



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

**Commission Teleconference Meeting
January 27, 2022
PowerPoint Presentations and Handouts**

- Agenda Item 2:** • **PowerPoint:** Immigrant and Refugee Stakeholder Advocacy Outline and Authority to Award Contracts
- Agenda Item 3:** • **PowerPoint:** MHSOAC Legislative Report 2022
- Agenda Item 4:** • **PowerPoint:** MHSOAC Budget Overview and Expenditure Plan
- Agenda Item 5:** • **PowerPoint:** Proposed 2022-23 Budget Priorities for Behavioral Health



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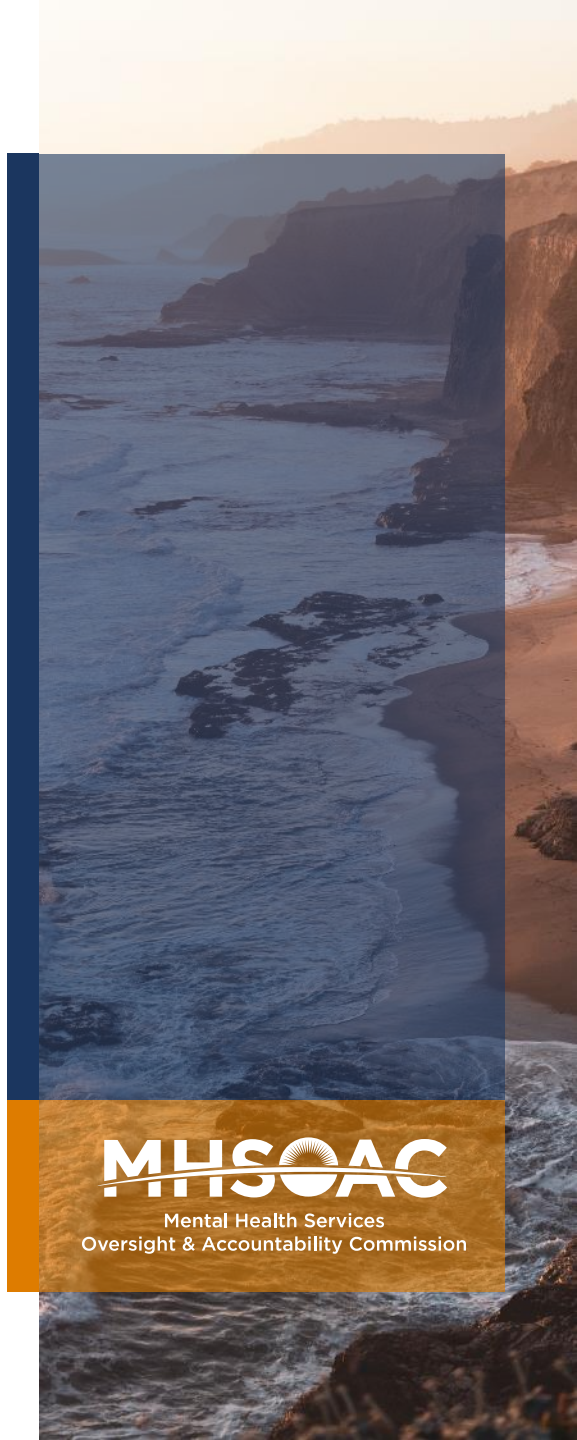
Immigrant and Refugee

Stakeholder Advocacy Outline and Authority to Award Contracts

January 27, 2022

Background

- The Commission funds stakeholder advocacy on behalf of:
 - Clients/Consumers
 - Diverse Racial and Ethnic Communities
 - Families of Clients/Consumers
 - Immigrants/Refugees
 - LGBTQ Communities
 - Parents/Caregivers
 - Transition Age Youth
 - Veteran Communities



Immigrant and Refugee Advocacy Contracts

- Governor's 2018 Budget provided \$670,000 annually to increase mental health services access to immigrants and refugees
- In April 2019 Commission awarded five advocacy contracts on behalf of Immigrants and Refugees for \$402,500 each
- One local advocacy organization awarded in each of the five mental health regions:
 - African Communities Public Health Coalition (Los Angeles)
 - Boat People SOS (Southern)
 - Healthy House (Central)
 - Hmong Cultural Center of Butte County (Supervisor)
 - Vision y Compromiso (Bay Area)

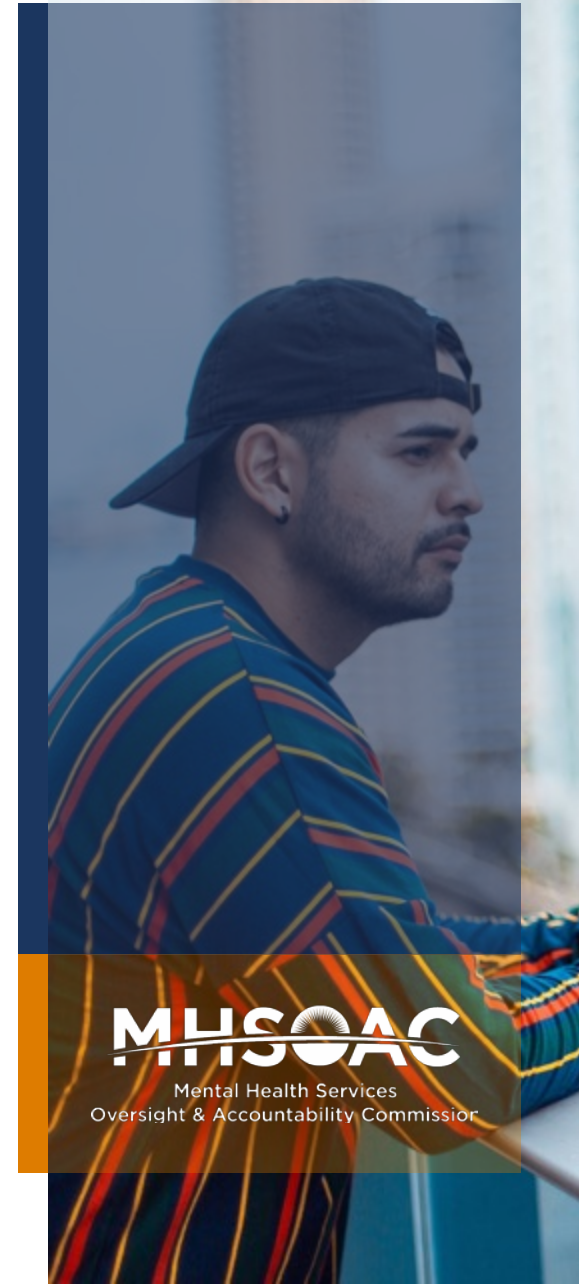
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What They Did:

Advocacy Activities

- Provided advocacy, training and education, and outreach and engagement on behalf of immigrants and refugees from Mexico, South America, Asia, Africa, and Middle East
- Held regular advocacy meetings with County Supervisors, Behavioral Health Staff, and other local level decision makers
- Conducted culturally specific trainings for service providers, clinicians, and peers
- Organized roundtable and workshop events to engage communities and local organizations and agencies
- Responded to outbreak of COVID-19 pandemic in 2020 through community support, and providing resources and services

