



Behavioral Health Stakeholder Advisory Committee Meeting

October 28, 2020



Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your lines when not speaking.
- For questions or comments, email: BehavioralHealthSAC@dhcs.ca.gov



Welcome and Introductions



Director's Update



COVID-19 Updates



Medi-Cal COVID-19 Update

The federal public health emergency (PHE) declaration:

- On October 2, 2020, U.S. HHS issued a renewal of the PHE for a full 90-day extension through January 21, 2021.
- Previous extensions of the COVID-19 PHE only came within days of the expiration date.
- On September 15, 2020, CA's State Medicaid Director, Jacey Cooper, formally wrote to HHS Secretary Azar requesting at least three to six months notice prior to ending the PHE.



Medi-Cal COVID-19 Update

The federal PHE declaration:

- DHCS has already obtained more than 50 programmatic flexibilities through CMS—many of which expire at the end of the PHE, and some have explicitly approved waiver periods.
- These flexibilities impact Medi-Cal eligibility, health care service delivery (e.g., telehealth), provider reimbursement, and many other aspects of the program.



Medi-Cal COVID-19 Update

The federal PHE declaration:

- It will take months of work to safely and successfully unwind these changes when the PHE ends. Some examples include, but are not limited to:
 - DHCS estimates approximately 100,000 to 200,000 Medi-Cal beneficiaries per month since the PHE began who may no longer be eligible.
 - DHCS estimates that it will take county eligibility offices 6 to 12 months to clear the Medi-Cal renewal backlog.
 - Approximately 200 providers who were enrolled in Medi-Cal under streamlined emergency rules will need to enroll through the complete process.
 - DHCS must clear all auditing, licensing, or onsite oversight visit backlog due to the PHE.



Medi-Cal COVID-19 Update

Central Valley Home and Community-Based Services (HCBS) Resources:

- Home and Community-Based Alternatives (HCBA) and Assisted Living Waiver (ALW) prioritized enrollment for “hot spots”
 - During the PHE, waiver applicants in an inpatient facility within regions of the state that are identified as COVID-19 “hot spots” will be prioritized for intake processing, without having been in an institution for 60 days, and before all other sub-populations.
- Medi-Cal Managed Care Health Plan (MCP) Memo
 - Requests that MCPs in Central Valley counties participate in county-level collaboration meetings or work with local county partners to set up convenings with hospitals, nursing facilities, HCBS waivers/providers, etc.



Medi-Cal COVID-19 Update

Central Valley HCBS Resources:

- Benefits Improvement and Protection Act (BIPA) Waiver
 - DHCS is actively working with CMS to obtain approval of a BIPA waiver that would temporarily allow PACE organizations, in partnership with discharge planners, more flexibility to contact potential PACE-eligible beneficiaries in DHCS-designated COVID-19 surge areas and present PACE as an enrollment option to meet their needs.
- On October 1, DHCS released HCBS resource guides for the following counties that were heavily impacted by COVID-19:
 - [Fresno](#), [Kern](#), [Kings](#), [Madera](#), [Merced](#), [San Joaquin](#), [Stanislaus](#), [Tulare](#)



Medi-Cal COVID-19 Update

Recent Federal Flexibilities:

- Added assistive technology in the Developmental Disability Waiver
- Retainer payments for Personal Care Services
- Waiver Personal Care Services (WPCS) providers can exceed 12-hour days and take sick leave
- Drug Medi-Cal Organized Delivery System (DMC-ODS) interim rates and DMC-ODS stay and day limitations
- Adjustments to the public health care system thresholds for the Global Payment Program (GPP)
- Temporary alternative services to allow Community-Based Adult Services (CBAS) providers to offer limited individual in-center activities, as well as telephonic, telehealth, and in-home services.



Medi-Cal COVID-19 Update

Recent DHCS Guidance:

- The new COVID-19 Uninsured Group Program was implemented on August 28, 2020, and covers COVID-19 diagnostic testing, testing-related services, and treatment services, including hospitalization and all medically necessary care, at no cost to the individual, for up to 12 months or the end of the PHE, whichever comes first.
- DHCS issued California Children’s Services (CCS) Medical Therapy Program (MTP) guidance that describes “Urgent Need” criteria under which in-person services may be provided in Medical Therapy Units (MTU).



Medi-Cal COVID-19 Update

Recent DHCS Guidance:

- DHCS released updated guidance regarding COVID-19 virus and antibody testing, which includes frequently asked questions and resources from CDPH, CMS, and the CDC.
- DHCS released new Behavioral Health Information Notices (BHIN), which describe DMC-ODS interim reimbursement during the PHE, waiver flexibilities applicable to Driving Under the Influence (DUI) programs, and broad flexibilities across behavioral health delivery systems to ensure access to care.



Medi-Nurse Line Updates



Medi-Nurse Line: Overview

For FFS and uninsured Californian's that suspect they have COVID-19 and need guidance, the DHCS Medi-Nurse Line provides covered clinical assessments, advice, resources and access to Qualified Providers for those that are eligible.



Medi-Nurse Line: Overview (cont.)

Eligible

- People without health insurance
- Fee-for-service Medi-Cal but don't have a regular doctor to oversee their care

24/7 availability of knowledgeable nurses for clinical consultation and triaging

- COVID related
- Non-COVID related

Other helpful COVID-19 resources

- Test Sites
- Behavioral Health
- 'Stop Smoking'

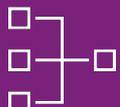


Medi-Nurse Line: Overview (cont.)

All Operations



Total Calls Received
60,000+



Calls resolved within
Gainwell IVR
56,662



Non-triage Handle Time <6 Minutes
(Gainwell/Carenet)



Average NAL Call Back Time
44 min



Abandon Rate <4%
(Gainwell/Carenet)

Demographics



57 of 58 Counties Served



17 of 19 Available Languages Serviced



80% of Calls Age 21-64



87% of NAL callers **Uninsured**



13% of NAL callers **FFS**

Outreach



7.5M Beneficiary Letters (19 languages)



