BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

November 12, 2025

CalHHS
California Health & Human Services Agency

WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CalHHS
California Health & Human Services Agency

THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person participants: wait for mic to speak
- All: Identify yourself as you start to speak – people may not see you
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Remote participants: Please stay ON MUTE when not speaking and utilize the "raise hand feature" if you have a question or comment
- Please turn on your camera as you are comfortable
- BHTF members can use chat for additional conversation

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THIS IS A HYBRID MEETING (continued.)

- **MEMBERS OF THE PUBLIC** will be invited to participate during the public comments period at the end of the meeting.

For additional feedback, please email:
BehavioralHealthTaskForce@chhs.ca.gov

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ELEMENTS FROM BHTF GUIDELINES AND COMMITMENT TO ENGAGEMENT

- SHARE THE AIRTIME – BE BRIEF AND BRILLIANT
- STRIVE FOR AN EQUITABLE AND INCLUSIVE MANNER
- RESPECT: ACTIVELY LISTEN, INVOLVE ALL
- STAY FOCUSED ON THE AGENDA
- WORK TO REDUCE STIGMA
- THINK INNOVATIVELY AND WELCOME NEW IDEAS

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MEETING AGENDA

10:00 Welcome

10:15 SUD as a Behavioral Health Priority

10:30 Panel Presentations and Discussion

12:00 Lunch Break

12:30 Panelist Questions

1:00 Discussion & Breakout Session

2:30 Department Updates

2:50 Closing & Adjourn

Submit Panelist Questions

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SUD as a Behavioral Health Priority

Kim Johnson, Secretary, California Health and Human Services

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Putting the "SUD" in Behavioral Health Transformation

CAADPE Annual Meeting

October 2025

Building Out California's Behavioral Health Continuum of Care

BUILDING BLOCKS OF TRANSFORMATION *

FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26
Legislation to further **equality between mental and physical health services (SB 855)**	**Behavioral Health Continuum Infrastructure Program (BHCIP)**	**Miles Hall Lifeline and Suicide Prevention Act (AB 988)**	**Medi-Cal Mobile Crisis Services**	**Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT) Includes Workforce**	**On-going Implementation of Behavioral Health Initiatives CalAIM Waiver Renewal Federal Administration Challeges**
	Children and Youth Behavioral Health Initiative (CYBHI)	**CalAIM Justice-Involved Reentry Initiative**	**Proposition 1** (Behavioral Health Services Act and Behavioral Health Bond)		
	California Advancing & Innovating Medi-Cal (CalAIM)	**Medi-Cal Peer Support Services**	**Certified Wellness Coaches**		
		Behavioral Health Bridge Housing Program			
		Community Assistance, Recovery, and Empowerment (CARE) Act			

** Not intended to be a comprehensive list of all behavioral health initiatives*

Components of Behavioral Health Transformation

Exciting New Opportunities to Address Substance Use Disorder (SUD)

SUD Services Integrated Throughout Continuum

Workforce and Facilities/Housing

Equity

Oversight and Accountability

Key Opportunities – Inclusive of SUD

Target the Most In Need & Reduce Disparities

Housing is Health

Increasing Access to Services

Sustain Workforce Investments

Support Children & Youth

Measure Impact

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MENTAL HEALTH FOR ALL

Key Opportunity:
Target the Most in Need and Reduce Disparities

Behavioral Health Services Act (BHSA) Required Priority Populations

Eligible Children & Youth

- Are chronically **homeless** or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the **juvenile justice system**
- Are **reentering** the community from a youth correctional facility
- Are in the **child welfare**
- Are at risk of **institutionalization**

Eligible Adults & Older Adults

- Are chronically **homeless** or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the **justice system**
- Are **reentering** the community from state prison or county jail
- Are at risk of **conservatorship**
- Are at risk of **institutionalization**

Behavioral Health Services Act (BHSA) funding focuses on vulnerable individuals who have more significant need for SUD services and supports

Key Opportunity: Housing is Health

Addressing homelessness is essential to BH treatment, recovery, & stability

BHSA Housing Interventions – Children and families, youth, adults, and older adults living with SMI/SED and/or **SUD** who are experiencing or at risk of homelessness.

- **50% is prioritized** for housing interventions for the **chronically homeless with BH challenges**.
- Rental subsidies, operating subsidies, shared and family housing, capital, & the non-federal share transitional rent.
- **Up to 25%** may be used for **capital** development.

Through **Homekey +,** $2.2 billion in funding allocated from Prop 1 housing investments for veterans and individuals with behavioral health conditions who are at-risk of, or experiencing homelessness.

- **$540,443,404** in awards (as of October 13, 2025)
- **1,545 Homekey Units Funded,** including **395** for **Veterans**

Key Opportunity:

Increase Access to Services – Facilities

Bond Behavioral Health Infrastructure Program (BHCIP)

Up to **$4.4 billion** for competitive grants to build, enhance, and expand behavioral health **treatment settings – Including SUD**

Bond BHCIP Round 1: Launch Ready awards released in May 2025:

- **$3.1 billion** in grant funding awarded
- Creates **5,077 new residential/inpatient treatment beds** for mental health and substance use disorders and **21,882 new outpatient slots**
- Funds **124 projects** accounting for **214 mental health and/or substance use disorders facilities**

51 SUD Residential facilities*
2,410 SUD Residential beds

Bond BHCIP Round 2: Unmet Needs (over $800 million) Request for Applications released **May 30, 2025**

- Applications due **October 28, 2025**
- Award announcements anticipated **spring 2026**

* Includes Adult Residential SUD Treatment Facility, Adolescent Residential SUD Treatment Facility, Perinatal Residential SUD Facility, Chemical Dependency Recovery Hospital. **Updates to these numbers are on-going and subject to change**

Key Opportunity:

Increase Access to Services – Treatment/ Supports

Increasing the menu of options available to individuals with SUD

Opioid Response Project

- California Overdose Prevention & Harm Reduction Initiative
- California Overdose Prevention Network
- Emergency Medical Services Buprenorphine Use Pilot Program
- CalRX Initiative
- Naloxone Distribution Project
- MAT Access Points Project
- CA Bridge Program
- Tribal MAT Program

California Advancing and Innovating Medi-Cal (CalAIM)

- "no wrong door" approach
- Contingency Management
- Peer Support Services
- Justice-involved Reentry Initiative

BHSA

- Inclusion of SUD

BH CONNECT

- Transitional Rent Assistance
- Community Supports

988 Suicide & Crisis Lifeline

Key Opportunity:
Sustain Workforce Investments

- Under the **BHSA**, the Department of Health Care Access and Information (HCAI) will implement a behavioral health workforce initiative to expand a **culturally-competent and well-trained behavioral health workforce.**
- BH-CONNECT supports a **$1.9 billion robust and diverse behavioral health workforce initiative** that includes scholarships, loan repayment programs, recruitment incentives, residency and fellowship expansions, and professional development.

BH CONNECT Workforce Programs	Launch Date
Medi-Cal Behavioral Health Student Loan Repayment (MBH-SLRP, LRP) • Alcohol and Other Drug Counselors, Addiction Psychiatrists and Addiction Medicine Physicians among others	July 1, 2025
Medi-Cal Behavioral Health Residency Training Program (MBH-RTP) • Addiction Psychiatrists and Addiction Medicine Physicians among others	July 15, 2025
Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP)	To be announced
Medi-Cal Behavioral Health Scholarship Program (MBH-SP)	To be announced
Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP)	To be announced

Key Opportunity:
Support Children and Youth

Intervening early, meeting children, youth, and their families where they are to disrupt the trajectory toward SUD

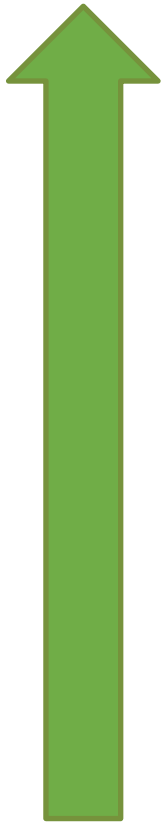
The **Children and Youth Behavioral Health Initiative (CYBHI)** has increased access to school-linked behavioral health services by establishing a sustainable reimbursement source through health insurance.

- **$305 million awarded to 481 entities** to scale Evidence-Based and Community-Defined Evidence Practices.
- **Launched** free coaching services with qualified behavioral health wellness coaches via two digital platforms called BrightLife Kids for parents or caregivers and kids 0-12 years old and Soluna for teens and young adults ages 13-25.
- Certified over **3,000 Wellness Coaches**
- Youth **Peer-to-Peer** Support Program

BHSA on Horizon – SUD Prevention Efforts at CDPH

Key Opportunity:
Measure Impact

Goals for Improvement



- Care Experience
- Access to Care
- Quality of Life
- Engagement in School
- Engagement in Work
- Social connection
- Prevention & Treatment of Co-Occurring Physical Health Conditions

Goals for Reduction

- Suicides
- Overdoses
- Untreated BH Conditions
- Homelessness
- Institutionalization
- Justice Involvement
- Removal of Children from home

18

Current Landscape

- Navigating uncertainty amidst evolving federal landscapes
- Supporting each other through burnout and change fatigue
- Learning from each other along the way
- Witnessing the real-world impact of our efforts
- Acknowledging the challenges ahead– while staying focused on improving lives
- **Integrating SUD into ALL Behavioral Health Transformation Opportunities**

Thank you

Substance Use Disorders & The Continuum of Care

Panel Presentations

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Substance Use Disorder Services In California

Marlies Perez, Division Chief
Behavioral Health Transformation Project Executive and Chief of the Community Services Division
Department of Health Care Service

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 2025

Substance Use Disorder Definitions and Prevalence

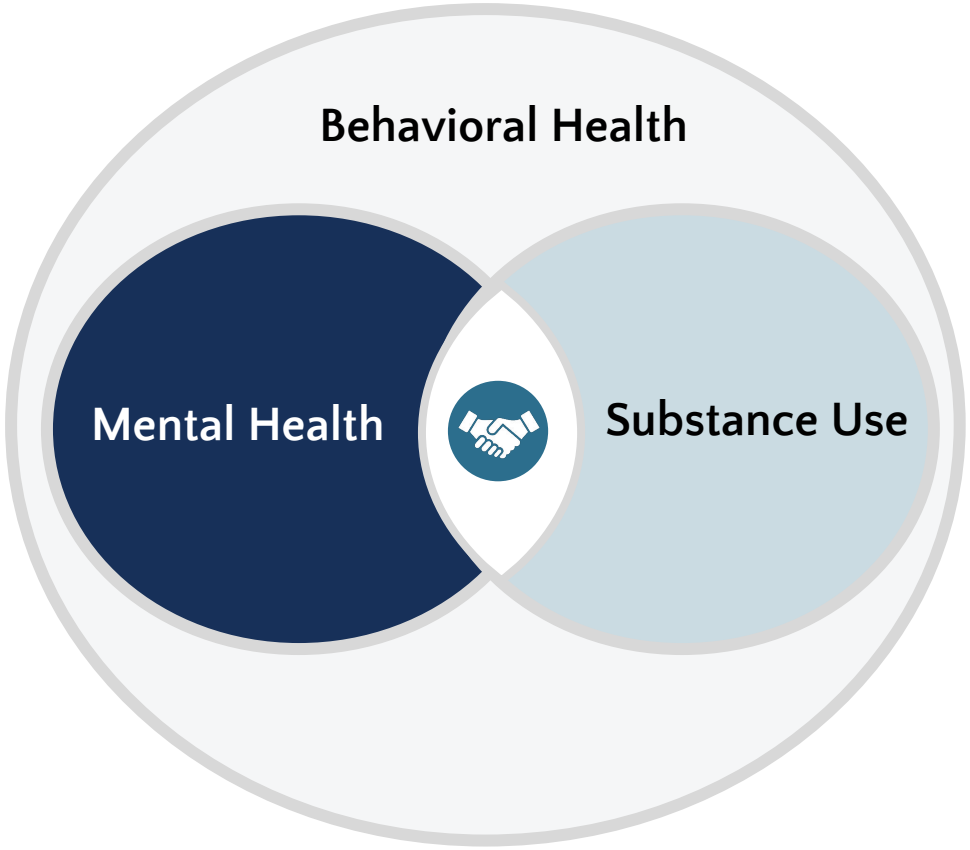
DHCS

What is Behavioral Health?

Behavioral health services means SUD **and** mental health services.

- According to the Substance Use and Mental Health Services Administration (SAMHSA), behavioral health refers to:
  - "The promotion of mental health, resilience and wellbeing, the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities."
- Behavioral health covers both mental health and substance use.

Substance Use Disorder (SUD)



- As defined under the Behavioral Health Services Act (BHSA), and in alignment with the definition under Medi-Cal the criteria for an SUD are: an adult, child, or youth who has at least one diagnosis of a **moderate or severe SUD** from the most current version of the Diagnostic and Statistical Manual of Mental Disorders for Substance-Related and Addictive Disorders, with the exception of tobacco-related disorders and non-substance-related disorders.

- BHSA added Welfare and Institutions Code Section 5891.5 (b)(2), which defines SUD treatment services to include:
  - **Harm reduction**
  - **Treatment**
  - **Recovery services**, including all federal Food and Drug Administration approved medications.

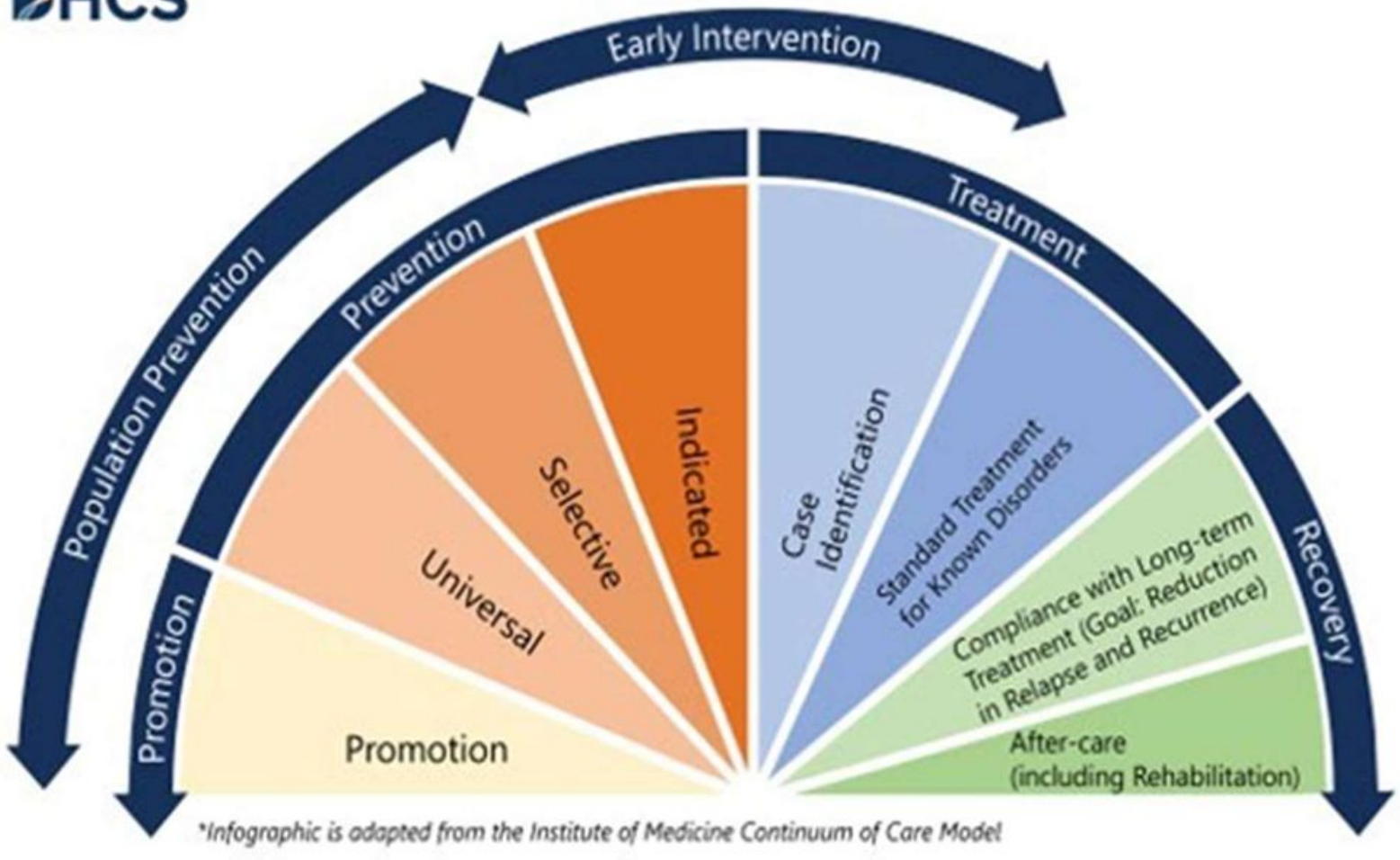
What is an SUD?

