipment (DME) that will be needed upon release; and consulting with the pre-release care manager to help inform the pre-release care plan.

Definitions of Covered Services (7/11)

Covered Service	Definition
Physical and Behavioral Health Clinical Consultation Services	Clinical consultation services are also intended to provide opportunities for individuals to meet and form relationships with the community-based providers who will be caring for them upon release, including behavioral health providers and enable information sharing and collaborative clinical care between pre-release providers and the providers who will be caring for the member after release, including behavioral health warm linkages. Services may include, but are not limited to: ▪ Addressing service gaps that may exist in correctional care facilities; ▪ Diagnosing and stabilizing individuals while incarcerated, preparing them for release;

Definitions of Covered Services (8/11)

Covered Service	Definition
Physical and Behavioral Health Clinical Consultation Services	▪ Providing treatment, as appropriate, in order to ensure control of qualifying conditions prior to release (e.g., to suggest medication changes or to prescribe appropriate DME for post-release); ▪ Supporting reentry into the community; and ▪ Providing behavioral health clinical consultation which includes services covered in the State Plan rehabilitation benefit but is not limited to, clinical assessment, patient education, therapy, counseling, SUD Care Coordination (depending on county of residence), Peer Support services (depending on county of residence), and Specialty Mental Health Services Targeted Case Management covered in the Medi-Cal State Plan

Definitions of Covered Services (9/11)

Covered Service	Definition
Laboratory and Radiology Services	Laboratory and Radiology services will be provided consistent with the State Plan.
Medications and Medication Administration	Medications and medication administration will be provided consistent with the State Plan.
Medication-Assisted Treatment	▪ MAT for Opioid Use Disorders (OUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29)

Definitions of Covered Services (10/11)

Covered Service	Definition
Medication-Assisted Treatment	▪ MAT for Alcohol Use Disorders (AUD) and Non-Opioid Substance Use Disorders includes all FDA-approved drugs and services to treat AUD and other SUDs. ▪ Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAT for AUD and Non-Opioid Substance Use Disorders as covered in the State Plan 1905(a)(13) rehabilitation benefit, including assessment; individual/group counseling; patient education; prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT. Services may be provided by correctional facilities that are not DMC-certified providers as otherwise required under the State Plan for the provision of the MAT benefit.

Definitions of Covered Services (11/11)

Covered Service	Definition
Community Health Worker Services	Community Health Worker Services will be provided consistent with the Community Health Worker State Plan.
Services Provided Upon Release	Services provided upon release include: ▪ Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medicaid State Plan). ▪ DME consistent with Medi-Cal State Plan requirements.

Justice-Impacted Population: Behavioral Health Challenges and Opportunities

Dr. Juan Argüello

Chief Health Policy Officer, Office of Youth and Community Restoration

OYCR

CARING FOR OUR JUSTICE INVOLVED YOUTH AND FAMILIES

Dr. Juan Carlos Arguello
Chief Health Policy Officer

OYCR | Office of Youth and Community Restoration

“Beneath every behavior is a feeling. And beneath a feeling is a need. And when we meet that need rather than focusing on the behavior, we will begin to deal with the cause of the symptom.”

Ashleigh Warner

VISION

- We envision a healthy California that enables all youth to be responsible, thriving, and engaged members of their communities.

