CCJBH Juvenile Justice Meeting Minutes

Friday, August 16, 2024
12:45 – 2:45 PM
In-person and MS Teams Meeting

Workgroup Purpose: This workgroup focused on the Children and Youth Behavioral Health Initiative (CYBHI), and how the available services can support justice-involved youth with behavioral health needs.

Councilmember Advisors: (Participating remotely)
Mack Jenkins, Chief Probation Officer, Retired, San Diego County
Dr. Danitza Pantoja, Coordinator of Psychological Services, Antelope Valley Union High School District

CCJBH Staff:
Staff Members attending: Brenda Grealish, Executive Officer, Council on Criminal Justice, and Behavioral Health (CCJBH), Kamilah Holloway, Elizabeth Vice, Jessica Camacho Duran, Emily Mantsch, Cameron Byrd, and Belicia Smith.

I. Welcome & Introductions

Ms. Grealish welcomed participants and gave an overview of the purpose of the workgroup and agenda.

II. Reflection on June Juvenile Justice Workgroup

Mack Jenkins, Chief Probation Officer, Retired, San Diego County
Dr. Danitza Pantoja, Coordinator of Psychological Services, Antelope Valley Union High School District
Emily Mantsch, Associate Governmental Program Analyst, CCJBH

The June 2024 Juvenile Justice Workgroup Recap and Key Points document was shared with participants, summarizing the discussion on residential treatment for justice-involved youth with serious mental illness(es) and substance use disorder(s). Councilmembers provided their reflections on the following questions:

1. What are the key takeaway(s)/reflection(s) from these presentations?
2. Based on these takeaways/reflections, what recommendation(s) would you for propose for consideration in the CCJBH Annual Legislative Report (if any)?
3. Should CCJBH continue working on this this issue and, if so, how (continued discussion in workgroup meetings, informational research, etc.)

Short-Term Residential Therapeutic Programs (STRTPs): Research should be conducted on why STRTPs stop accepting high-risk and high-needs youth, focusing on trends, including the percentage of youth not accepted into STRTPs and why.

Diversion: Youth could be referred to STRTPs through two pathways: the probation department or law enforcement. However, referrals from probation departments would not count as diversions since the youth are already on probation and thus involved in the juvenile justice system. True diversion aims to keep youth out of the system. It is essential to intervene at appropriate levels to divert youth once issues are identified, rather than waiting until problems escalate to the point of qualifying for an STRTP. Interventions should occur in environments where children are present, such as educational and primary care settings, and thorough, comprehensive assessments that incorporate research-based indicators, including factors such as justice system involvement before age 13, disengagement from school (e.g., early truancy and behavioral issues), early substance use, family dysfunction, and negative influences from their primary peer group, should be conducted.

Aftercare: While residential facilities work to stabilize youth with behavioral health needs, it is essential to emphasize the importance of aftercare as they transition back to the community and in the home and best practices in aftercare should be explored and implemented. Research should be conducted to identify the reasons behind the insufficient number of community-based organizations (CBOs) that support justice-involved youth in maintaining their mental and/or behavioral health needs through aftercare services.

III. California Department of Public Health's (CDPH) Office of Health Equity Public Education and Change Campaigns

Ana Bolanos, Assistant Deputy Director, Office of Health Equity, California Department of Public Health

Ms. Bolanos presented an overview of the CYBHI campaigns at both the statewide and local levels, highlighting that they were co-designed with youth, caregivers, and community members to ensure their effectiveness and relevance. She explained that the goal was to raise behavioral health literacy amongst youth and their caregivers to make a significant impact. She discussed the workstream goals, which includes local-level (micro-level) and state level (macro-level) campaigns. The local-level campaigns were led by partners at Public Health Institute (PHI), Center for Wellness and Nutrition (CWN) to shift attitudes, beliefs, and behaviors surrounding mental, emotional, and behavioral health. The state-level campaign is led by their partners Rescue Agency and being co-designed with the intent to reduce disparities, address inequities, reduce stigma associated with behavioral health, and increase behavioral health literacy for underserved populations.