- Many people mistakenly believe that addiction results from a lack of willpower or moral principles. In reality, addiction is a complex disease that alters the brain, making it hard to quit even for those who want to stop.
- However, research has uncovered effective treatments that can help people recover and lead fulfilling lives.
- Drug addiction is a chronic disease where people compulsively seek and use drugs despite harmful consequences.
- Repeated drug use changes the brain, making it hard to resist intense cravings. These changes can persist, which is why addiction is considered a "relapsing" disease—people may return to drug use even after long periods of sobriety.
- Relapse is common but doesn't mean treatment failed. Like other chronic illnesses, addiction treatment must be ongoing and adapted to fit the person's needs.

- YouTube video: "Addiction Neuroscience 101" by Dr. Corey Waller.

Source: What is Substance Use Disorder? Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/substance-use/what-is-sud

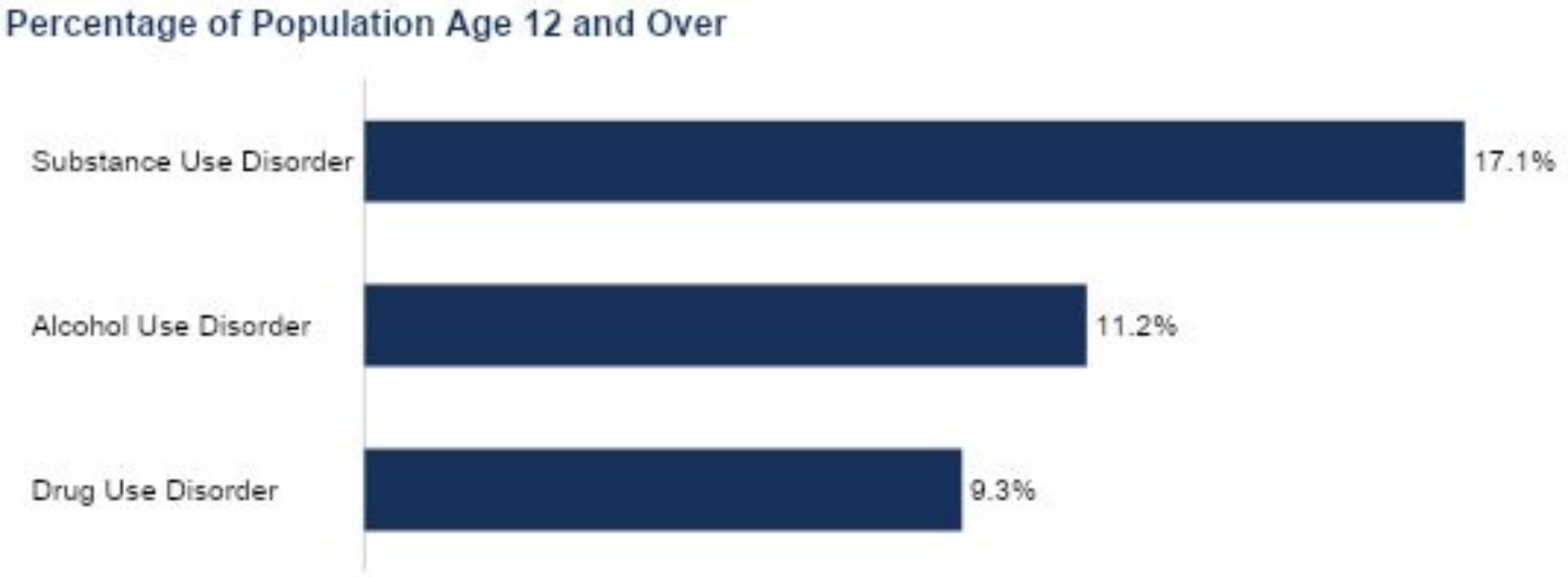
The SUD Continuum of Care



- Overview of The Institute of Medicine's Continuum of Care is detailed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Technical Assistance Center.

SUD Prevalence within California

Approximately 5.7 million Californians (17%) age 12 and older meet the criteria for SUD. Approximately 11% reported meeting criteria for alcohol use disorder, and 9% reported meeting criteria for drug use disorder.



Source: *National Survey on Drug Use and Health (2021-2022)*, Substance Abuse and Mental Health Services Administration, table 19A and 20A.
https://www.samhsa.gov/data/report/2021-2022-nsduh-state-specific-tables

SUD Prevalence and Unmet Treatment Needs in California

- Over **80% of Californians** identified as needing **substance use treatment did not receive care** — a rate of unmet treatment need **higher than the national average of 76%.**+
- Young adults aged **18 to 25** report the **highest percentages (29.77%) of past month illicit drug use and (40.89%) of past year marijuana use** compared to other age groups – a percentage significantly higher from adolescence.++
- Males report **using all drugs** (except methamphetamine) **more** than females.*
- **Since 2019**, prevalence and trends in self-reported drug use show **decreases** in the number of **adults** misusing prescription pain medications and prescription stimulants, heroin and methamphetamine.**

+Source: *National Survey on Drug Use and Health (2021-2022)*, Substance Abuse and Mental Health Services Administration (SAMHSA), table 6.10A and 6.11.B.https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables
++ Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022-2023, Table 20A https://www.samhsa.gov/data/sites/default/files/reports/rpt56188/2023-nsduh-sae-state-tables_0/2023-nsduh-sae-state-tabs-california.pdf
*Source: Substance and Addiction Prevention Branch – Overdose Prevention Initiative, Combined California Health Interview Survey Dataset (2017-2021) derived 2025-10-30 at https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/Prevalence_and_Trends_in_Self-Reported_Drug_use.pdf
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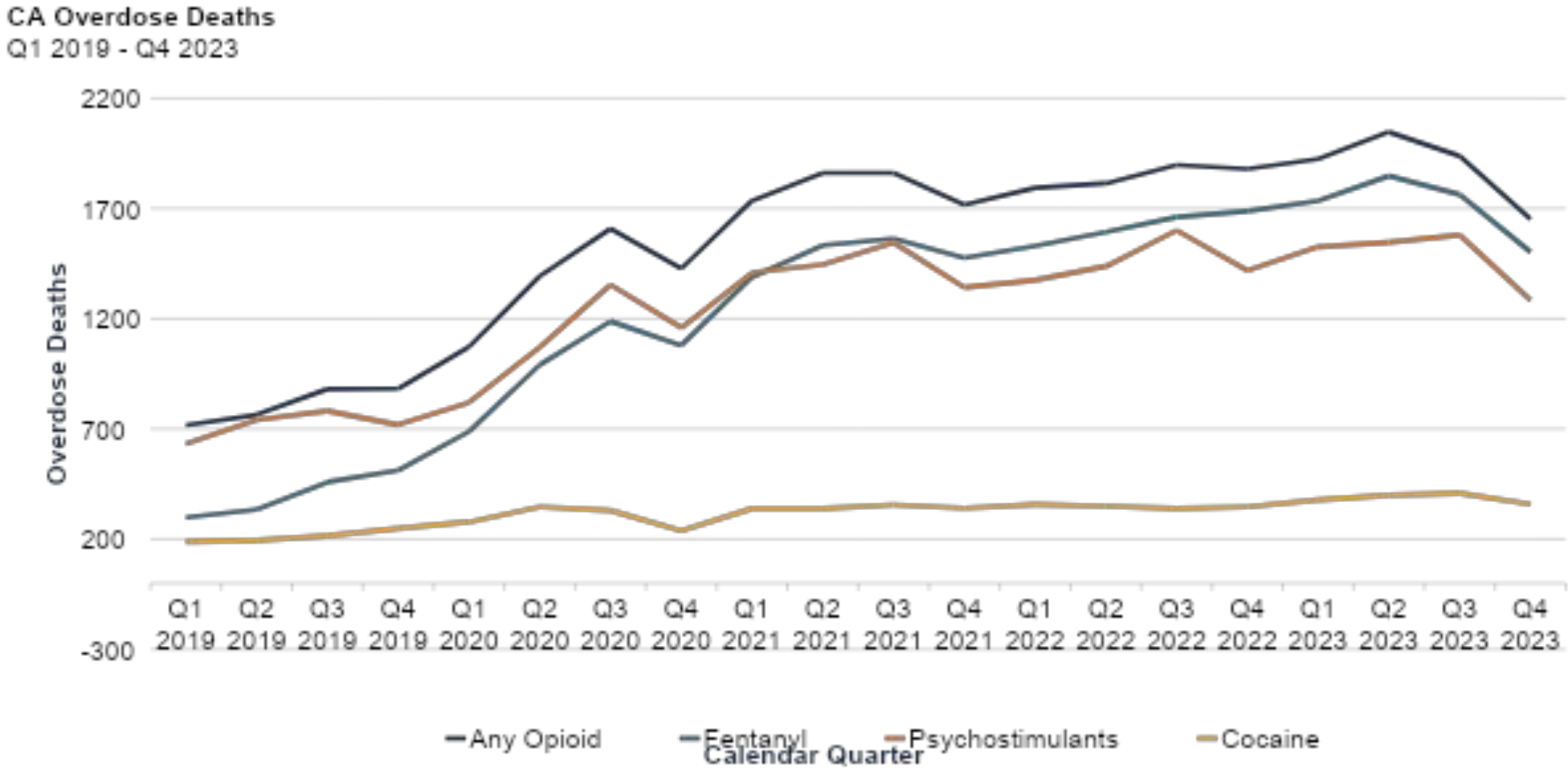
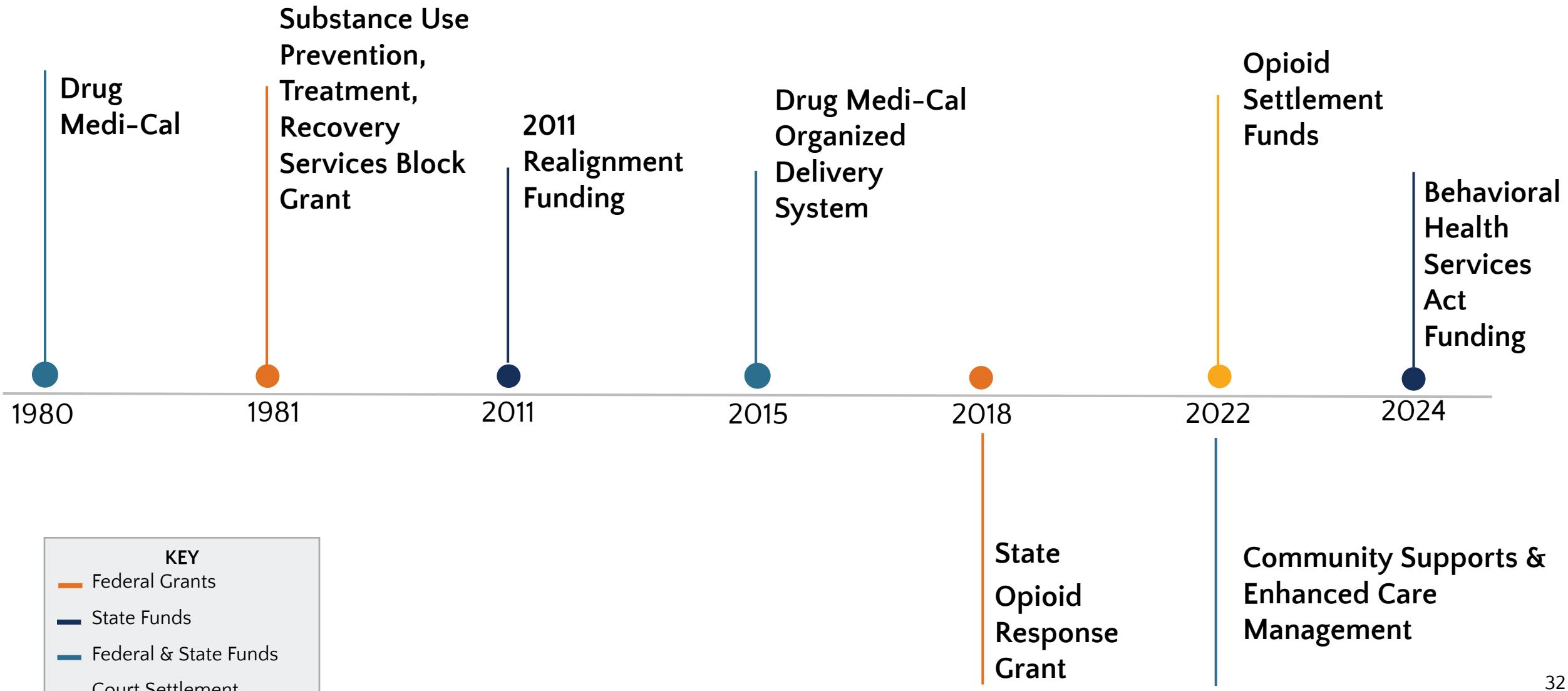
California Overdose Deaths: 2019 – 2023



Source: California Overdose Surveillance Dashboard *(2019-2021)* https://skylab.cdph.ca.gov/ODdash/?tab=Home

SUD Funding and Programs

SUD Funding Program Timeline



Behavioral Health Funding Overview

FUNDING CATEGORY	FUNDING SOURCE	FUNDING PROGRAM
FEDERAL FUNDING	**SAMHSA GRANTS** Substance Abuse & Mental Health Services Administration	COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (MHBG)[1]
		SUBSTANCE USE PREVENTION, TREATMENT, RECOVERY SERVICES BLOCK GRANT (SUBG)
FEDERAL FUNDING + STATE ISSUED	**MEDI-CAL** Through the Department of Health Care Services	COMMUNITY SUPPORTS
		ENHANCED CARE MANAGEMENT (ECM)
		SPECIALTY MENTAL HEALTH SERVICES[1]
		DRUG MEDI-CAL /DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
STATE ISSUED	**DHCS** Department of Health Care Services	1991 REALIGNMENT FUNDING
		2011 REALIGNMENT FUNDING
	BHSA Behavioral Health Services Act	BEHAVIORAL HEALTH SERVICES FUND
		PRUDENT RESERVE
COURT SETTLEMENT	**NATIONAL OPIOID SETTLEMENTS** Through the Department of Health Care Services	OPIOID SETTLEMENT FUNDS

Footnote: 1. Mental Health Funding

Drug Medi-Cal and the Drug-Medi Cal-Organized Delivery System

- Drug Medi-Cal (DMC) is California's historical Medicaid program that provides limited SUD treatment services, such as outpatient and medications for addiction treatment.