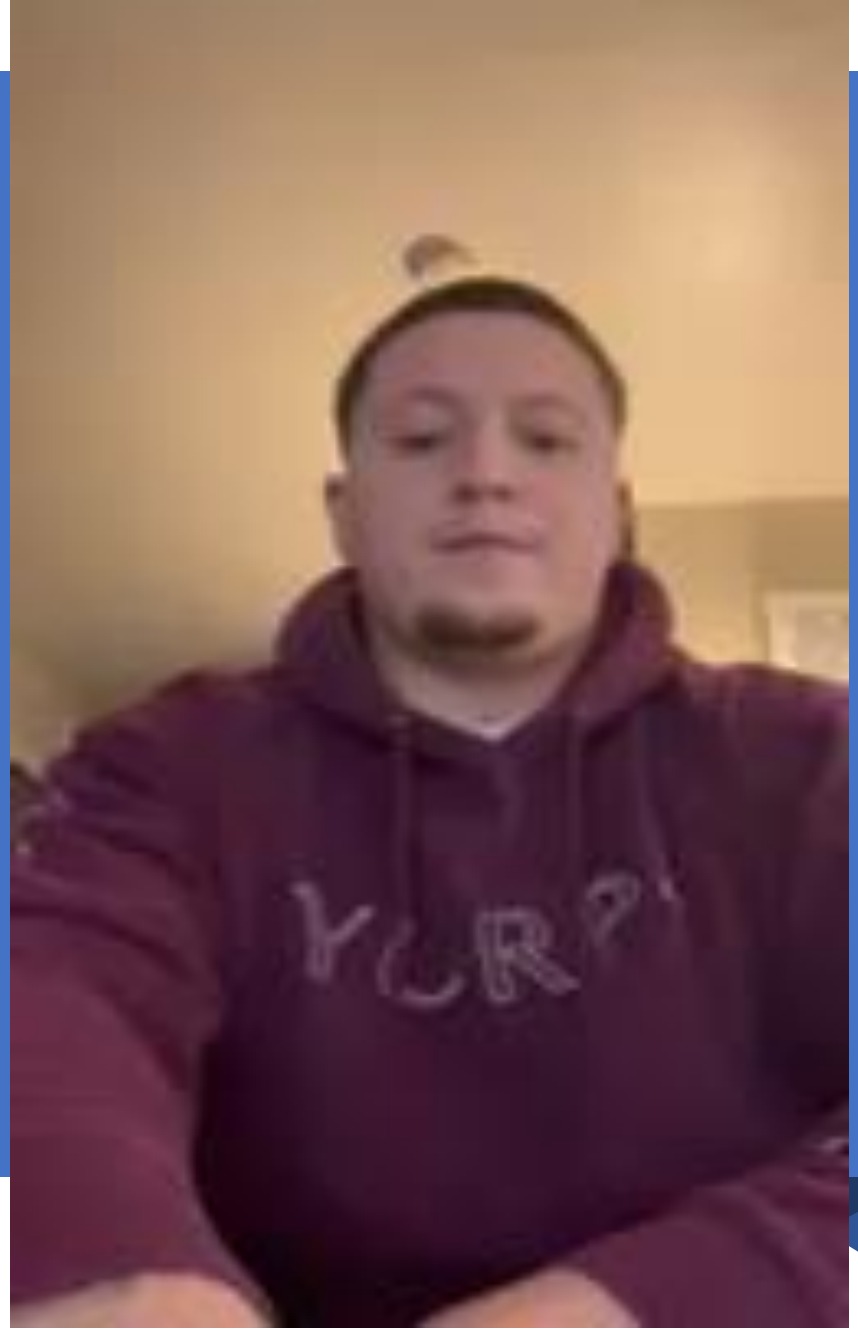
MISSION

- Promote trauma responsive, culturally informed services for youth involved in the juvenile justice system that support the youths' successful transition into adulthood.

OYCR

WHO ARE OUR YOUTH?

- IN UTERO DISTRESS
- ADVERSE CHILDHOOD EXPERIENCES/TOXIC STRESS/RECURRENT TRAUMATIC EVENTS
- FAMILY INSECURITIES: FOOD, HOME, FINANCIAL
- SOCIAL ENVIRONMENTAL FACTORS
- ACADEMIC STRUGLES / LEARNING DISABILITIES
- NEURODIVERGENT/BRAIN DAMAGE
- MENTAL ILLNESS
- USE OF SUBSTANCES BY YOUTH AND FAMILY MEMBERS
- NEGATIVE PEER INFLUENCE/LACK OF PARENTAL SUPERVISION
- LACK OF POSITIVE LIFE SKILLS/SURVIVAL MODE
- LACK OF ROLE MODELS AND MENTORS
- SCHOOL PUSH OUT
- JUSTICE INVOLVED AND OTHER SYSTEM INVOLVED
- INCARCERATED PARENT/SEPARATION FROM FAMILY AND LOVEONES



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OYCR Initiatives for Justice-Involved Youth and Families

- REHABILITATION IN LEAST RESTRICTIVE PROGRAMS
- ENDING INCARCERATION OF GIRLS
- EVIDENCE-BASED AND EMERGING PRACTICES AND PRINCIPLES

OYCR | Office of Youth and Community Restoration

Goals?

- YOUTH ADVISORY BOARD
- NEURODIVERVENT YOUTH – FASD
- SEX BEHAVIOR TREATMENT
- RISING SCHOLARS

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Goals?

- CREDIBLE MENTORS
- FAMILY ENGAGEMENT AND SUPPORT

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“A child is like a butterfly in the wind. Some can fly higher than others, but each one flies the best it can ”

Rev. Edwin Hubbell Chapin

OYCR | Office of Youth and Community Restoration

OYCR Resources for Justice-Involved Youth and Families

- ENDING INCARCERATION OF GIRLS
- EVIDENCE-BASED AND EMERGING PRACTICES AND PRINCIPLES
- NEURODIVERVENT YOUTH FASD
- SEX BEHAVIOR TREATMENT
- RISING SCHOLARS
- CREDIBLE MENTORS

Juan.arguello@hss.ca.gov | https://oycr.ca.gov

OYCR | Office of Youth and Community Restoration

Thank you

Juan.arguello@hss.ca.gov | https://oycr.ca.gov

JUSTICE-IMPACTED POPULATION: BEHAVIORAL HEALTH CHALLENGES AND OPPORTUNITIES

Group Discussion

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California Health & Human Services Agency

BHTF MEMBERS Q&A, REFLECTIONS

Questions for Group Discussion:

1. How do members see addressing this issue in your work?
2. What additional steps could you take in your current efforts to ensure the BH/JI population will benefit?