Ms. Bolanos described the priority populations for CYBHI, which included individuals aged 0-25, parents, caregivers, and families from key populations such as Black/ African American, Native Americans, Asian and Pacific Islanders, Latinos, and LGBTQ+. The initiative also prioritizes youth with disabilities, those in foster care, and justice-involved youth, especially in rural areas. She explained that this focus

allows CYBHI to implement an equitable approach throughout all stages of the project.

Ms. Bolanos emphasized that a critical aspect of CYBHI is its youth-led approach. Centering youth voice at the design level creates a sense of empowerment and ensures the campaign is tailored to those they intend to serve. Launched in May 2024, the Youth Collaborative group, a group of 12 youth leaders between the ages of 12-25, work to ensure the awareness campaigns maintain a youth-center design that amplifies the unique voices of youth from underserved communities in California, including justice-involved youth. She shared a video showcasing the youth engagement team, which involved over 40 teenagers across California who contributed to various campaign components, expressing appreciation of being heard and included in the planning and design process. Additionally, Rescue Agency engaged with over 500 youth through listening sessions and focus groups.

The CDPH Office of Health Equity (OHE)'s current focus is on youth age 13-17 to create an innovative ecosystem that emphasizes well-being, the prevention of behavioral health challenges, and accessible routine screening to prevent issues from escalating, such as youth entering residential facilities or being incarcerated. In addition to youth voice, experts in early childhood, K-12 educators, and higher education participated in listening sessions to help shape campaign content, including video concepts to convey campaign messaging.

Ms. Bolanos explained their efforts also aim to enhance awareness of available behavioral health supports and services, reduce the stigma associated with behavioral health, and increase service utilization. The CYBHI grant will conclude in May 2026, with final reporting due by June 2026. The end of the project will include a showcase to celebrate campaign projects, accomplishments, and impact. As of August 2024, milestones included a grantee partner kickoff meeting at the first Test, Share, and Learn Lab focusing on evaluation efforts, creating marketing and communication strategies, and the first annual convening for local-level campaigns planned for September, with a launch date set for January 2025. The Public Health PHIs CWN will offer key resources such as annual virtual testing, Sharing and Learning Labs, and technical assistance check-ins to ensure grantees receive tailored support and guidance.

Additionally, Ms. Bolanos shared that in February 2024, CDPH, through the PHI CWN, awarded $25 million to 28 community-based and tribal organizations. These organizations are developing culturally, linguistically, and age-appropriate campaigns to reduce stigma and provide mental, emotional, and behavioral health support to families. Notably, 43 percent of grantees are prioritizing justice-involved youth in their local campaigns.

Ms. Bolanos then discussed data points that influenced the approach to justice for youth and mental health. She referenced a 2023 John Hopkins Medicine report that found two-thirds of youth in correctional settings have at least one diagnosable

mental health challenge. To reach these youth, the team considered various channels such as television, radio, digital video, and streaming audio. Ms. Bolanos invited feedback and ideas from the audience on additional methods to reach justice-involved youth with limited access to technology. She concluded with sharing an opportunity for justice-involved youth to participate in CYBHI projects to develop skills and have their perspectives included.

IV. Department of Health Care Services (DHCS) Behavioral Health Virtual Services Platform and Statewide Multi-Payer Fee Schedule

Kenna Cook, Health Program Specialist II, School-Based Services Branch, DHCS
Sheela Abucay, Chief, Behavioral Health Digital Operations Section, DHCS
Gabrielle Lyttle, Chief, Behavioral Health Grants and Program Partnerships, Office of Strategic Partnerships, DHCS

Ms. Cook commenced her presentation describing part of Gavin Newsom's 2022 Master Plan for Kids Mental Health being committed to ensuring Californians between ages 0-25 have greater access to mental health and substance use support. Ms. Cook shared a video explaining that the CYBHI is a multi-sector, multi-year effort with a $4 billion investment. The plan includes improvements in K-12 education through the Community Schools Model, enhancement in healthcare delivery through California's Medicaid program, and efforts to increase workforce diversity to better represent the populations served.

