

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

April 9, 2025

WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW. DEPUTY SECRETARY of BEHAVIORAL
HEALTH, CalHHS

THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person people: 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 people: 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

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

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**

MEETING AGENDA

- 10:00 Welcome
- 10:15 Prop 1 & BH-CONNECT Interconnections Panel
- 11:40 Prop 1 & BH-CONNECT Interconnections Questions
- 12:00 Prop 1 & BH-CONNECT Interconnections Discussion
- 12:30 *Lunch Break*
- 1:00 CYBHI Update
- 1:30 BH Transformation: Presentation & Discussion
- 2:45 CalHHS & BHTF Member Updates
- 2:50 Public Comment
- 3:00 Closing & Adjourn

INTERCONNECTIONS BETWEEN PROPOSITION 1 / BEHAVIORAL HEALTH TRANSFORMATION & BH-CONNECT INITIATIVE *(Behavioral Health Community- Based Organized Networks of Equitable Care and Treatment)*

PANEL DISCUSSION

Overview Presentation

Paula Wilhelm

**Deputy Director,
Behavioral Health**

**Department of Health
Care Services**



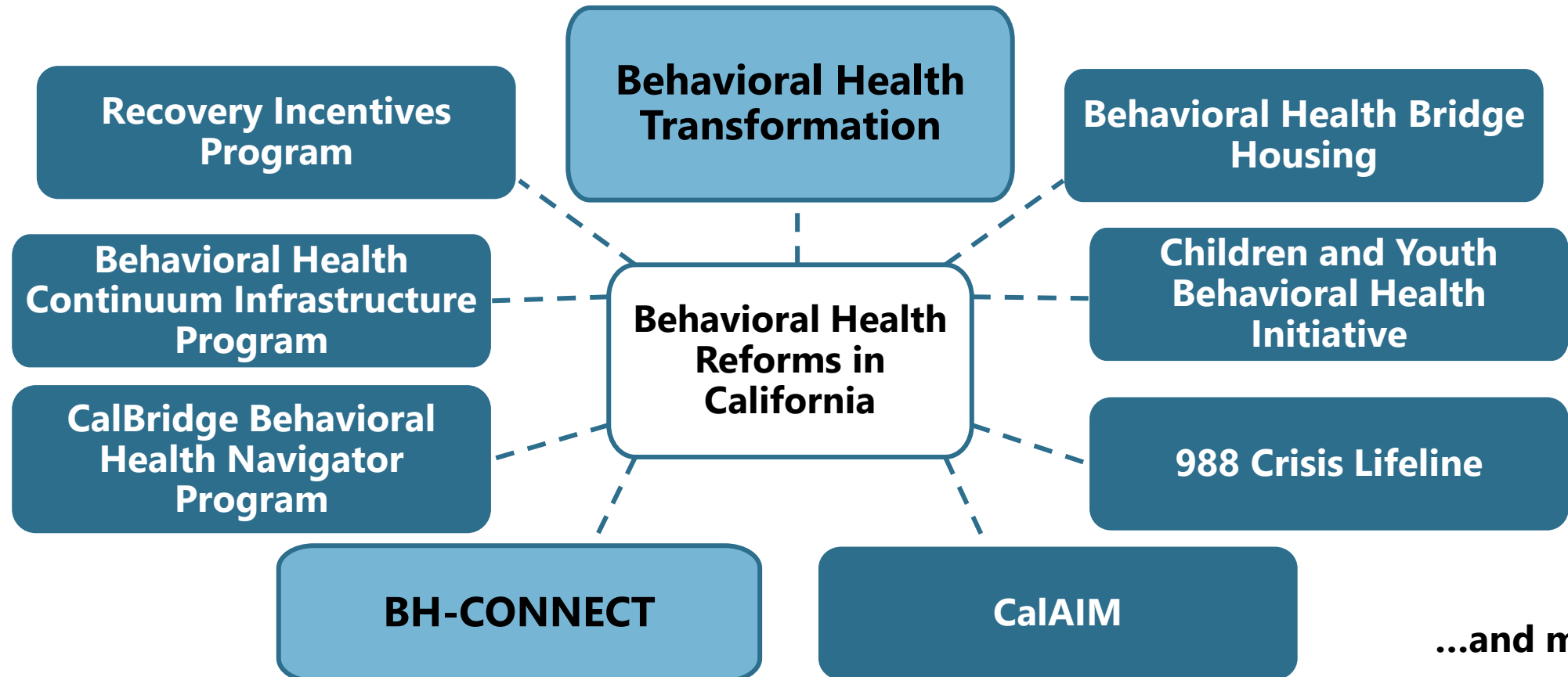
**Behavioral Health Community-Based Organized
Networks of Equitable Care and Treatment (BH-
CONNECT) and Behavioral Health
Transformation (BHT):**
*Intersections and Opportunities to Implement
Evidence Based Practices (EBPs)*

April 9, 2025

Overview of BH-CONNECT and BHT

Role of BH-CONNECT & BHT in California's Behavioral Health Landscape

BH-CONNECT and BHT are two important pieces of the State's ongoing efforts to improve behavioral health care for Californians living with the greatest needs.



BH-CONNECT and BHT Share Common Goals

BHT and BH-CONNECT share key priorities and are designed to work together to serve Californians living with significant behavioral health needs. Evidence-Based Practices (EBPs) are one key component of both initiatives.



Priority Populations, including individuals experiencing or at risk of homelessness, individuals with criminal justice system involvement, and children and youth.



Investing in Evidence-Based Practices (EBPs) such as Assertive Community Treatment (ACT) and Supported Employment

Today's Focus



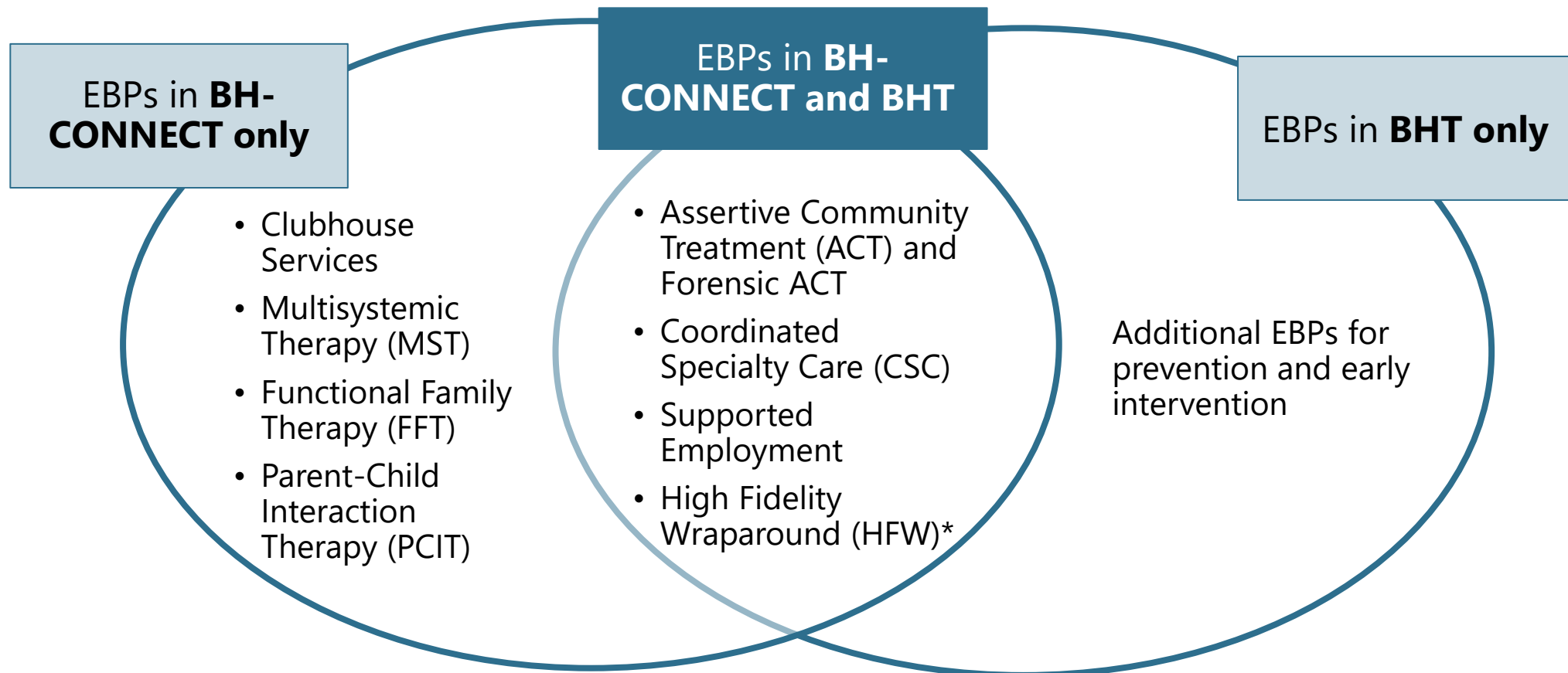
New Housing and Residential Treatment Options, including allocations for housing interventions and Federal Financial Participation (FFP) for short-term stays in Institutions for Mental Diseases (IMDs)