CalHHS
California Health & Human Services Agency

LUNCH BREAK

1 hour – back at 1:00 PM

CalHHS
California Health & Human Services Agency

988-CRISIS POLICY ADVISORY COMMITTEE

UPDATE AND DISCUSSION

DR. ANH THU BUI, PROJECT DIRECTOR, 988-CRISIS CARE CONTINUUM, CalHHS

CalHHS
California Health & Human Services Agency

988-Crisis Policy Advisory Group (PAG) Updates

Anh Thu Bui, M.D.
Project Director, 988-Crisis Care Continuum
Public Health Medical Administrator
California Health and Human Services Agency (CalHHS)

Person Centered. Equity Focused. Data Driven.

Presented to: Behavioral Health Task Force
January 17, 2024

Topics:

- Launch of 988-Crisis Policy Advisory Group (PAG) and work to date
- How the 988-Crisis Policy Advisory Group Interfaces with Behavioral Health Task Force (BHTF)
- Expanding the Diversity of Workgroup Membership and Outreach to Stakeholders
- How BHTF Members Can Become Involved in the 988-Crisis Work

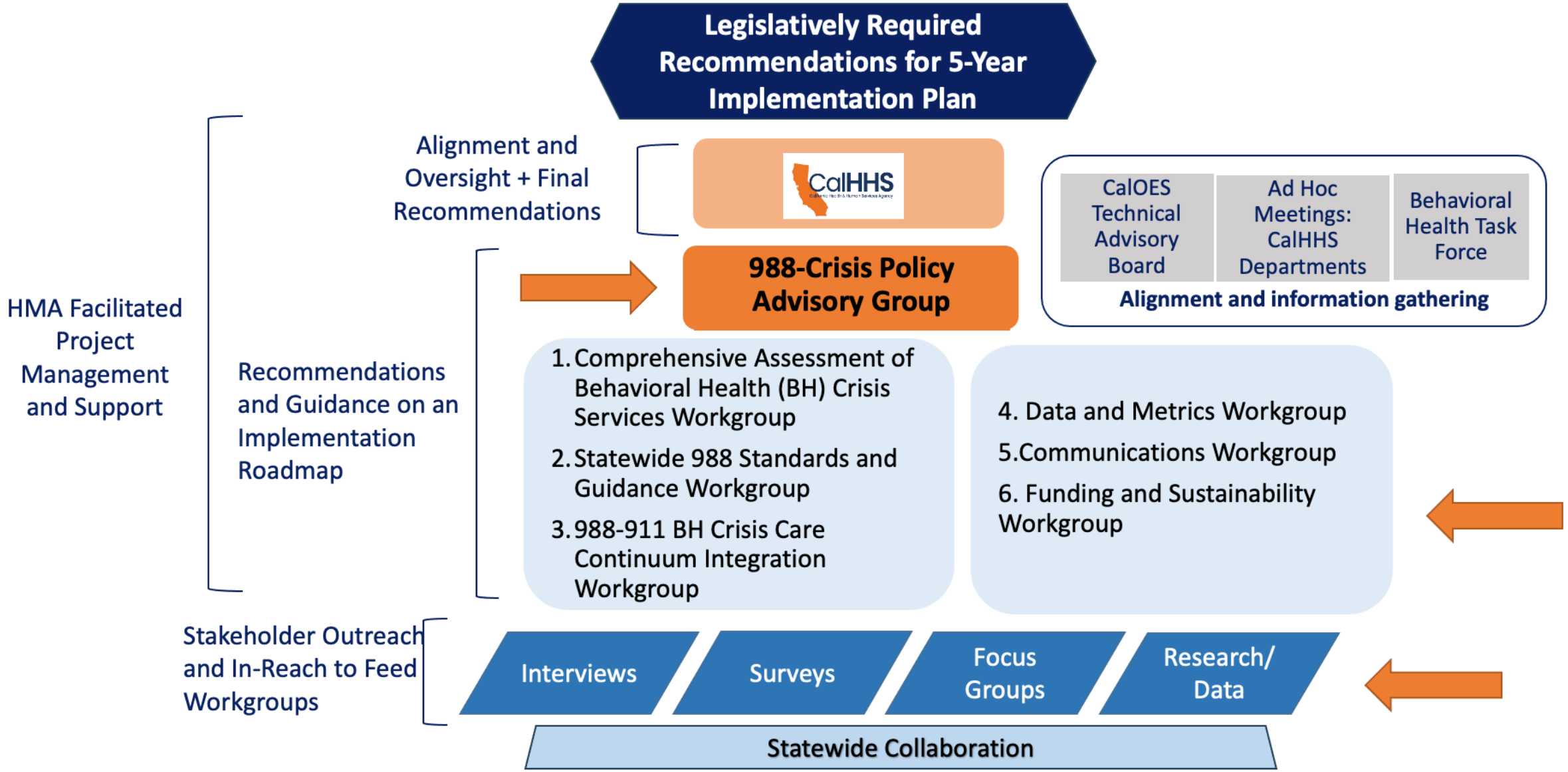
Launch of 988-Crisis Policy Advisory Group and Work To-Date

Big Picture - AB 988 Legislation

The Miles Hall Lifeline and Suicide Prevention Act was authored by Assemblymember Bauer-Kahan (AD-16) and enacted in September 2022:

- Creates the 988 State Suicide and Behavioral Health Crisis Services Fund via surcharges on telecom per access line per month
- Requires the California Governor's Office of Emergency Services (CalOES) to convene a state 988 Technical Advisory Board
- Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of recommendations for the five-year implementation plan for a comprehensive 988 system by December 31, 2024
    - AB 988 underwent further modifications in AB 118, the trailer bill that incorporates the implementing language of the California State Budget.