Email Campaigns



Websites

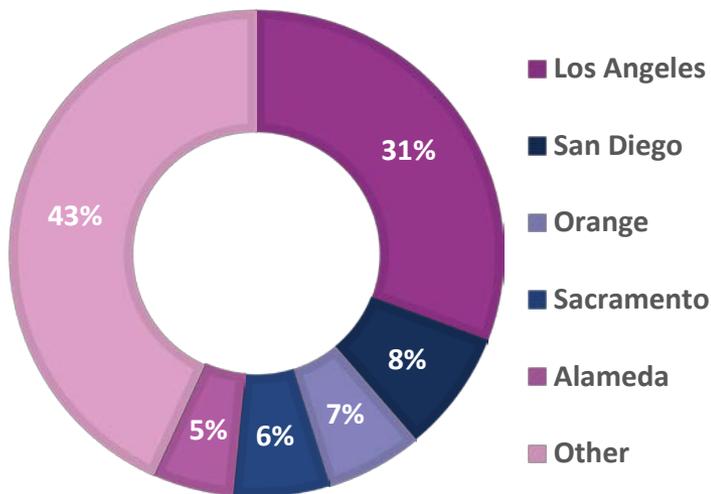


Social Media

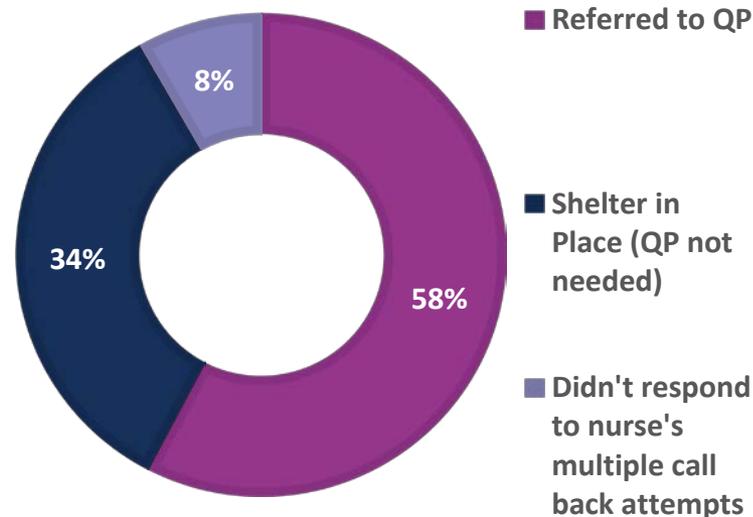


Medi-Nurse Line: Overview (Cont.)

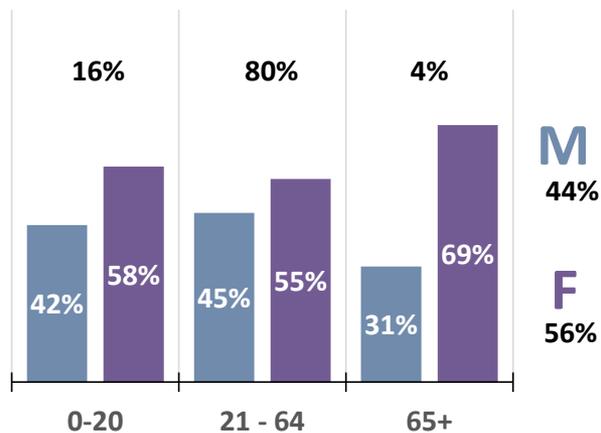
UTILIZATION BY COUNTY



NURSE LINE OUTCOMES



AGE GROUP AND GENDER

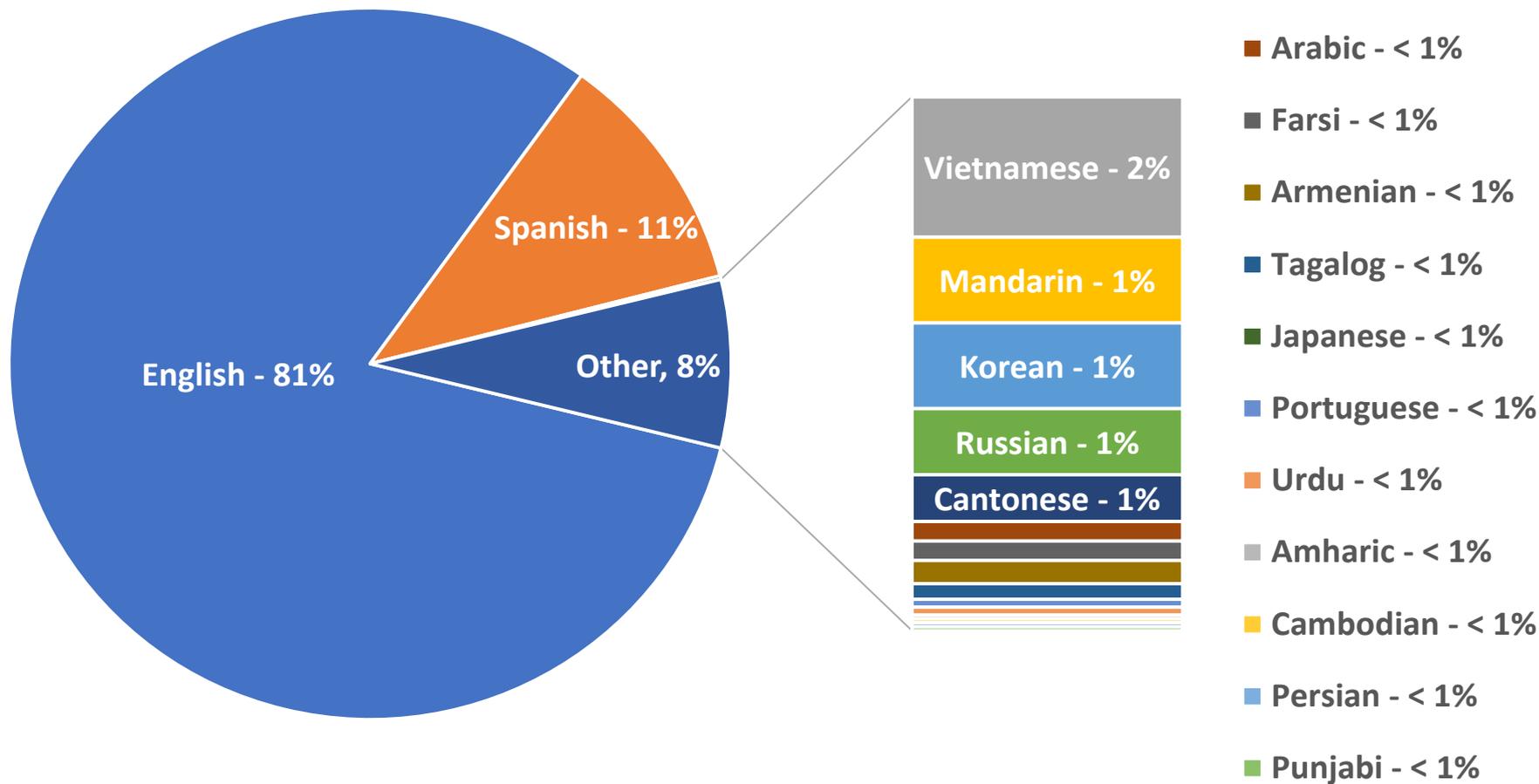


Note: QP refers to Qualified Provider



Medi-Nurse Line Overview (cont.)