- The Drug Medi-Cal-Organized Delivery System (DMC-ODS) is a voluntary pilot program which offers California counties the opportunity to expand access to a full continuum of SUD benefits modeled after the American Society of Addiction Medicine (ASAM) Criteria.

- In 2015, California's DMC-ODS program was the nation's first SUD treatment demonstration project approved by the Centers for Medicare & Medicaid Services (CMS) under a Medicaid Section 1115 authority.

- In December 2021, DHCS received approval from CMS to reauthorize DMC-ODS, shifting the managed care authority to the consolidated CalAIM 1915(b) waiver and using the Medicaid State Plan to authorize the majority of DMC-ODS benefits.

Drug Medi-Cal Organized Delivery System

The DMC-ODS is a program for the organized delivery of SUD treatment services by providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services.

DMC Benefits

- Outpatient treatment services
- Intensive outpatient treatment services
- Medications for addiction treatment
- Narcotic treatment programs
- Perinatal and youth residential
- Peer support services*
- Mobile crisis services
- Early intervention (youth under 21 years)

All DMC and DMC-ODS services are covered pursuant to EPSDT.

DMC-ODS Benefits

- Outpatient treatment services
- Intensive outpatient treatment services
- Medications for addiction treatment
- Narcotic treatment programs
- Residential – all populations
- Peer support services*
- Mobile crisis services
- Early intervention (youth under 21 years)
- Withdrawal management
- Recovery support services
- Care coordination
- Clinician consultation
- Partial hospitalization*
- Recovery Incentives*
- Inpatient treatment/withdrawal management

* Optional services

SUD-Allowable Realignment Funding

2011 Realignment Funding: The 2011 Realignment provided counties with dedicated funding through a portion of sales tax revenue to provide service, like Medi-Cal Mental Health and Substance Use Disorder services.

Background: SB 1020 (Statutes of 2012) created the permanent structure for 2011 Realignment. It codified the Behavioral Health Subaccount, which funds:

- Specialty Mental Health
- **Drug Medi-Cal (DMC)**
- **Residential perinatal drug services and treatment**
- **Drug court operations**
- Other non-DMC programs (Government Code Section 30025 (f)(16)(B))
- Allocations of Realignment funds run on a fiscal year of October 1 – September 30. They are monthly allocations to counties from the State Controller's Office.

Youth Education Prevention, Early Intervention and Treatment Account

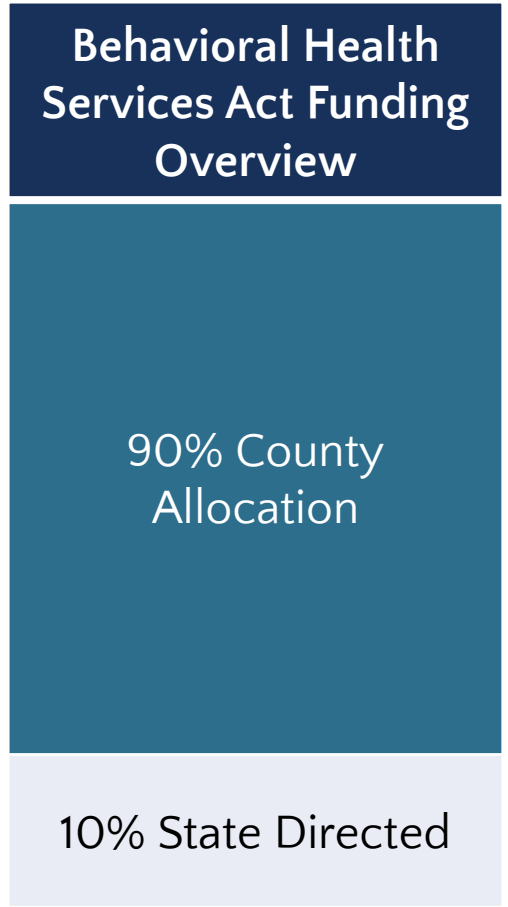
- In 2016, Proposition 64 **legalized non-medical marijuana use for adults 21+** in California.
  - Two new taxes were created, the revenues of which are deposited into the California Cannabis Tax Fund.

- Current law allocates **60 percent of the remaining California Cannabis Tax Fund to be deposited into the Youth Education Prevention, Early Intervention and Treatment Account (YEPEITA)** then disbursed to DHCS for **Elevate Youth California**, a statewide program that has provided 460 grant awards across 56 counties.

Behavioral Health Services Act

Behavioral Health Services Act:

- **Updates allocations** for local services and state-directed funding categories
- Broadens the target population to **include individuals with Substance Used Disorders (SUDs)**
- Focuses on the **most vulnerable and at-risk**, including children and youth
- Advances community-defined practices as a key strategy for **reducing health disparities** and **increasing community representation**
- Revises county processes and improves **transparency and accountability**



Behavioral Health Continuum Infrastructure Program (BHCIP) Overview

- In 2021, DHCS was authorized to establish BHCIP and award **$2.2 billion** to eligible grantees to expand substance use disorder and mental health facilities across California.

- **Behavioral Health Infrastructure Bond Act of 2024**
  - Passed in March 2024, the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) (Assembly Bill 531). The BHIBA portion is a $6.38 billion general obligation bond:
    - DHCS will distribute up to **$4.4 billion in bond funding** for BHCIP competitive grants.
    - Department of Housing and Community Development oversees the **remaining $1.8 billion.**

- BHCIP Rounds 3–5 and Bond BHCIP Round 1 to Date*

249

Projects Awarded

423

Facility Types Funded

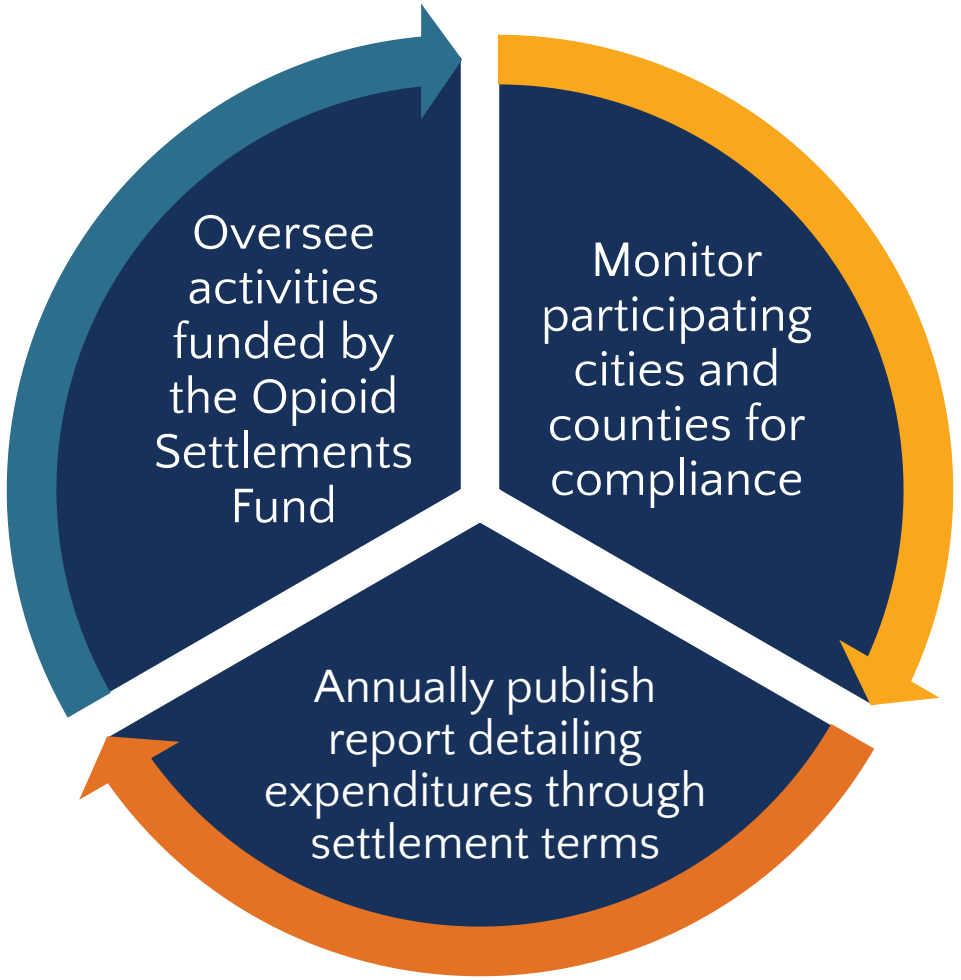
- **208** SUD Facilities
- **215** MH Facilities

34

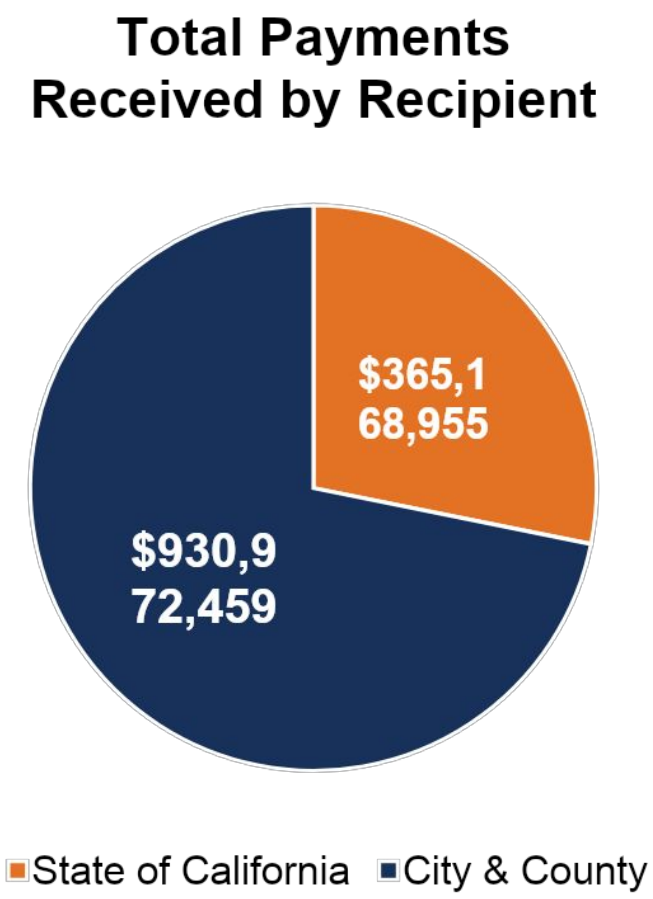
Facilities Open

California Opioid Settlements

- California has joined national lawsuits against entities responsible for aiding the opioid epidemic.
- The state and its participating cities and counties receive funds from these settlements for opioid abatement projects.
- DHCS oversees and monitors the use and expenditure of funds and provides technical assistance on eligible activities.



California Opioid Settlements – Today



Total Payments to California:

$1,296,141,414

Total State-Directed Projects:

11

Cities & Counties Receiving Funds:

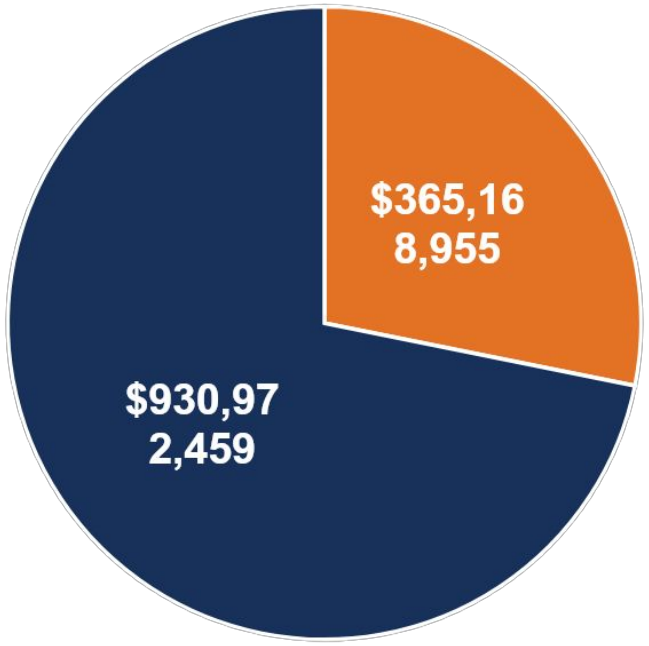
267

Settlements and Bankruptcies	
Allergan	**Walmart**
CVS	*Alvogen (pending)*
Distributor	*Amneal (pending)*
Endo	*Apotex (pending)*
Janssen	*Hikma (pending)*
Kroger	*Indivior (pending)*
Mallinckrodt	*Mylan (pending)*
Publicis	*Purdue (pending)*
Teva	*Sun (pending)*
Walgreens	*Zydus (pending)*

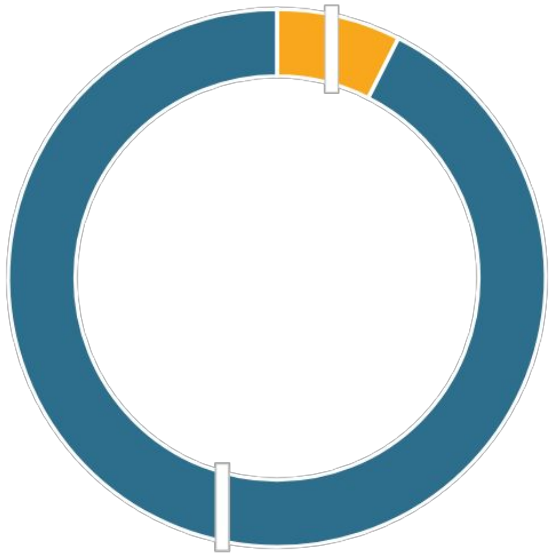
*Data does not include payments made to cities and counties from the Endo Bankruptcy and McKinsey Settlement as these agreements are not under DHCS' oversight. Data does include payments made to the State of California from Endo and McKinsey. Data is as of June 30, 2025 and may contain preliminary data that is currently under review. State of California payments include State Cost Fund payments. City & County payments include payments from the CA Abatement Accounts Fund and the CA Subdivision Fund.

California Opioid Settlements – Today

Total Payments Received Breakdown



City & County Spent vs. Unspent Funds



Total Payments to California:

$1,296,141,414

Total Amount of Reported City & County Expenditures:

$69,519,427

Total Amount of City & County Unspent Funds:

$861,453,032

*Data does not include payments made to cities and counties from the Endo Bankruptcy and McKinsey Settlement as these agreements are not under DHCS' oversight. Data does include payments made to the State of California from Endo and McKinsey. Payment data is as of June 30, 2025, and spending data is preliminary and currently under review. State of California payments include State Cost Fund payments. City & County payments include payments from the CA Abatement Accounts Fund and the CA Subdivision Fund. Expenditure data includes direct and indirect costs from CA Abatement Accounts and CA Subdivision Funds.