Ms. Cook discussed the Fee Schedule Program, 1 of 20 work streams within the CYBHI, which focuses on expanding behavioral health workforce in health care settings, integrating wellness into classrooms, and expanding access to school-based care services. The Fee Schedule Program aims to increase access to behavioral health support for children and youth in TK-12 schools, community schools, and higher education institutions (HEI's), including community colleges and California State Universities (CSU's). Ms. Cook articulated that the Fee Schedule Program does not replace school's responsibility under the Individuals with Disabilities Education Act (IDEA), however it does establish minimum rates for various services, allowing providers and practitioners to be reimbursed for behavioral health services provided in schools.

Ms. Cook noted that in 2022, a state statue was passed requiring all insurers, including Medi-Cal Managed Care Plans, Medi-Cal Fee-for-Service, Health Care Service Plans (Knox Keene) and Disability Insurers to reimburse Local Education Agencies (LEA's) or schools for services. This process ensures that schools have a sustainable mechanism for securing funds to support students with appropriate services. She emphasized that all students could receive services regardless of their academic standing, attendance record, immigration status, or other factors, with the school district only needing to verify the students' medical coverage. As a result, to streamline the process of proving health care in schools while reducing administrative burdens, DHCS contracted with Carelon Behavioral Health, a third-

party administrator, to manage claims, validate the information, process payments, and reimburse LEAs for designated providers and practitioners. Carelon is also responsible for managing the network of providers and practitioners working within schools.

Ms. Cook introduced Gabrielle Lyttle, who provided an overview of the scope of services offered under the CYBHI Fee Schedule Program. These include psychoeducation, screening and assessment, treatment and care coordination. The services aim to help students, families and caregivers identify treatment options associated with a child's behavioral health needs, preventing or mitigating the negative effects of mental illness, emotional disturbance, substance abuse, or other risk factors. Ms. Lyttle highlighted that screenings and assessments are designed to identify students at risk for mental illness or substance use disorders (SUD) and inform prevention and early intervention strategies. Treatment services included crisis interventions, individual therapy, group therapy, family counseling, care coordination, and case management to support families through treatment plans, including medical conferences and medication management.

Ms. Lyttle provided examples of eligible practitioner types through the CYBHI Fee Schedule Program, including associate and licensed marriage and family therapists, professional clinical counselors, school social workers, psychologists, registered nurses and nurse practitioners, alcohol and other drug counselors, community-based workers and wellness coaches. She explained HEI's are required to designate a roster of providers and practitioners in one of two ways; embedded practitioners, directly employed and provide services by the LEA or HEI, and affiliated practitioners, who are non-contracted community-based providers, clinics, counties, or individual licensed practitioners that are referred to by the LEA or HEI. Affiliated practitioners submit the claim and receive the payment directly, as they have no financial relationships between the LEA or HEI.

The CYBHI Fee Schedule Program consists of different phases of implementation. Ms. Lyttle explained Cohort 1 consisted of 46 TK-12 LEAs with existing medical infrastructure and capacity, while Cohort 2, which started in July, included 91 TK-12 LEA's and four California Community Colleges. Future cohorts will allow all LEA's, California School for the Deaf and California School for the Blind an opportunity to enroll every 6 to 12 months. Over the past eight months of implementation, 137 LEA's participating covering around 69 percent of California counties, 31 percent of California's TK-12 grade public schools participating, and over 90 health plans to date. Participating schools must meet specific conditions, including enrolling in Medi-Cal as a provider, complying with medical statutes and regulations, signing a provider Participation Agreement with DHCS, and adhering to privacy and consent requirements.

Ms. Abucay presented on two new and free digital behavioral health services accessible via web or app, designed to address the nationwide shortage of mental

health professionals and increase access to care. She shared Soluna and BrightLife Kids, which offer free mental health services and resources for children, youth, and families, as part of Governor Newsom's Master Plan for Kids Mental Health and CYBHI. These platforms provide coaching through chat and/or video appointments, multimedia educational resources, wellness exercises, and other tools such as goal setting, journaling, and mindful exercises. Peer communities moderated by licensed professionals are also available to children to ensure user safety, and both apps are equipped to handle crisis and safety responses.