Language





COVID-19 Resources/Links

- California COVID-19 webpage:
<https://covid19.ca.gov/>
- DHCS COVID-19 webpage:
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



California Advancing and Innovating Medi-Cal (CalAIM)



CalAIM Update

- On September 16, 2020, DHCS officially submitted a request to extend the 1115 waiver through December 31, 2021.
- On October 1, 2020, CMS [notified](#) DHCS that the extension was determined to meet completeness requirements.
- The extension request has been [posted](#) on the Medicaid.gov website for a 30-day federal public comment period ending November 1, 2020.
- DHCS will continue to work with CMS on the 1115 and 1915(b) waiver extension requests, and to develop applications for new waivers that would become effective on January 1, 2022.



CalHOPE Update

Jim Kooler, Assistant Deputy Director
Behavioral Health



Crisis Counseling Program Immediate Services Program

- \$1.6 million awarded from FEMA to re-launch CalHOPE – used in Camp Fire Disaster - (amended five times to \$3.6 million)
- Media campaign to normalize feelings of stress and anxiety and to reduce depression during the pandemic and refer to the website and Warm Line
- CalHOPE website - www.calhope.dhcs.ca.gov
- CalHOPE Warm Line - (833) 317-HOPE



Crisis Counseling Program

Regular Services Program

- Expand the 60-day program to a 9-month program.
- Application submitted to FEMA on May 21 for \$82 million; two rounds of requests for information - through Congressional review, award with SAMHSA - expect \$71 million.
- Statewide CalHOPE media campaign to reach general public and high-risk populations
- Expand CalHOPE website to more human-centered approach - Together for Wellness.

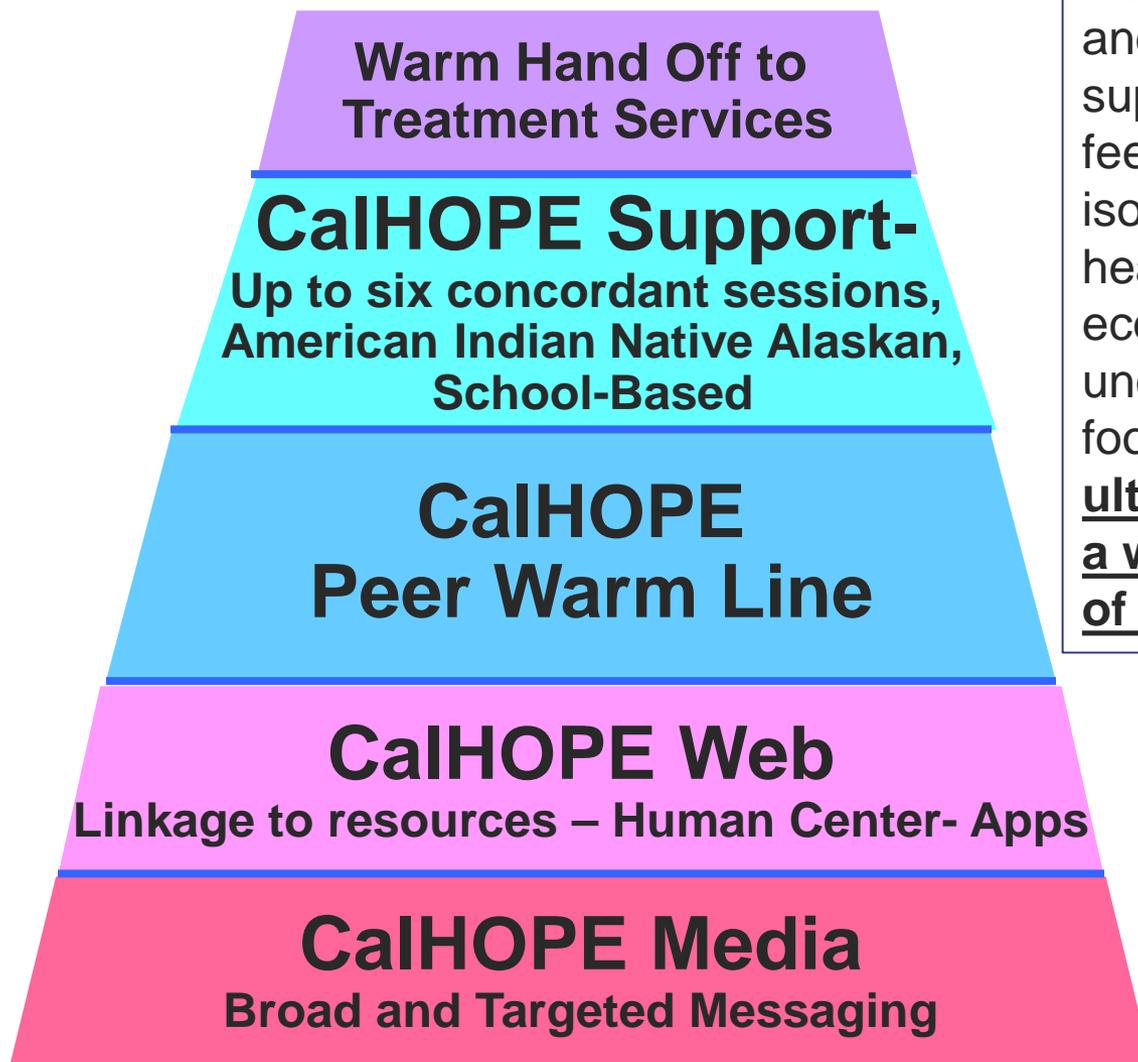


Crisis Counseling Program Regular Services Program (Cont.)

- CalHOPE Support
 - Expand CalHOPE Warm Line to 24/7
 - Contract with community organizations to provide up to six crisis counseling sessions with counselors matched by language and culture (where possible) - 550+ peers to be hired
 - Tribal crisis counseling
 - CalHOPE school to identify and share best practices supporting youth transitioning between distance learning and school site classes, and helping youth in need



CalHOPE Layers of Intervention and Support



Normalize stress and anxiety, and support people feeling the impact of isolation, physical health issues, economic uncertainty, and food insecurity to ultimately prevent a wave of deaths of despair



Crisis Counseling Program Fire Disasters

- Two federal declarations of emergency, including individual assistance
- More targeted services
- Immediate Services Program (ISP) request for 8 counties (grew to 13 before funding)
- Regular Services Program (RSP) application submitted
- Second declaration - 7 additional counties went straight to Regular Services Program
- 2 ISP and 3 RSP total approximately \$87 million.