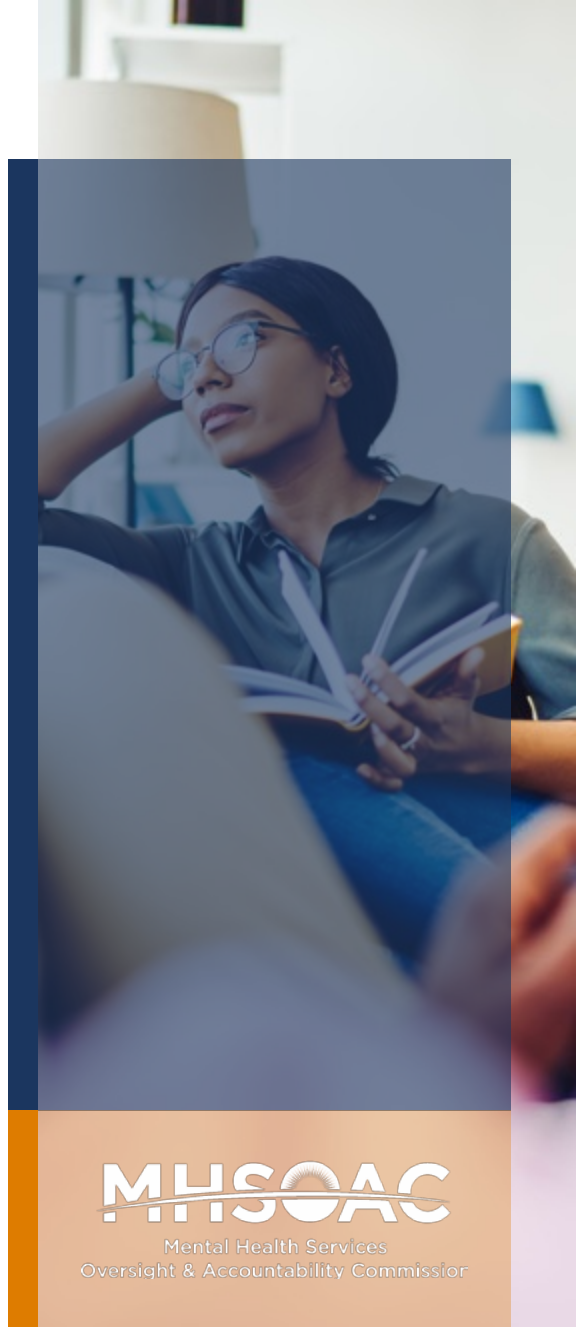


What They Learned: Significant Needs of Immigrants and Refugees

- Need for increased number of culturally aware service providers in each region
- Lack of interpretation for services and resources in all languages
- Need of a peer-based workforce that represents their language and culture
- Traditional outreach approaches such as radio and newspaper are effective
- Reducing stigma through training and education in cultures where mental illnesses are taboo
- Outreach is needed to address disparities due to specific cultural beliefs and attitudes regarding mental health and wellness
- Collection of demographic and health data on immigrant and refugee populations

Request for Proposal (2019)

- Five local-level grassroots organizations
 - Provide local level advocacy to increase awareness of and access to mental health resources
 - Provide training and education to counties and service providers
 - Conduct and facilitate county roundtables to connect to community partners
- Contract Funding
 - One local-level organization in each of the five mental health regions
 - \$402,500 for a three-year term



What We Heard: Listening Sessions

- Contracts should be awarded to organizations based in regions with the highest concentrations of immigrants and refugee populations
- A statewide organization should be included to support the local organizations and bring together local community voices at the state-level
- Advocacy tasks should focus on outreach regarding mental health programs, cultural humility training, peer-based workers and youth, and evaluation

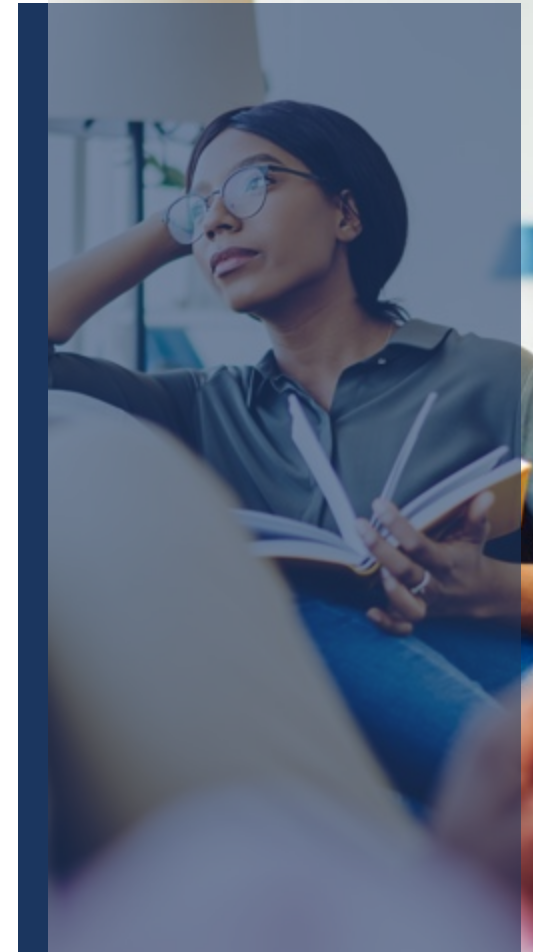


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Request for Proposal (2022)

- **Four local-level organizations in regions with highest concentrations of Immigrant and Refugee populations (RFP A)**
 - Advocate for and increase awareness of mental health resources
 - Provide training to counties and providers on culturally appropriate services
 - Conduct outreach and engage community partners
- **One state-level organization with capacity to support Local Program Contractors and one additional local organization (RFP B)**
 - Advocate on behalf of local organizations at the state level
 - Support organizations through technical assistance and capacity building
 - Support evaluation of advocacy efforts
- **Contract funding:**
 - 4 Local Program Contractors awarded \$402,500 for a three-year term
 - 1 State-Level Advocacy Contractor awarded \$400,000 for a three-year term



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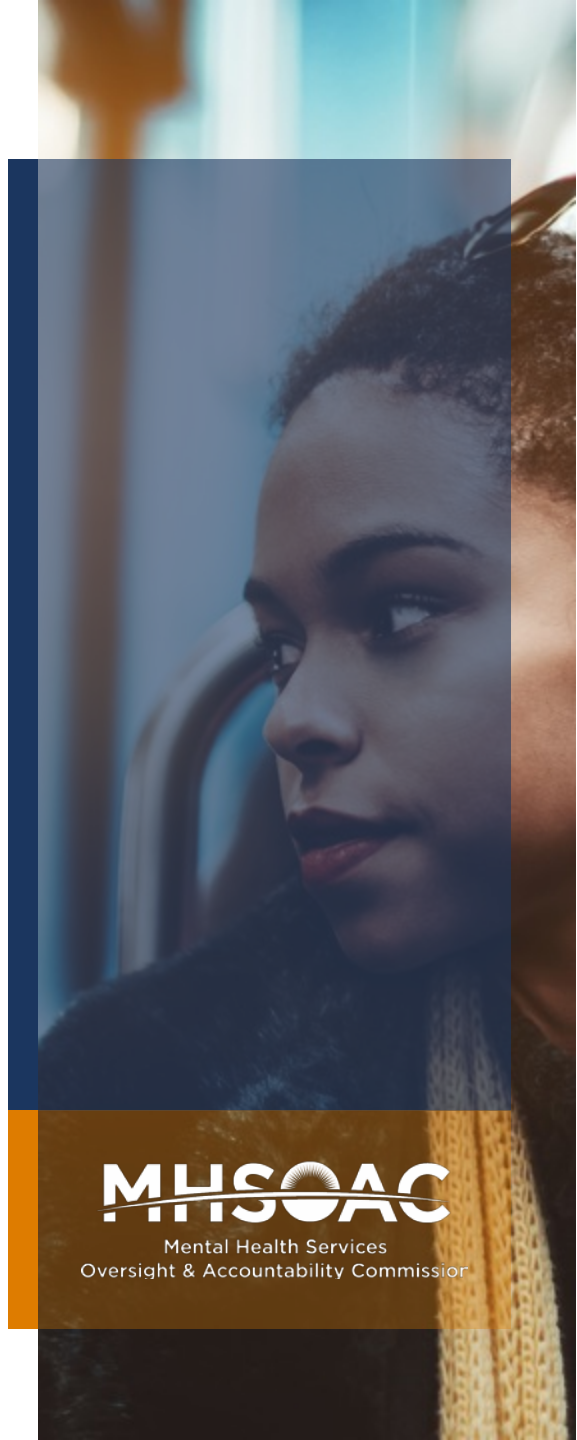
Minimum Qualifications