Funding for the Behavioral Health Workforce to expand the pipeline of behavioral health professionals serving Medi-Cal members

EBPs in BH-CONNECT and BHT

Both BH-CONNECT and BHT include investments in EBPs. Beginning this year, BH-CONNECT makes new services available at county option as Medi-Cal benefits. BHT requires that counties begin offering certain services as part of Full Service Partnership (FSP) and Early Intervention programs, beginning in July 2026.



*High Fidelity Wraparound (HFW) will be implemented in Medi-Cal beginning July 1, 2026

Overview of EBPs

Adult EBPs

- **Assertive Community Treatment (ACT)** is a person-centered, team-based approach to deliver comprehensive, time-unlimited services to members living with the most significant and complex behavioral health needs.
- **Forensic ACT (FACT)** builds upon the ACT model with key components to support justice-involved individuals.
- **Supported Employment** helps individuals living with significant behavioral health needs find and maintain competitive employment.
- **Clubhouse Services** are a community-based treatment option that helps members develop and restore skills and build relationships.
- **Coordinated Specialty Care (CSC)** is a team-based approach to serve adolescents and young adults following a first episode of psychosis.

Child & Youth EBPs

- **High Fidelity Wraparound (HFW)** is a team-based and family-centered model that includes an “anything necessary” approach to care for children/youth with serious mental health or behavioral challenges.
- **Parent-Child Interaction Therapy (PCIT)** is a short-term treatment designed to foster the well-being of children and families by teaching parents strategies that promote positive behaviors in children and youth.
- **Multisystemic Therapy (MST)** is an intensive, family-driven treatment for youth who are involved in the juvenile justice system or who are at risk of out-of-home placement due to a history of delinquent behavior.
- **Functional Family Therapy (FFT)** is a short-term, family-based counseling service which empowers families to solve their own problems through growth and change.
- **Coordinated Specialty Care (CSC)** is a team-based approach to serve adolescents and young adults following a first episode of psychosis.

EBPs and Priority Populations

Implementation of EBPs directly tie to the focus of BH-CONNECT and BHT on ensuring high-quality and community-based care is available for the most vulnerable Californians:



Homeless or at risk of homelessness



Involved in the **criminal justice system** or at risk of criminal justice system involvement



Leaving an **institutional setting** or at risk of institutionalization



Children and youth, including those involved in the **child welfare system**

Centers of Excellence (COEs) and Implementation of EBPs in California

Implementation of EBPs in BH-CONNECT & BHT

The implementation of EBPs included in both initiatives is closely coordinated.

- » BH-CONNECT EBPs will go live beginning in 2025.
 - » EBPs for adults are available **at county option**, with specific EBPs required in counties that “opt in” to receive FFP for care provided during short-term stays in IMDs.
 - » Children and youth EBPs are **required** for all counties.*
- » Under BHT, FSP programs must include ACT/FACT, IPS Supported Employment and HFW. Counties are also required to include CSC under their Early Intervention funding category.
 - » Counties must begin offering these EBPs by July 2026, complete a “gap to fidelity” assessment by December 2027, and deliver services to fidelity by June 2029.
- » For EBPs in both initiatives, core requirements will be identical regardless of whether a county opts in to BH-CONNECT (e.g., ACT teams must complete the same required trainings whether they offer the service under Medi-Cal or just under the BHSA).

Shared Features of EBPs in BH-CONNECT and BHT

- ✓ Implementation requirements (e.g., eligibility criteria, staffing, fidelity monitoring)
- ✓ Access to training, technical assistance (TA) and fidelity monitoring support
- ✓ Workforce (i.e., the same ACT teams may support both Medi-Cal and non-Medi-Cal members)

COEs Will Support Implementation of EBPs

DHCS has established COEs to offer training and technical assistance and fidelity monitoring to behavioral health practitioners and county behavioral health plans (BHPs) implementing EBPs.

Specific activities conducted by COEs will include:

- » Training for behavioral health practitioners delivering EBPs
- » Technical assistance for practitioners and BHPs
- » Fidelity assessments to ensure EBPs are delivered consistent with the evidence-based models.
- » Other supports to deliver EBPs through a culturally responsive lens.

The following organizations will serve as COEs:

EBP	COE
Assertive Community Treatment (ACT) and Forensic ACT	University of California, Los Angeles – Public Mental Health Partnership (UCLA PMHP)
Coordinated Specialty Care (CSC)	Early Psychosis Intervention California (EPI-CAL)
Supported Employment	The IPS Employment Center at RFMH, Inc.
Clubhouse Services	Clubhouse International
Multisystemic Therapy (MST)	MST Services
Functional Family Therapy (FFT)	FFT, LLC
Parent-Child Interaction Therapy (PCIT)	PCIT International

Timeline for Implementation of EBPs

CY 2025		CY 2026		CY 2027		CY 2028		CY 2029	
Jan-June	July-Dec	Jan-June	July-Dec	Jan-June	July-Dec	Jan-June	July-Dec	Jan-June	July-Dec
ACT/FACT, CSC, Clubhouse Services and Supported Employment available as Medi-Cal services at county option									
MST, FFT, PCIT available as Medi-Cal services pursuant to EPSDT benefit									
All counties participate in training, TA and fidelity monitoring with COEs (<i>under both BH-CONNECT and BHT</i>)									
				All counties engage with COEs to determine "gap to fidelity" for ACT/FACT, CSC, IPS and HFW (by Dec 31, 2027)					
						All counties complete full fidelity reviews and demonstrate ACT/FACT, CSC, IPS and HFW are delivered with fidelity (by June 30, 2029)			
BH-CONNECT									
BHT				All counties offering EBPs with fidelity					

Note: Implementation of EBPs is more expansive under Medi-Cal than FSP. Counties that opt to offer EBPs under Medi-Cal must make those services an entitlement (available to all eligible Medi-Cal members) county-wide. FSP EBPs may be implemented on a more limited basis. If a county opts to provide ACT (or another EBP) under Medi-Cal, they do not need to do additional fidelity reviews for that EBP under BHT.

Proposition 1 and BH-CONNECT Interconnections: County Perspective

Dr. Ryan Quist
Behavioral Health Director
Sacramento County
Behavioral Health
Services



Proposition 1 and BH-CONNECT Interconnections: Provider Perspective

Harjit Singh Gill, LCSW
Regional Vice President
Bay Area Community
Services



Opportunities in Proposition 1 and BH-CONNECT to implement Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)

ACT and FACT in BHSA / BH-CONNECT: Center of Excellence Perspective

Dr. Elizabeth Bromley
Professor in Residence,
UCLA Department of
Psychiatry & Biobehavioral
Sciences
Director,
Public Mental Health
Partnership





**DHCS Behavioral Health Center of
Excellence Resource Hub:**
bhconnect-coe.org

The California ACT/FACT Center of Excellence

Elizabeth (Beth) Bromley, M.D., Ph.D.