Example of Media Outreach

- Univision
- Access TV
- Radio Bilingue
- ABC – California Surgeon General
- I-Heart - Mental Health Minute
- 49ers - NFL



Behavioral Health Committee Policy Recommendations 2019-2020

*Karen Larsen, LMFT
Director, Yolo County Health and Human Services*

*Ken Berrick
Founder and CEO, Seneca Family of Agencies*



The California Child Welfare Council

- Established by the Child Welfare Leadership and Accountability Act of 2006
- Responsible for improving cross-system collaboration to meet the needs of children and youth involved with child welfare and juvenile probation
- Advises the California Health and Human Services Agency and California State Legislature
- Co-Chaired by the Secretary of CHHS, Dr. Mark Ghaly, and a designee of the Chief Justice of the California Supreme Court, Justice Vance Ray



Behavioral Health Committee



Formed in September 2019



County behavioral health departments, managed care organizations, behavioral health providers, state agencies, legal advocacy organizations, parent advocates, and advocates with lived experience navigating the child welfare system



Tasked with advising the full Child Welfare Council and CHHS:

- Preventing unnecessary entries into the child welfare system
- Providing alternatives to Child Protective Services (CPS) reporting when there is not an imminent danger
- Effectively supporting the behavioral health needs of children and families involved in child welfare/juvenile probation



Target Timeline

| | |
|---|---|
| Behavioral Health Committee Meetings (12/19, 3/20, 7/20, 9/20) | Establish committee scope of work, build consensus, draft policy recommendations |
| Fall 2020 | Present recommendations to other state-level initiatives and incorporate feedback |
| December 2020 | Present final recommendations to the Child Welfare Council |
| January 2021 | Begin guidance document on operationalizing Policy Recommendations |



Behavioral Health Committee Policy Recommendations

- More effectively support the behavioral health needs of children and families who are involved in the child welfare system
- Improve access to behavioral health care for families at risk of formal adjudication; prevent unnecessary contact



Strengthening Access to Necessary Behavioral Health Services



Strengthening Access

Align medical necessity determination for Specialty Mental Health Services (SMHS) with federal Early and Periodic Screening, Diagnostic, and Treatment EPSDT statute

- Remove diagnosis criteria for child Medi-Cal beneficiaries requiring SMHS

Eligibility determination for SMHS

- Substantiated report of abuse or neglect
- Threshold Child and Adolescent Needs and Strengths score
- Threshold Adverse Childhood Experiences score

Strengthen referrals from the child welfare system to the behavioral health system

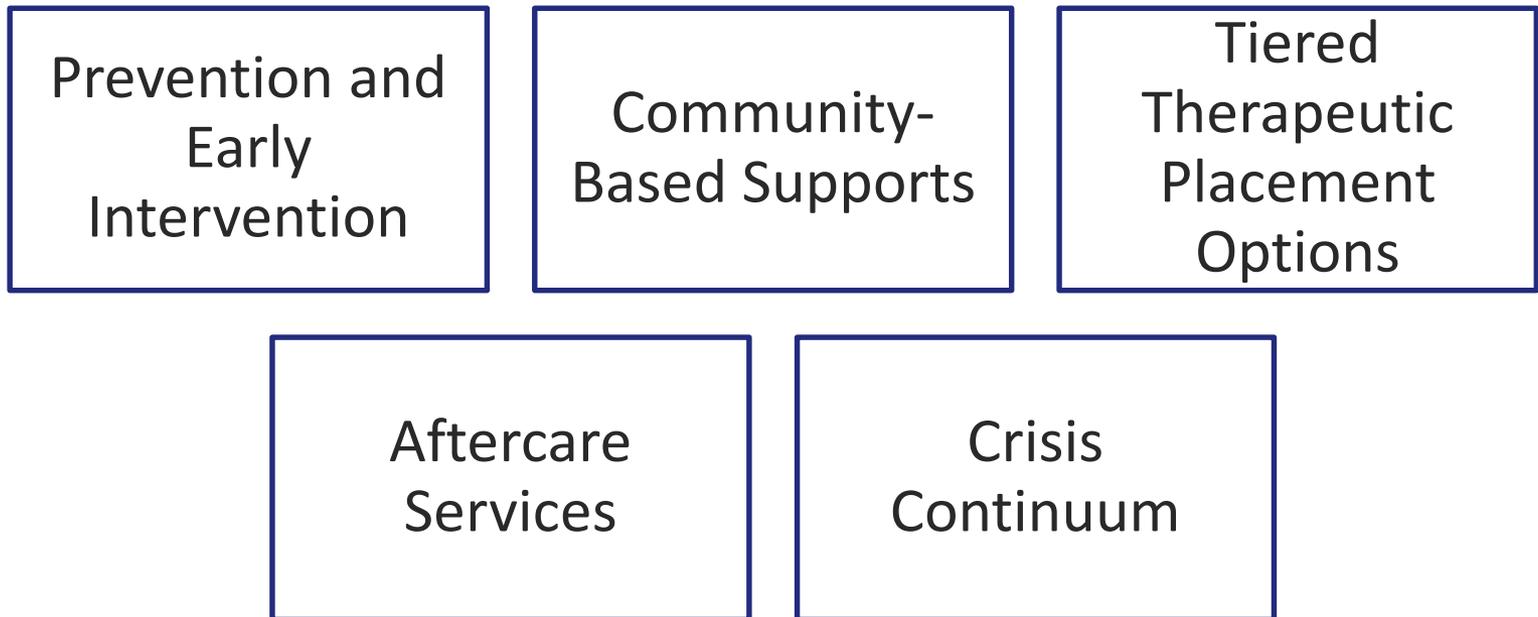
- Statewide referral protocol
- Out of county placements
- Behavioral health and primary care



The Full Continuum of Behavioral Health Services and Supportive Placements Necessary for Child Welfare-Involved Youth and Youth at Risk of Involvement



The Full Continuum





A Continuum Available to Every Child in California

- Full continuum for each population base of 500,000-750,000
- Multiple continuums in large and/or densely populated counties, and regional collaboration in small and/or rural counties
- Address inequity in service access based on zip code



Prevention and Early Intervention

Universal Access to Child care/Preschool, Early Childhood Screenings, Home Visiting, and Caregiver Supports