Ms. Abucay highlighted the benefits for justice-involved youth, noting that Soluna allows them to take control of their mental health journey with coaching support. The platform offers a confidential space for youth to express themselves, receive affirmation, and engage in sensory activities. Both platforms recognize the various factors contributing to justice involvement for youth and aim to understand the full needs of youth, caregivers, and families to guide next steps, including accessing community resources and building resilience. Soluna and BrightLife Kids are available to all youth, families, and caregivers regardless of insurance coverage, primary language, citizenship status, income, or other factors. There currently are about 48,000 children and youth across California registered on both platforms, with about 8,000 coaching sessions completed on both platforms. DHCS monitors the data and is working on making it available to the public.

Councilmember Discussion

Q: Councilmember Pantoja asked stated that the CYBHI is a five-year initiative and asked if the programs will continue past that time period. She reflected on the benefit of the Soluna app for more rural areas to support the lacking school-based mental health provider capacity. She stated that district superintendents are not familiar with the Fee Schedule, and the associated billing and logistics, and need specific messaging and training on the benefits and supports of the Fee Schedule.

A: Ms. Cook stated the Fee Schedule will be permanent. She explained that current school-based mental health program includes other billing options, such as a cost-based reimbursement program with annual plans. She described the Fee Schedule as distinct because once the school delivers the service, they receive payment which goes directly back into the school's budget. Additionally, the third-party administrator, Carelon Behavioral Health, manages the billing, care coordination, and auditing process, reducing the burden on school districts. Carelon also ensures providers and practitioners are credentialed, so LEAs are not required to handle this task. Furthermore, community clinics can be reimbursed if a student is referred there by the school. Ms. Cook clarified that even if the school district does not have a relationship with every health plan in the county, students insured in the county will still be reimbursed. The Fee

Schedule Program standardizes the pricing for services regardless of the practitioner.

Q: Councilmember Pantoja asked for recommendations on how Soluna could reach youth with limited access to internet, particularly those in camps, incarcerated, or facing other barriers to internet access.

A: Ms. Abucay stated they are working to establish partnerships with local libraries to connect with schools and ensure Soluna and BrightLife Kids are installed on library equipment in safe and confidential places. Efforts are also underway to make Soluna and BrightLife Kids accessible via a telephone, allowing youth who do not have access to smart phones, computers, or tablets to call in and receive assistance. Ms. Abucay also noted that they are currently brainstorming ways to provide access to youth in juvenile facilities.

Q: Councilmember Jenkins asked whether Ms. Bolanos was referring to services available through CDPH when referring to the five goals of the local-level campaign.

A: Ms. Bolanos clarified that CDPH functions primarily as the messengers and DHCS focuses on access and information, such as building a behavioral health workforce, offering grants, and providing financial support to enter the behavioral health field. Peer support is also a component of Soluna and CDPH is working to integrate various workstreams.

Q: Councilmember Jenkins inquired about the use of the term “caregivers” and asked for clarification on how it is defined.

A: Ms. Bolanos explained the term “caregiver” refers to anyone responsible for taking care of a child, including, grandparents, aunts, uncles and sometimes community members who care for a child whose parents are not the primary caregivers.

Q: Councilmember Jenkins noted that youth in correctional settings represent the smallest percentage of justice-involved youth. He suggested broadening the discussion to include all justice-involved youth without solely focusing on those in correctional settings when addressing support for at-risk youth. He also recommended increasing awareness of Soluna and BrightLife Kids by providing these resources to probation officers to support youth with mental health struggles and enhance diversion options, as officers often lack sufficient resources to direct youth toward appropriate services.

Public Comment

Q: A member of the public from the Riverside County Office of Education Community Schools Partnership and Riverside County Juvenile Justice and Delinquency Prevention Commission asked if it would be possible to provide a tool for people and practitioners to identify both early indicators for needed

intervention and how the Community Schools Partnership Program can aid in early interventions to reduce the number of students in the juvenile justice system.

V. Announcements

The next Full Council Meeting will be on Friday, September 27, 2024, from 2:00-4:30 PM, and will focus on local-level implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved 90-Day Pre-Release Services and Behavioral Health Links initiative. The Juvenile Justice Workgroup will be on Friday, October 25, 2024, from 12:45-2:45 PM and focus on the California Department of Education's criminal justice and behavioral health collaboratives. The Diversion/Reentry Workgroup will be on Friday, October 25, 2024, from 3:00-5:00 PM and will highlight implementation of the CARE Act.

VI. Adjourn