Naloxone Distribution Project (NDP)

- Since 2018, the NDP has provided naloxone which is a life-saving opioid overdose reversal medication.
  - First funded in 2018 through federal State Opioid Response Grants
  - Transitioning to various federal funding, state General Fund and Opioid Settlement Funds.
- The NDP distributes intranasal and intramuscular naloxone directly to organizations.
  - Generic nasal naloxone spray: $22.50/unit.
  - Intramuscular naloxone: $3/vial.

Since 2018, distributed more than **7,317,868** units

to more than **5,000** organizations

in all **58 California counties**

resulting in over **392,038 overdose reversals**

Federal SUD Funding

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

- California's annual SUBG allocation from the Substance Abuse and Mental Health Administration to counties is ~$230M, which is allocated based on population size to provide SUD related activities and services.
- To prevent and treat SUDs, the SUBG Program funds prevention, treatment, recovery support, and other services independently or with Medi-Cal funded services.
- The SUBG program includes the following "set-asides" defined by federal statute and state priorities:
  - Discretionary – for programs specific to local needs, funded at the county's discretion (i.e. residential treatment, recovery support services)
  - Perinatal – services for pregnant women and women with dependent children
  - Prevention – for primary prevention services
  - Adolescent/Youth – youth treatment programs

California's State Opioid Response (SOR) Grant

- California has received more than $695 million in SOR grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) since 2017.
- The program funds prevention, harm reduction, treatment, and recovery supports and services to address the opioid crisis; the current funding cycle (SOR IV) runs from 09/30/2024 to 09/29/2027 and funds over 20 unique projects.

State Opioid Response Grant Objectives

Expand access to MAT through strategic access points.

Address health inequities by providing OUD treatment to specific populations including Black, Tribal/Urban Indian, Hispanic/Latinx, and LGBTQIA+ communities, people experiencing homelessness, people in criminal justice settings, and youth.

Expand overdose prevention activities to prevent opioid, fentanyl, and methamphetamine misuse and overdose deaths.

Expand access to community defined best practices and evidence-based low-threshold care approaches, including overdose education, access to naloxone, counseling, and referral to treatment for OUD and SUD.

Behavioral Health Workforce Development

- **Mentored Internship Program (MIP):** The MIP project provided opportunities for students 18 and older and at multiple stages of their education to gain practical on-the-job experience. The goal of the MIP project was to enhance the professional development of diverse students through thoughtful mentored internships and to grow the future behavioral health (BH) workforce.
- **Expanding Peer Organization Capacity (EPOC):** The EPOC project helped emerging peer organizations build their infrastructure and capacity to deliver peer recovery supports.
- **Peer Workforce Investment (PWI):** The PWI project helped peer-run behavioral health (BH) programs build capacity and infrastructure for increased service volume and collaboration with other provider types.
- **Behavioral Health Recruitment and Retention (BHRR):** The BHRR project provided an opportunity for nonprofit, tribal, and county-operated behavioral health (BH) providers to plan, develop, and implement comprehensive strategies to recruit, onboard, engage, and retain staff and create and establish inclusive workplace cultures.

Behavioral Health Bridge Housing

- Behavioral Health Bridge Housing (BHBH) Program addresses the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including a serious mental illness (SMI) and/or **substance use disorder** (SUD).
- Eligible entities include County Behavioral Health Agencies (BHA) and tribal entities across California.
- The implementation of Rounds 1-3 will continue through June 30, 2027.
- Under this $907 million, our projections suggest:
- 3,448 new housing beds will be created through infrastructure projects.
- Approximately 4,700 beds will be funded annually through rental assistance programs, shelter/interim housing, and/or auxiliary funding to assisted living.

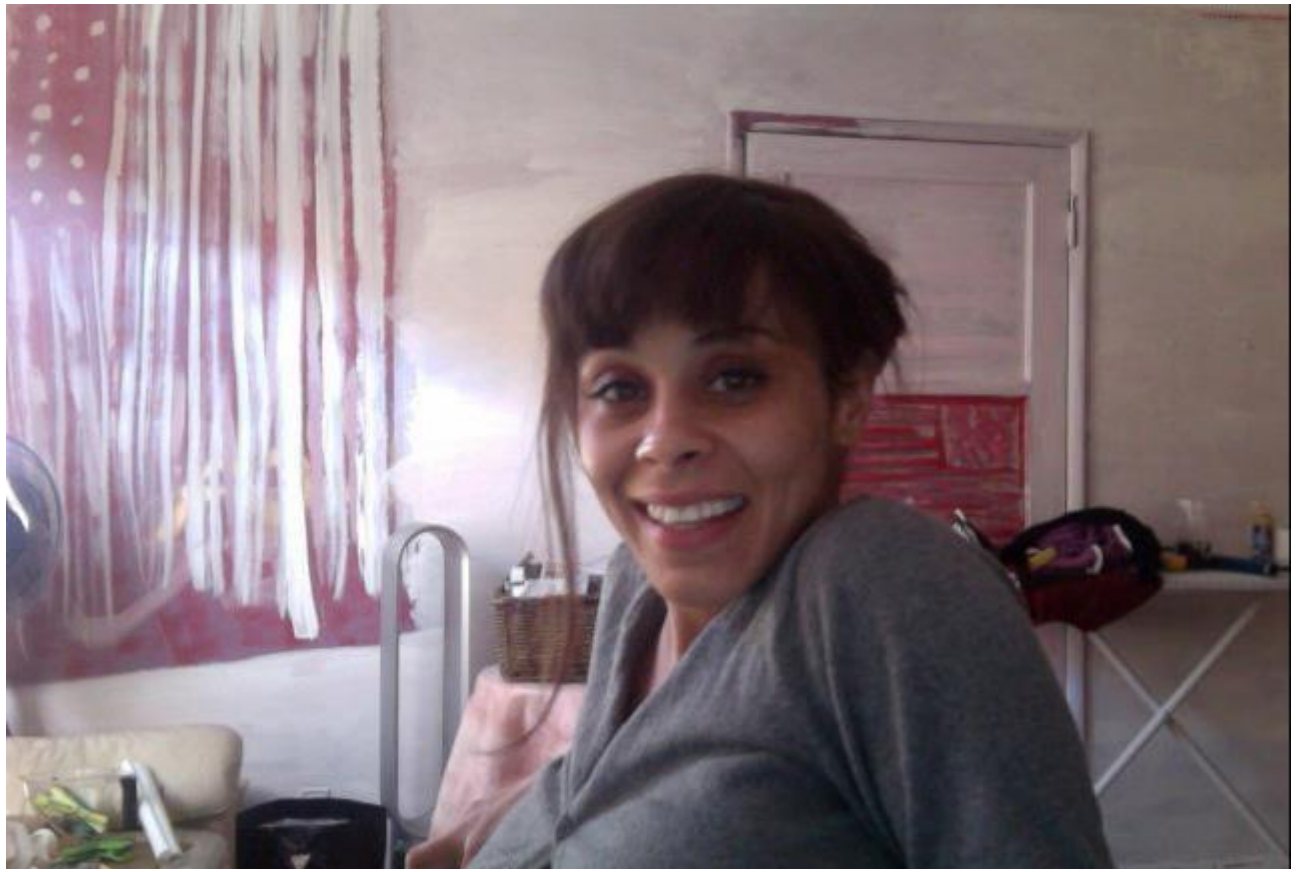
	Eligibility	Status
Round 1	$907M County behavioral health agencies (BHAs)	County Dashboard
Round 2 & 2B	$50M Tribal Entities Request For Applications	Tribal Entities Dashboard
Round 3	$132.5M County behavioral health agencies with Round 1 contracts.	Round 3 awards

The Future

- Growing participation in the DMC-ODS and continued CalAIM integration will push further integration of SUD services with physical and mental health care.
- The BHSA Integrated Plan and other tools will create more transparency and accountability regarding the planning for services and outcomes achieved for SUD funding sources.
- Major SUD infrastructure build-out for needed treatment settings with BHCIP funding.
- A renewed workforce push through loan repayment, scholarships, and provider grant opportunities under BH-CONNECT and BHSA funding.
- Expanded crisis system through mobile crisis units and 988 integration.
- More data, measurement, and performance targets.
- A continued focus on housing and supportive services as health care.

Vanessa Ramos

14 years ago, I was as human as I am today



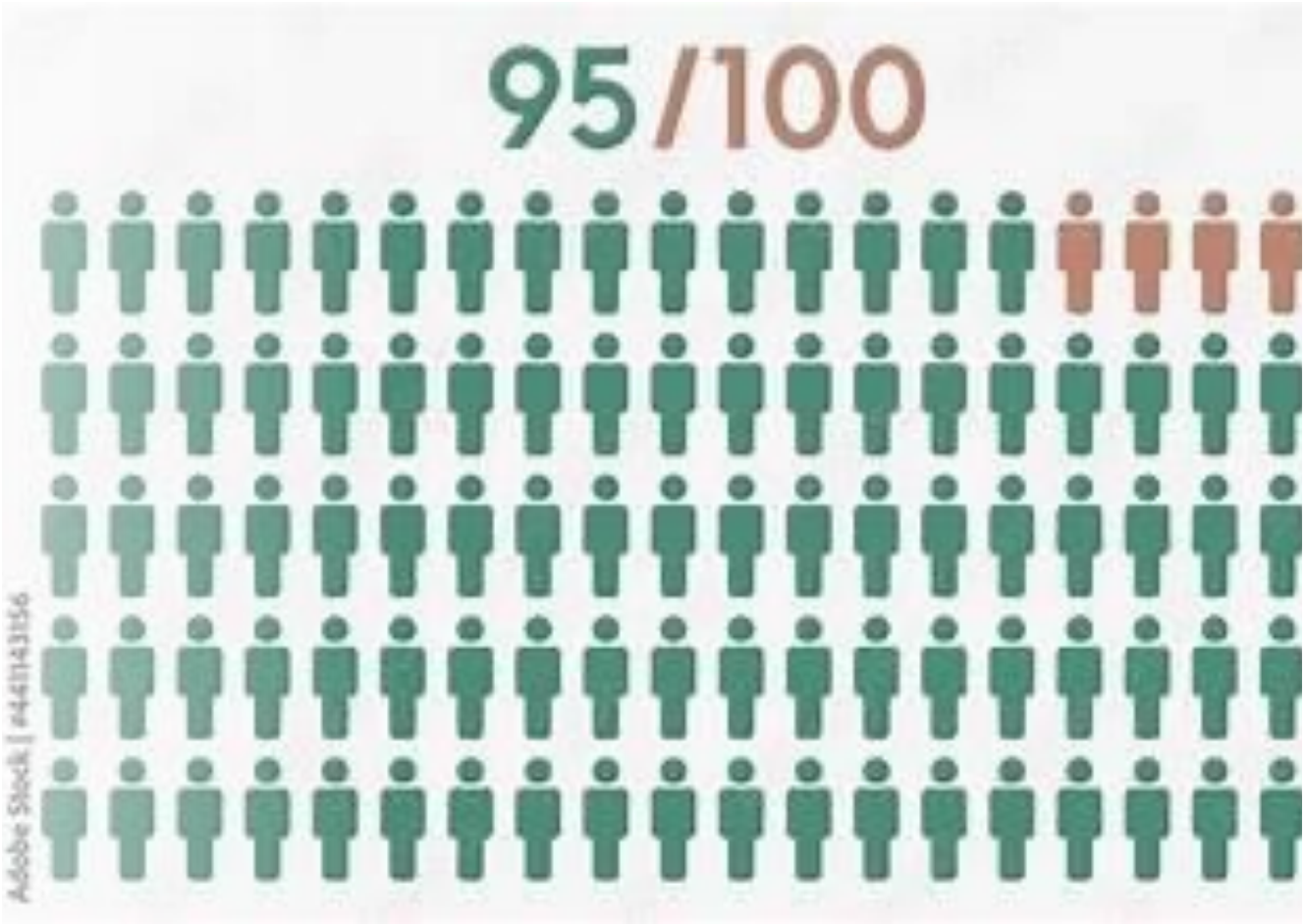
Social Determinants of Health

Growing up life consisted of

- Feast or Famine
- Sexual trauma based in survival
- Lack of consistent access to health care
- Drugs

The Recovery Gap

- Before entering treatment, every person in recovery has been the 95%
- Reaching the 95% requires caring for the whole person and seeing them again and again
- The percentage of overdose deaths involving fentanyl in 15 – 24 year olds rose from 3% to 81% in 2023 nationwide
- In 2024, LA County overdose deaths dropped 22%—fentanyl fatalities fell 37% and methamphetamine deaths 20%—demonstrating the impact of these reforms



Reaching the 95% Initiative

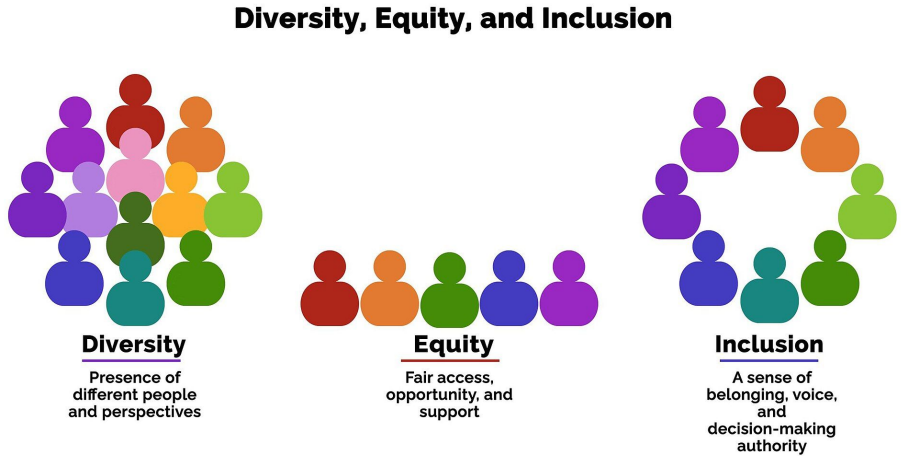
Los Angeles County's Reaching the 95% (R95) Initiative was launched to transform SUD care by engaging the 95% of people who do not access treatment, not just the 5% who do.

R95 implements recommendations from America's leading drug and addiction experts, removes abstinence barriers, and incentivizes programs to support clients through lapses—making care more realistic.

Financial incentives and policy reforms encouraged providers to become "R95 Champions," adopting inclusive practices and welcoming all clients regardless of readiness for abstinence or relapses.

R95's outreach includes community partnerships, education and workforce enhancements to better develop our state's current workforce and has templates ready for your counties to implement and with the passing of AB 1037 much of the risk of serving people who use drugs is eliminated

Inclusive Healing is Healthy



Recovery means different things to different people, and should be person-centered

The full continuum of recovery is possible when we build systems that meet people where they are- not where we think that they should be

By embedding Certified Peer Support Specialists into SUD treatment and RAD-Ts into co-occurring care, we can push boundaries, enhance behavioral health, and preserve more lives – the time is now

Educational Efforts:
Preventing Addiction and Death

Among young people in the 12-24 age range, fentanyl-only deaths increased by 168% from 2018 to 2022. Fentanyl now accounts for most overdose deaths in this age group.