Therapeutic Preschools

Prevention and Early Intervention in Schools (K-12)

Drop-In Centers

24/7 Family Urgent Response System

Strengths-Building and Other Nontraditional Therapeutic Supports



Community-Based Supports

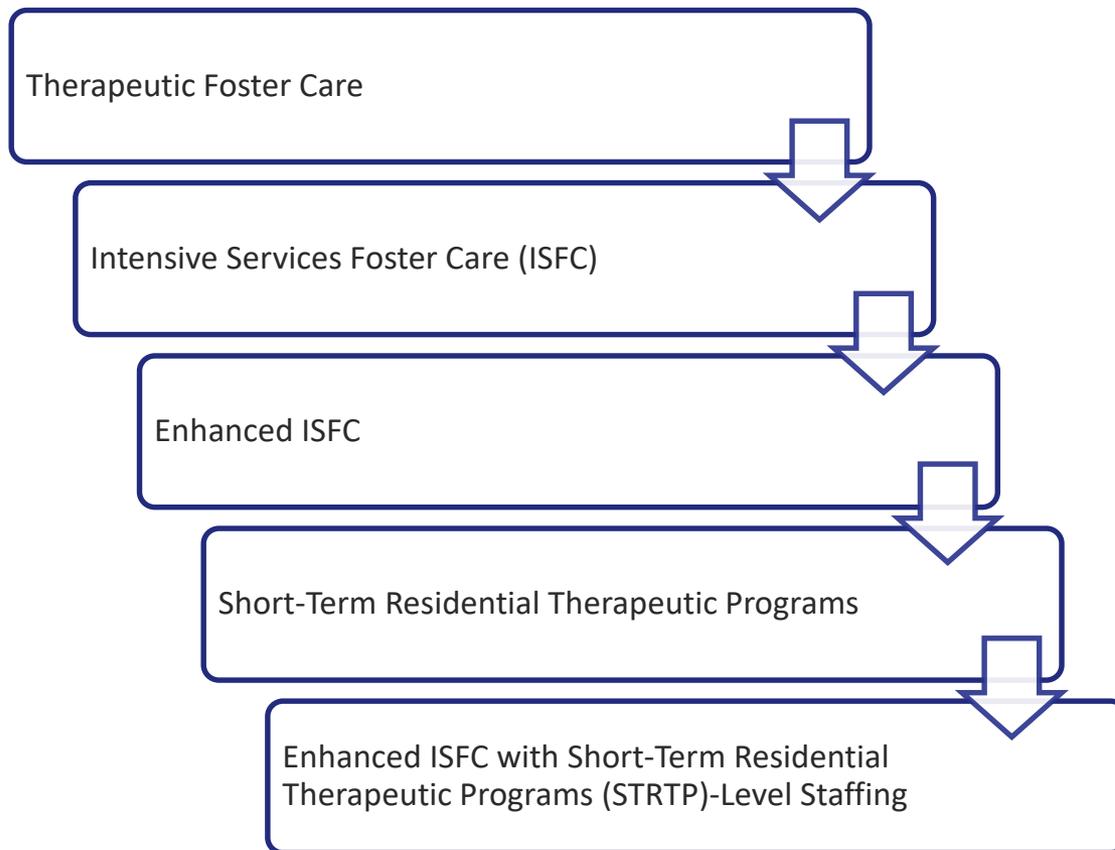
Family System Therapies to Support and Expedite Reunification