Big Picture – AB 988 Organizing Structure



Crisis Care Continuum Framework (1/2)

The 988-Crisis Policy Advisory Group will be using the Crisis Care Continuum Framework that is outlined in the CalHHS Behavioral Health Crisis Care Continuum Plan.

- 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, digital-self help, recovery support services, addressing stigma)
- Responding to Crisis
  - Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models

Crisis Care Continuum Framework (2/2)

- Stabilizing Crisis
  - Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care

Launch of 988-Crisis Policy Advisory Group (1/2)

- **Key Milestone:** CalHHS, with input from the Policy Advisory Group, will provide a five-year implementation plan for a comprehensive 988 system to the legislature by December 31, 2024
- **Charge of the Policy Advisory Group:** To advise CalHHS in developing recommendations for the five-year implementation plan as described in AB 988
- **Launch Meeting:** December 13, 2024
  - Orientation to the process for developing the five-year implementation plan
  - Discuss Policy Advisory Group Charter
  - Gathered input to inform key questions and issues for workgroups

Launch of 988-Crisis Policy Advisory Group (2/2)

- **Anticipated Meeting Dates (10am-3pm)**
  - February 7
  - April 24
  - June 26
  - August 14
  - September 18
  - November 20

988-Crisis Workgroups (1/3)

14 Requirements per AB 988

1: Federal Substance Abuse and Mental Health Services Administration requirements and national best practices guidelines for operational and clinical standards, including training requirements and policies for transferring callers to an appropriate specialized center, or subnetworks, within or external to, the National Suicide Prevention Lifeline network.

2: Maintenance of an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network.

3: Compliance with state technology requirements or guidelines for the operation of 988.

4: A state governance structure to support the implementation and administration of behavioral health crisis services accessed through 988.

5: 988 infrastructure, staffing, and training standards that will support statewide access to crisis counselors through telephone call, text, and chat, 24 hours per day, seven days per week.

6: Access to crisis stabilization services and triage and response to warm handoffs from 911 and 988 call centers.

988-Crisis Workgroups (2/3)

7: Resources and policy changes to address statewide and regional needs in order to meet population needs for behavioral health crisis services.

8: Statewide and regional public communications strategies informed by the National Suicide Prevention Lifeline and the Substance Abuse and Mental Health Services Administration to support public awareness and consistent messaging regarding 988 and behavioral health crisis services.

9: Recommendations to achieve coordination between 988 and the continuum of behavioral health crisis services. Recommendations shall address strategies for verifying that behavioral health crisis services are coordinated for a timely response to clearly articulated suicidal or behavioral health contacts made or routed to 988 services as an alternative to a response from law enforcement, except in high-risk situations that cannot be safely managed without law enforcement response and achieving statewide provision of connection to mobile crisis services, when appropriate, to respond to individuals in crisis in a timely manner.

10: Quantifiable goals for the provision of statewide and regional behavioral health crisis services, which consider factors such as reported rates of suicide attempts and deaths.

11: A process for establishing outcome measures, benchmarks, and improvement targets for 988 centers and the behavioral health crisis services system. This may include recommendations regarding how to measure, the feasibility of measuring 988 system performance, including capacity, wait time, and the ability to meet demand for services for 988 State Suicide and Behavioral Health Crisis Services Fund fund recipients. This may also include recommendations for how to determine and report the amount billed to and reimbursed by Medi-Cal or other public and private health care service plans or insurers related to 988 services.

988-Crisis Workgroups (3/3)

12: Findings from a comprehensive assessment of the behavioral health crisis services system that takes into account infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for all of the following:

A: Statewide and regional 988 centers.
B. Mobile crisis team services, including mobile crisis access and dispatch call centers.
C: Other existing behavioral health crisis services and warm lines.
D: Crisis stabilization services.

13: Procedures for determining the annual operating budget for the purposes of establishing the rate of the 988 surcharge and how revenue will be dispersed to fund the 988-system consistent with Section 53123.4 and Section 251a of Title 47 of the United States Code.

