

November 4, 2024, 3 p.m. – 4 p.m. Pacific Daylight Time (PST)

Total Registrants: 470, Unique Viewers: 256

Question 1

Early Intervention services for children and youth is an integral part of the Behavioral Health Services and Support (BHSS) funding. What models and services have been effective in serving this population?

Participant Responses

Common Themes

- » **Models and Services:** Community-defined evidence practices (CDEP) and school based services are effective. Programs, such as Parents as Teachers, Triple P, and attachment-related services, that focus on the relationship between child and parent/caregiver are noted. Participants also highlighted functional family therapy, an evidence-based practice suitable for children. Crisis and respite care programs for foster families, families of children and youth, and caregivers are practical.
- » **Community and Family Engagement:** Public listening session participants recommend peer support services for high school and college-age youth, along with programs that include family members/caregivers, especially for the 0-5 age group. Group developmental playground and mentoring services are suggested.
- » **Targeted Interventions for At-Risk Youth:** Manage and adapt practices for skill-building. Create services targeting youth developing or at risk of developing a first episode of psychosis.

Other Responses

- » **Integrated and Accessible Services:** Host a 24-hour hotline with texting features to provide immediate support and accessibility. Integrate screening, assessments, and immediate handoffs to behavioral health clinicians within the primary care setting.

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Question 2

Besides the broad categories of outreach, access, linkages, and services and supports, are there other categories of Early Intervention that DHCS should consider?

Participant Responses

Common Themes

- » **Outreach and Engagement:** Consider methods to attract and retain participants in communities of color, community partnerships, and trusted stakeholders. Train different levels of staff, including police and peer support workers. Support the sustainability of training programs.
- » **Services and Supports:** Support counties partnering with community-based organizations and trusted stakeholders for effective service delivery. Create linkages between various support systems and access to services. Address geographic limitations, especially in rural areas. Provide a range of services, including crisis and relapse prevention, respite care, and digital mental health literacy, with a special focus on maternal well-being and children and youth mental health. Provide school-based interventions and 24-hour residential treatment for transitional age youth.
- » **Social Drivers of Health:** Address environmental trauma, housing stability, and social drivers that impact mental health. Establish peer-run crisis stabilization houses and wellness support phone lines that are not crisis-focused. Provide home retention and early stable housing to prevent crises and post-crisis services for grief and loss. Implement peer psychoeducation regarding trauma, peer support, and outreach.

Other Responses

- » **Targeted Programs for Specific Populations:** Develop targeted interventions for unhoused individuals. Support youth mentoring programs and other initiatives. Incorporate technology-based interventions to enhance mental health literacy and support for specific populations.

Question 3

Are there any additional considerations DHCS should add for inclusion in the biennial evidence-based practices (EBP) and CDEP list?

Participant Responses

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Common Themes

- » **Diversity, Inclusivity, and Community Engagement:** Recognize that diverse populations are the majority in California, and not all EBPs are appropriate for diverse communities. Consider age groups, including transitional age youth and aging/older adults. Strategize for effective outreach within communities. Peer operated wellness and recovery services should be fundable as an EBP.
- » **Training, Competency, and Trauma-Informed Care:** Support extensive training and fidelity for certain EBPs. Train administrators to be trauma-informed for staff. Require staff to become competent in implementing EBPs and CDEPs.
- » **Implementation and Workforce Challenges:** Analyze workforce challenges in the implementation of EBPs. Require infrastructure for implementing EBPs and CDEPs. Understand the differences between remote and in-person practices.
- » **Data, Fidelity, and Specific Programs:** Streamline data reporting regarding fidelity. Recognize the challenges in obtaining fidelity, such as the need for continuous treatment over extended periods. Include specific programs like Mental Health First Aid, Positive Parenting Program, 24/7 Dad, and traditional healing practices.

Other Responses

Sustainable Practices and Language Access: Provide access to language services and sustainable funding to conduct multilingual services.

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Question 4

Are there other workforce, education, and training (WET) activities that DHCS should consider including in the proposed policy?

Participant Responses

Common Themes

- » **Support for Peers and Family Members:** Provide training and support programs for peers and family members working in the public behavioral health system. Offer equitable compensation and career growth opportunities for peers in the system. Support hiring and training for peers, specifically through peer certification programs.
- » **Educational and Financial Support:** Use WET funds to cover education and tuition costs for bachelor's and master's degrees. Incorporate stipends and loan repayment programs, including administrative staff pursuing behavioral health education. Reimburse the differential pay for providing acute crisis services and working after hours. Host community-led activities, such as trainings, summits, and conferences, for workforce development. Include education and training programs within the justice system.
- » **Recruitment and Career Development:** Create high school pipeline activities to educate students about careers in behavioral health and help grow the community workforce. Provide leadership training to support succession planning for county leadership positions. Implement mentor programs to support new recruits and existing staff. Provide mileage reimbursement and compensation/stipends for internship programs. Pay for graduate school on a contract basis, requiring employees to stay for a specified period (e.g., 3-5 years).

Other Responses

- » **Aide for Underserved and Special Populations:** Provide funding for underserved workforce members with disabilities and specific funding for deaf employees to have interpreters as partners in the workplace.

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Question 5

What other types of allowable expenditures should DHCS consider for Capital Facilities and Technological Needs (CFTN)?

Participant Responses

Common Themes

- » **Technology-Based Interventions:** Consider funding for smartphone app licenses and Wi-Fi hotspots. Suggest technology to support the implementation of software that aids in the development of the National Committee for Quality Assurance data systems. Upgrade technology and equipment to facilitate hybrid meetings, including updating buildings to ensure accessibility. Propose data automation and interoperability between the state and providers.
- » **Access to Services:** Provide funds for Wi-Fi acquisition to individuals and families to increase access to services. Update signage at county buildings to include non-English languages. Offer tablets and phones, allowing for easier access to technology.
- » **Infrastructure:** Create a health plan infrastructure, such as a single point of access or clinical care management platform. Offer funding to support innovation in Behavioral Health Transformation. Provide more resources and information on the concurrence with intellectual development and health plan infrastructure.

Other Responses

- » **Residential and Community Sites:** Propose funding for residential sites for Clubhouses. Include landscaping and beautification costs for new projects to benefit community acceptance. Provide clarification on the proportion of funds a county can use for capital. Restrict the use of funds for involuntary treatment facilities.

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