Outpatient and Intensive Outpatient Services

Intensive Home and Community-Based Services



Tiered Therapeutic Placement Options





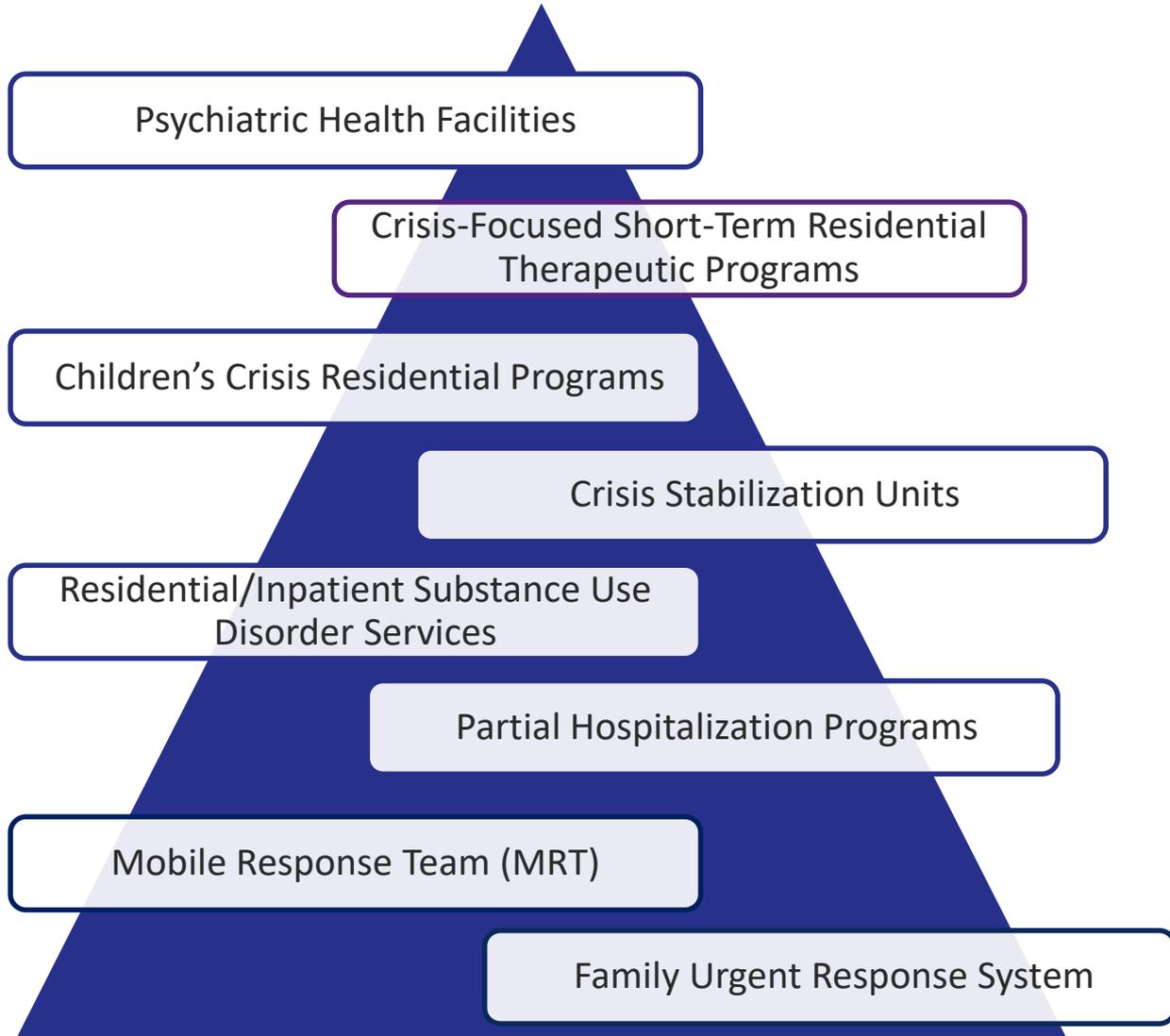
Aftercare Services

Care Continuity Upon Return to Family of Origin

Supportive Services for Youth Exiting Dependency to Adulthood



High Need and Crisis Services





Behavioral Health System Accountability and Performance Improvement



Accountability and Performance Improvement

Co-Created Statewide Goals for the Behavioral Health System and Corresponding Outcome Metrics

Expanded Infrastructure to Collect, Synthesize, and Monitor Outcome Data

Robust Continuous Quality Improvement (CQI) Framework



Strategies to Support the Successful Implementation of the Universal Array



Strategies to Support Implementation

Statute and Regulations

- Universal Array
- Medical Necessity

Workforce

- Title IV-E Expansion
- Bachelor of Social Work Programs
- Peer Certification Programs

Connectivity

- Statewide Pool of Technology/iFoster
- Internet Access

Fiscal

- Mental Health Services Act
- Medi-Cal Dollars
- Matchable School Mental Health Dollars

Youth, Parent, and Caregiver Voice

- Listening Sessions
- Engagement at Every Level of Decision-Making



Q&A

Comments or Feedback on “Strengthening Access to Necessary Behavioral Health Services”?

Comments or Feedback on “The Full Continuum of Behavioral Health Services and Supportive Placements”?

Comments or Feedback on “Behavioral Health System Accountability and Performance Improvement”?

Comments or Feedback on “Strategies to Support the Implementation of the Universal Array?”



Racism and Health Disparities



COVID-19 in California (age 18+)

| Race/Ethnicity | Percent of Cases | Percent of Deaths | Percent of California Population |
|--|-------------------------|--------------------------|---|
| Latino | 59.5 | 48.6 | 36.3 |
| White | 18.5 | 30.1 | 38.8 |
| Asian | 5.9 | 11.7 | 16.2 |
| African-American | 4.4 | 7.5 | 6.1 |
| Multi-Race | 1.1 | 0.8 | 1.7 |
| American Indian or Alaska Native | 0.3 | 0.3 | 0.5 |
| Native Hawaiian and other Pacific Islander | 0.6 | 0.5 | 0.3 |
| Other | 9.7 | 0.5 | 0.0 |
| Total with Data | 100 | 100 | 100 |



Penetration Rate by Region & Race/Ethnicity CY2015-2017

| Race/ ethnicity | Region | CY 2015 Penetration Rate | CY 2016 Penetration Rate | CY 2017 Penetration Rate |
|-------------------------------|-------------|-----------------------------|-----------------------------|-----------------------------|
| African American | | | | |
| | Bay Area | 9.2% | 8.7% | 8.1% |
| | Central | 6.4% | 6.1% | 5.4% |
| | Los Angeles | 9.7% | 9.8% | 8.9% |
| | Southern | 7.0% | 6.6% | 5.9% |
| | Superior | 9.2% | 9.0% | 8.3% |
| Asian/Pacific Islander | | | | |
| | Bay Area | 2.7% | 2.6% | 2.4% |
| | Central | 2.2% | 2.1% | 1.9% |
| | Los Angeles | 2.4% | 2.3% | 2.2% |
| | Southern | 2.1% | 1.9% | 1.6% |
| | Superior | 3.7% | 3.3% | 2.9% |
| Hispanic/Latino | | | | |
| | Bay Area | 4.1% | 4.1% | 3.9% |
| | Central | 2.8% | 2.8% | 2.5% |
| | Los Angeles | 4.0% | 4.1% | 4.1% |
| | Southern | 3.1% | 3.0% | 2.8% |
| | Superior | 3.9% | 3.8% | 3.7% |



Penetration Rate by Region & Race/Ethnicity CY2015-2017

| Race/ethnicity | Region | CY 2015 Penetration Rate | CY 2016 Penetration Rate | CY 2017 Penetration Rate |
|------------------------|-------------|--------------------------|--------------------------|--------------------------|
| Native American | | | | |
| | Bay Area | 8.8% | 9.0% | 8.5% |
| | Central | 6.0% | 6.3% | 5.5% |
| | Los Angeles | 11.9% | 10.8% | 9.4% |
| | Southern | 5.8% | 5.7% | 5.2% |
| White | | | | |
| | Bay Area | 8.5% | 8.1% | 7.6% |
| | Central | 6.2% | 5.9% | 5.4% |
| | Los Angeles | 8.6% | 6.1% | 5.6% |
| | Southern | 6.6% | 6.1% | 5.5% |
| | Superior | 7.3% | 6.9% | 6.7% |
| Other | | | | |
| | Bay Area | 6.95 | 6.4% | 7.1% |
| | Central | 5.3% | 5.2% | 5.9% |
| | Los Angeles | 6.2% | 6.0% | 9.9% |
| | Southern | 4.7% | 4.55 | 6.2% |
| | Superior | 7.7% | 7.2% | 8.3% |

[2018-19 BHC-CalEQRO Statewide Annual Report](#)



Penetration Rate by Mental Health Plan Size & Race/Ethnicity CY 2015-2017

| Race/ethnicity | MHP Size | CY 2015 Penetration Rate | CY 2016 Penetration Rate | CY 2017 Penetration Rate |
|-------------------------------|-------------|--------------------------|--------------------------|--------------------------|
| African American | | | | |
| | Very Large | 9.7% | 9.8% | 8.9% |
| | Large | 7.7% | 7.2% | 6.5% |
| | Medium | 7.0% | 6.6% | 6.1% |
| | Small | 8.0% | 7.9% | 7.2% |
| | Small-Rural | 10.1% | 9.6% | 9.3% |
| Asian/Pacific Islander | | | | |
| | Very Large | 2.4% | 2.3% | 2.2% |
| | Large | 2.3% | 2.2% | 2.0% |
| | Medium | 2.5% | 2.3% | 2.3% |
| | Small | 2.2% | 2.1% | 1.7% |
| | Small-Rural | 3.8% | 3.8% | 3.2% |
| Hispanic/Latino | | | | |
| | Very Large | 4.0% | 4.1% | 4.1% |
| | Large | 3.3% | 3.2% | 3.0% |
| | Medium | 2.8% | 2.8% | 2.7% |
| | Small | 4.0% | 3.9% | 4.0% |
| | Small-Rural | 4.6% | 4.8% | 4.5% |