14: Strategies to support the behavioral health crisis service system is adequately funded, including mechanisms for reimbursement of behavioral health crisis response pursuant to Sections 1374.72 and 1374.721 of the Health and Safety Code, including, but not limited to:

A: To the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized, seeking to maximize all available federal funding sources for the purposes of behavioral health crisis services and administrative activities related to 988 implementation, including federal Medicaid reimbursement for services; federal Medicaid reimbursement for administrative expenses, including the development and maintenance of information technology; and federal grants.
B: Coordinating with the Department of Insurance and Department of Managed Health Care to verify reimbursement to 988 centers for behavioral health crisis services by health care service plans and disability insurers, pursuant to Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code and consistent with the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. Sec. 1185)

CalHHS

AB 988 Workgroups (1/2)

#1 Comprehensive Assessment of BH Crisis Services Workgroup

- 7
- 12

#3 988-911 BH Crisis Care Continuum Integration Workgroup

- 6
- 7
- 9

#5 Communications Workgroup

- 8

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AB 988 Workgroups (2/2)

#2 Statewide 988 Standards and Guidance Workgroup

- 1
- 2
- 3
- 5

#4 Data and Metrics Workgroup

- 10
- 11

#6 Funding and Sustainability Workgroup

- 4
- 13
- 14

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Launching Workgroups Soon (1/2)

About the 988-Crisis Workgroups

Six Workgroups are being formed to provide guidance and summaries of critical information for the 988-Crisis Advisory Group related to the 14 topics outlined in AB 988. The first three Workgroups will launch in January, with the remaining three launching in late spring. This phased approach helps to ensure that insights, recommendations, and questions from Phase 1 inform Phase 2 discussions.

988-Crisis Workgroups

Phase 1: January - April

1. **Comprehensive Assessment of BH Crisis Services**
2. **Statewide 988 Standards and Guidance**
3. **988-911 BH-CCC Integration**

Cal HHS

Launching Workgroups Soon (1/2)

988-Crisis Workgroups

Phase 2: May - August

4 **Data and Metrics**

5 **Communications**

6 **Funding and Sustainability**

How 988-Crisis Policy Advisory Group Interfaces with Behavioral Health Task Force

The Interface between Behavioral Health Task Force and 988-Crisis Policy Advisory Group (1/2)

Behavioral Health Task Force

- Inform the work on behavioral health issues across the state
- Had significant input on the development of the Behavioral Health Crisis Care Continuum Plan (CCC-P)

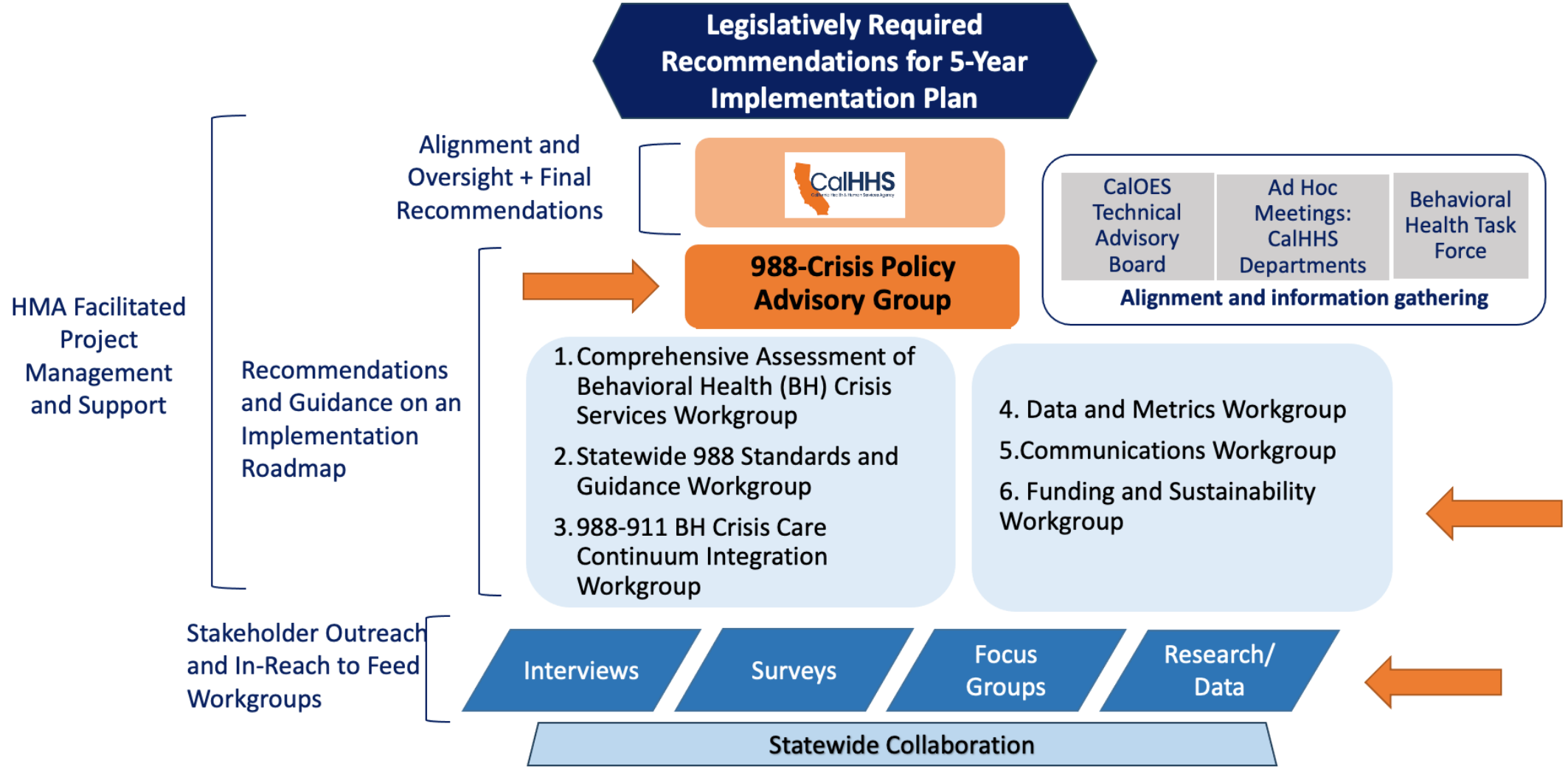
BHTF will continue to be a significant stakeholder in providing input on the Crisis System and supporting the work of the 988-Crisis Policy Advisory Group