Director, PMHP at UCLA

Professor in Residence, Semel Institute for
Neuroscience and Human Behavior, David
Geffen School of Medicine at UCLA



Assertive Community Treatment (ACT)

Intensive model of community-based illness management for those with severe mental illness

Extensively studied: cost-effective, reduces homelessness & hospitalization, improves clinical outcomes & quality of life

Offered in most states as the highest intensity community-based intervention but not in California until now



ACT is not...

A particular treatment or intervention

ACT is not medications plus therapy

A philosophy of care or a way of relating to a client

ACT is not Harm Reduction or "whatever it takes"

A service connected to a particular institution or type of housing

ACT is not Housing First

A temporary, bridging intervention that links the client to other services

ACT is not Critical Time Intervention

ACT is a model of care delivery. The ACT team is a service delivery system with well-specified components.



Essential Features of ACT

- Multidisciplinary team working in a transdisciplinary manner
 - Social worker, psychologist, peer specialist, substance use specialist, nurse, psychiatrist, employment specialist
- Low client-to-staff ratio with a team of adequate size to build synergies
 - Typically: 100 clients served by 11 full time providers
- Frequent & assertive contact (~2/week) often delivered in the field (~75%)
 - On the street, in jails & hospitals, in homes & shelters
- Support for an array of needs delivered as an integrated service
 - More than medications, therapy, and groups: housing, benefits, transportation, physical health, substance use
- Continuity of care across service and housing settings
 - Time-unlimited as long as service intensity is needed



Unique Features of ACT

Staffing determines client care capacity

- Defined client: staff ratio
- Multidisciplinary team that works collaboratively

Service intensity is high

- Frequent contact in the client's community including homes, hospitals, jails
- 24/7 availability

Value derives from serving the right clients

- Careful enrollment, retention, disenrollment
- Clients should have complex current needs



Evidence: ACT Delivered with Fidelity Improves Outcomes

ACT...

- Reduces length & frequency of hospitalizations
 - Consistent evidence from US, Europe, Australia, developing countries
- Improves housing outcomes
- Improves quality of life, symptoms & functioning
- Improves housing outcomes
 - Reduces rates of homelessness
 - Increases rates of independent living
- Improves medication adherence & engagement in treatment
- Demonstrates high client satisfaction



High-Fidelity ACT

Stefancic & Tsemberis, 2022. "Applying Fidelity to FSPs to Enhance Services," PMHP Training Module





No ACT program is perfect...

- Identify areas of challenge to high-fidelity practice
- Support learning within & across ACT teams to move towards fidelity
- Build a common language while teaching a consistent set of best practices that improve cohesion within & across teams

Stefancic & Tsemberis, 2022. "Applying Fidelity to FSPs to Enhance Services," PMHP Training Module





...but removing too many or essential components...



Stefancic & Tsemberis, 2022. "Applying Fidelity to FSPs to Enhance Services," PMHP Training Module



ACT/FACT Center of Excellence Tasks

Fidelity Monitoring	Technical Assistance	Training
Teach model, engage teams, designate	Specify challenges, problem-solve, improve	Onboard, skill-build, ensure care quality
<ul style="list-style-type: none">• Establish & communicate appropriate fidelity thresholds• Conduct fidelity monitoring for ACT/FACT teams across the state	<ul style="list-style-type: none">• Provide tailored tools plus coaching to help teams adopt best practices & sustain high fidelity• Teach & support continuous quality improvement	<ul style="list-style-type: none">• Teach key practices: trauma-informed approaches, harm reduction, recovery orientation• Engage providers in learning communities to share knowledge



References

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- L. Dixon L, "Assertive community treatment: Twenty-five years of gold," *Psychiatric Services*, 2000; 51, 759-765.
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- V. Stanhope, J. Matejkowski, "Understanding the role of individual consumer-provider relationships within assertive community treatment," *Community Mental Health Journal*, 2010; 46(4), 309-318.
- L.R. Leiphart, M.G. Barnes, "The Client Experience of Assertive Community Treatment: A Qualitative Study," *Psychiatric Rehabilitation Journal*, 2005; 28(4), 395-397.
- J.I. Manuel, N.H. Covell, C.T. Jackson, S.M. Essock, "Does assertive community treatment increase medication adherence for people with co-occurring psychotic and substance use disorders?" *Journal of the American Psychiatric Nurses Association*, 2011; 17(1), 51-56.
- J. Tse, R. Chablani, "ACT for Life: Why Psychiatrists Pound the Pavement to Provide Care," *Psychiatric Services*, 2021; 72(9), 1099-1102.
- S.E. Estroff, "A harmony in three parts: Utopian treatment for schizophrenia," *New Directions for Mental Health Services*, 1999; 13-19.
- P. Brodwin, *Everyday Ethics: Voices from the Front Line of Community Psychiatry*, University of California Press, 2013.

ACT and FACT in BHSA / BH-CONNECT: County Perspective

**Dr. Karyn Tribble, PsyD,
LCSW**

Director

**Alameda County
Behavioral Health
Department**



Alameda County Behavioral Health Department

Proposition 1 and BH-CONNECT
Intersections and Opportunities

Behavioral Health Task Force Quarterly Meeting

Wednesday, April 9, 2025

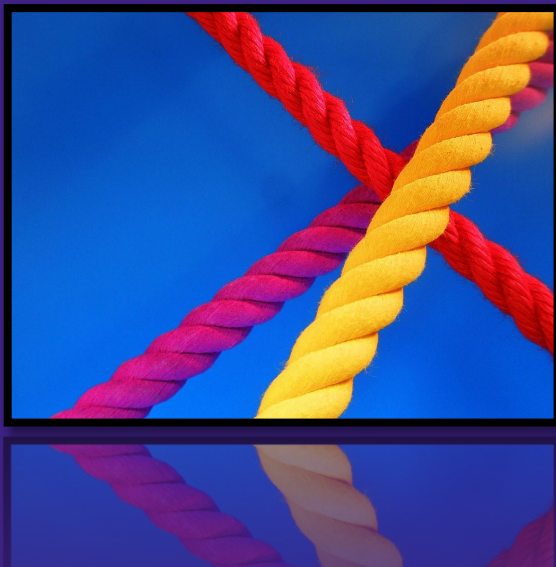


Presenter:

Karyn Tribble, PsyD, LCSW | Director

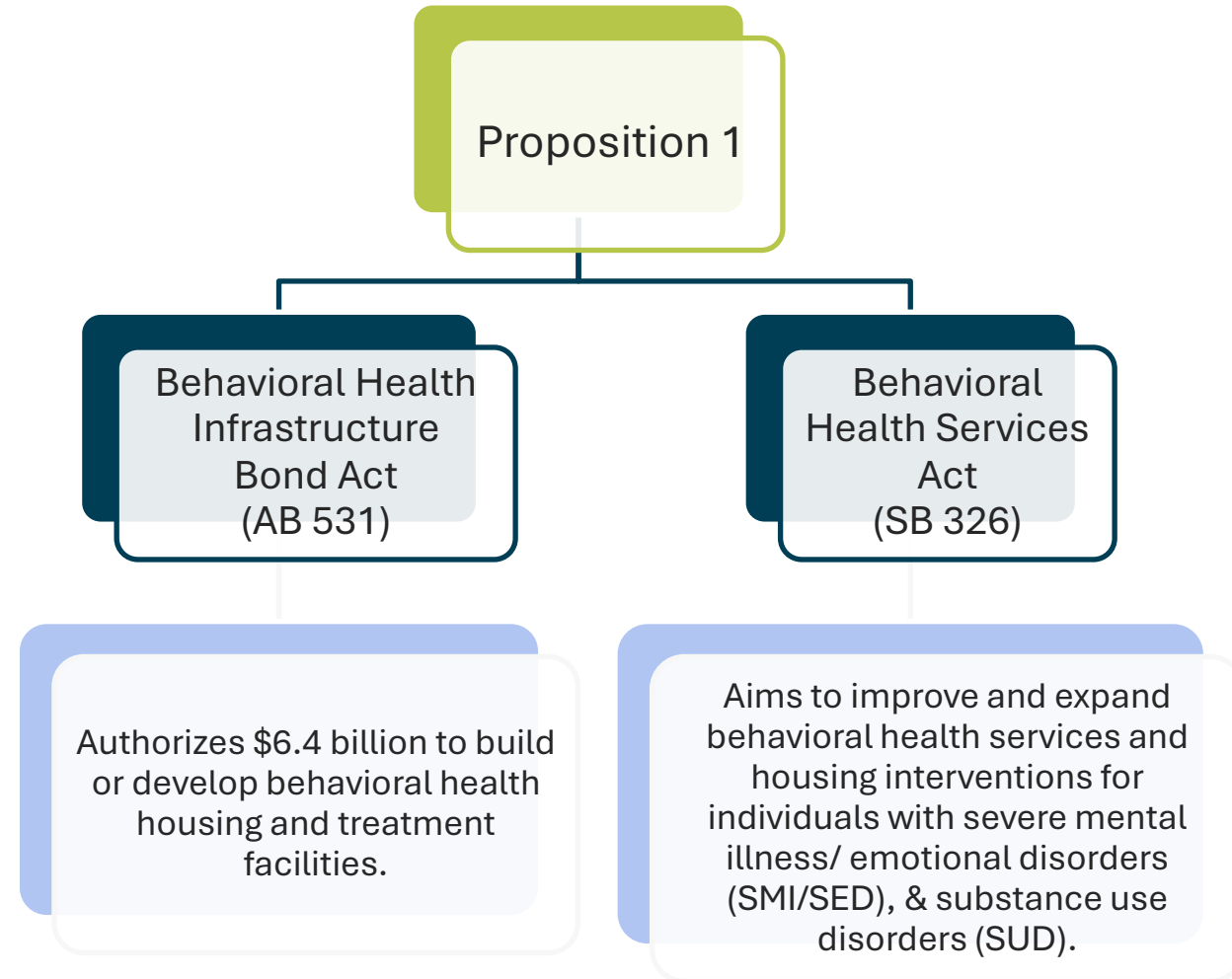
Building a Continuum of Care for Individuals with Severe Mental Illness (SMI) /Severe Emotional Disturbance (SED) and/or a Substance Use Disorder (SUD)

Opportunities & Intersections

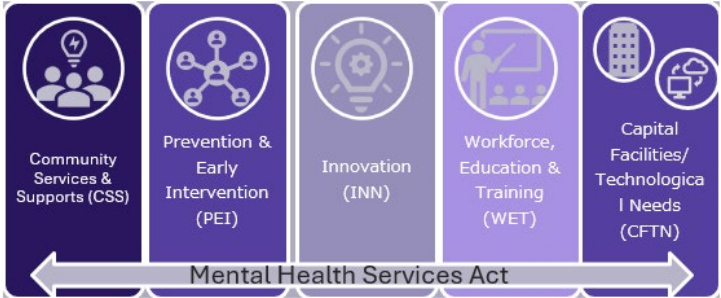


Behavioral Health Transformation (Proposition 1) - Overview

- ❑ Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the **most severely mentally ill individuals**.
- ❑ Inclusion of eligible programming for those with substance use conditions.
- ❑ Significant focus on housing and homelessness.
- ❑ Statewide focus on increased accountability and transparency
- ❑ This change builds upon current and ongoing efforts to support vulnerable populations living with the **most significant** mental health conditions and substance use disorders.