Local Program Contractors

- At least two years providing direct outreach and engagement to immigrants and refugees
- Experience and capacity to engage immigrant and refugee populations
- Non-profit organization registered in California
- Staff that have been employed for at least one year

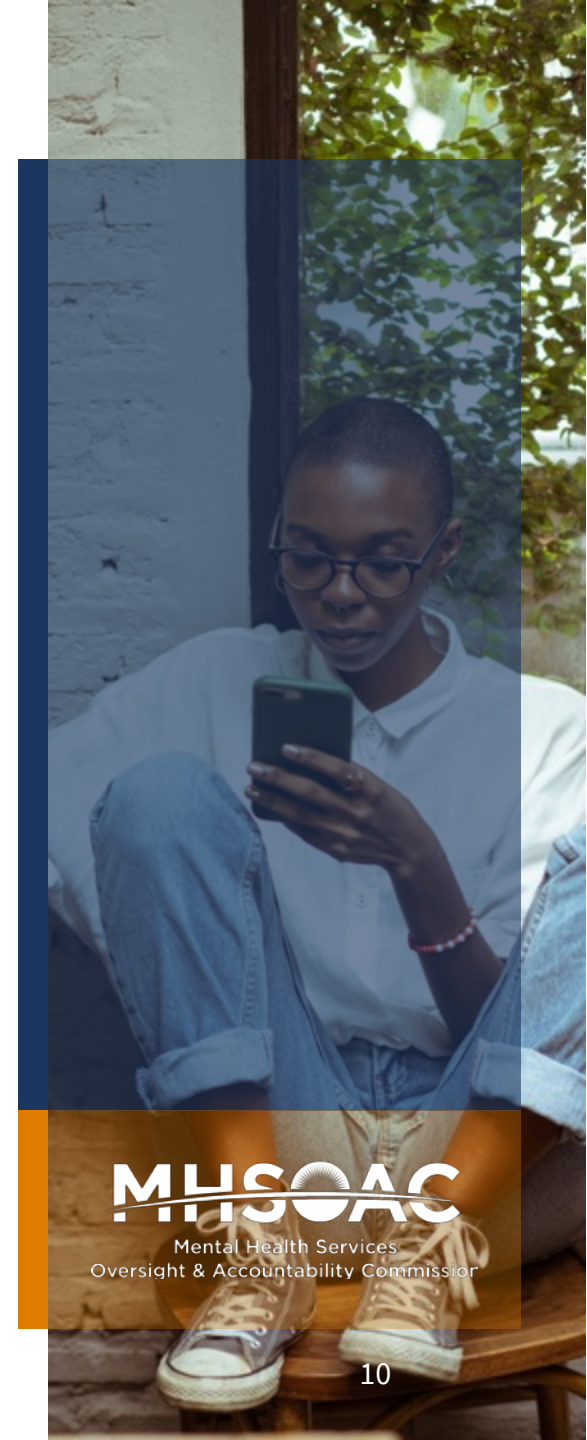
State-Level Advocacy Contractor

- Established state-level organization with experience serving immigrant and refugee populations
- Experience and capacity providing technical assistance and support to local community-based organizations serving immigrants and refugees
- Non-profit organization registered in California



Next Steps

- February 28, 2022: RFPs released to the public
- April 29, 2022: Deadline to submit proposals for Local Program Contractor and State-Level Advocacy Contractor
- May 2022: Notice of Intent to Award
- June 30, 2022: Contracts Awarded



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Proposed Motion

The Commission approves the proposed outline of Request for Proposals for Immigrant and Refugee Stakeholder Advocacy Contracts to support advocacy, training and education, and outreach and engagement efforts on behalf of Immigrant and Refugee populations.

The Commission authorizes the staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants.



**Thank
You**

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MHSOAC Legislative Report 2022

January 27, 2022

Legislative Priorities

- **Assembly Bill 748 (Carrillo)**

Requires school sites in grades 6-12 to post a poster on student mental health and directs the California Department of Education to develop a model poster for local schools.

Potential Motion

The Commission supports AB 748 and directs staff to communicate its position to the Legislature and Administration.

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MHSOAC Legislative Report 2022

January 27, 2022

SB 82 Mental Health Wellness Act/Triage

The Commission heard testimony that the structure of the SB 82 Mental Health Wellness Act/Triage is not fully aligned with community mental health needs.

- Difficult to sustain
- Focus on hiring staff
- Competitive nature creates barriers for small counties.

Explore opportunities to strengthen the SB 82 Mental Health Wellness Act/Triage.

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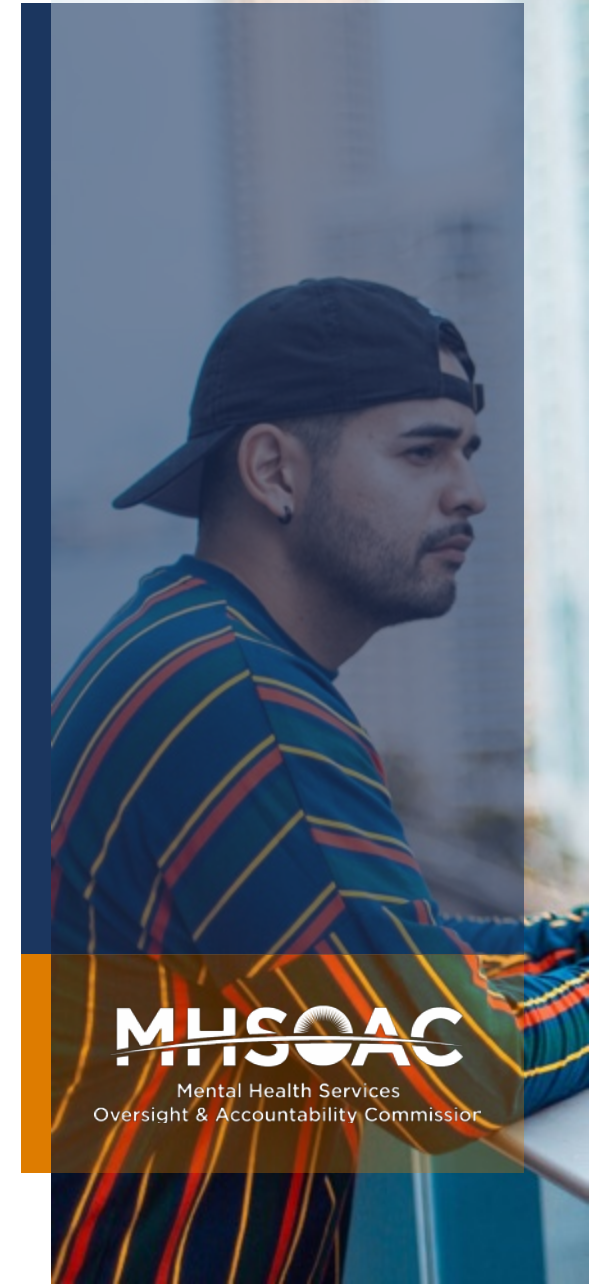
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Current bills supported by the Commission