988-Crisis Policy Advisory Group

- CalHHS, with input from the Policy Advisory Group, will provide a five-year implementation plan for a comprehensive 988 system to the legislature by December 31, 2024

There are seven members of the BHTF who also serve on the PAG

The Interface between Behavioral Health Task Force and 988-Crisis Policy Advisory Group (2/2)



Expanding the Diversity of the 988-Crisis Workgroups and Outreach to Stakeholders

Expanding our Reach to Include Populations of Focus

Populations of focus outlined in the Behavioral Health Crisis Care Continuum Plan:

- LGBTQ+ youth
- Individuals with intellectual and/or developmental disabilities (IDD)
- Individuals who are deaf or hard of hearing
- Veterans
- American Indian/Alaska Native and other native populations
- Individuals with specific language needs
- Older adults
- System-impacted youth
- Black, indigenous, and people of color (BIPOC)

Expanding our Reach ctd.

How does the previous slide look?

What populations are missing from the list?

- Consider populations that experience high rates of suicide, substance use disorder, overdose/overdose deaths, face inequities in the behavioral health system, etc

Discussion

From the BHTF's diverse expertise and perspectives, what suggestions do you have about:

- How to engage with populations of focus in the process ***overall***
- "Going to" populations of focus to gather their perspectives and input, examples include:
  - Going to existing forums to engage and gather input
    - e.g. youth council, a standing committee within an association or state agency, coalition of specific groups
  - Groups/individuals to hold a focus group on specific topics
    - Lived experience with substance use or suicide attempt survivors

Discussion ctd.

How can we build an approach to best address the needs of populations of focus?

How BHTF Members Can Become Involved in the 988-Crisis Work

How You and/or Your Network Can Volunteer

You or your network can

- **Volunteer to participate in a Workgroup**
  - Complete the "Workgroup Statement of Interest Questionnaire" located at the link **or** participate as a member of the public
- **Sign up for AB 988 notices** that will provide 988-Crisis updates as well inform about upcoming engagement opportunities (e.g. focus groups, surveys)
  - *For more information or to be added to the AB 988 Mailing List, please email AB988Info@chhs.ca.gov*

We will send a follow-up e-mail with the above information

- Please forward to individuals in your network that you think would be interested in these engagement activities

Cal HHS

For more information about 988-Crisis Policy Advisory Group link here or please email AB988Info@chhs.ca.gov

REVIEW and DEBRIEF LUNCH & LEARN: STREET MEDICINE

BRETT FELDMAN and JOSEPH BECERRA, USC STREET MEDICINE

CalHHS
California Health & Human Services Agency

Street Medicine

Joseph Becerra, Lead CHW, USC Street Medicine

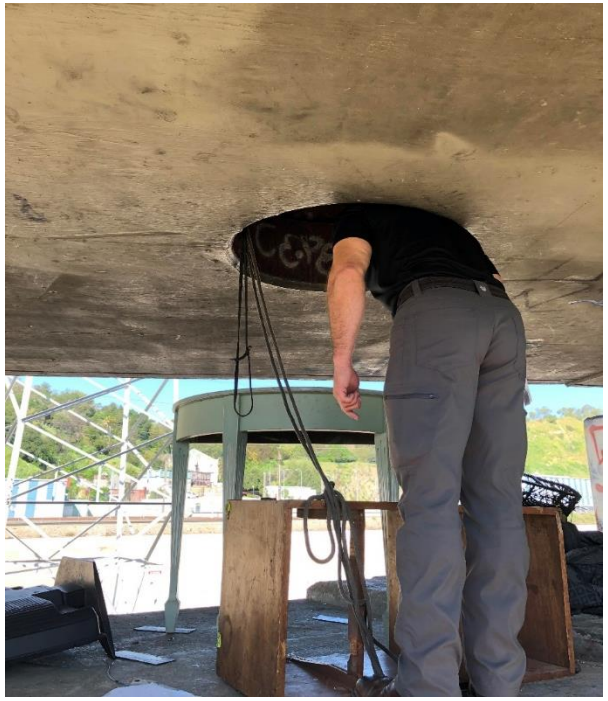
Brett J. Feldman, MSPAS, PA-C, Director of USC Street Medicine