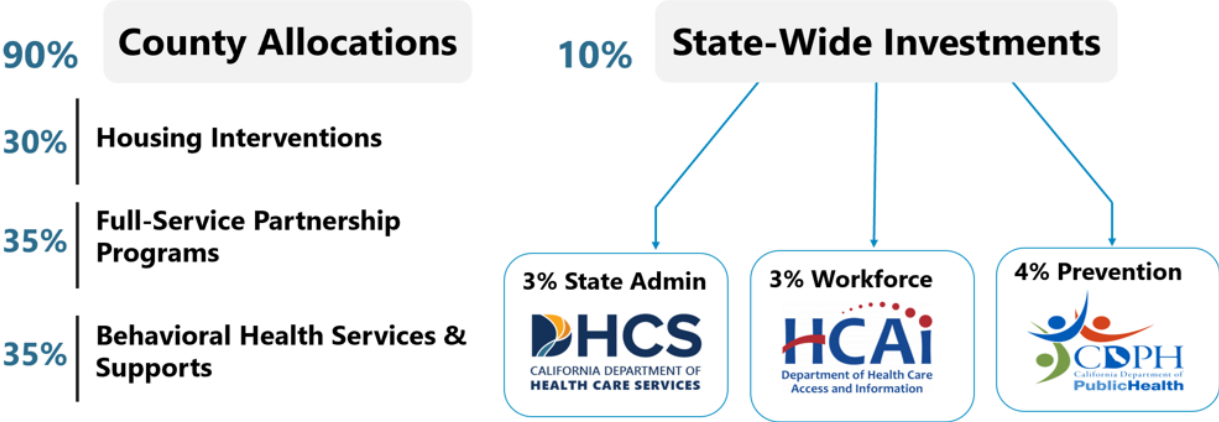


Proposition 1: System Change

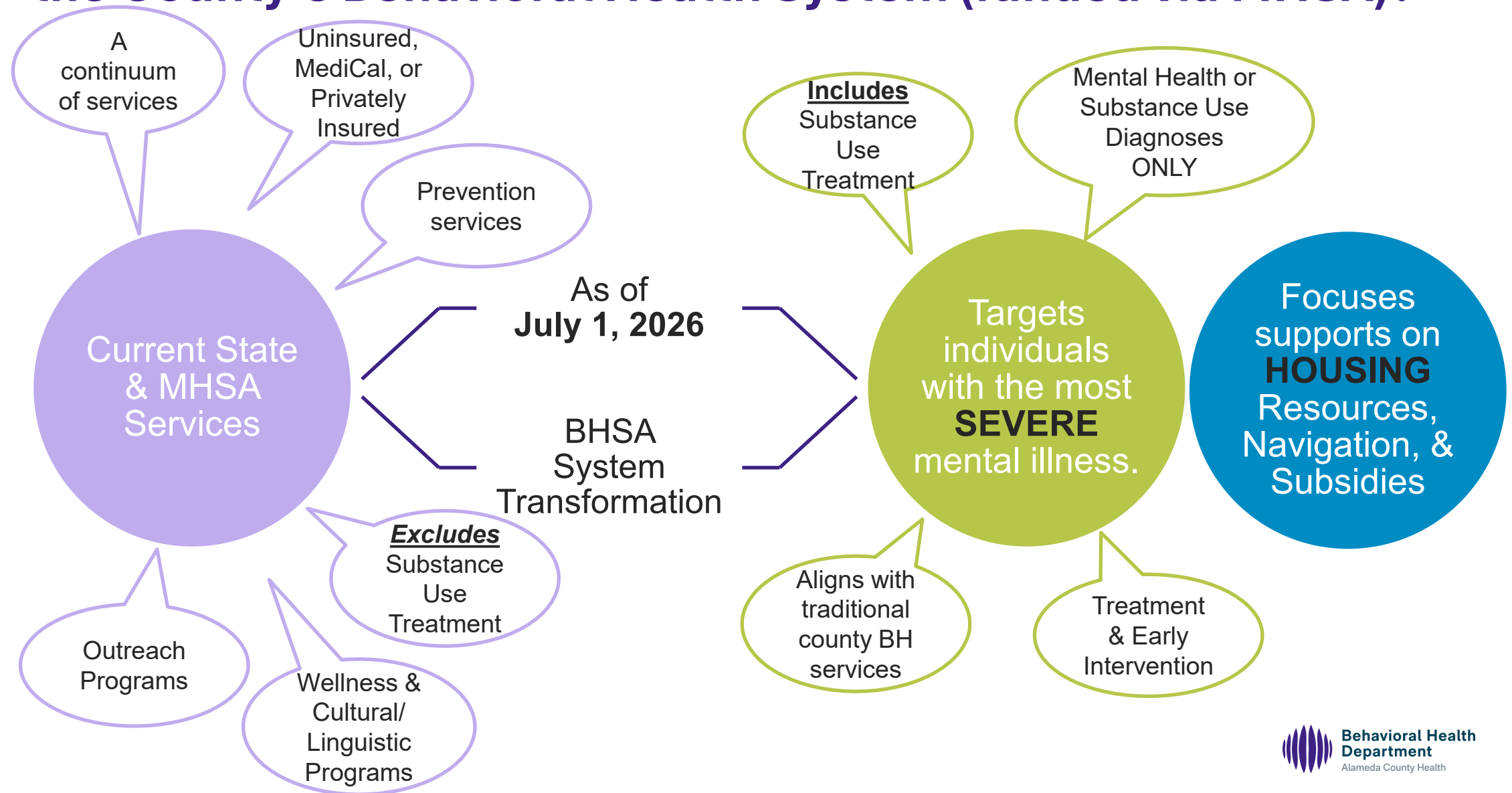


BHSA Funding Breakdown

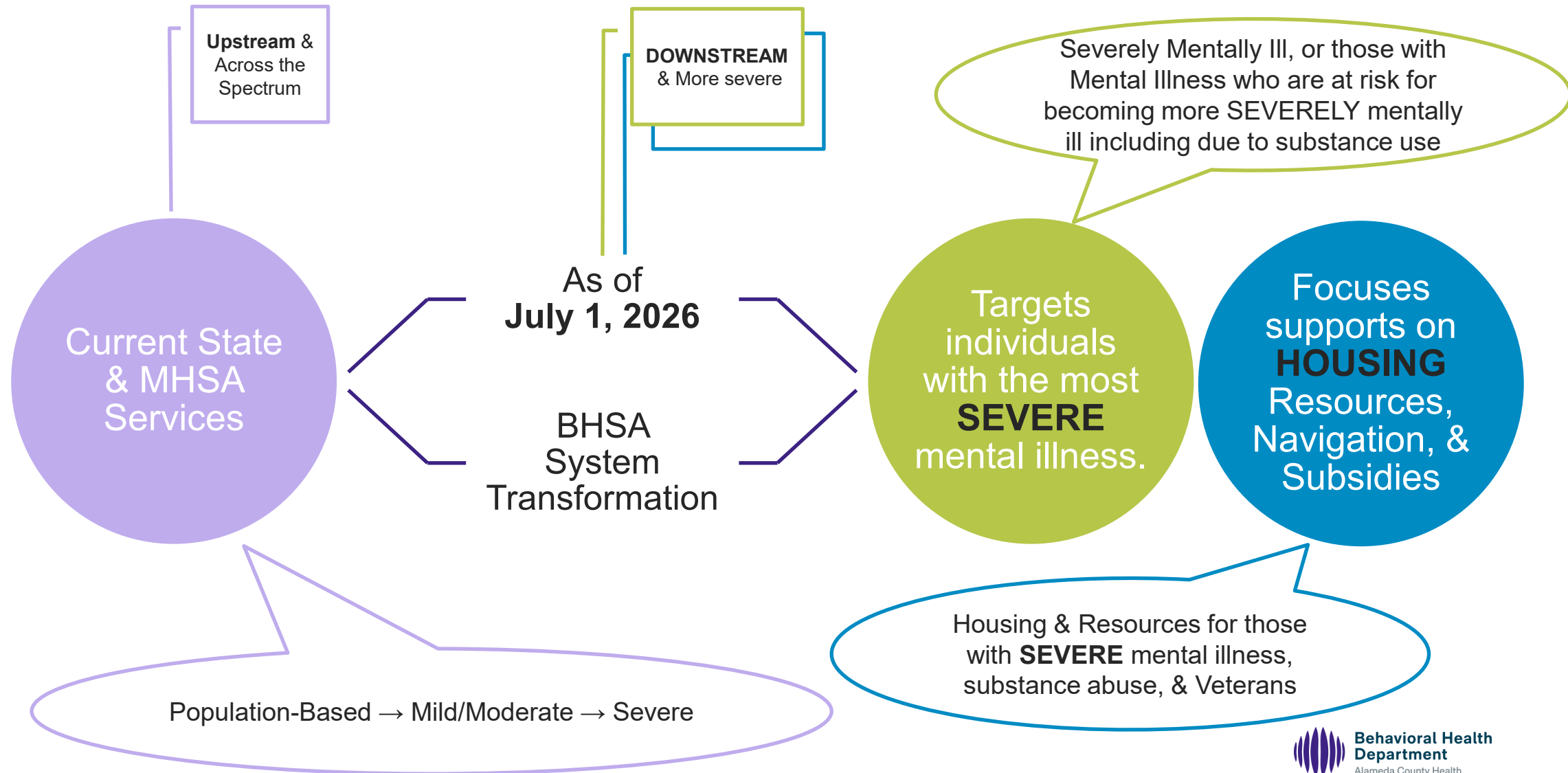
Total BHSA revenue is distributed between county and state-wide allocations.



How will Proposition 1 transform services rendered through the County's Behavioral Health System (funded via MHSA)?



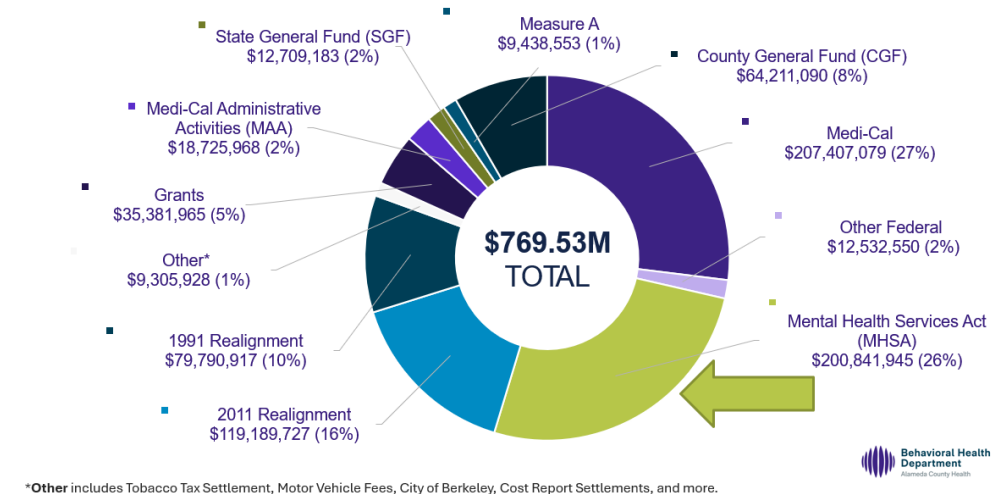
How will Proposition 1 transform services rendered through the County's Behavioral Health System (funded via MHSA)?