The highest rates of methamphetamine-induced psychosis occur among young adults aged 26–34

What led me to treatment

- Having a partner who cared and saw me beyond my substance use.
- Being asked how I was doing and feeling beyond my drug use.
- Having a peer support system that made it clear that I was loved and not alone.
- I knew I wanted my kids to grow up knowing they were loved and that none of this was their fault.
- Hope

Why SUD Must Be a Priority in the BHSA Era

Overdoses are a leading cause of death for Californians under 40

The Behavioral Health Services Act (BHSA, Prop 1) now mandates funding and integrated planning for both mental health and substance use disorders, reflecting California's urgent need for comprehensive behavioral health care.

Uninformed drug use and addiction at the intersection of mental health conditions —especially fentanyl, methamphetamine, and polysubstance use—are driving record overdose deaths and overwhelming emergency, psychiatric, and acute care systems.

BHSA and BH-CONNECT connects resources—including a $6.38 billion bond and new Medi-Cal/1115 waivers—to build out community-based SUD treatment and supportive housing

Integrated plans must allocate significant, ring-fenced funding for SUD, target high-risk populations, and ensure full partnership between MH, SUD, housing, homelessness, and prevention sectors- we can't do this alone. We need each other.

What peer powered solutions gave me

Enhancing System-Wide Capacity for Substance Use and Co-Occurring Mental Health and Physical Health Care

November 12th, 2025

Brian Hurley, M.D., M.B.A., FAPA, DFASAM
Medical Director
Substance Abuse Prevention and Control Bureau,
Department of Public Health

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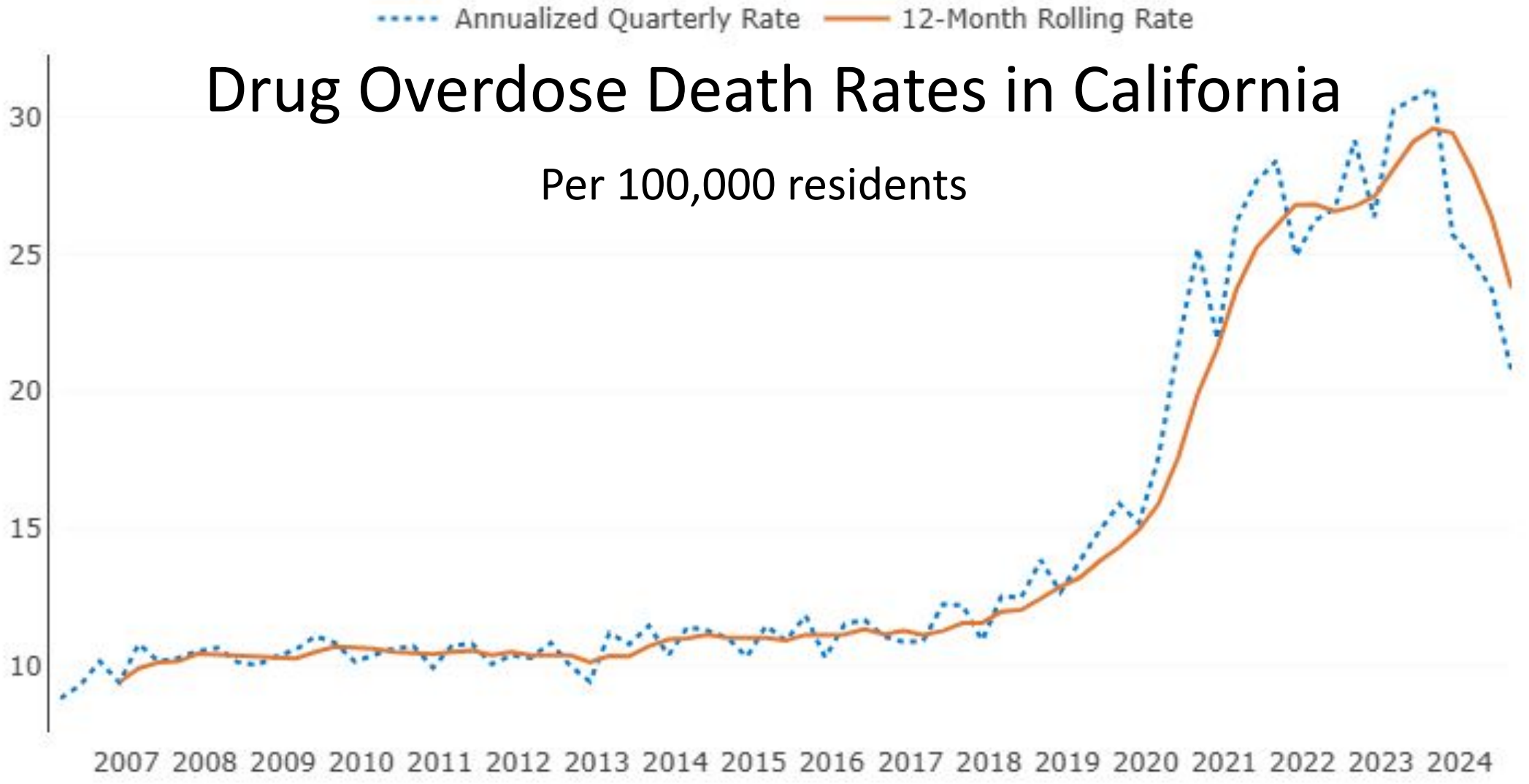
No financial conflicts of interests

Brian is the Immediate Past President of the American Society of Addiction Medicine, so comments on topics involving ASAM may be biased towards ASAM

Drug Overdose Death Rates in California

Per 100,000 residents

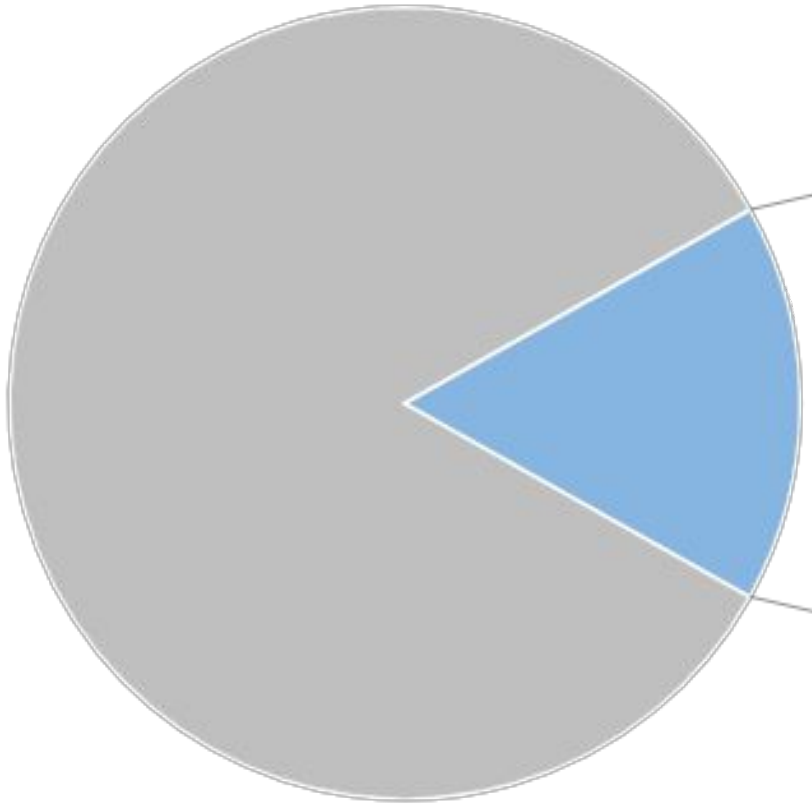


http://skylab.cdph.ca.gov/ODdash

County of Los Angeles Public Health

Very few people with SUD seek treatment

SUD treatment offers something few people receive, and even fewer people want, yet we often **establish criteria to access services** as if it's a hot commodity.



Of all people age 12+ with SUD…

15% received **any sort of treatment** including settings such as primary care, hospital, mental health, prison or other carceral setting

Just under **6%** received treatment in a **specialty SUD treatment setting**

*94% of people with SUD did not receive SUD treatment in a **specialty setting***

85% did not receive **any SUD treatment**

Substance Abuse and Mental Health Services Administration. *Results from the 2022 National Survey on Drug Use and Health: Detailed Tables*: Table A.31AB, Table 5.10B, Table 5.17B, Table 5.17B

Improve Access Through Lower Barriers And Additional Touchpoints

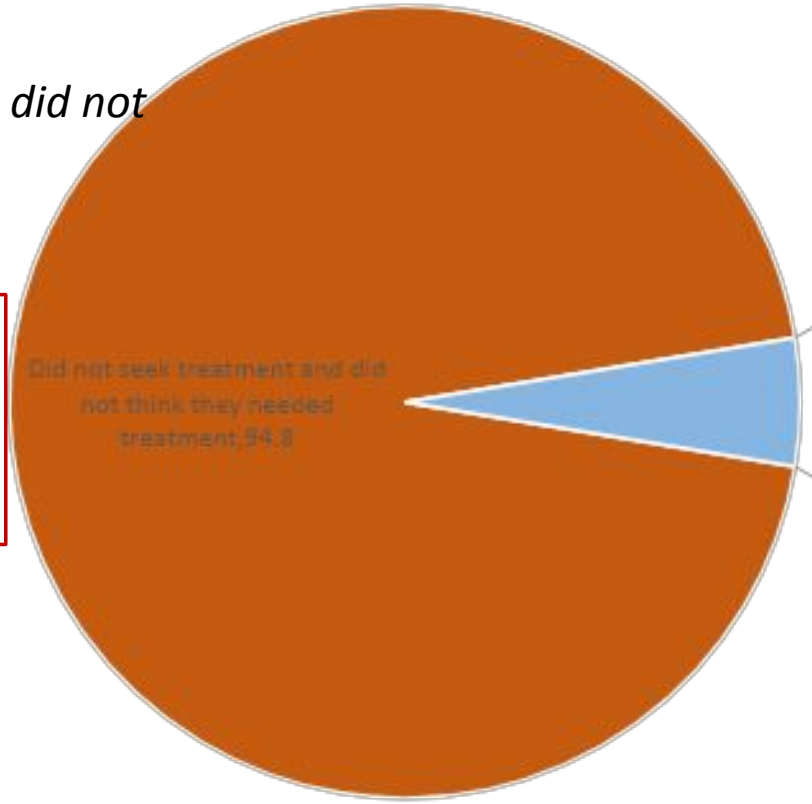
SAPC | Substance Abuse Prevention and Control

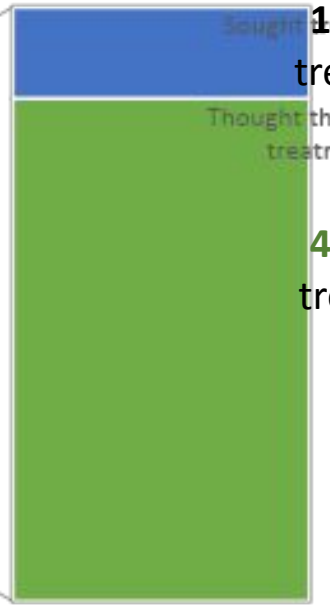
County of Los Angeles Public Health

Support people with SUD to accessing services

Of people with SUD that did not access treatment…

95% did not seek treatment and did not think they needed treatment





1% thought they should get treatment and unsuccessfully sought treatment

4% thought they should get treatment but did not seek it

Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. http://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

Substance Use Services Matter

2/3 of Americans say either they or family have been addicted to substances, homeless because of a SUD, or overdosed or died from drug use

Under 15% of those received treatment in the past year, of these **under 6%** received treatment in specialty SUD system

17% of people in the U.S. have a SUD

We're not doing enough around Substance Use Treatment priorities

1. Kaiser Family Foundation Poll: https://www.kff.org/other/poll-finding/kff-tracking-poll-july-2023-substance-use-crisis-and-accessing-treatment/
2. Substance Abuse and Mental Health Services Administration. *Results from the 2024 National Survey on Drug Use and Health: Detailed Tables*

A Continuum of Substance Use Interventions

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Youth Development & Health Promotion

- Programs at school- and community-level

Drug Use Prevention

- Universal, selected, and indicated prevention

Harm Reduction – Currently largely serves people who are using drugs and not yet interested in SUD treatment

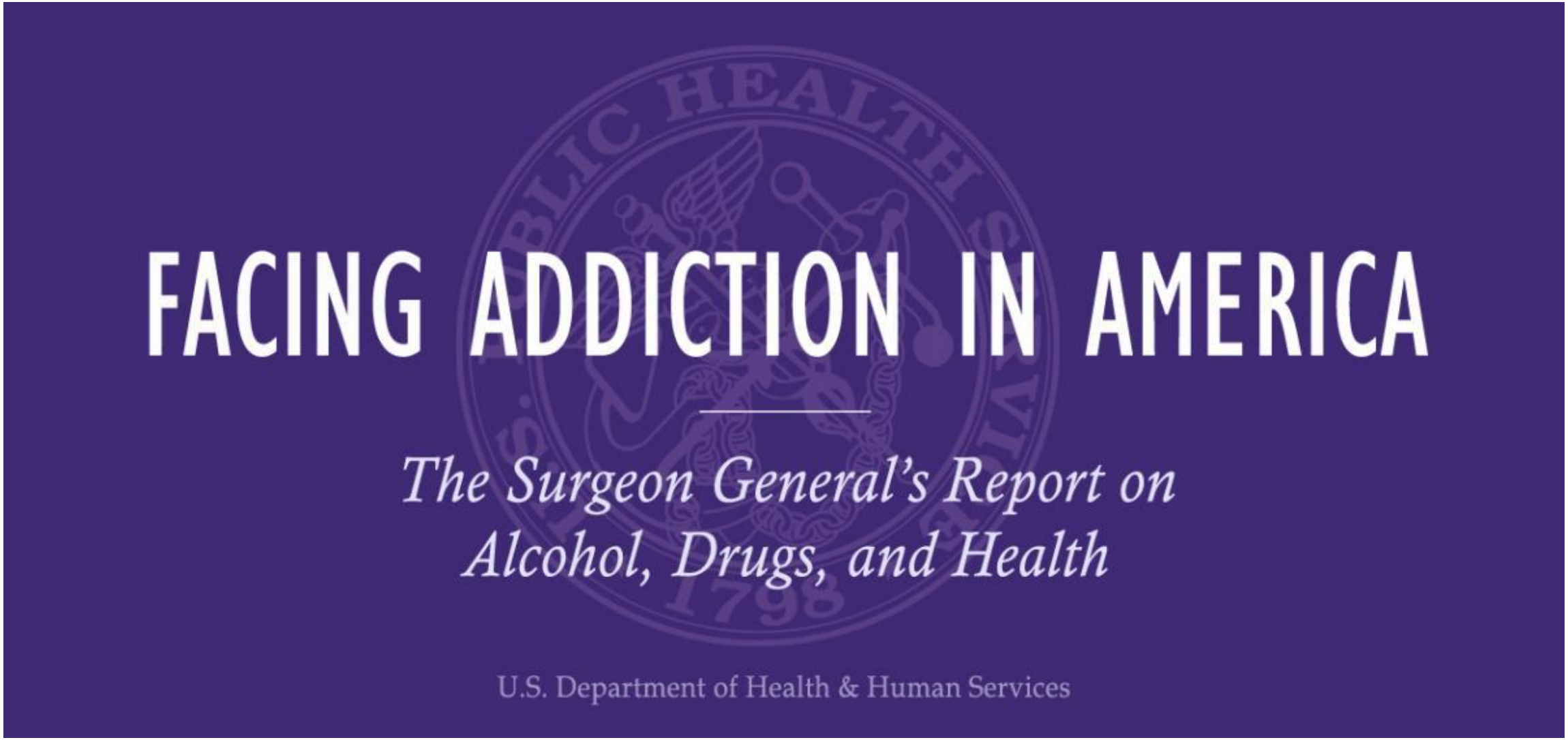
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

SUD Treatment & Recovery – Currently largely serves people who are ready for abstinence

- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

Surveillance of drug use and its community impact

Slide Credit: Adapted from Agència de Salut Pública de Barcelona



http://addiction.surgeongeneral.gov. Public domain. Used with Permission.