- **Assembly Bill 573 (Carrillo): Youth Mental Health Boards**
 - Would establish the California Youth Mental Health Board within the California Health and Human Services Agency and require each local mental health system to appoint a youth board to provide guidance on challenges facing youth and determine opportunities for improvement.
- **Senate Bill 749 (Glazer): Mental Health Program Oversight: County Reporting**
 - Requires, the Commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

Recent signed Legislation with Commission support

- **Senate Bill 14 (Portantino, Chapter 672, Statutes of 2021)**
 - **School Employee and Pupil Training – Excused Absences – Youth -** Directs that school absences due to mental health issues will be treated the same as absences due to physical health issues.
- **Senate Bill 224 (Portantino, Chapter 675, Statutes of 2021)**
 - **Mental Health Education -** Requires all students in California receive age-appropriate mental health education.



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- **Senate Bill 465 (Eggman, Chapter 544, Statutes of 2021)**
 - **Full-Service Partnership** - Directs the Commission to report outcomes for people receiving community mental health services under a Full-Service Partnership (FSP) model and develop recommendations to strengthen the use of FSPs.
- **Assembly Bill 638 (Quirk-Silva, Chapter 584, Statutes of 2021)**
 - **Mental Health and Substance Use Disorders** - Expands the authority to use MHSA Prevention and Early Intervention funding to support substance use needs.

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym "MHSOAC" in a bold, white, sans-serif font. A thin white horizontal line is positioned below the letters "S" and "O".

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Commissioner Questions

The logo for the Mental Health Services Oversight & Accountability Commission (MHSOAC). It features the acronym 'MHSOAC' in a bold, white, sans-serif font. The letter 'O' is stylized with a white sunburst or circular pattern inside it. A thin white horizontal line runs through the middle of the letters.

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Legislative Priorities

The Commission may wish to consider engaging the Legislature and community partners to modify the SB 82 Mental Health Wellness Act/Triage

- **Proposed Motion**

The Commission authorizes staff to engage community partners and the Legislature to modify SB 82 Mental Health Wellness Act/Triage to better address community needs.



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MHSOAC Budget Overview and Expenditure Plan

January 27, 2022

MHSOAC Budget Overview

2021-22	2021-22	2022-23
\$45 Million	\$255 Million	\$105 Million

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MHSOAC Budget Overview – 2021/22

- **Fiscal Year 2021-22**
- Commission approved Expenditure Plan for 2021-22 on August 26, 2021
- Mid-year 2021-22 update on January 27, 2022
- Fiscal Year 2021-22 Final Report in June or July 2022

2021-22 Budget Expenditure Plan

Approved 8/26/21

	Budget	Expended year to date as of 08/19/21	Encumbered By Contract/PO	Expected	Potentially Available	
Operations						
Personnel	\$6,720,000	\$556,462	\$0	\$6,163,538	\$0	
Temporary Help (Peer Social Media Network)	\$300,000	\$0	\$0	\$300,000	\$0	
Administration (MHSSA)	\$5,000,000	\$0	\$0	\$5,000,000	\$0	
Core Operations	\$1,065,000	\$70,856	\$157,261	\$836,883	\$0	
TOTAL Operations	\$13,085,000	\$627,318	\$157,261	\$12,300,421	\$0	
Commission Priorities						
Communications	\$509,880	\$0	\$0	\$509,880	\$0	
Innovation	\$462,500	\$0	\$0	\$462,500	\$0	
Research	\$6,197,178	\$0	\$610,000	\$5,587,178	\$0	
Stakeholder	\$5,415,500	\$0	\$4,690,000	\$725,500	\$0	
Peer Social Media Network	\$5,000,000	\$0	\$0	\$5,000,000	\$0	
TOTAL Commission Priorities	\$17,585,058	\$0	\$5,300,000	\$12,285,058	\$0	
UNCATEGORIZED FUNDS	\$357,942	\$0	\$0	\$0	\$357,942	
	Subtotal (Operations + Priorities+Pending Categorization)	\$31,028,000	\$627,318	\$5,457,261	\$24,585,479	\$357,942
Local Assistance						
Triage	\$20,000,000	\$0	\$0	\$20,000,000	\$0	
MHSSA	\$8,830,000	\$0	\$8,830,000	\$0	\$0	
MHSSA Augmentation	\$95,000,000	\$0	\$0	\$95,000,000	\$0	
MHSSA FEDERAL Augmentation	\$100,000,000	\$0	\$0	\$100,000,000	\$0	
Suicide Prevention Voluntary Fund	\$239,000	\$0	\$0	\$239,000	\$0	
TOTAL Local Assistance	\$224,069,000	\$0	\$8,830,000	\$215,239,000	\$0	
GRAND TOTAL	\$255,097,000	\$627,318	\$14,287,261	\$239,824,479	\$357,942	