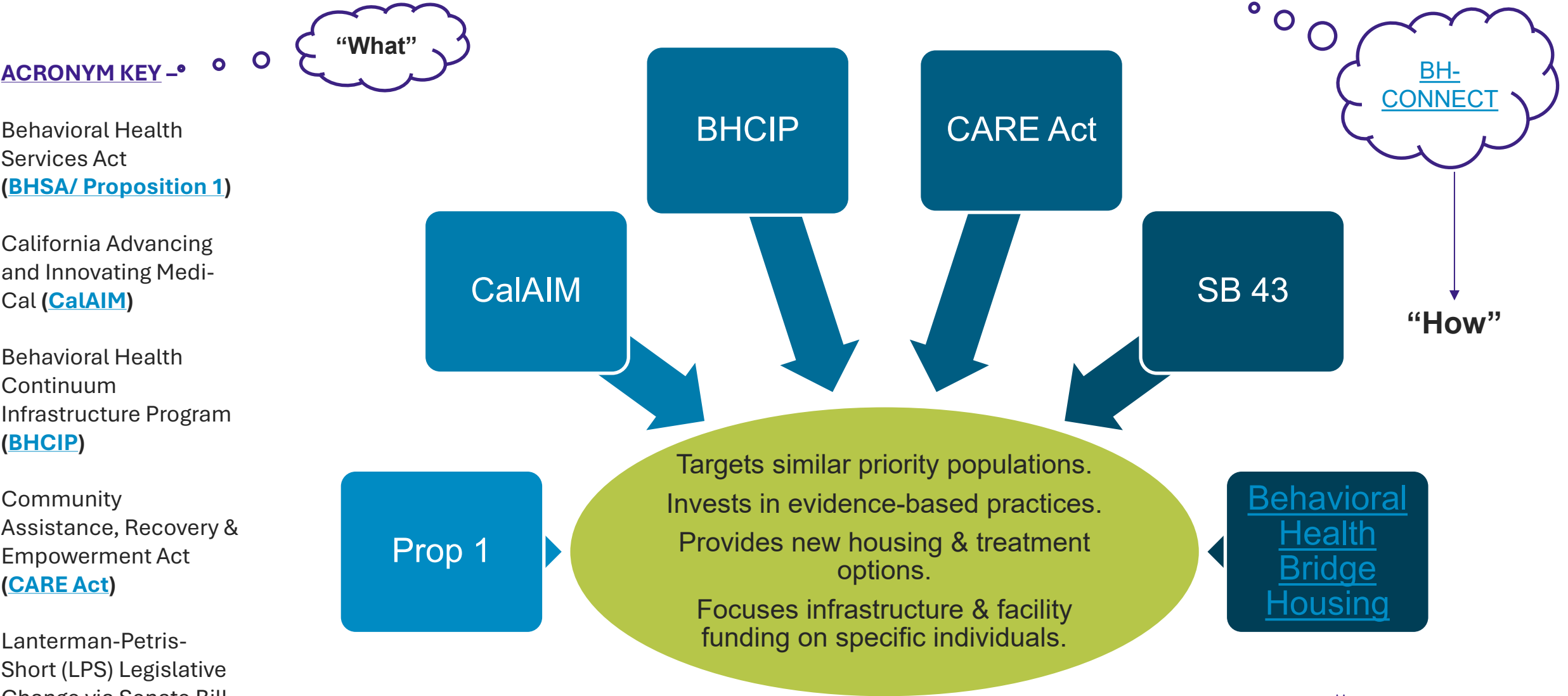
System & FINANCIAL Structures Change

- Service Delivery and payment structures will align with individuals who largely represent the **safety net** (behavioral health) system.
- Persons with Mild/Moderate or less severe behavioral health symptoms (or private insurance) generally excluded. **More traditional County Mental Health structures** (i.e., circa prior to the passage of MHSA).
- Focus on **ability to leverage funding**, provider billing capacity, or interagency partnerships.
- **30-Year \$Commitments to serve Medi-Cal beneficiaries within BHCIP Facilities.**

ACBHD Fiscal Year (FY) 2024-2025 Total Financing by Revenue Source:



How does Proposition 1 relate to other Statewide BH Initiatives?



How does Proposition 1 relate to other Statewide BH Initiatives? **BHCIP Update Examples**

ACRONYM KEY –

Behavioral Health Services Act
(**BHSA/ Proposition 1**)

California Advancing and Innovating Medi-Cal (**CalAIM**)

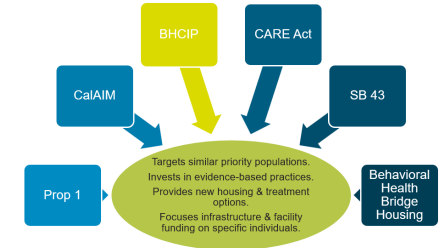
Behavioral Health Continuum Infrastructure Program (**BHCIP**)

Community Assistance, Recovery & Empowerment Act (**CARE Act**)

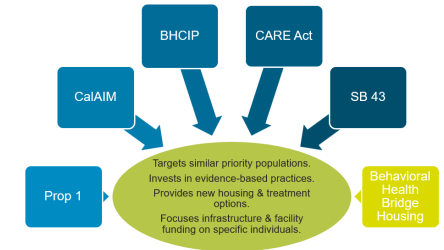
Lanterman-Petris-Short (LPS) Legislative Change via Senate Bill 43 (**SB 43**)

Alameda County Capital Awards Sampling:

- Adult Residential Treatment & Outpatient Services for Justice Involved or at-risk Transitional Age Youth (TAY) - \$5.1M, 16 Beds
- Adult Sobering, Detox, Residential Facility – \$7.6M, 16-20 Beds
- Mental Health Urgent Care, Substance Use Residential - \$18.7M, 44 Beds
- Crisis Residential Treatment for Justice-Involved Individuals - \$4.3M, 16 Beds
- Peer Respite - \$450K, 6 Beds
- Additional **NON-BHCIP** Awards:
 - Department of State Hospitals (DSH) – Adult Residential Treatment Diversion - \$3M, 32 Beds
 - DSH Supported Housing with Clinical Services - \$1.1875M, 20 Beds



How does Proposition 1 relate to other Statewide BH Initiatives? **Bridge Housing Update Examples**



Additional Alameda County Capital Awards:

- Bridge Housing Funding to enhance service for Unhoused Residents with Complex Behavioral Health Needs:
 - Bridge Housing and Behavioral Health (BHBH) Program
 - Prioritize CARE Court Recipients
 - Round 1 Award - \$46.8M; Round 2 Award - \$14M (Total \$60.8M)

How does Proposition 1 relate to other Statewide BH Initiatives? **CARE Court**

ACRONYM KEY –

Behavioral Health
Services Act
(**BHSA/ Proposition 1**)

California Advancing
and Innovating Medi-
Cal (**CalAIM**)

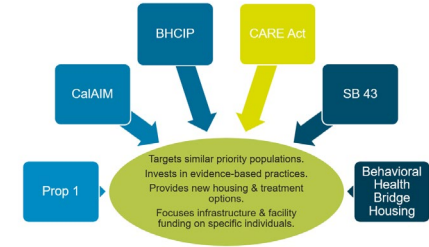
Behavioral Health
Continuum
Infrastructure Program
(**BHCIP**)

**Community
Assistance, Recovery &
Empowerment Act
(CARE Act)**

Lanterman-Petris-
Short (LPS) Legislative
Change via Senate Bill
43 (**SB 43**)

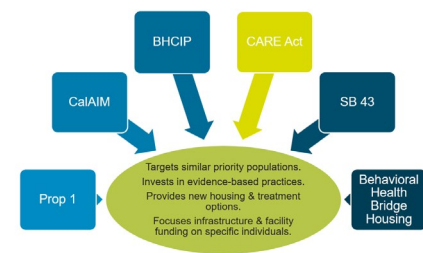
CARE Court:

- The CARE Act is a legislation that authorizes CARE Court, a new civil court process to ensure that individuals most impacted by mental health challenges receive the services that they need.
- The purpose of CARE Court is to engage a targeted group of people in community-based treatment to avoid unnecessary crisis, hospitalization, homelessness, and incarceration.
- CARE Court establishes a civil court process whereby the courts can order eligible individuals to participate in a CARE agreement or plan provided by a CARE team for up to 12 months with the possibility to extend for an additional 12 months.
- County Implementation: December 1, 2024
- Treatment Options (**FSP Programs**, **Outreach Programs**, & County Clinics)



How does Proposition 1 relate to other Statewide BH Initiatives?

