

Follow-Up Items from December 9, 2020, MCHAP Meeting

Opening Remarks

Ron DiLuigi: Do local county health departments not have enforcement authority? As we move into the current surge, it's imperative that we work together.

DHCS Response: *Jacey Cooper, DHCS:* California Department of Public Health (CDPH) oversees those guidelines and I am not familiar with the obligations for the local public health departments.

DHCS Follow-Up: CDPH's guidance documents related to the COVID-19 public health emergency (PHE) are available on the CDPH [website](#).

Telehealth Discussion with Focus on Beneficiary Experience

Diana Vega: Do we have any data on patients who are not accessing telehealth because of access issues? And if there are issues, what is being done to support them? What are we doing for mental health emergencies especially in teens during the PHE? Many teens are feeling disengaged, especially families with multiple kids or parents who are working from home, and may not feel comfortable sharing their issues.

DHCS Response: *Jacey Cooper, DHCS:* We extended all the same flexibilities to mental health delivery systems. We put in flexibilities for when children or adults go into crisis and how that's handled during the PHE. We received a large grant from SAMHSA and FEMA for a statewide crisis response called CalHOPE. A portion of that grant included working on children's mental health services. We can provide the panel with additional information on how that will roll out in the next few weeks.

DHCS Follow-Up: The CalHOPE Student Support program will provide crisis counseling through Communities of Practice (CoPs), and will provide resources to support two new statewide CoPs specifically focused on the needs of youth of color, who have been hardest hit by the COVID-19 PHE and resulting financial fallout. This element will be implemented by the Sacramento County Office of Education (SCOE), through a CalHOPE subcontract with California Mental Health Services Authority (CalMHSA).

The CalHOPE Student Support program will provide the following services:

1. Provide crisis counseling training through social-emotional learning environments to participating teachers and staff via existing educational CoPs. CoPs are county-based consortium of local education authorities and counties that collaborate and share training and evidence-based practices. Teachers and staff will be trained on core components of

crisis counseling utilizing learning modules developed through the UC Berkeley Greater Good Science Center (GGSC) and the CCP “Just in Time” training. This will increase capacity to identify children whose behavior reveals mental health distress, provide basic supportive interventions such as validating feelings, help youth articulate their feelings and needs, and provide emotional support and connection to appropriate mental health resources.

2. Be designed to sponsor crisis counseling trainings at school sites to increase the number of trained teachers and staff to provide crisis counseling and support to students.
3. Target youth of color and youth in foster care who have been hardest hit by the COVID-19 PHE and resulting economic fallout.
4. Establish two new statewide CoPs that will focus on the needs of youth of color who have been hardest hit by the COVID-19 PHE and resulting economic fallout. These new CoPs will address racial disparities specifically.
5. Emphasize suicide prevention, building upon recent requirements for schools to develop suicide prevention plans.
6. Identify and share best practices designed and adapted by California school districts to meet the COVID-19 PHE through the CoPs. This effort will support building awareness and strengthening understanding about mental illness, while building supports and resiliency in the school environment for mental wellness.

DHCS is currently working on the contracts with CalMHSA, who is subcontracting with SCOE, and anticipates launching the services by February.

Diana Vega: Are you collaborating with school districts? If a child is having a mental health crisis, who should they go to?

DHCS Response: *Jacey Cooper, DHCS:* Normally schools would be a touch, but right now it's more difficult. If a child in Medi-Cal needs mental health services, the parent or caregiver should immediately reach out. In Medi-Cal, we have a no-authorization requirement for mental health services, especially for lower-level services. For higher-level services, assessments are needed. For the non-specialty mental health side (anxiety and depression), we're seeing higher utilization of those services in 2020. We're also working on outreach. If there is a crisis, they would need to work with the county behavioral health department if they're enrolled in Medi-Cal. We'd be more than happy to provide the MCHAP with touchpoints locally; the plans and/or county access points are slightly different depending on where you live. We're seeing significant increases in telehealth for behavioral health services in both individuals and group counseling during the PHE.

DHCS Follow-Up: The County Mental Health Plan information, including the 24/7 access line phone numbers, is available on the DHCS [website](#).

Structural Racism in Health Care Delivery System and Outcomes

Ken Hempstead, M.D.: I'm thrilled to see the traction that this is getting with the group. I would suggest that we plan for this to be a prominent part of a future MCHAP meeting because there's clearly more discussion to be had. I would be curious to hear about what the other stakeholder groups have talked to DHCS about in terms of what the barriers are and where the solutions might be as next steps. The data already seems given.

DHCS Follow-Up: Detailed meeting summaries are posted online capturing this discussion, which occurred during the October 28 [Behavioral Health Stakeholder Advisory Committee](#) and [Stakeholder Advisory Committee](#) meetings.