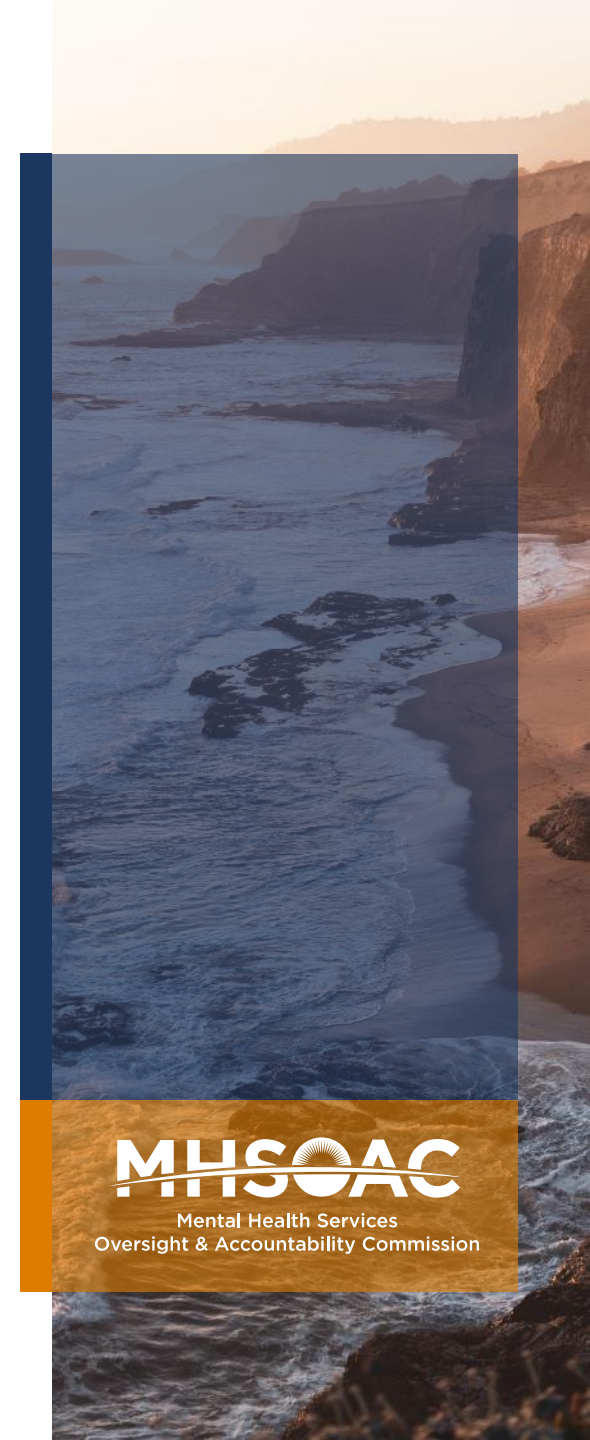
2021-22 Budget Mid-year Update

	Budget	Expended year to date as of 01/21/2022	Encumbered By Contract/PO	Expected	Potentially Available
Operations					
Personnel	\$6,720,000	\$3,361,273	\$0	\$3,350,000	\$8,727
Temporary Help (Peer Social Media Network)	\$300,000	\$97,500	\$82,000	\$0	\$120,500
Administration (MHSSA)	\$5,000,000	\$0	\$0	\$5,000,000	\$0
Core Operations	\$1,065,000	\$575,181	\$483,915	\$160,640	-\$154,736
TOTAL Operations	\$13,085,000	\$4,033,954	\$565,915	\$8,510,640	-\$25,509
Commission Priorities					
Communications	\$509,880	\$165,577	\$199,283	\$156,500	-\$11,480
Innovation	\$462,500	\$12,500	\$0	\$450,000	\$0
Research	\$6,197,178	\$342,540	\$613,000	\$5,187,178	\$54,460
Stakeholder	\$5,415,500	\$1,007,788	\$3,682,212	\$725,500	\$0
Peer Social Media Network	\$5,000,000	\$0	\$0	\$5,000,000	\$0
Work Place Mental Health	\$0	\$0	\$0	\$65,000	-\$65,000
TOTAL Commission Priorities	\$17,585,058	\$1,528,405	\$4,494,495	\$11,584,178	-\$22,020
UNCATEGORIZED FUNDS	\$357,942	\$0	\$0	\$0	\$357,942
Subtotal (Operations + Priorities + Pending Categorization)	\$31,028,000	\$5,562,359	\$5,060,410	\$20,094,818	\$310,413
Local Assistance					
Triage	\$20,000,000	\$0	\$0	\$20,000,000	\$0
MHSSA	\$8,830,000	\$0	\$8,830,000	\$0	\$0
MHSSA Augmentation	\$95,000,000	\$1,392,625	\$56,952,052	\$36,655,323	\$0
MHSSA FEDERAL Augmentation	\$100,000,000	\$0	\$0	\$100,000,000	\$0
Suicide Prevention Voluntary Fund	\$239,000	\$0	\$0	\$239,000	\$0
TOTAL Local Assistance	\$224,069,000	\$1,392,625	\$65,782,052	\$156,894,323	\$0
GRAND TOTAL	\$255,097,000	\$6,954,984	\$70,842,462	\$176,989,141	\$310,413

Governor's Proposed 2022-23 Budget

	Fiscal Year 2022-23
Operations	
Personnel	\$8,207,000
<ul style="list-style-type: none"> • 1 position for SB 465 evaluation \$118,000 • 2 positions for MHSSA evaluation \$224,000 	
Core Operations	\$24,951,000
Total Operations	\$33,158,000
Grant Programs and Local Assistance	
Children and Youth Behavioral Health Initiative*	\$42,900,000
Mental Health Student Services Act	\$8,830,000
Mental Health Wellness Act/Triage	\$20,000,000
Total Grant Programs	\$71,730,000
Total	\$104,888,000

* one-time funds

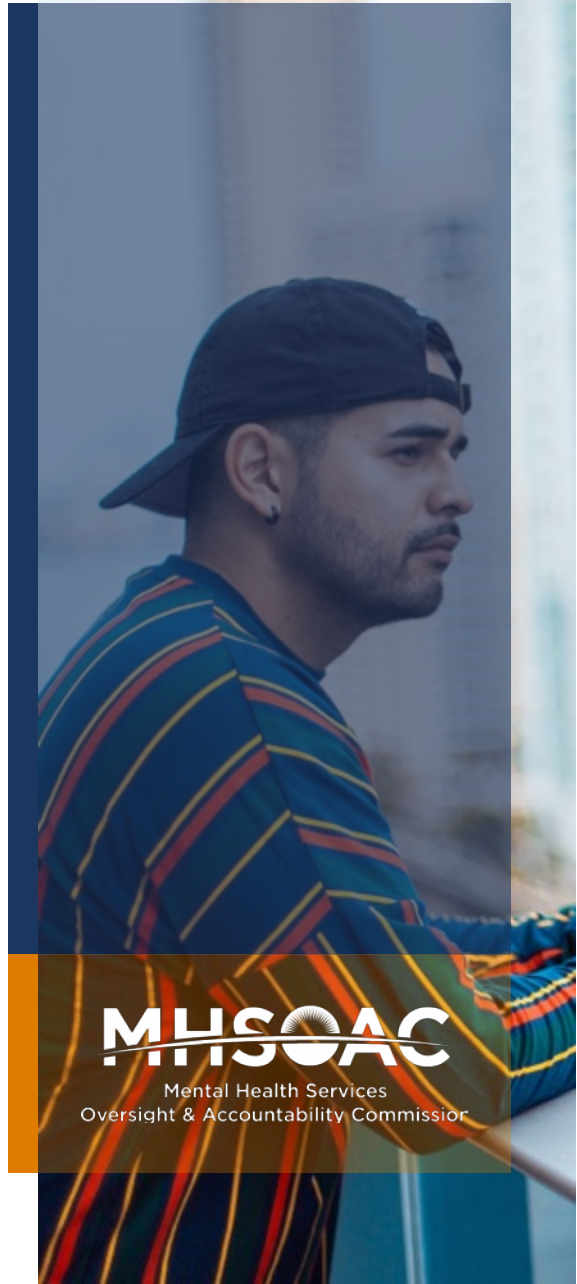


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MHSOAC Expenditure Plan – 2022/23

- **Fiscal Year 2022-23**
- Approved in June or July 2022
- Mid-year update on January 26, 2023
- Fiscal Year 2022-23 Final Report in June or July 2023



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Motion

- The Commission approves the Fiscal Year 2021-22 Mid-year expenditure plan.



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Thank You

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Proposed 2022-23 Budget Priorities for Behavioral Health

Stephanie Welch, Deputy Secretary of Behavioral Health, MSW

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.





Person Centered. Equity Focused. Data Driven.