CARE Court



CARE Process At-A-Glance (Example):

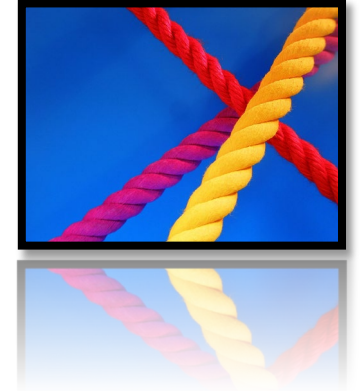


Step 1:	Step 2:	Step 3:	Step 4:	Step 5:	Step 6:
Someone goes to “Self-Help” if they need help filing a petition.	Petition Filed.	Court makes the legal ruling/ decision and communicates to ACBHD and Public Defender’s Offices.	Counsel is appointed, Behavioral Health investigates, and the person is served (i.e., 2-6 weeks).	CARE Proceedings commence (i.e., 10-14 weeks).	CARE Services are provided (1-2 Years).
ACBHD collaborates with the Courts’ Self-Help* program to ensure they have information to share with about the resources available through the behavioral health system, including how to access these services, if they do not file a petition.	ACBHD will file petitions proactively (without outside referrals). Courts will review all petitions and use available information to determine if a petitions meets the legal standard.	Court appoints a Public Defender, and a CARE assessment is conducted by the Behavioral Health Department.	BHD and community-based organization providers investigate, outreach, engage, and initiate services with anyone who has been court ordered to receive an assessment.	BHD and system partners develop a ‘menu’ of service options available for CARE respondents.	Ongoing hearings at least every sixty (60) days with status updates for up to two (2) years.

*NOTE: The “Self-Help Program” refers to welcome center-like program developed by the Supervisor Court of California, County of Alameda – AKA the Court – designed to help provide navigation and information regarding CARE Court to the public.



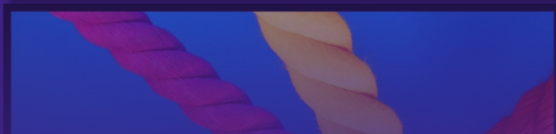
Behavioral Health Transformation OVERVIEW



- Refocuses & transforms county behavioral health systems:
 - **System Integration:** CalAIM, CARE Court, SB 43/ LPS Reform, Peer Certification (Community Health Workers), and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration ([BH-CONNECT](#)).
 - **Population Specific Focus:** BHSA, Opioid Settlement, Forensic Services System Redesign, Alameda County Settlement Implementation, Child & Youth Services and Regulatory Changes (Children & Youth Behavioral Health Initiative, [CYBHI](#)).
 - **Community Engagement:** Strategic Planning, ([BHSA](#), [Opioid Settlement](#), & [SB 43](#)), Community Services Planning and Capital Expansion (i.e., BHCIP).

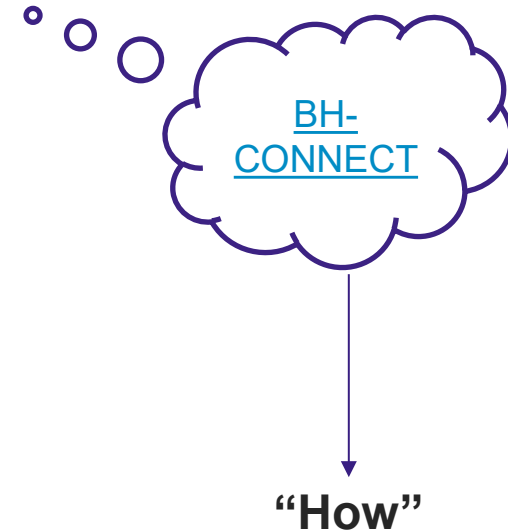
BH-CONNECT

Evidenced-Based Practice Models

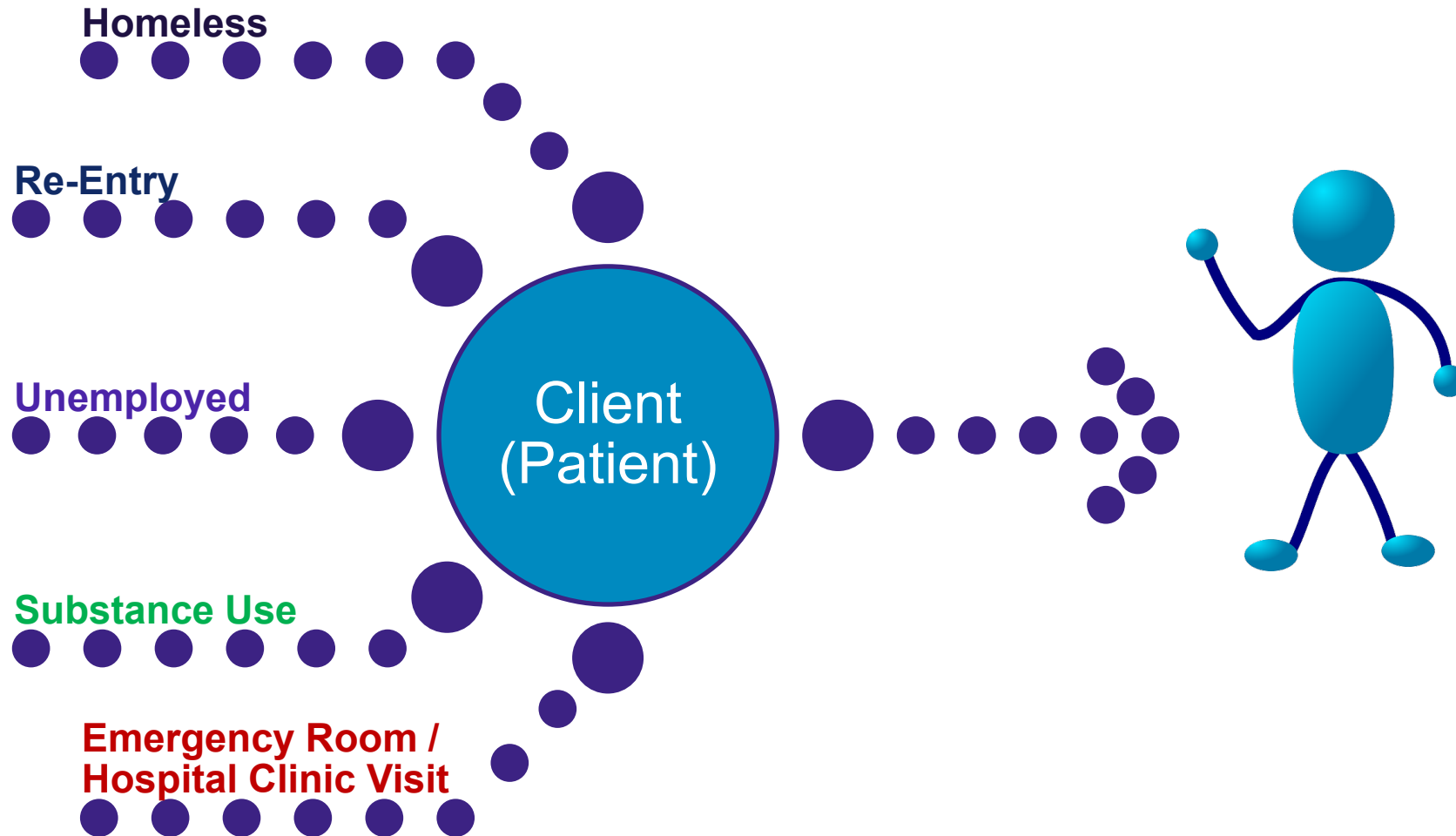


Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT)

