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Wednesday, May 6, 2020

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RE: Establishing a Statewide Emotional Support Line

Dear Ms. Pfeiffer, Ms. Ito-Orille, and Ms. Wong:

On behalf of the California Pan-Ethnic Health Network, we are pleased to submit comments to the Department of Health Care Services (DHCS) in response to California's proposal to establish a statewide emotional support line.

Background

We are deeply grateful to you and the DHCS team for your quick and decisive actions at the state level to ensure the integrity of the behavioral health safety net. The California Pan-Ethnic Health Network and members of the Having Our Say and Behavioral Health Equity Collaborative appreciate and support DHCS plans to address the increase in behavioral health challenges among Californians with the establishment of a statewide emotional support line. Our members report challenges with behavioral health and non-behavioral health-related phone lines, including issues navigating complicated phone trees, developing trust and rapport with phone line representatives, and connecting with referrals and resources. For these reasons, we would like to offer suggestions to meet the cultural and linguistic needs of Californian's diverse communities, including immigrants, limited English proficient

individuals, African-Americans, Asian Pacific Islanders, and LGBTQ populations.¹

Recommendations

1. ***Partner with a diverse set of stakeholders to develop and improve existing emotional support line policies and protocols.*** In addition to County Mental Health Plans (MHPs) and Medi-Cal Managed Care Plans (MCPs), consumers and the community-based organizations (CBOs) that serve them can help in the development, testing, and marketing phase of the emotional support line. We recognize the capacity for broad stakeholder engagement can be extremely challenging at this time and would like to offer a variety of suggested stakeholder engagement opportunities to accommodate the department's limited capacity. We suggest DHCS:
 - a. Gather input from potential callers through avenues such as community advisory boards comprised of California's geographic, linguistic, and racial diversity; host remote community forums that can act as focus groups and invite guest speakers who have started their own warm lines followed by community dialogues; send out online surveys, or invite people to give feedback through your website.²
 - b. Seek input on various topics, including the development of emotional support line operational guidelines, training materials, outreach materials, and other materials utilized by emotional support line representatives
 - c. Engage the Department of Public Health and its local county public health departments in the promotion of an emotional support line; DHCS should leverage its longstanding interagency agreement with the Department of Public Health to proliferate education and awareness of the emotional support line.³
 - d. Provide any training materials, screening protocols(SUD and mental health), desk aids, and/or handbooks utilized by the emotional support line representatives to stakeholders for cultural and linguistic competency review and improvement.
2. ***Recruit a blend of qualified mental health professionals.*** We are grateful for the launch of the California Health Corps, but would like DHCS to take additional steps to recruit community health workers and peer counselors who already have or can develop skills for brief counseling and interventions. The governor has already recognized the the important role of

¹ <https://www.chcf.org/blog/covid-19-tracking-poll-californians-report-worsening-mental-health-cost-worries/>

² So You Want To Start A Peer-Run Warmline? A Guide To Developing And Maintaining A Sustainable Warmline <http://www.power2u.org/downloads/Warmline-Guide.pdf>

³ DHCS-CDPH Inter-Agency Agreement: https://cpehn.org/sites/default/files/dhcs-cdph_iaa.pdf

qualified mental health professionals who do not have a medical or social work license in meeting the mental health needs of diverse communities in response to efforts to certify peer support specialists.⁴ We suggest DHCS:

- a.* Recruit community health workers and peer specialists to staff the emotional support line. California could, for example, launch a community health worker corps (as previously called for) or partner with statewide community health worker organizations to recruit qualified community health workers who have the desired skill set.⁵
- b.* If necessary, California could even seek federal approval to allow community health workers and peer specialists without medical or social work licenses to provide services under either the preventive services or “other licensed practitioners” benefits under Social Security Act Section 1905(a) with an approved State Plan Amendment; appoint licensed mental health professionals to supervisory roles.⁶

3. *Ensure phone line is easy to navigate for Limited English Proficient (LEP) consumers.* Many LEP individuals are often forced to navigate a complicated phone tree with the hope of eventually connecting to a representative who speaks their language. Anecdotal experience from advocates confirms that when members experience any delay in accessing an interpreter, they are more likely to disconnect from the call, resulting in unmet needs. As such, we suggest DHCS:

- a.* Ensure the first round of the emotional support line includes a pre-recorded message in all the Medi-Cal threshold languages, connecting callers to an emotional support line representative who speaks their language or the appropriate interpreter.
- b.* Incorporate clear language access policies guidance and protocols into any handbook or desk aids utilized by emotional support line representatives to ensure consistent and quality language access provided to callers.
- c.* Implement regular language access and cultural and linguistic competency training for emotional support line representatives, and contracted providers, which includes modules on language access rights and regulations, and best practices for working with interpreters and individuals.
- d.* Ensure all staff receive grief and loss training, particularly for communities of color who will be experiencing enormous trauma and devastation to their communities as a result of the disproportionate

⁴ SB 10 Veto Message. Office of the Governor. Retrieved from <https://www.gov.ca.gov/wp-content/uploads/2019/10/SB-10-Veto-Message.pdf>

⁵ Bassett MT. 2009. Bold steps for the health of Americans: yes we can. *Am. J. Public Health* 99:587

⁶ See this 2007 CMS [letter](#) to Medicaid Directors.

disease and death burden of COVID-19 on Black, Indigenous and Persons of Color (BIPOC), immigrants, Limited-English Proficient (LEP) individuals, LGBTQ+, and persons with disabilities.⁷

4. ***Ensure robust set of case management services and avoid pitfalls of existing phone lines.*** Members of the Having Our Say Coalition and Behavioral Health Equity Collaborative caution against the use of referrals to 211 as a substitution for meaningful case management and care coordination with community-based organizations. As such, we suggest DHCS:
 - a. For consumers who need additional case management services, consider:
 - i. Allowing for the use of outbound calls, as this can allow for the emotional support line to prepare county-specific resources and referrals.⁸
 - ii. Directly routing calls to local emotional support or warm lines, as local staff are often more familiar with local resources and referrals.
 - b. For consumers who need additional behavioral health treatment (including SUD treatment):
 - i. Ensure emotional support line staff can easily refer to both Medi-Cal Managed Care Plan (MCP) and County Mental Health Plans (mhps) for behavioral health services.
 - ii. Ensure emotional support line staff can easily refer to the California Department of Public Health's 35 implementation pilot projects across the state, proven community derived mental health strategies and programs aimed at reducing mental health disparities across the 5 unserved, underserved, and inappropriately served population groups; DHCS should leverage its longstanding interagency agreement with the Department of Public Health to integrate these programs into the emotional support line's resources and referrals.⁹
 - iii. Incorporate clear contact information and referral forms for every County Mental Health Plan (MHP) and Medi-Cal

⁷ Jaclyn Cosgrove and Ben Poston, "Black People Are Disproportionately Hit Hard By Coronavirus, LA County Is Taking Action," *Los Angeles Times*, April 8, 2020, <https://www.latimes.com/california/story/2020-04-08/blacks-coronavirus-los-angeles-county-help> and Reis Thebault et al., "The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate," *Washington Post*, April 7, 2020, <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/>

⁸ For more information on inbound vs. outbound calls, see SAMHSA Webinar (and powerpoint slides) on warmline: <https://www.nasmhpd.org/sites/default/files/CM44%20Creating%20and%20Developing%20Peer%20Warm%20Lines.mp4>

⁹ For more on the California Reducing Disparities Project, which currently operates in 19 counties: <https://www.cdph.ca.gov/Programs/OHE/Pages/CRDP.aspx>

Managed Care Health Plan's (mcps) behavioral health department in any handbook or desk aids utilized by emotional support line representatives.

5. ***Ensure quality improvement.*** DHCS should also ensure that a warm line collects sufficient information to enable them to meet all obligations to deliver services in a culturally and linguistically competent manner to all Californians. As such, we suggest DHCS:
 - a. Ensure the emotional support line phone number is toll-free, especially as many consumers do not have smartphones.
 - b. Gather self-reported referral source information from callers, as this information can help understand how callers are hearing about this resource and inform future outreach efforts and collaboration with local community-based organizations who can be outreach partners.
 - c. Monitor not only the volume of calls, but the spoken language of callers and geographic region, including county or area code.
 - d. Gather self-reported race, ethnicity, and language spoken data at voluntary consent of the caller.
 - e. Gather self-reported referral source data, including the internet website, mental health providers, crisis lines, faith-based communities, community-based organizations, etc.

Conclusion

We thank you and the DHCS team again for your quick and decisive actions at the state level to ensure the integrity of the behavioral health safety net. We are excited about the formation of a statewide emotional support line and would appreciate your thoughts on the feasibility of our recommendations. If you have questions about this letter or would like to discuss further, please contact Carolina Valle at cvalle@cpehn.org or (213) 787-1360.

Sincerely,

Carolina Valle, Policy Manager, California Pan-Ethnic Health Network.