COVID-19 an Accelerant for Change

- Exacerbated Lack of Access to Behavioral Health Care
- Exposed Inadequate Capacity (Workforce) and Infrastructure (Facilities and Community Placements including Housing)
- Led to Disproportional Losses by Community, Ethnicity, Culture, Age and Health Status

CalHHS Guiding Principles

- **Focus on Equity**
- **Actively Listen**
- **Use Data to Drive Action**
- **See the Whole Person**
- **Put the Person back in Person-Centered**
- **Cultivate a Culture of Innovation**
- **Deliver on Outcomes**

CalHHS Strategic Priorities

- **Create an Equitable Pandemic Recovery**
- **Build a Healthy California for All**
- **Integrate Health and Human Services**
- **Improve the Lives of the Most Vulnerable**
- **Advance the Well-being of Children and Youth**
- **Build an Age-Friendly State for All**

Systemic Change to Behavioral Health Care

- Poverty
- Disability/Poor Physical Health
- Lack of Education and Employment Opportunities
- Marginalization
- Disenfranchisement
- Discrimination (systemic racism)
- Trauma (ACEs)

**Addressing Drivers
Supports Generational Change**

Systemic Change to Behavioral Health Care (2)

- **California Advancing and Innovating Medi-Cal (CalAIM)** which modernizes, improves, and simplifies Medi-Cal's BH system and the **CalAIM Justice Package**
- **The Children and Youth Behavioral Health Initiative (CYBHI)** provides **\$4.4B** (including support for the MHSOAC Student Mental Health Initiative) to reimagine behavioral health system for children and youth
- **The Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) Program** provides **\$3B** to build out community based care, including residential placements
- **New Peer Support Services Benefit in Medi-Cal**
- **Established an Office of Suicide Prevention**

Systemic Change to Behavioral Health Care (3)

- Department of Managed Health Care **Mental Health Parity Enforcement Efforts**
- **CalHOPE** a crisis counseling assistance and training program, prepping for **9-8-8** implementation
- **California Medicated Assisted Treatment (MAT) Expansion Project**, pilot **Contingency Management** in outpatient treatment settings
- The **Behavioral Health Integration Incentives Program**
- Address the **Incompetent to Stand Trial** population including expansion of the Department of State Hospitals **Diversion Program**

Systemic Change to Behavioral Health Care (4)

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Behavioral Health Bridge Housing - \$1.5B** to address the **immediate housing and treatment** needs of **people experiencing or at eminent risk of homelessness** with serious behavioral health conditions, funding can be used to purchase and install tiny homes and to **provide time-limited operational supports** in these tiny homes or in other **bridge housing settings** including existing assisted living settings.
- **Solutions to Address the Incompetent to Stand Trial (IST) Crisis - \$571M** to provide **immediate solutions** to support access to treatment for the nearly **1700** individuals currently found IST on felony charges and waiting in jail and to expand **Diversion** and **Community-Based Restoration Capacity** to increase IST community based treatment alternatives.

Systemic Change to Behavioral Health Care (5)

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Medi-Cal Community-Based Mobile Crisis Services – \$108M (\$16M GF)** DHCS will **add multi-disciplinary mobile response services for crises** related to mental health and substance use disorders **as a new Medi-Cal benefit**, as soon as **January 1, 2023**. Providing community-based mobile crisis services will help reduce the impact of untreated behavioral health conditions on emergency departments and psychiatric facilities, by providing a system for triaging and referring people to services in the community.
- **CaAIM and Providing Access and Transforming Health (PATH) - \$1.3B** over five years to support the development of **Enhanced Care Management and Community Supports in CaAIM**. **\$561M** over five years to support implementation of **CaAIM justice-involved initiatives**.
- CalHHS will conduct **Crisis Care Continuum Planning** and DHCS/ DSS will complete the **Foster Care Model of Care**

Systemic Change to Behavioral Health Care (6)

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Expanding Access to MAT - \$96M** GF in 2022-23 and **\$61M** ongoing
- **\$86M Opioid Settlement** funds which will be dedicated to a **public awareness** campaign targeted towards **youth opioids education and awareness** and **fentanyl risk education (\$50M)**, improving the state's ability to collect and analyze **data on opioid overdose trends (\$5M)**, provider **training** on opioid treatment (**\$26M**), and distributing **naloxone to homeless service providers (\$5M)**

Workforce for a Healthy California for ALL

Care Economy Workforce Development - \$1.7B investment for the Labor and Workforce Development Agency and CalHHS to create innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, compensation, and health-equity outcomes.

- **California 25x25 Initiative—\$350M** to recruit, train, and certify 25,000 new community health workers
- **California Social Work 2030 Initiative—\$210M** to support social work training programs and to create a new pipeline for diverse social workers
- **Psychiatric Resident Program—\$120M** to create training positions for psychiatric residents, psychiatric mental health nurse practitioners, psychology interns/fellows, and psychiatric nurses.
- **Multilingual Health Initiatives—\$60M** to expand scholarships and loan repayment programs in healthcare and social work for multilingual applicants, with the goal of increasing language and cultural competencies throughout the care workforce.



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California Health & Human Services Agency

The California Health & Human Services Agency (CalHHS) oversees departments and state entities that support California's most vulnerable. Our mission is to work together with counties, cities, and communities, as well as our public, private, faith, and educational partners to make California a healthy, vibrant, inclusive place to live, play, work, and learn.

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Children and Youth Behavioral Health Initiative

Presentation to the Mental Health Services Oversight and Accountability Commission

By Melissa Stafford Jones, Director of the CYBHI, CalHHS

January 27, 2022



Office of the California
Surgeon General
Dr. Nadine Burke Harris

Today's discussion

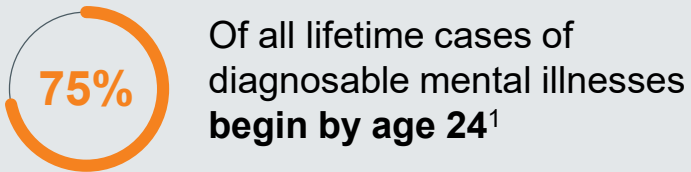
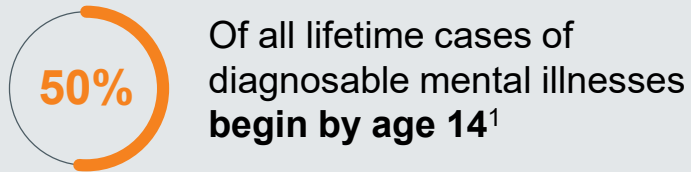


Objectives

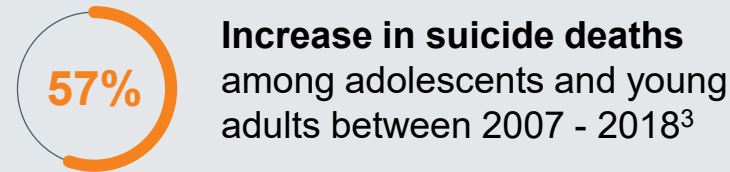
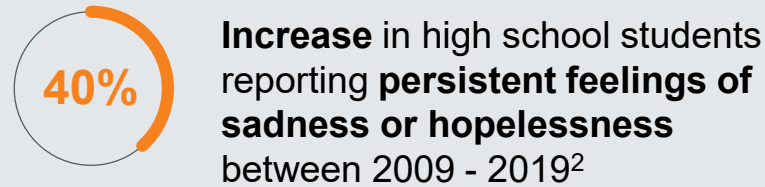
- ✓ Overview of the Children and Youth Behavioral Health Initiative
- ✓ Share approach for how California plans to reimagine behavioral health for all children, youth, and families
- ✓ Initial focus areas of the Children and Youth Behavioral Health Initiative and Next Steps

Why addressing behavioral health needs and challenges matters

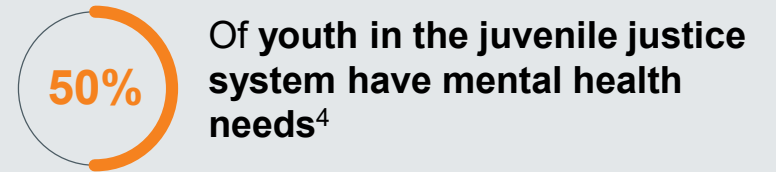
Many mental health challenges begin in childhood and early adulthood



Behavioral health needs for children and youth were increasing prior to the pandemic



Behavioral health challenges disproportionately impact some populations (e.g., racial and ethnic minority youth, LGBTQ+ youth, youth with disabilities, youth facing socioeconomic challenges etc.)