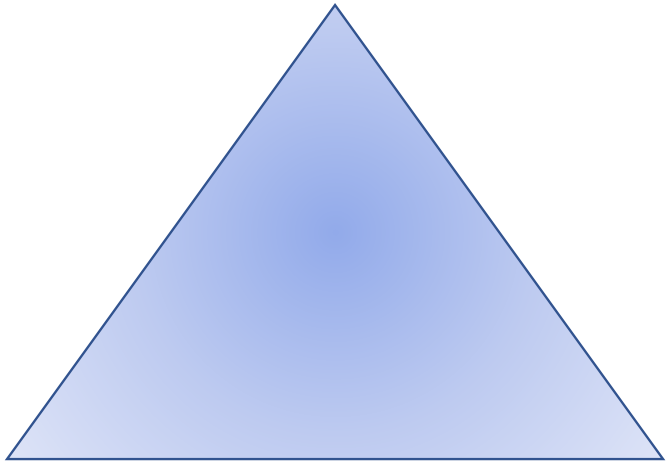
Integrating substance use services results in better outcomes

Addiction Treatment (including medications)	Hospitals *Offering SUD Tx*	Primary Care Clinic *Offering SUD Tx*	Mental Health Clinic *Offering COD Tx*
Specialty Medical Care *Offering SUD Tx*	Pharmacy Services *Offering SUD Tx*	Carceral Settings *Offering SUD Tx*	Housing / Social Services *Linking to SUD Tx*

APhA

Core Components of Substance Use Treatment

*Medications



*Counseling

*Support

*When appropriate

Source: https://www.samhsa.gov/substance-use/treatment/options

Opioid Use Disorder	Alcohol Use Disorder	Tobacco Use Disorder	Alcohol and Sedative Withdrawal Management	Stimulant Use Disorder	Cannabis Use Disorder
Methadone	**Naltrexone**	**Nicotine Replacement**	Benzodiazepines	Naltrexone	N-acetyl cysteine
Buprenorphine	**Acamprosate**	**Varenicline**	Barbiturates	Bupropion	Naltrexone
Naltrexone	**Disulfiram**	**Bupropion**	Anticonvulsants	Mirtazapine	Gabapentin
	Topiramate			Topiramate	Topiramate
	Gabapentin			Methylphenidate	
	Baclofen			Dextroamphetamine/ Amphetamine	
	Ondansetron			Modafinil	

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Behavioral Health Continuum

County of Los Angeles Public Health

Discrete SUD Service Categories	Primary Prevention Services	Harm Reduction Services	Early Intervention Services	Opioid Treatment Programs	Outpatient & Intensive Outpatient Services with or w/o Withdrawal Management	Residential Treatment Services with or w/o Withdrawal Management	Inpatient Services with Withdrawal Management	Housing Intervention Services *** *Recovery Bridge Housing* *** *Recovery Housing* *** *Permanent Supportive Housing*
Discrete MH Service Categories	Primary Prevention Services	Early Intervention Services	Outpatient & Intensive Outpatient Services	Crisis Services	Residential Treatment Services	Hospital/ Acute Services	Subacute/ Long-Term Care Services	

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024.

ENGAGEMENT AND RETENTION OF NON-ABSTINENT PATIENTS IN CARE: CLINICAL CONSIDERATIONS

Core dilemma:

Patients are denied admission and/or discharged from substance use treatment for exhibiting symptoms of the disease for which they need treatment

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024.

Summary of Recommended Strategies

1. Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment.
2. Do not require abstinence as a condition of treatment initiation or retention.
3. Optimize clinical interventions to promote patient engagement and retention.
4. Only administratively discharge patients from treatment as a last resort.
5. Seek to re-engage individuals who disengage from care.
6. Build connections to people with SUD who are not currently seeking treatment.
7. Cultivate staff acceptance and support.
8. Prioritize retention of front-line staff.
9. Align program policies and procedures with the commitment to improve engagement and retention of all patients, including nonabstinent patients.
10. Measure progress and strive for continuous improvement of engagement and retention.

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024.

Reaching the 95% (R95) Initiative – The "What"

- **The R95 Initiative launched by the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (SAPC) in 2023 to reach more people impacted by substance use through:**

  - Enhancing Outreach and Engagement
  - Establishing Lower Barrier Care

Fundamental R95 Goals

1. **Ensure specialty SUD systems are designed not just for the ~5% of people with SUDs who are already interested in treatment, but also the ~95% of people with SUDs who are not.**
2. **To lower barriers to care in the hearts and minds of the SUD community and public by disconnecting readiness for treatment from abstinence.**
3. **To communicate – through words, policies, and actions – that people with SUD are worthy of our time, attention, and compassion, no matter where they are in their readiness for change or recovery journey.**

Lower Barrier Care – The "How"

Traditional Approach

- Defining readiness for treatment as readiness of abstinence
- Focusing on program rules to define the terms of treatment engagement
- Discharging patients who return to use.

R95 Approach

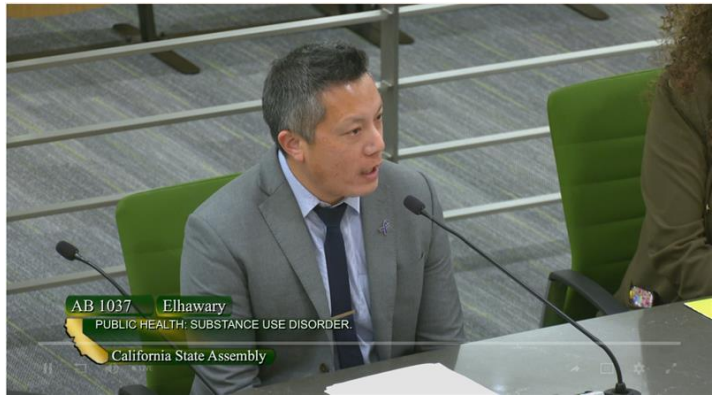
- Being open to admitting people into treatment who are interested in care, even if they may not be ready for complete abstinence
- Focusing on patient preferences to inform the terms of treatment engagement
- Continue to engage patients who return to use

SAPC | Substance Abuse Prevention and Control

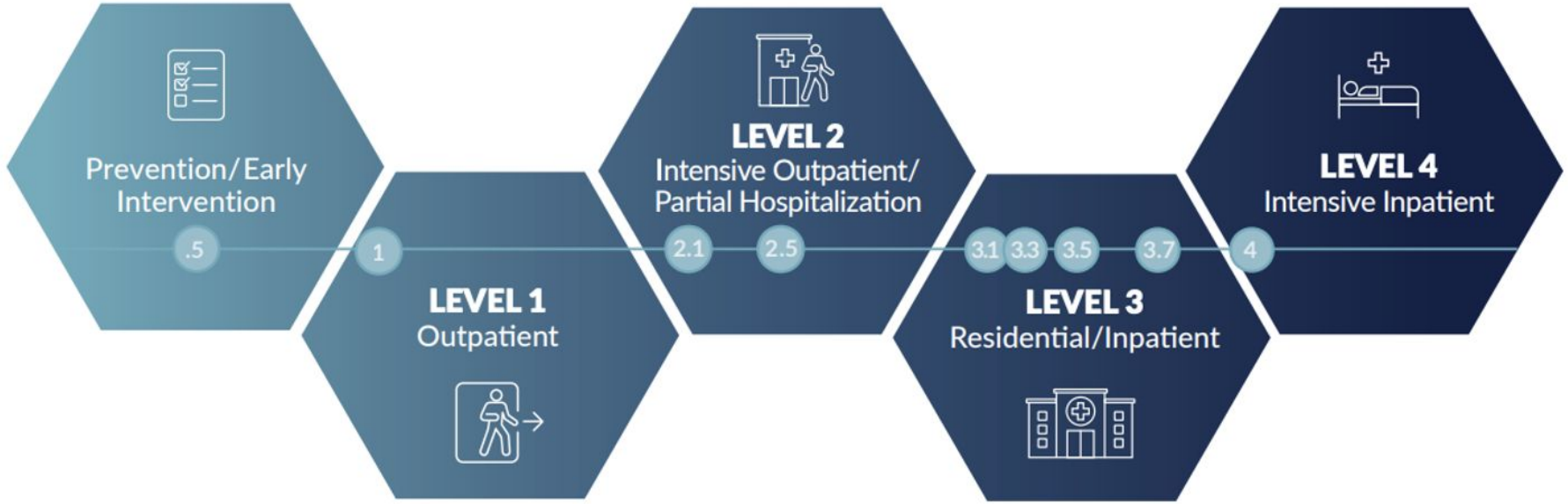
AB 1037 (Elhawary) SUD Care Modernization Act- Signed Oct 2025

County of Los Angeles Public Health

- Remove barriers in statute to Harm Reduction language
- Remove Restriction of SUD Symptoms as Barrier to Admission and Continued Treatment
- Streamlining the AOD Program (Residential SUD Facilities) Licensing and Incidental Medical Services (IMS) Process
- Needed Updates After Naloxone Became Over-the-Counter (OTC)



Addiction is a Chronic Disease □ Continuum of Ongoing Care

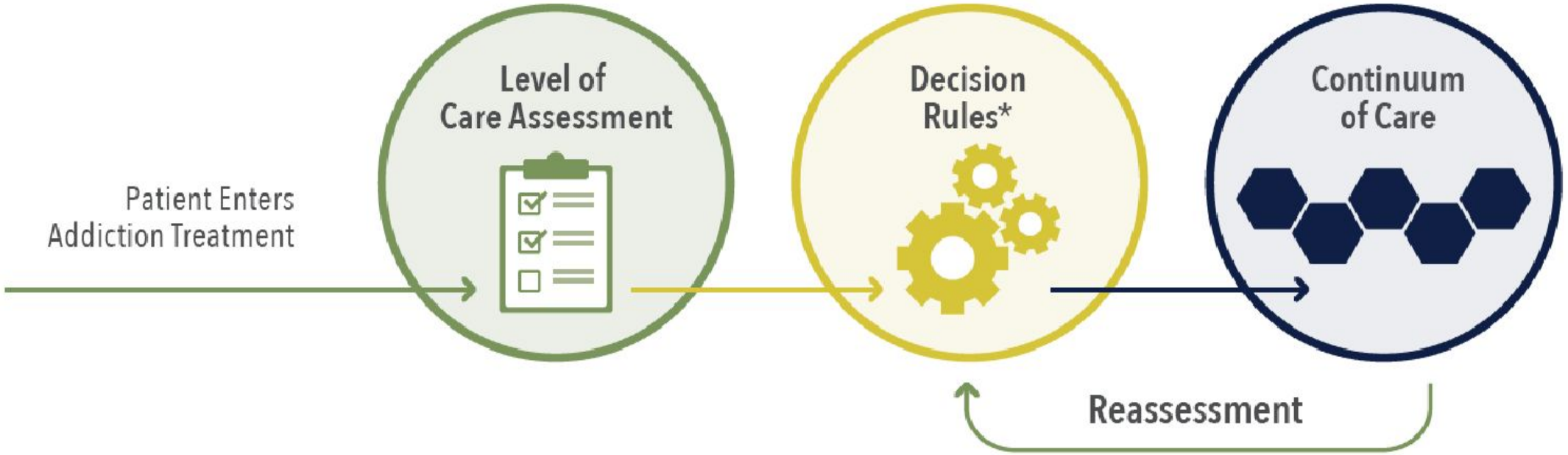


.5 Early Intervention
1 Outpatient Services
2.1 Intensive Outpatient Services
2.5 Partial Hospitalization Services
3.1 Clinically Managed Low-Intensity Residential Services
3.3 Clinically Managed Population-Specific High-Intensity Residential Services
3.5 Clinically Managed High-Intensity Residential Services
3.7 Medically Monitored Intensive Inpatient Services
4 Medically Managed Intensive Inpatient Services

- Substance use disorder treatment requires a continuous care strategy
- This does not mean longer episodes of residential treatment or repeated residential admissions, but rather using the full continuum of levels of care
- Determination of when it is clinically appropriate to the next level of care is according to **ASAM Criteria**
- Clients step down to next level of care based on their treatment progress and readiness to continue recovery work at that level of care

Dennis M, Scott CK. Managing addiction as a chronic condition. Addict Sci Clin Pract. 2007 Dec;4(1):45-55. doi: 10.1151/ascp074145. PMID: 18292710; PMCID: PMC2797101.

The ASAM Criteria



* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.

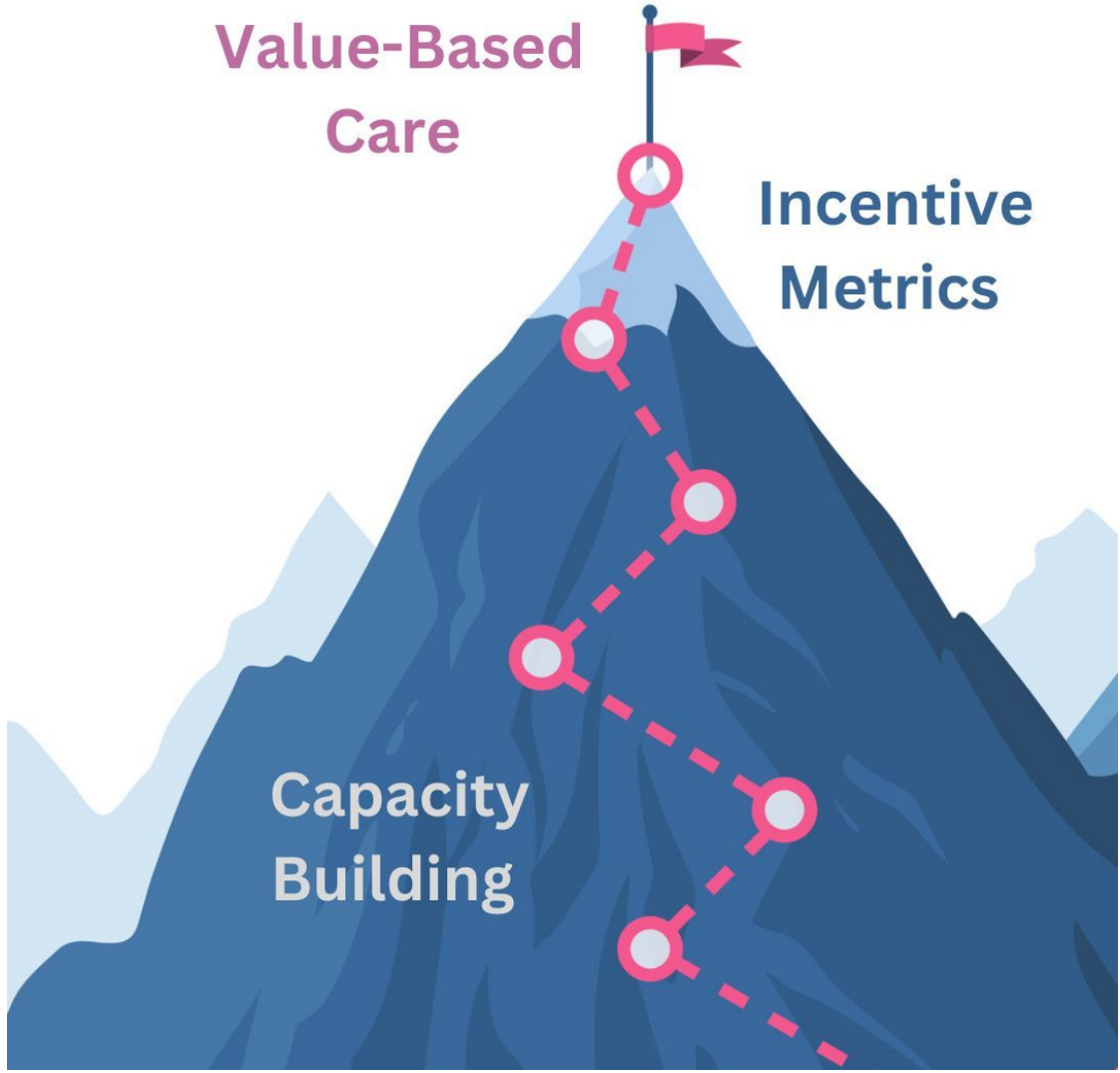
Payment Reform - Value-Based Incentives

What is capacity building?