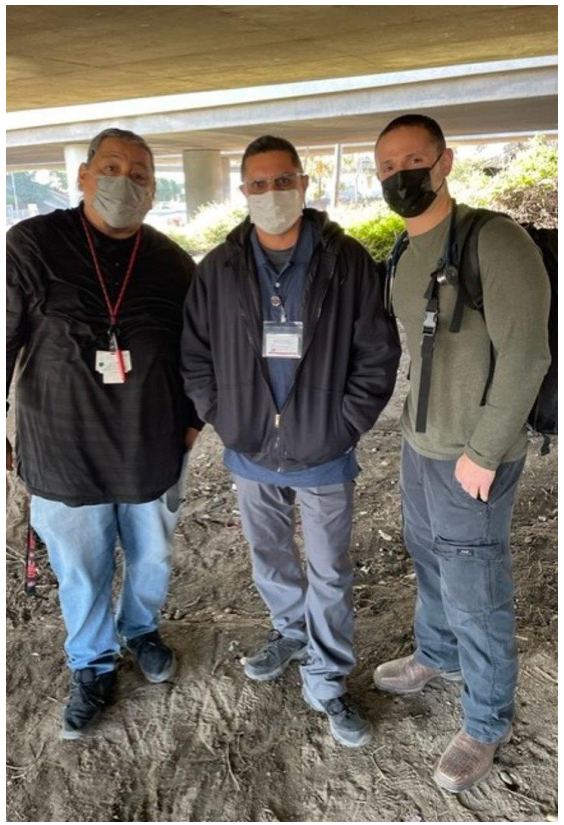
Keck Medicine of USC

What is Street Medicine?

What is Street Medicine?

- Provides healthcare to people experiencing homelessness where they are
- Care performed on the street/ under bridges/parks
- Connected to the health system
- Done through walking rounds/backpack medicine
- “Go to the People”





Go to the People … Then Go Where They Go

- Continuity care from hospital to the street
- Primary Care
- Street HIV care
- Treat mental health and addiction
- Catalyst for housing

Keck Medicine of USC

Opportunities for 2024

- Delegated Models limit access to Medically Necessary Services
  - Street Medicine APL 22-023 permits Direct Access, but MCOs not implementing
  - Impacts 85% of unsheltered in LA
- Training Street Medicine PCPs in street behavioral health for mild-moderate illness
  - Supported by consulting Street Psychiatrists
  - How to sustain with Behavioral Health carve-out when not DMH?
- Statewide growth catalyzed by short-term funding
  - Rates must be addressed for long-term sustainability
  - Street medicine bundle (PCP+ MH+ non-PCP MNS)

BHTF MEMBERS Q&A, REFLECTIONS

Questions for the Group:

1. How do members see incorporating this issue into their work?
2. How can we raise awareness about this innovative approach?

CalHHS
California Health & Human Services Agency

UPDATES ON CYBHI

SHEELA ABUCAY KAMARA, OFFICE OF STRATEGIC PARTNERSHIPS, DHCS

DR. SOHIL SUD, MD, MA, DIRECTOR, CYBHI

CalHHS
California Health & Human Services Agency

Sheela Abucay Kamara

Behavioral Health Digital and Operations Section, Office of Strategic Partnerships, DHCS

CYBHI Behavioral Health Virtual Services Platform(s)

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

January 2024

Overview

On January 1, 2024, DHCS launched two statewide behavioral health virtual services platforms to provide free (regardless of payer), app-based behavioral health services and wellness supports for children and youth, ages 0-25, and their families.

DHCS is partnering with two vendors, Brightline (serving parents/caregivers and children ages 0-12) and Kooth (serving youth ages 13-25) to launch the digital tools.

Behavioral Health Platform Introduction - YouTube

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

BrightLife Kids and Soluna - Core Services Overview (1/2)

- Professional Coaching: Live 1:1 (or 2:1 for younger children and parents/caregivers) coaching sessions through in-app chat or video visits. Telephone coaching will also be available in all Medi-Cal threshold languages with the assistance a Language Line interpreter.
- Educational Content: Age-tailored educational articles, videos, podcasts, and stories.
- Assessments and Tools: Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.

BrightLife Kids and Soluna - Core Services Overview (2/2)

- Care Navigation Services: Self-service searchable directory (via Find Help) of local behavioral health resources and live care navigation support to connect users to the individual's health plan (when applicable), school-based services, or to a network of CBOs affiliated with each vendor.
- Peer Communities: Pre-moderated forums and programs to connect users with other youth or caregivers.
- Crisis and Safety Protocols: Crisis and emergency safety resources for platform users in crisis.

BrightLife Kids

A CalHOPE program by Brightline

Demo Video

Virtual mental health care for kids & families

soluna

a CalHOPE Program by Kooth

Demo Video

CalHOPE.org is the Landing Page

CYBHI Updates

[CYBHI 2023 Annual Report]

CYBHI Updates

December 8, 2023 • Recordings

Quarterly Public Webinar

Watch the recording to get an update on the progress the CYBHI and its workstreams are making to transform the way California meets the behavioral health needs of our children, youth and families.

CYBHI | Progress & Updates

CYBHI Quarterly Public Webinar

December 18, 2023 • Reports & White Papers

Evaluating California's Children and Youth Behavioral Health Initiative (CYBHI)

In late 2022, CalHHS partnered with Mathematica to conduct an independent, third-party evaluation of the CYBHI. In this brief document, you can find information on the evaluation's components and the initiative's 15 outcome objectives.