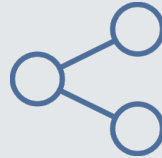
1. Kessler R, Berglund P, Demler O, Jin R. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication." Walters E. Arch Gen Psychiatry. 2005, 62:593-602.
2. CDC. Youth Risk Behavior Survey Data Summary & trends Report 2009-2019
3. Curtin SC. State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. National Vital Statistics Reports; vol 69 no 11. Hyattsville, MD: National Center for Health Statistics. 2020.
4. Underwood LA, Washington A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016;13(2):228. Published 2016 Feb 18. doi:10.3390/ijerph13020228
5. CDC. 2019 Youth Risk Behavior Survey

What can be achieved by addressing behavioral health needs and challenges



Better Health Outcomes

Children who receive **behavioral health care** integrated with pediatric primary care experience a **significant reduction in behavioral problems and anxiety**¹



Increased Resilience

23% of youth in California ages 12-17 **needed help for emotional or mental health** conditions (such as feeling sad, anxious, or nervous)²



Increased Economic Opportunities

Lifetime earnings quintupled for people with serious mental illnesses when they received more than a high school education, compared to those who did not³

1. Kolko DJ, Campo J, Kilbourne AM, Hart J, Sakolsky D, Wisniewski S. Collaborative care outcomes for pediatric behavioral health problems: a cluster randomized trial. *Pediatrics*. 2014;133(4):e981-e992. doi:10.1542/peds.2013-2516

2. UCLA Center for Health Policy Research, California Health Interview Survey (Aug. 2020).

3. Seabury, SA., Axeen S, Pauley G, Tysinger B, Schlosser D, Hernandez J, Heun-Johnson H, Zhao H. "Measuring The Lifetime Costs of Serious Mental Illness and the Mitigating Effects of Educational Attainment." Goldman D. Health Affairs, April 2019

Overview of the Children and Youth Behavioral Health Initiative

The goal of the **Children and Youth Behavioral Health Initiative** is to **address the behavioral health challenges** facing children and youth **by reimagining the systems that support behavioral health and wellness for children, youth, and their families**



The initiative will take a **whole system approach** by creating **cross-system partnerships** – involving stakeholders from the various systems that support children and youth behavioral health – to ensure that **the reimaged ecosystem is children and youth centered and equity focused**

Reimagine behavioral health and emotional wellbeing

for ALL children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, up-stream focused, ecosystem



Advance Equity

ALL children, youth and their families have access to linguistically, culturally and developmentally appropriate services and supports



Designed for Youth by Youth

Children and youth are engaged in the design and implementation of services and supports; ensuring that programs center on their needs



Start Early, Start Smart

The systems that support children, youth and their families act early by promoting positive mental health and reducing risk for more significant mental health needs / challenges



Center around Children and Youth

Across all levels of government, child- and youth-serving agencies form coordinated systems of care to deliver high-quality behavioral health programs responsive to the needs of youth and their families



Empower Families and Communities

People who teach, work with or care for children and youth are equipped to recognize signs of poor mental health or substance use and know how to access supports



Right Time, Right Place

Youth and children can access high-quality care and information when they need it—including early mornings, evenings and weekends and where they need it—including where they live, learn, and play

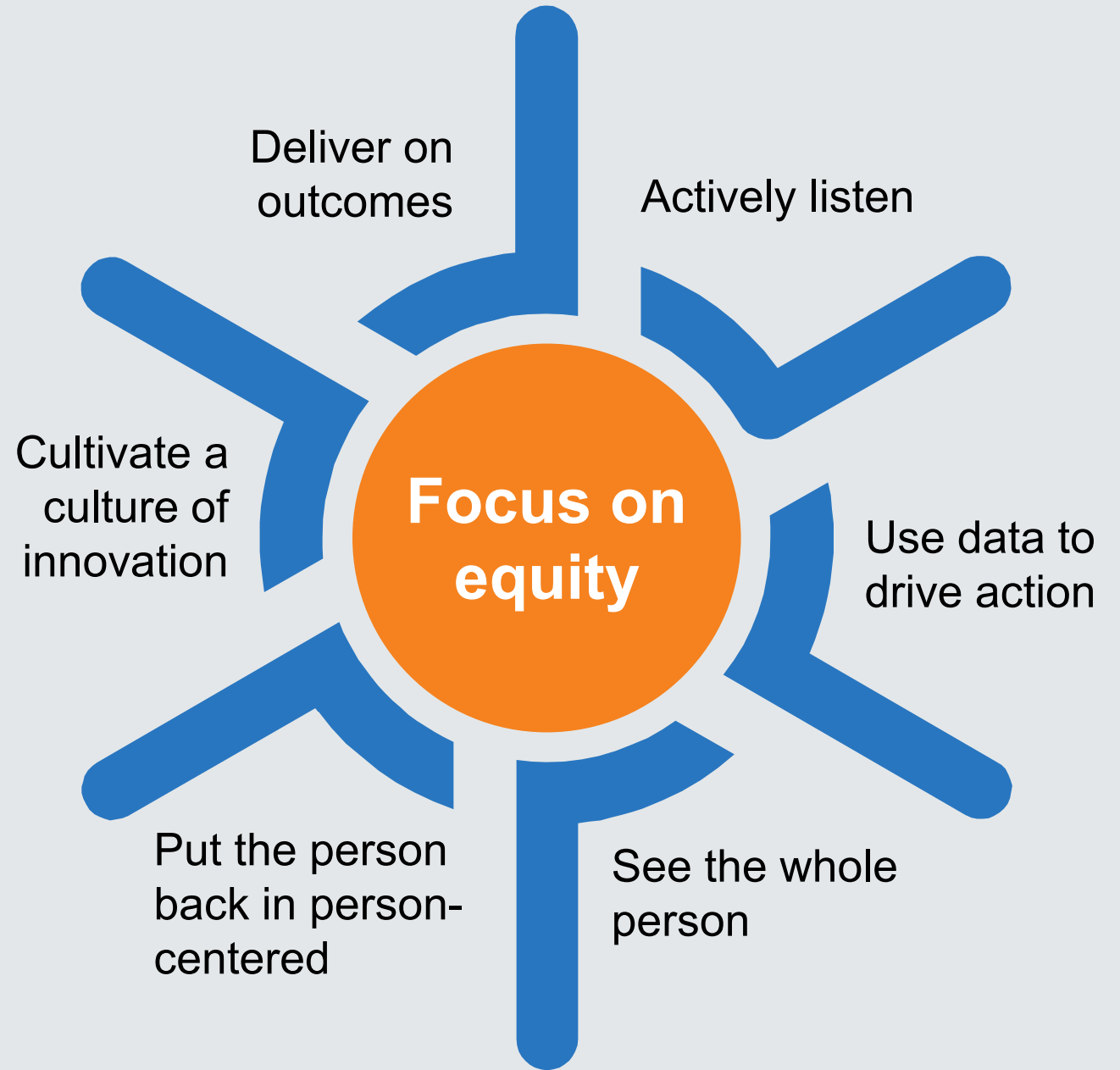


Free of Stigma

Children, youth and their families can talk about their mental health and wellbeing and seek help without feeling ashamed or fearing discrimination

CalHHS guiding principles

The initiative will be designed and implemented in alignment with CalHHS guiding principles to create a *Healthy California for All*



How California plans to **redesign and reimagine** the system



Focus on the entire continuum of care



Increase system capacity



Center the experiences and needs of children and youth



Address stigma



Catalyst for system redesign within and across sectors

Initial focus areas and components for the Children and Youth Behavioral Health Initiative