- Funds that LA County DPH-SAPC will pay an SUD treatment provider either in advance as start-up funds or after the fact to compensate a treatment provider for completing a shared aim.
- Capacity building is designed to help prepare providers to meet select incentive metrics and maximize a supplemental incentive payment to prepare for value-based reimbursement.

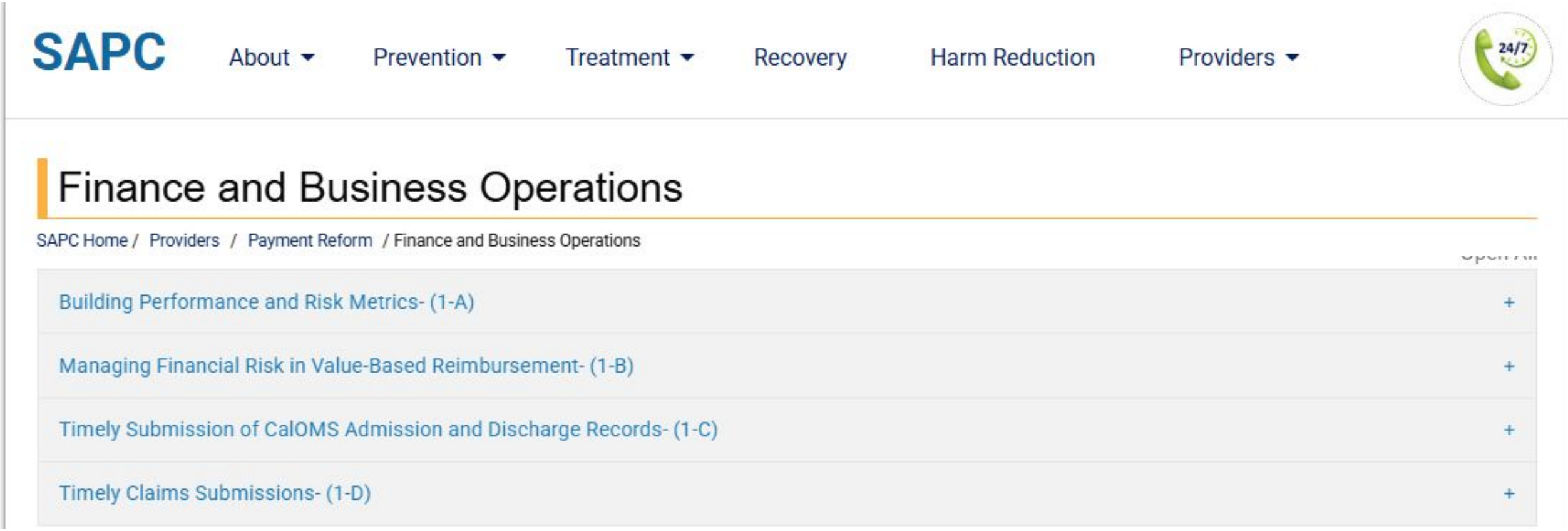
What are incentives?

- Funds that LA County DPH-SAPC will pay an SUD treatment provider after achieving a performance metric in order to draw down an incentive payment.
- The funds can be used to reinvest in the program as needed, including to support activities associated with the metric.

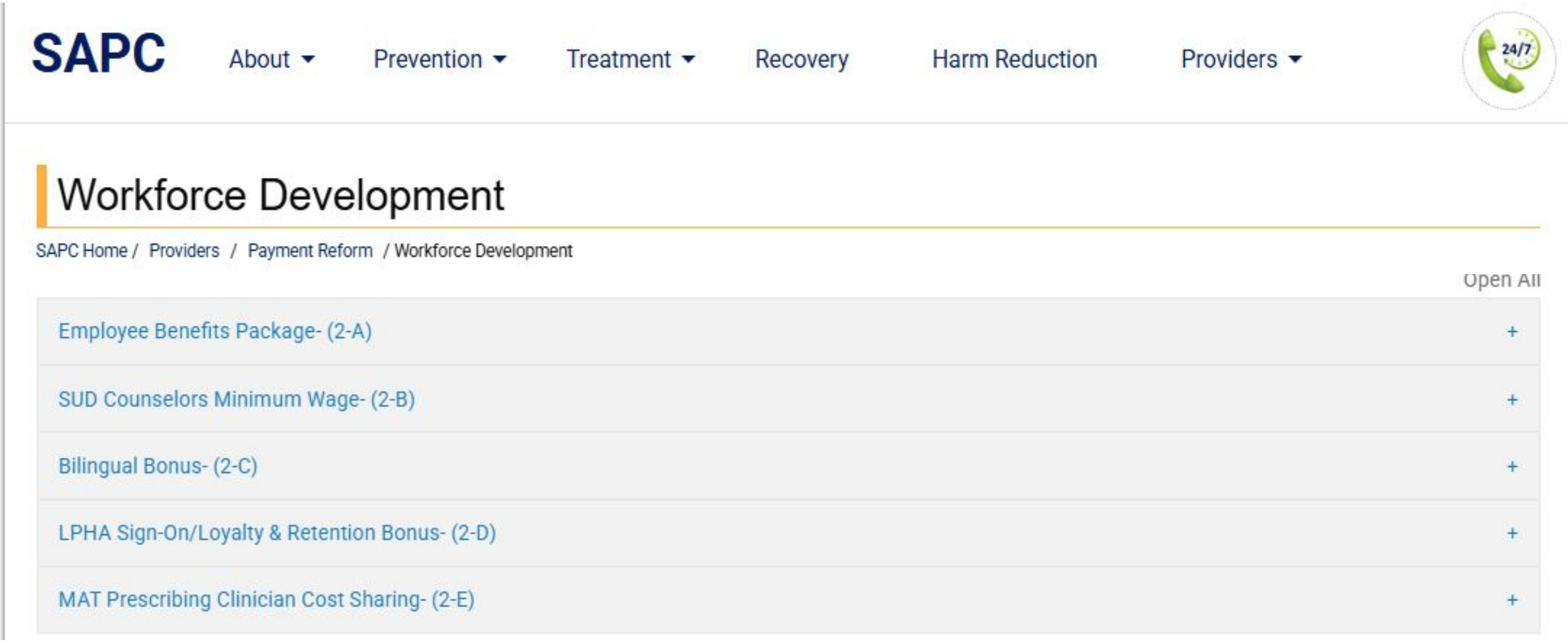


http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi

http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/access-to-care.htm



http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/finance-and-business-operations.htm

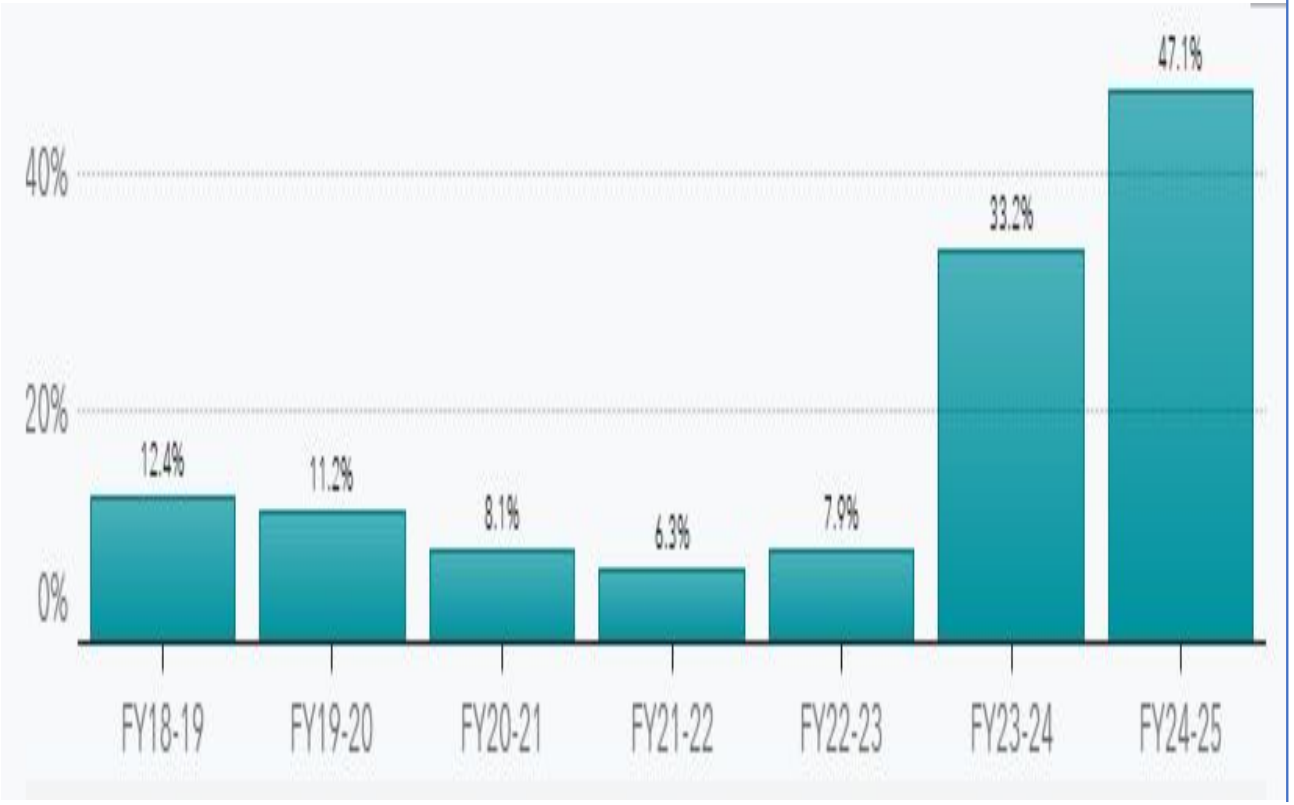


http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/workforce-development.htm

Receipt of Medication Services based on Claims by OUD/AUD Diagnosis

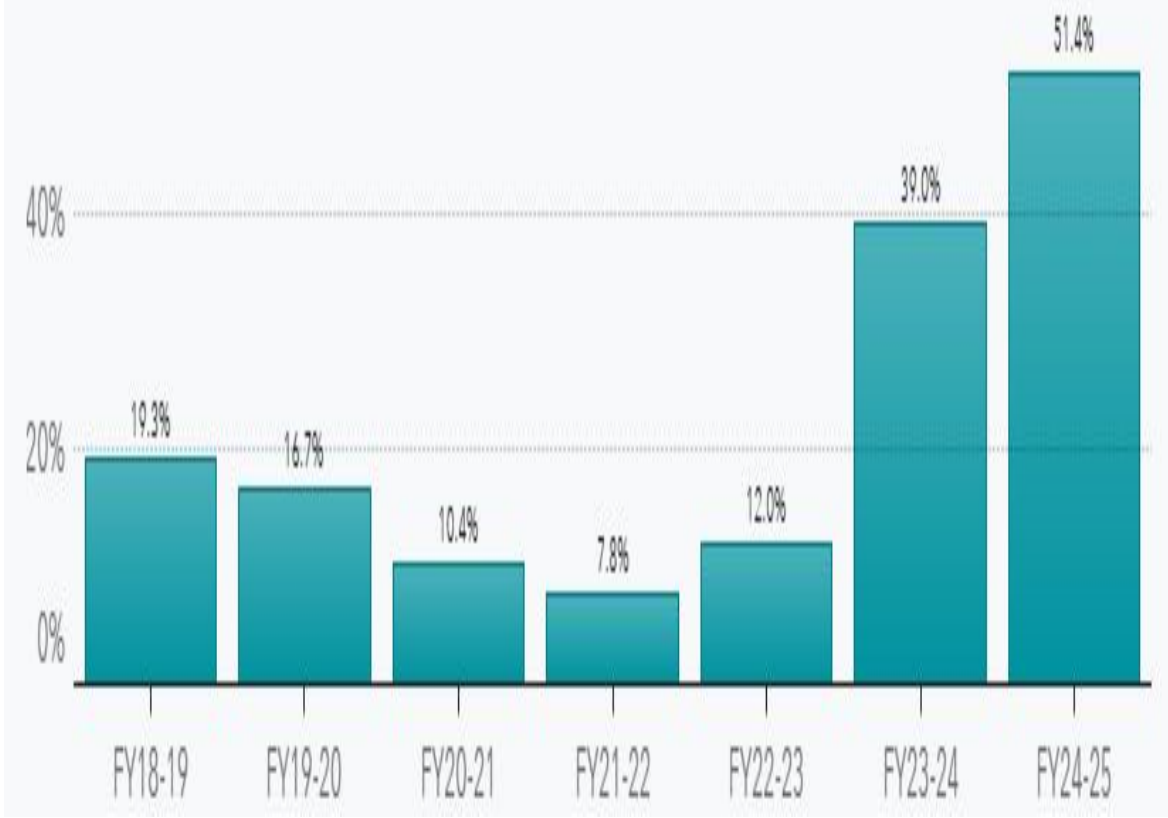
Medications Services for Patients with Alcohol Use Disorder

(non-OTP LOCs)



Medications Services for Patients with Opioid Use Disorder

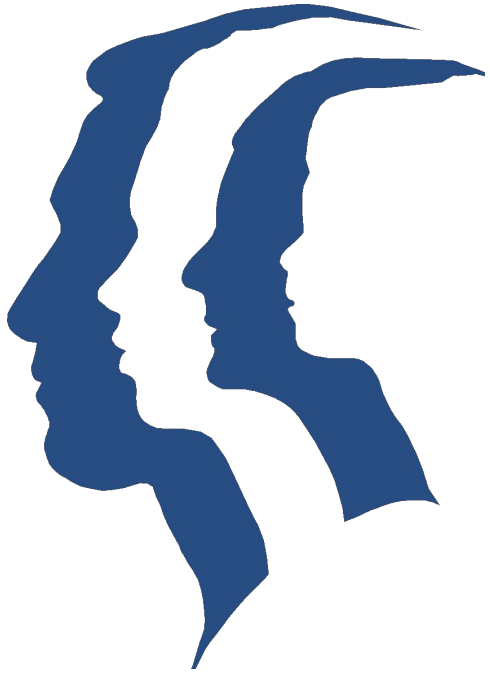
(non-OTP LOCs)



Questions?