Penetration Rate by Mental Health Plan Size and Race/Ethnicity CY 2015-2017

| Race/ethnicity | Region | CY 2015 Penetration Rate | CY 2016 Penetration Rate | CY 2017 Penetration Rate |
|------------------------|-------------|--------------------------|--------------------------|--------------------------|
| Native American | | | | |
| | Very Large | 11.9% | 10.8% | 9.4% |
| | Large | 7.9% | 8.0% | 7.0% |
| | Medium | 6.3% | 6.2% | 5.5% |
| | Small | 5.3% | 5.0% | 4.5% |
| | Small-Rural | 6.4% | 7.1% | 6.4% |
| White | | | | |
| | Very Large | 8.6% | 6.1% | 5.6% |
| | Large | 7.2% | 6.8% | 6.1% |
| | Medium | 6.3% | 5.9% | 5.6% |
| | Small | 6.4% | 5.8% | 5.4% |
| | Small-Rural | 9.1% | 8.8% | 8.6% |
| Other | | | | |
| | Very Large | 6.2% | 6.0% | 9.9% |
| | Large | 5.3% | 5.1% | 6.2% |
| | Medium | 6.0% | 5.8% | 7.1% |
| | Small | 6.3% | 6.0% | 7.2% |
| | Small-Rural | 8.3% | 8/7% | 10/1% |



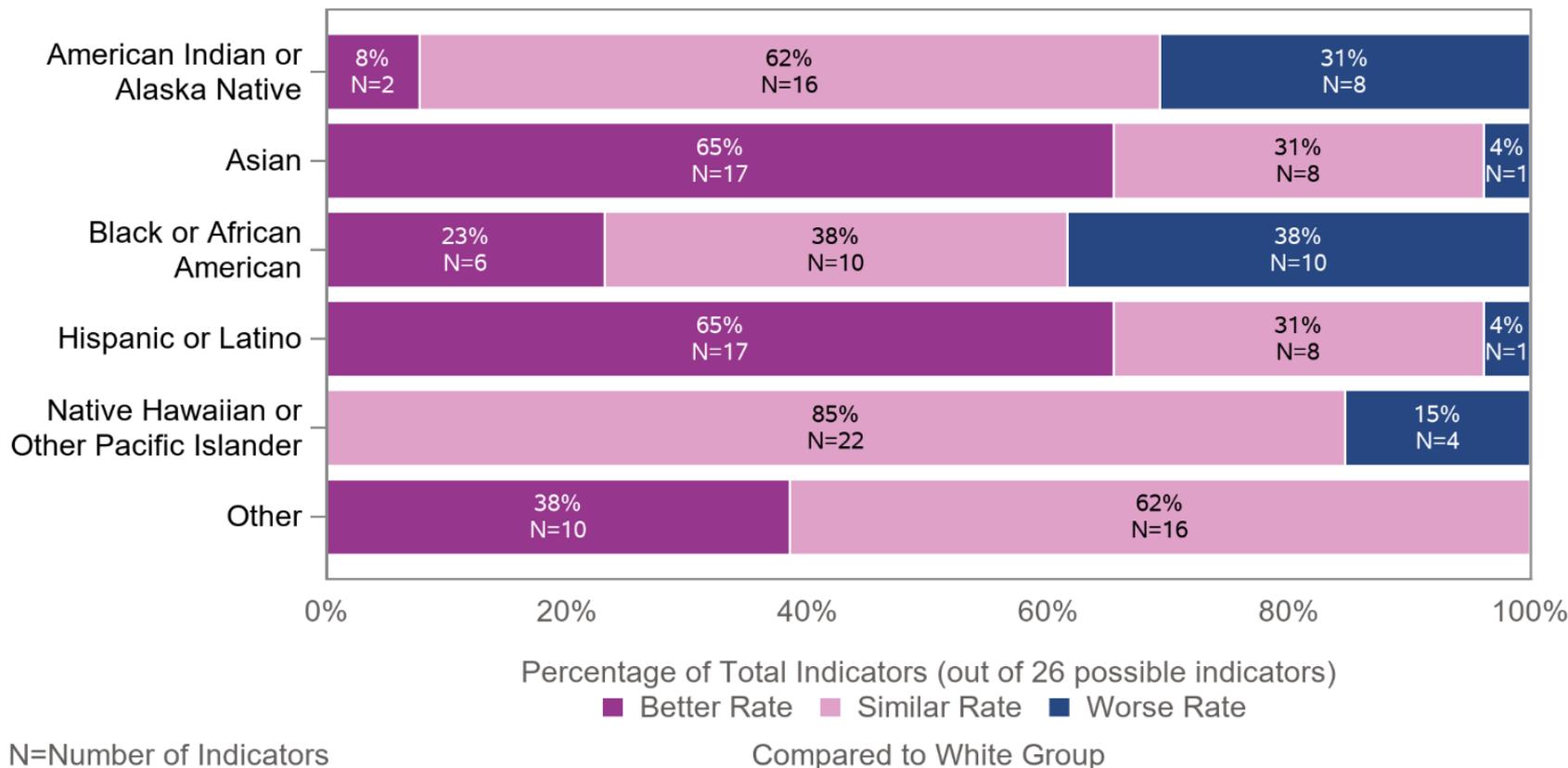
Clients Served & Penetration Rates by Race/Ethnicity for all DMC-ODS Counties CY 2018

| Race/ethnicity | Average number of eligibles per month | Number of clients served | Penetration rate |
|------------------------|---------------------------------------|--------------------------|------------------|
| White | 947,599 | 18,482 | 2.7% |
| Latino/Hispanic | 2,854,445 | 17,449 | 0.7% |
| African American | 464,567 | 5,359 | 2.0% |
| Asian/Pacific Islander | 647,449 | 837 | 0.4% |
| Native American | 13,353 | 342 | 3.9% |
| Other | 664,060 | 6,484 | 1.7% |
| Total | 5,591,473 | 48,953 | 1.9% |

[2018-19 BHC DMC-ODS EQRO Report](#)



Racial/Ethnic Health Disparities in Medi-Cal Managed Care Indicators – 2018 Data





Medi-Cal Managed Care 2018 Disparities (examples from previous slide – comparisons within Medi-Cal managed care members)

- Postpartum Care:
 - Ranged from 50.9 percent for Native Hawaiian/Other Pacific Islanders, 57.2 percent for Black/African-Americans, to 77.3 percent for Asians.
- Blood Pressure Control:
 - Ranged from 56.1 percent for Black/African Americans to 69.5 percent for the Other group.
- All Cause Hospital Readmissions Rate:
 - Ranged from 23.3 percent for Black/African Americans to 12.1 percent for Asians.
- Immunization Rates for 2 year olds:
 - Ranged from 43.4 percent for American Indian/Alaska Natives to 80.2 percent for Asians.