1 Expand equitable access, with no wrong door for children, youth, and families

Build an accessible behavioral health services platform

Make school-linked and school-based behavioral health services available for all

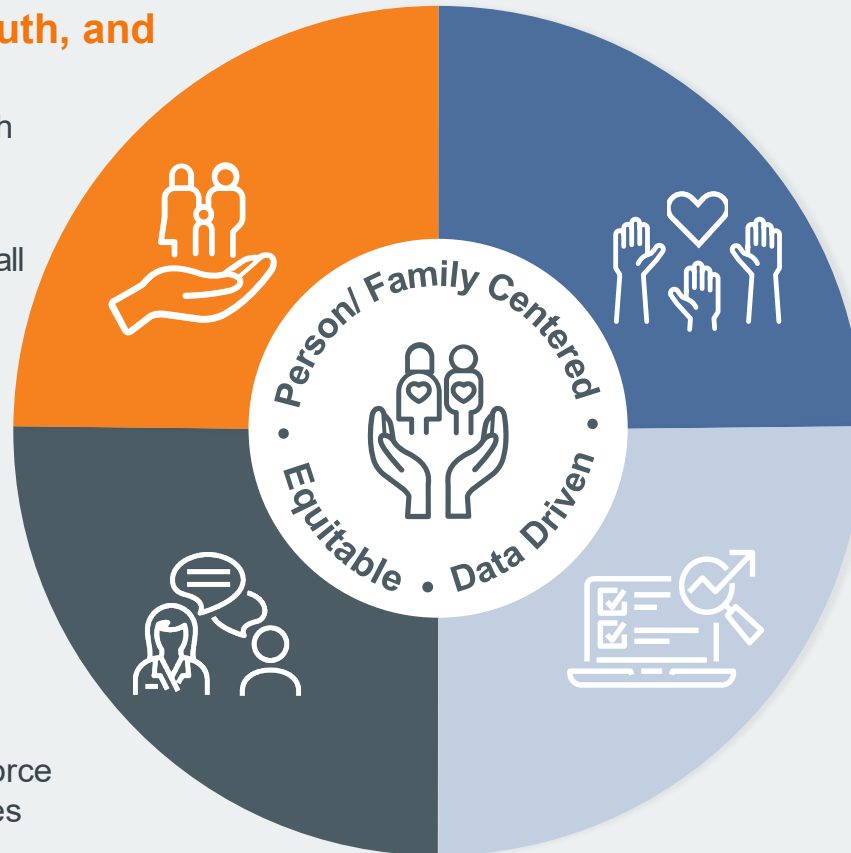
Enhance primary care system to address behavioral health needs

Involve health plans including commercial plans in improving behavioral health services and supports for children and youth

2 Build capacity for prevention, treatment, and recovery services

Expand the behavioral health workforce including BH counselors and coaches

Expand existing services and build new sites for behavioral health care across the continuum



3 Raise awareness and engage communities and families

Conduct culturally and linguistically appropriate campaigns to educate the public and raise behavioral health literacy

Raise awareness of adverse childhood experiences (ACEs) and toxic stress

Provide trauma-informed training for educators

4 Deliver behavioral health care services and supports that work

Scale evidence-based and community defined practices that are proven to work

Conduct systematic and rigorous program evaluation and performance management

Initial milestones (July 2021 – June 2022)



1
Expand equitable access, with no wrong door for children, youth, and families

Behavioral health platform:

Identify critical features and prepare to select technology partner(s)

Youth voice and family/ community engagement



2
Build capacity for prevention, treatment, and recovery services

Behavioral health workforce:

Release BH workforce framework for BH counselors and coaches as well as SUD workforce

Continuum of care: Complete capacity and gap analysis; prepare to administer grants

- Activate youth, family, and community engagement through existing and new channels and forums

Integration, evaluation and continuous improvement

- Launch regular program performance reporting and release approach to program evaluation
- Establish and maintain expert forums and workgroups to provide support across program components



3
Raise awareness and engage communities and families

Public education and awareness:

Complete trauma-informed training for educators
 Prepare to launch culturally specific public education and awareness campaigns



4
Provide behavioral health care services and supports that work

Evidence-based and community-defined practices:

Identify evidence-based and community-defined programs for roll out
 Select a third-party grant administrator
 Start administering grants

Overview of the CYBHI Workstreams

CYBHI Workstreams	Description of workstreams
DHCS BH Services Virtual / e-Consult Platform	Implement BH service virtual platform to be integrated with screening, clinic -based care and app-based support services
School-Linked and School-Based BH Services	Build infrastructure, partnerships, and capacity to increase the number of students receiving preventive and early intervention BH services
Enhanced Medi-Cal Benefits	Implement dyadic services in Medi-Cal, based on the HealthySteps model of care
Evidence-Based and Community-Defined Practices	Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions
Pediatric, Primary Care, and Other Healthcare Providers	Provide opportunities for primary care and other health care providers to access culturally proficient education and training on BH and suicide prevention
Continuum of Care Infrastructure	Ensure youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county
HCAI School BH Counselor and BH Coach Workforce	Develop a multi-year plan to launch and implement a BH coach or counselor system by which students can receive in-person and/or virtual one-on-one and group supports
Broad BH Workforce Capacity	Build and expand workforce, education and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services
DMHC Commercial Health Plans Coverage for School-Linked BH Services	Establish fee schedule for health plan reimbursement of school-based / school-linked services
CDPH Public Education and Change Campaign	Raise the BH literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges
OSG ACEs Awareness Campaign	Raise awareness of Adverse Childhood Experiences (ACEs) and toxic stress
Trauma-Informed Training for Educators	Provide ongoing training to educators on trauma-informed care

Source: California Health and Human Services Agency; DHCS; HCAI; DMHC; CDPH; OSG



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Initial integrated 5-year roadmap (1/2)

	2022	2023	2024	2025
DHCS	CYBHI Workstreams			
BH Services Virtual / e-Consult Platform			Platform launch	
School-Linked and School-Based BH Services	School-linked capacity and infrastructure grants			Statewide BH network and fee structure for school-based services
Enhanced Medi-Cal Benefits		Dyadic services benefit in Medi-Cal		
Evidence-Based and Community-Defined Practices	Evidence-based programs grants			
Pediatric, Primary Care, and Other Healthcare Providers		Provider education campaign launch		
Continuum of Care Infrastructure	County gap and needs assessment report release and RFA release (children and youth)			
HCAI	School BH Counselor and BH Coach Workforce			
	Release career ladder and framework for BH coaches/counselors	Administer award cycle; launch coach/counselor outreach campaign		
	Broad BH Workforce Capacity			
	Release SUD workforce and BH social work frameworks and administer first training award cycles	Administer SUD award cycle and launch SUD outreach campaign; administer expanded peer personnel and psychiatry/social work award cycles		

Source: California Health and Human Services Agency; DHCS; HCAI; DMHC; CDPH; OSG



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Initial integrated 5-year roadmap (2/2)



Source: California Health and Human Services Agency; DHCS; HCAI; DMHC; CDPH; OSG



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Opportunities for Alignment with MHSOAC

- MHSSA: Learnings, Foundational Partnerships, Impacts
- Subject Matter Experts
- Sharing of Insights
- Youth and Family Engagement Findings
- Landscape Analysis
- Population-Level Prevention
- Local Models of Cross-Sector Behavioral Health Ecosystem

Questions

Please reach out to CYBHI@chhs.ca.gov with questions and inquiries

For additional information please visit the [Children and Youth Behavioral Health Initiative webpage](#)