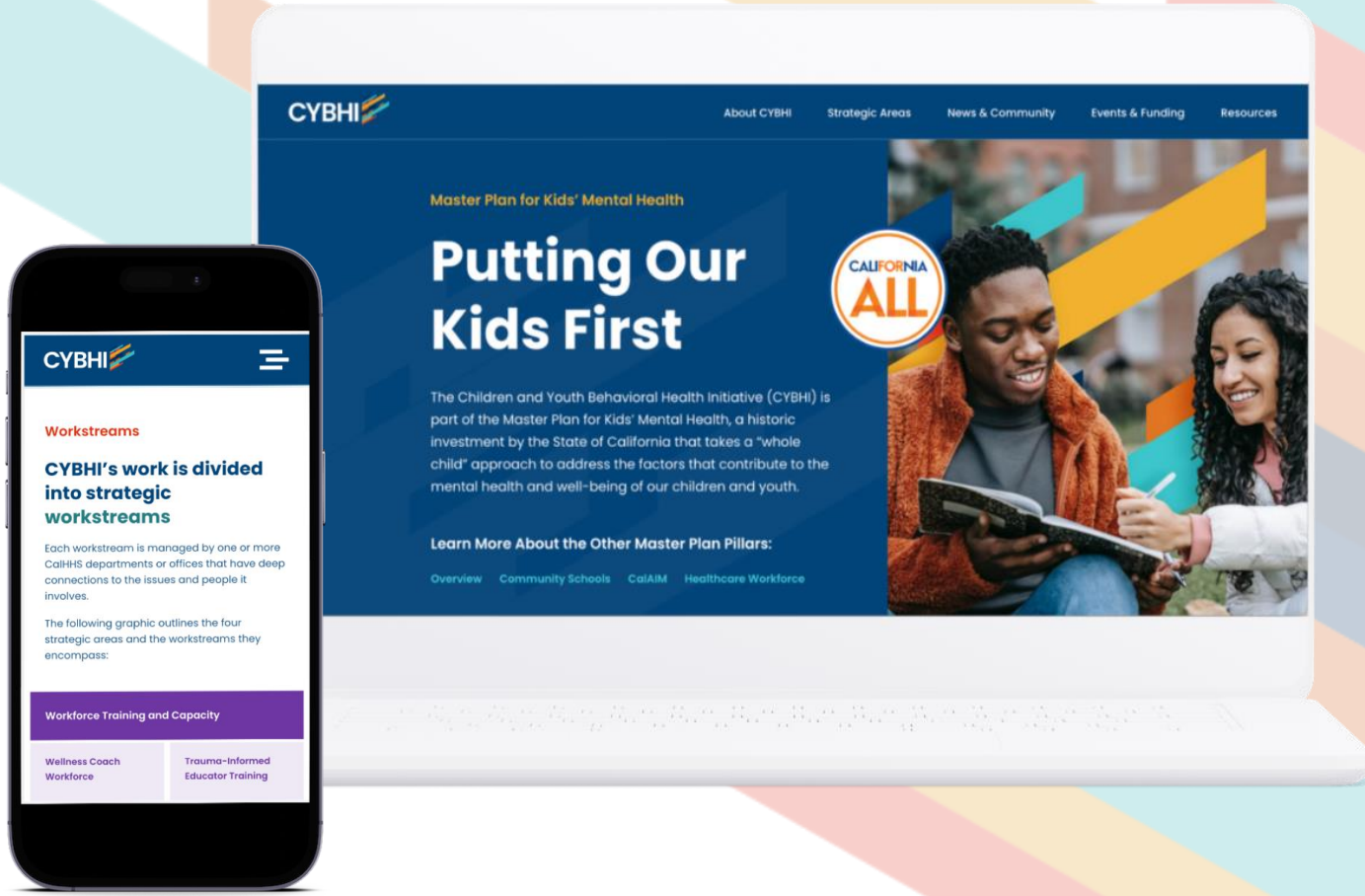
CYBHI Evaluation

CYBHI December 2023 Monthly Newsletter

Behavioral Health Platform Introduction Video

Learn more about CYBHI

- **CYBHI Website:**
  - Centralizes Information
  - Progress Updates
  - Workstream Pages
  - News and Community Impact Page
  - Email Sign-up
  - Mobile-friendly



[CYBHI Website]

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BHTF MEMBER UPDATES

CalHHS
California Health & Human Services Agency

PUBLIC COMMENTS

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California Health & Human Services Agency

CLOSING THOUGHTS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (1/2)

UPCOMING LUNCH & LEARN

- March 6

NEXT QUARTERLY MEETING

- April 10thth

REMINDER: All 2024 BHTF Quarterly Meetings Are Now *Hybrid*

- August 28th
- November 13th

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation: https://forms.gle/yLBbXbwo7YQiDoBK7
- Meeting summary, recording, and materials will be posted on the BHTF Website (https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/)

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Thank you!

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BHTF Meeting Evaluation Form

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