



Behavioral Health Task Force Meeting

March 9, 2021

California Health and Human Services Agency

Person Centered. Data Driven.



Roll Call and Virtual Meeting Protocols

Stephanie Welch, Deputy Secretary

California Health and Human Services Agency

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Meeting Protocol for the Task Force

- **We have a new platform – Zoom for Government!**
- **Meeting is being recorded**
- **BHTF MEMBERS:**
 - **Stay ON MUTE** when not speaking
 - **Please turn on your camera and engage**
 - **Use chat for additional conversation**

Instructions for the Breakout Session will be covered later

Meeting Protocol for Stakeholders

MEMBERS OF THE PUBLIC:

- You will be muted unless it is time for public comment
- During public comment, please use the “raise hand function” and you will be unmuted in order to make comments
- Please state your name and affiliation prior to public comment
- Please be succinct, and comments can also be emailed to BehavioralHealthTaskForce@chhs.ca.gov



Task Force Meeting Agenda

- 1. Welcome and Opening Comments (10:00)**
- 2. Taskforce Update and Meeting Objectives (10:15)**
- 3. Break Out Session (10:30)**
- 4. Report Out and Discussion From Breakouts (11:45)**
- 5. Next Steps (12:30)**
- 6. Public Comment (12:45)**
- 7. Adjourn**



Welcome and Opening Comments

Secretary Mark Ghaly, M.D., M.P.H.

Surgeon General Nadine Burke Harris, M.D, M.P.H., F.A.A.P.

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Taskforce Update and Meeting Objectives

Stephanie Welch, MSW, Deputy Secretary

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Taskforce Update

COVID is an Accelerant for Change:

Pandemic illustrated gaps in our system and issues to prioritize – seek equity and justice in design and delivery.

Focus on getting through the pandemic and its aftermath by highlighting emerging evidence of where the need is greatest and identifying effective responses.

Identify strategies to support the most vulnerable but also prevent the development of more serious and disabling behavioral health challenges.

Develop actionable and measurable goals.

Taskforce Update

Focus of Current Work:

Strengthening Prevention and Early Intervention Strategies Across the Lifespan

Improving Services for Vulnerable/ High Risk Populations (i.e. at risk youth, individuals who are homeless or at risk of homelessness, and individuals who are justice-involved or at-risk of such involvement)

Reducing Racial/Ethnic/Cultural Inequities & Disparities

CHHS Initiatives and Reports to Inform BHTF:

Initiatives

- [California Advancing and Innovation Medi-Cal \(CaAIM\)](#)
- [California Healthy Places Index](#)
- [California Reducing Disparities Project](#)
- [Continuum of Care Reform](#) and [Systems of Care](#)
- [DSH Diversion Program](#)
- [Strengthening Mental Health and Substance Use Parity Law and Compliance](#)

Reports

- [Master Plan on Aging](#)
- [The Roadmap for Resilience and ACES AWARE](#)
- [Master Plan for Early Learning and Care](#)

Themes and Highlights from Questionnaire

Challenges to the availability of behavioral health (BH) services due to the COVID-19 pandemic and resulting fiscal and social impacts

ACCESS

- Digital Divide/Telehealth is not working for everyone especially the most vulnerable (older adults, disabled, homeless, justice involved, LGBTQ+, TAY) and black, indigenous and people of color (BIPOC)
- Increased demand with less access & workforce shortages

Poverty and Lack of Equity in BH

- The marginalized have become more disenfranchised
- BH was not prioritized/ lack of understanding how the pandemic impacted systems

Lack of Integrated and Coordinated Care

- Social welfare, health and BH, public safety, education, etc., need to work better together
- The Continuum of Care has significant gaps

Themes and Highlights from Questionnaire

Significant challenges to increasing equity in access to and quality of BH services for diverse constituencies.