Health Disparities for all Californians

Summary from California Health Care Foundation

- Life expectancy at birth in California was 80.8 years in 2017. It was lowest for Blacks, at 75.1 years, and highest for Asians, at 86.3 years, an 11-year gap. (2017)
- Latinos were more likely to report being in fair/poor health, have incomes below the federal poverty level, and be uninsured. About one in five Latinos did not have a usual source of care, and one in six Latinos reported difficulty finding a specialist. (2017)
- Blacks had the highest rates of new prostate, colorectal, and lung cancer cases, and highest death rates for breast, colorectal, lung, and prostate cancer. (2016)
- About 1 in 5 multiracial, Black, and White adults reported being told they have depression, compared to about 1 in 10 Asian adults. (2017)
- Blacks fare worse on maternal/childbirth measures, with higher rates of low-risk, first-birth cesareans, preterm births, low-birthweight births, infant mortality, and maternal mortality. (2016 and 2017)



Related Issues

- Underlying policies:
 - Unequal schooling, policing, mass incarceration, historic redlining, under-investment in affordable housing and transportation, racialized capitalism, immigration policies
- Social Determinants of Health:
 - Lack of access to high-paying jobs, lack of access to capital, substandard housing, food deserts, high levels of stress and exposure to violence, isolation from needed services and supports, unsafe and un-walkable neighborhoods



DHCS Current and Future Efforts

- Data, reporting, and goal development
- Public Hospital Quality Incentives
- ACEs Aware
- Value-Based Payment Program
- Managed care plans and county behavioral health monitoring, training, and technical assistance
- Managed Care Performance Improvement Projects and Population Needs Assessments
- Managed Care Contract Revisions and Procurement
- California Advancing and Innovating Medi-Cal (CalAIM)
- Improve beneficiary contact information
- Incentivize improvement
- Support and educate a diverse workforce



Discussion on Racism and Health Disparities

- What can we, as DHCS and leaders in linked systems, do to:
 - Stop adding to poor outcomes
 - Seize opportunities to better mitigate and repair conditions.
- BH-SAC member suggestions in both categories



Behavioral Health Open Forum



Annual BH Open Forum

- Place for high-priority topics not yet covered during the year
- Ensure coverage of topics addressed by workgroups folded into BH-SAC
- Opportunity for new topics from members and the public



Interagency Prevention Advisory Council (IPAC)

The IPAC was a state-level council formed in 2002, comprised of 16 state agencies.

- Prior to IPAC's dissolution, workgroups were established to address underage alcohol and marijuana use and access to behavioral health care in college-based health centers.
- Strategic partnerships were formed to reduce redundancies across agencies, focusing on youth prescription drug misuse, impaired driving, and suicide.
- IPAC served as the advisory council for all Prevention Discretionary Grants awarded to DHCS.



IPAC Priorities Redistributed

| Workgroup/Partnership Name | Agency/Organization Leading Current Efforts |
|--------------------------------|--|
| Underage Alcohol | DHCS California Friday Night Live |
| Underage Marijuana | DHCS Proposition 64 Advisory Group The Center at Sierra Health Foundation |
| Access to Care (Youth and TAY) | California Institute for Behavioral Health Solutions California Health Care Foundation |
| Youth Prescription Drug Misuse | CDPH Statewide Opioid Safety Coalition |
| Impaired Driving | DMV State Highway Safety Plan |
| Suicide Prevention | CDE/MHTTC Student Mental Health Policy Workgroup Mental Health Services Oversight and Accountability Commission |



Current DHCS-led Primary Prevention Activities

- DHCS provides stipends to counties choosing to opt in to the Friday Night Live (FNL) Program. Currently in 47 of 58 counties, FNL is a youth development framework in which adult allies empower youth to be change agents in their community.
- DHCS provides Proposition 64 funding for Elevate Youth California, a youth social justice, mentoring, and peer support program specifically for communities disproportionately affected by the war on drugs.
- DHCS administers the Strategic Prevention Framework Partnerships for Success Grant, a federal discretionary grant aimed at preventing prescription drug misuse among youth ages 12 to 25 in rural California.



Current DHCS-led Primary Prevention Activities

- Strategic Training and Education for Prevention Planning (STEPP) - Launched in 2014, provides individualized and progressive Technical Training and Assistance (TTA) to counties writing their strategic prevention plans (SPP).
- DHCS monitors process data entered into the Primary Prevention SUD Data Service (PPSDS), ensuring progress of SPPs and identifying TTA needs.
- DHCS funds the infrastructure and administration of the California Healthy Kids Survey (CHKS). CHKS data is widely used in the assessment module of the county SPPs.
- County Prevention Coordinators convene to share solutions and available resources for providing prevention services during COVID-19, including specified time for rural counties.



Driving Under the Influence (DUI) Advisory Group

- DHCS conducts monthly meetings with the California Association of DUI Treatment Programs (CADTP)
- CADTP is an approved DHCS alcohol and other drug counselor (AOD) certifying organization
- Topics of discussion:
 - COVID-19 flexibilities for licensed DUI programs
 - COVID-19 flexibilities for Alcohol and Other Drug (AOD) counselors
 - Licensing issues or concerns for DUI programs
 - Registration or certification issues or concerns for AOD counselors



Narcotic Treatment Programs (NTP) Advisory Group

- DHCS conducts monthly meetings with the California Opioid Maintenance Providers (COMP)

- Topics of discussion:
 - COVID-19 flexibilities for licensed NTP programs
 - Licensing issues or concerns for licensed NTP programs
 - Issues or concerns for AOD counselors in NTP programs
 - Reimbursement issues or concerns



New topics?

**Open
discussion**





Public Comment



Next Steps and Final Comments