- Brian Hurley
  bhurley@ph.lacounty.gov

  Interested in more? Come to:
- ASAM Annual Meeting (San Diego in April 2026!) http://www.asam.org
- CSAM Annual Meeting (Anaheim Oct 2026!) http://csam-asam.org



Thank You!

Managed Care Plans and Substance Use Disorder Services

Carmen Nicole Katsarov, LPCC, CCM
Executive Director, Behavioral Health Integration

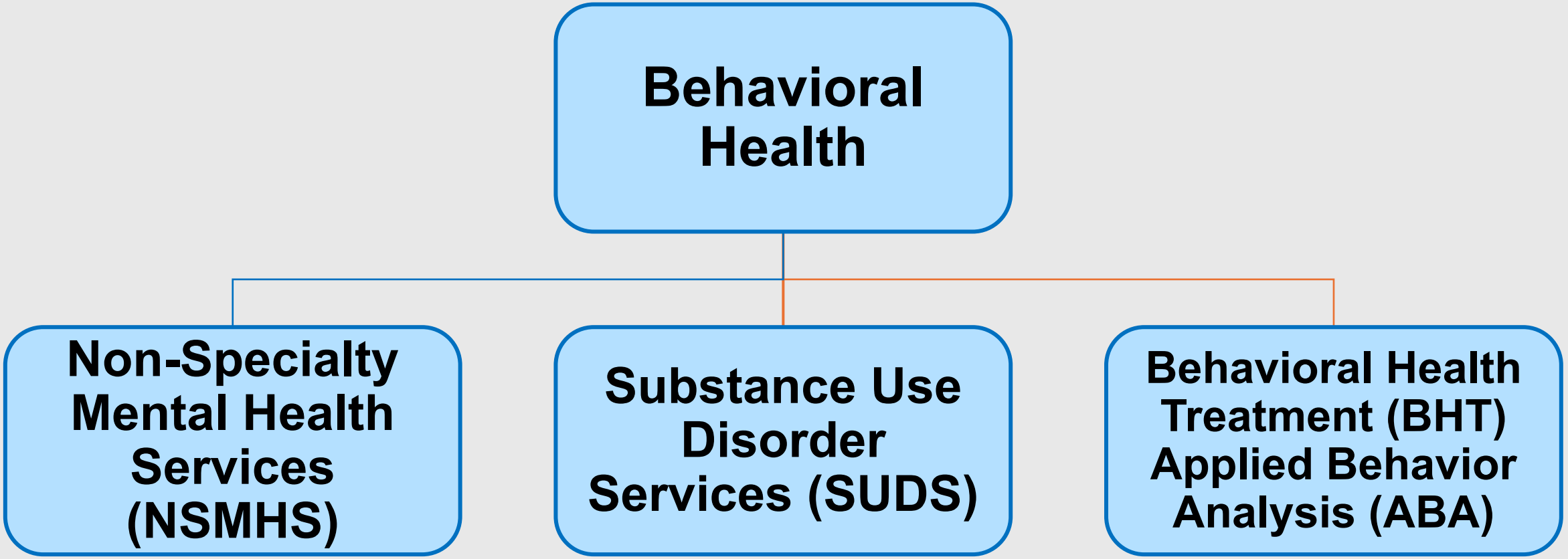
Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

Medi- Cal Managed Care Plan (MCP) Behavioral Health Benefits



CalOptima Health

MCP Network of Contracted Providers

- **Managed Care plans have both delegated and direct networks which includes the following:**
  - Hospitals
  - Primary Care
  - Specialty/Ancillary
  - Federally Qualified Health Centers(FQHC)
  - Mental Health providers
  - Substance use disorder (SUD) Providers
  - CalAIM Providers
  - Community Based Organizations (CBO's)

CalOptima Health

MCP SUD Services: Medi-Cal

- The following SUD services are available:
  - Medical Detox (medical hospital)
  - Outpatient psychotherapy (individual, family, couples and group therapy)
  - Psychological testing
  - Outpatient psychiatry services/medication management
  - Psychiatric consultation
  - Office based Medication Assisted Treatment (MAT)
  - Screening, Assessment, Briefing Intervention and Referral to Treatment (SABIRT)
  - Dyadic Services for children under 21 and their parent(s) or caregiver(s)

CalOptima Health

MCP SUD Services for Medicare Dual Special Needs Plan (DSNP)

- Medical Detox (medical hospital)
- Partial Hospitalization Program (PHP) (Primary MH and co occurring SUD)
- Intensive Outpatient Program (IOP) (Primary MH and co occurring SUD)
- Outpatient Opioid Treatment Program (OTP)
- Outpatient Psychotherapy (individual, family, couples and group therapy)
- Psychological testing
- Outpatient psychiatry services/medication management
- Psychiatric consultation
- Office based Medication Assisted treatment (MAT)
- Alcohol & Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)

CalOptima Health

CA Bridge Program

- High-level medical wrap-around services available in an emergency department (ED).
- Key elements of the **CA Bridge model** include:
  - Low-barrier, immediate access to MAT
  - Navigation to ongoing care and community
  - A culture of harm reduction

https://californiaopioidresponse.org/matproject/california-bridge-program/

CalOptima Health

California Advancing and Innovating Medi-Cal (CalAIM)

- CalAIM is a transformative five-year initiative started in 2022 from the California Department Health Care Services (DHCS) to redefining Medi-Cal to enhance members' health outcomes and quality of life. By addressing social drivers of health and delivering comprehensive whole-person care.
- CalAIM provides coordinated services for physical, behavioral and long-term care needs. With a focus on equity and prevention, it extends critical support into communities, better serving California's most vulnerable populations, including those experiencing homelessness, seniors and children with complex medical needs.

https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx

CalOptima Health

Enhanced Care Management (ECM)

- ECM is a statewide Medi-Cal benefit available to select populations of focus that addresses the clinical and non-clinical needs of the highest-utilizing members through intensive coordination of health and health-related services. ECM meets members wherever they are - on the street, in a shelter, in their doctor's office or at home
  - One population of focus is people with serious mental health and/or substance use disorder needs
  - Members have a single lead care manager who will coordinate care and services among the physical, behavioral, dental, developmental and social services delivery systems, making it easier for them to get the right care at the right time

https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx

CalOptima Health

Community Supports (CS)

- Currently there are14 Community Supports* services that Medi-Cal managed care plans (MCP) can elect to provide to their members to address health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care to address:
  - Finding stable or safe housing
  - Accessing healthy food
  - Transitioning back to home after a facility stay
  - Getting support in home
  - And more

** Transitional Rent starting Jan 1st, 2026*

https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx

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Highlight: Community Support (CS) Sobering Center

- The Sobering Center offers an alternative for members who are found to be publicly intoxicated or otherwise under the influence of drugs, to enable them to avoid an unnecessary emergency department visit while still providing a medically safe place for them as the effects of the substance(s) wear off.
- Sobering centers provide services such as medical triage, a temporary bed, meals, substance use education and counseling, and linkage to other health care services.

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Street Medicine

- Mobile clinical teams provide medical care where members are, and peer navigators coordinate support services
- The program aims to connect members with permanent housing to foster stability and long-term wellness, including help with overcoming substance use challenges
- Street medicine providers can administer medication assisted treatment (MAT)

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule

- The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, more than $4 billion initiative that is transforming the way California supports children, youth and families.
- The CYBHI fee schedule is a reimbursement model for school-linked behavioral health services in California, allowing Local Educational Agencies (LEAs) and higher education institutions to bill for services like therapy and assessment for students enrolled in Medi-Cal, disability insurance, or commercial health plans

https://cybhi.chhs.ca.gov/about/

https://cybhi.chhs.ca.gov/workstream/statewide-multi-payer-fee-schedule-for-school-linked-behavioral-health-services/

CalOptima Health

allcove Youth Centers

all

- Communicates inclusivity and togetherness – our spaces are for all young people, no matter what emotions you are feeling

cove

- A space surrounded by protection – a metaphor for the safe but open space that allcove provides to all

https://allcove.org/

allcove Youth Centers

- Offering a safe and inclusive space for young people ages 12 to 25, allcove provides access to free mental health and wellness services, with no insurance necessary
- Designed with, by and for youth
  - Delivers a broad range of supports, including services that address mental health, physical health, substance use disorders, housing, education, and employment needs.
  - allcove centers are seeing an increase in serving marginalized and underserved populations
    - 64% showed a high risk of alcohol or substance misuse on the first visit

https://allcove.org/

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Barriers

- Medi-Cal carve out of substance use services
- Data Exchange difficulties with existing privacy laws (42CFR part 2)
- Stigma for people to share substance use diagnosis
- Workforce shortage
- Pathways and inclusion for non licensed substance use professionals (peers/sober coaches etc.)

CalOptima Health

- Awarded $5.1 Million for Behavioral Health Workforce Development in Orange County
- Awarded a $2.7 million grant towards first Orange County allcove in San Juan Capistrano
- Awarded $5 million for NAMI By Your Side (NBYS) Program (peer mentors)
- CalOptima Health's Street Medicine Program launched in April 2023 and as of Sept 2024 now in 3 cities
- Awarded $1.8 million to First 5 OC for a dyadic service academy to expand the Healthy Steps evidence-based model in primary care settings.
- Purchased and distributed 250,000 doses of Naloxone in a Drive to Revive campaign and during community events to reach members and providers

CalOptima Health

Recommendations

- Additional pathway and billing options for non licensed substance use professionals within the managed care plans (Ex: peers/sober coach)
- Increase of upskilling SUD training series for licensed professionals (MDs, licensed mental health)

Stay Connected With Us:

www.caloptima.org

An Overview of Prevention and Early Intervention Through The Lens of a Community Serving Organization

Staci Anderson
President & CEO PRO Youth and Families

Intellectuals solve problems.

Geniuses prevent them.

~ Albert Einstein

PRO youth
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Our History

PRO was founded in 1981 as a community response to drugs and violence.

44 years of serving the community with evolving strategies to address underage substance use

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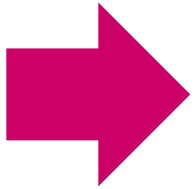
HOW WE DO OUR WORK

Putting Youth First

ADDRESS RISK AND PROTECTIVE FACTORS



USE A POSITIVE YOUTH DEVELOPMENT APPROACH

ACTIVE COMMUNITY SUPPORT THROUGH COLLECTIVE IMPACT

PROVIDE YOUTH A PLATFORM TO SHARE THEIR VOICE AND CO-DESIGN SOLUTIONS

WHO WE DO OUR WORK WITH

SYSTEMS including: Government (city, county, state, federal), School Districts, County Offices of Education

Community Based Organizations as Trusted Messengers

YOUTH!

PROJECT EXAMPLE

#FUTURES, 2021-2025

Objective: Underage Cannabis Prevention and Work-Based Learning

Funders: City of Sacramento, Board of State Community Corrections

Partners: 29 Community-Based Organizations serving youth in the City of Sacramento

Outcomes: Served 1,000 youth and distributed $1million in administrative and youth stipends

PROJECT EXAMPLE Behavioral Health Youth Advisory Board

Objective: Equip youth and systems to integrate in support of behavioral health policies that affect young people

Funders: City of Sacramento, Sutter Health, Sacramento County Office of Education

Partner: Sacramento County Board of Supervisors, Sacramento County Behavioral Health

Outcomes: First BH Advisory Board of its kind, provided input on youth telehealth policies, developed peer survey and presented findings to Board of Supervisors, partnership with UC Davis for mental health and SUD prevention, presented at Breaking Barriers Conference

INITIATIVE EXAMPLE MindOneSix Youth Mental Health Program

Objective: Provide Tier-1, non-clinical mental health support to youth

Funders: City of Sacramento, Measure L, Sutter Health, Whitmire Foundation, Kaiser

Approach: Community-Defined Evidence Practice, developed in partnership with youth, clinicians, educators, youth development professionals, and community members

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MINDONESIX

Our Why

One in six young people experience a mental health challenge each year

Over 40% *feel chronically sad and hopeless*

CA school counselor to student ratio is ***464:1 48%* of youth** *don't*

know where to turn for mental-health support

Students who reported chronic sadness had a current cannabis use rate of 19.7%

Students who reported suicidal ideation had a current cannabis use rate of 24.6%

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MINDONESIX

Our Solution

MindOneSix isa transformative initiative by PRO Youth, created to address the critical need for youth mental wellness support.

- Positive Youth Development
- Culturally Responsive
- Trauma Informed Practice
- Strength-based

The Approach

Interactive Curriculum: Provides opportunities for young people ages 12 to 24 to explore, discuss, and obtain tools to better manage their mental health and wellness.

Facilitator Training: Our comprehensive training program builds the capacity of youth-serving organizations and trusted adults to deliver the MindOneSix curriculum to young people in their communities.

Peer to Peer Model: Train and empower youth to deliver the curriculum and act as peer ambassadors for mental health literacy.

The Results

86% → now have self-soothing techniques

86% → can set their own mental wellness goals

93% → felt connected and supported by peers

100% → learned strategies to manage mental health challenges

"I appreciate how each lesson is both effective, impactful, and thoughtfully designed." **Christy, National Association of Mental Illness**

"I've become more of an advocate for myself and my community, raising awareness about mental health and substance abuse prevention. I highly recommend the program to anyone considering sharpening their leadership skills, educate themselves about mental health and substances, or meet new people, having an amazing time throughout it all." **~ Prince, program participant**

Recommendations

COLLABORATE

Create more opportunities for collective models by weaving funding more effectively.

BUILD COMMUNITY CAPACITY

Support training of community members to manage youth mental health and SUD needs

YOUTH ARE THE SOLUTION

...not the problem. Ensure youth have a voice in developing behavioral and mental health policies and train them to be peer leaders

INVEST IN PREVENTION

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Thank you!

Contact Information

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(916)576-3300

LUNCH BREAK

30 Minutes

Submit Panelist Questions

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Substance Use Disorders & The Continuum of Care

PANELIST QUESTIONS

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Discussion & Breakout Session

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Small Group Debrief

“What?”

“So What?”

“Now… what are the solutions?”

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“What?”

Introduce yourself and share one takeaway from the panel and Q&A session. Some prompts to guide your thinking include:

- *What stood out to you?*
- *Did you hear something that surprised you?*
- *What was something new that you learned?*

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“So What?”

Reflect on how the information shared today matters in your work:

- *What does it mean?*
- *How does it impact your work?*
- *What are the implications?*

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“Now what… are the solutions?”

Based on our discussion, where do we go from here?

- *What can we do right now?*
- *What needs to change?*
- *What are the recommendations?*
- *Is there an action that needs to be considered today?*

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Department & BHTF Member Updates

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PUBLIC COMMENTS

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CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2025 QUARTERLY MEETINGS

All Meetings are hybrid, 10 a.m. to 3 p.m.

- January 21, 2026
- April 8, 2026
- July 15, 2026
- October 14, 2026

Lunch & Learn Presentations between meetings – to be announced

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ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation!
  - Zoom participants will see a survey
  - Emailed survey for those in-room
- Recording will be posted on the BHTF Website at: Behavioral Health Task Force webpage

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Thank you for joining us today!

For information about the Behavioral Health Task Force, please visit the CalHHS website at https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/

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