- BH system is not aligned (funding, facilities, medical model) with the way communities want to receive care
- Not enough diversity in leadership and decision-making bodies
- Stigma towards seeking care but also distrust of the BH system to appropriately care for diverse communities
- Existing workforce does not reflect the diversity of California, have the language capacity or skills to engage and serve disenfranchised groups - BIPOC, LGBTQ+, justice-involved, the disabled, etc.
- Few efforts to direct funds toward community-defined evidence practices (CDEPs) for BIPOC and LGBTQ+ communities
- Digital “deserts” - lack of technology, broadband and/or transportation needed to access services

Themes and Highlights from Questionnaire

Actions to take immediately to address challenges

- Prioritize BH consumers & providers for COVID-19 relief (i.e. vaccines, housing relief)
- Statewide public information campaign paired with culturally responsive outreach efforts to engage individuals in services
- Sustain and expand current flexibilities to ease the delivery of care, address reimbursement issues w/ telehealth, invest in strategies to shrink the digital divide, including accessibility of services
- Dedicate resources to address disparities with culturally appropriate services, & fund community-defined practices
- Build a diverse workforce skilled to work in settings across the BH continuum, and capable of coordinating with systems – education, social welfare, public safety, etc.
- Use quantifiable outcomes to measure equity and reduce disparities (provide incentives and enforce sanctions)

Themes and Highlights from Questionnaire

Immediate Action to Meet the Moment for BH - Prevention and Early Intervention Across the Lifespan

- Improve access to SUD services through especially for youth: more harm reduction approaches, increased funding for SUD services, contingency management and a focus on methamphetamines
- Expand the array of PEI services that can be claimed within Medi-Cal.
- Expand services to students, families and older adults, all of whom have experienced significant anxiety, isolation and loss during the pandemic (i.e. universal BH screenings)
- Double down on suicide prevention efforts (especially for older adults and youth) and investments in the crisis care continuum
- Enforce Mental Health Parity
- Invest in justice involvement prevention programs for youth to prevent first interactions with law enforcement and justice systems

Themes and Highlights from Questionnaire

Immediate Action to Meet the Moment for BH - Services for Vulnerable/ High Risk Populations

- Prioritize these populations for housing and housing supports including Project Homekey and Roomkey. Invest in a variety of options beyond permanent supportive housing and rental assistance such as sober living and residential facilities for intermediate care needs.
- Create a framework that sets expectations for BH crisis continuum development, requiring service alternatives to emergency rooms, police responders and involuntary detention. Publish each county's continuum of care compared against that recommended framework along with each county's rates of involuntary detention.
- Incarcerated individuals need to receive timely behavioral health assessments with identified release plans targeting their needs.

Themes and Highlights from Questionnaire

Immediate Action to Meet the Moment for BH - Reducing Racial/ Ethnic/ Cultural Inequities & Disparities

- Require performance targets/incentives to plans/providers to reduce inequities and disparities, targeting those BIPOC communities with the greatest inequities/lack of access
- Reimburse more community defined evidence practices under Medi-Cal, provide state resources to evaluate these programs
- Invest in Community Health Workers/ Promotoras to help bring hard to reach communities into care and undue stigma around BH services.
- Build awareness and application of Cultural Proficiency and trauma informed practices
- Invest in programs like Mental Health First (Sacramento), which encourages a non-police response to mental health crises
- Invest and partner with CCC to recruit and retain a diverse workforce

Breakout Session Purpose

Primary Purpose - members to share their individual ideas as well as discuss, and potentially come to some consensus on group responses.

Secondary Purpose - members to have an opportunity to get to know each other since we have primarily only met virtually.

Outcome: Individual, group and public comments will be incorporated into a written document for dissemination as well as for future taskforce activities.

Breakout Session Instructions

Every taskforce member will be assigned to 1 of 3 breakout groups.

Developed groups with diverse interests and perspectives.

Groups will have 1 hour and 15 minutes to work as a team to complete the questionnaire that each of member was asked to complete and submit prior to the meeting.

We turned the questionnaire into worksheet to complete as a group with the aid of a facilitator. Please volunteer for a recorder and reporter.

There are 4 questions, please take roughly 15 minutes to complete each one and that still provides wiggle room for additional discussion, or a stretch break before coming back to the full taskforce meeting, etc.

Breakout Session Instructions

IT staff will put you into your breakout room – you don't need to do anything.

Members of the public we encourage you to complete the questionnaire that is posted online ([BHTF Questionnaire](#)) and we will also put the link into the chat box.

Completed forms can be emailed to the BHTF general email box:
BehavioralHealthTaskForce@chhs.ca.gov

Once we reconvene we will have a report out session, followed by time for questions and discussion.



Breakout Session Report Out and Discussion

Taskforce Members

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Next Steps and Discussion

Taskforce Members

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Public Comment

Stephanie Welch, MSW, Deputy Secretary

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Adjourn

Next Task Force Meeting: June 8, 2021

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