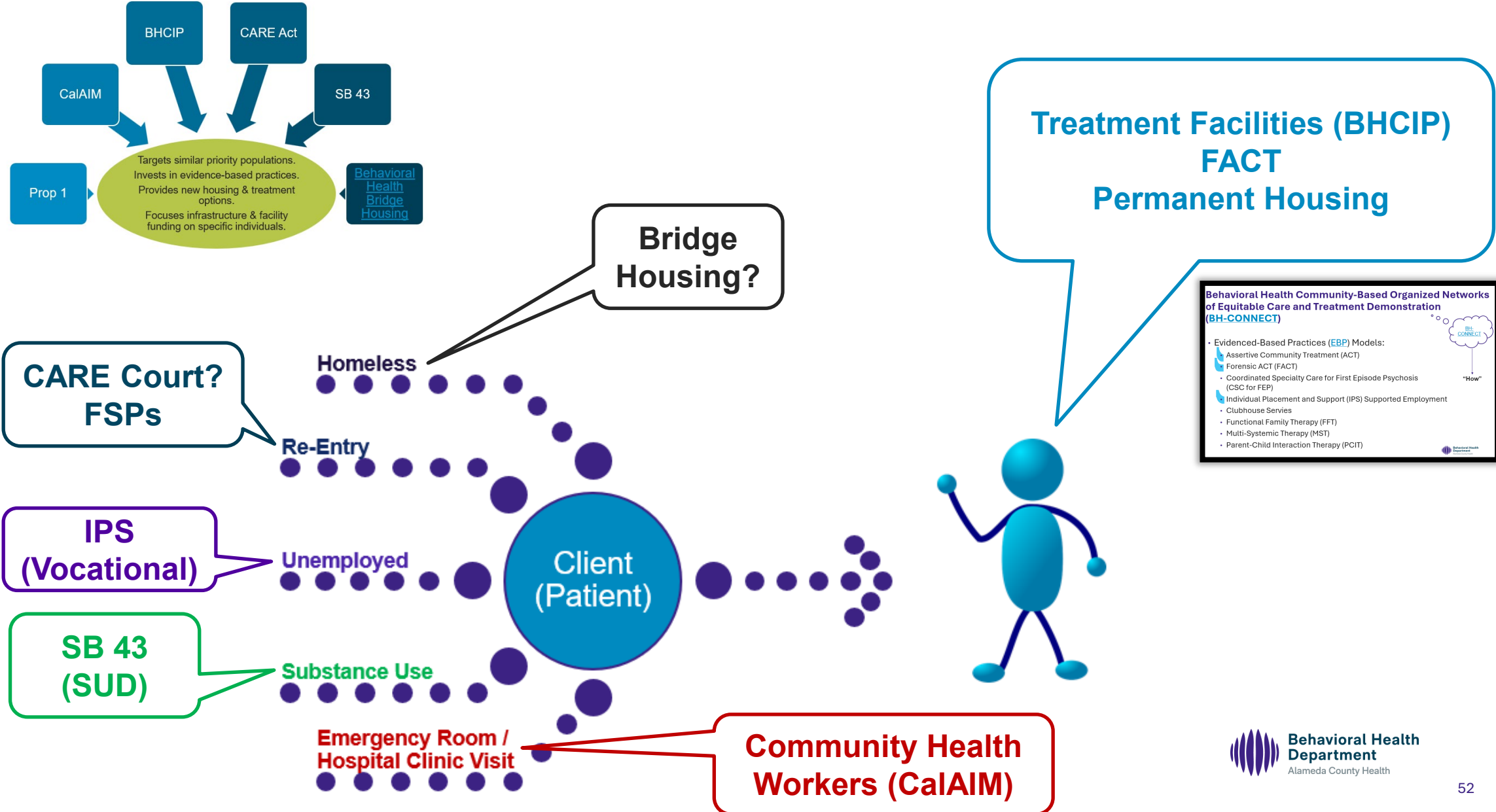
- Evidenced-Based Practices (EBP) Models:
 - Assertive Community Treatment (ACT)
 - Forensic ACT (FACT)
 - Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
 - Individual Placement and Support (IPS) Supported Employment
 - Clubhouse Services
 - Functional Family Therapy (FFT)
 - Multi-Systemic Therapy (MST)
 - Parent-Child Interaction Therapy (PCIT)



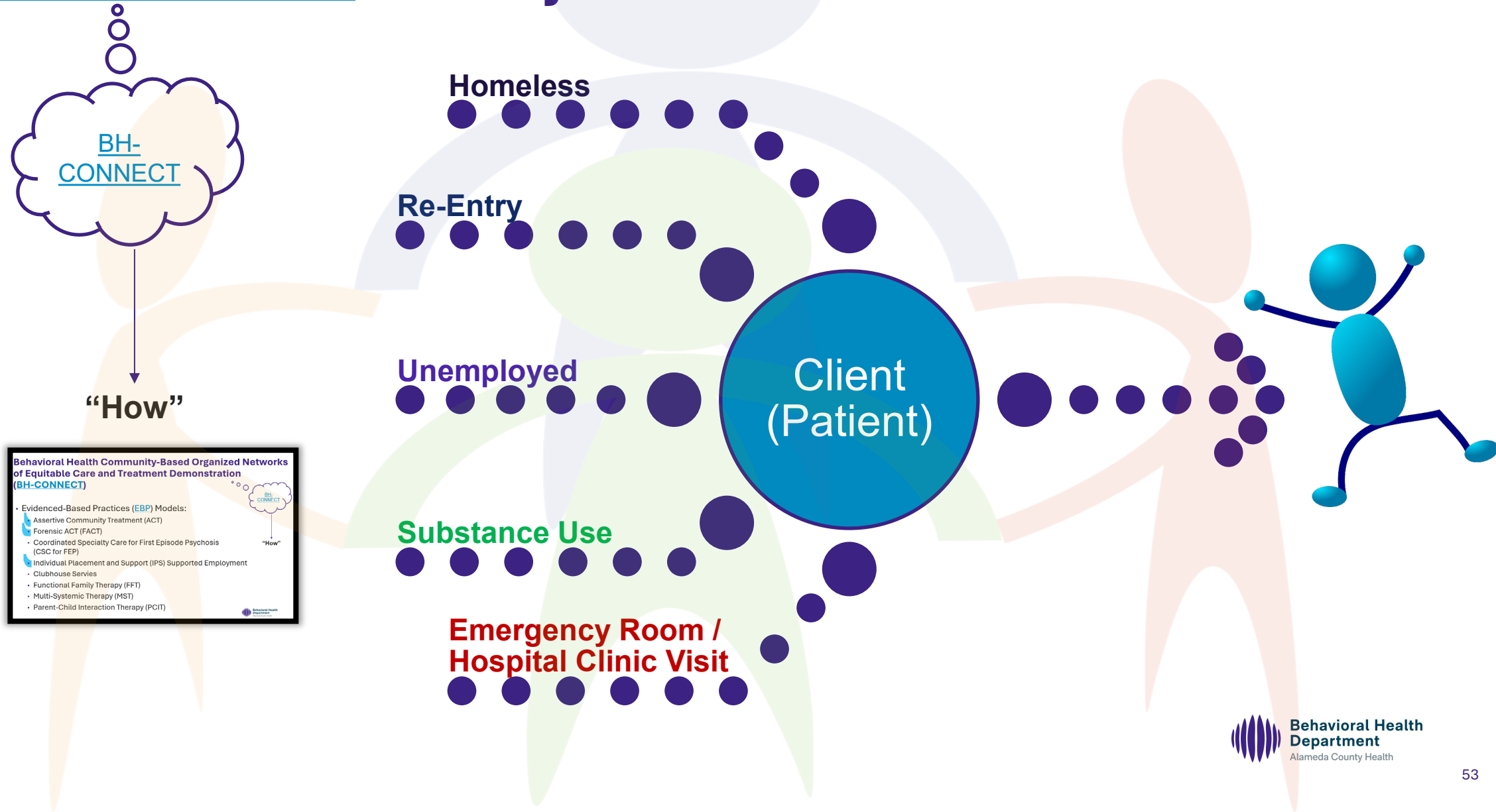
In Practice: Client & Community Supports



In Practice: Client & Community Supports



BH-CONNECT and Beyond...



Thank
You



**Behavioral Health
Department**
Alameda County Health

INTERCONNECTIONS BETWEEN PROPOSITION 1 / BEHAVIORAL HEALTH TRANSFORMATION & BH-CONNECT

CLARIFYING QUESTIONS

INTERCONNECTIONS BETWEEN PROPOSITION 1 / BEHAVIORAL HEALTH TRANSFORMATION & BH-CONNECT

DISCUSSION

QUESTIONS TO CONSIDER

- How do you see BH CONNECT and ACT/FACT aiding your county in serving priority populations in the BHSA?
- What do you need to be successful? Are there tools/resources that you think would be helpful to support planning and implementation?
- What are some strategies to help manage adapting to these changes?



LUNCH BREAK

30 Minutes

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI) UPDATE

DR. SOHIL SUD, MD, MA. DIRECTOR, CYBHI, CalHHS

CYBHI

Children and Youth
Behavioral Health Initiative



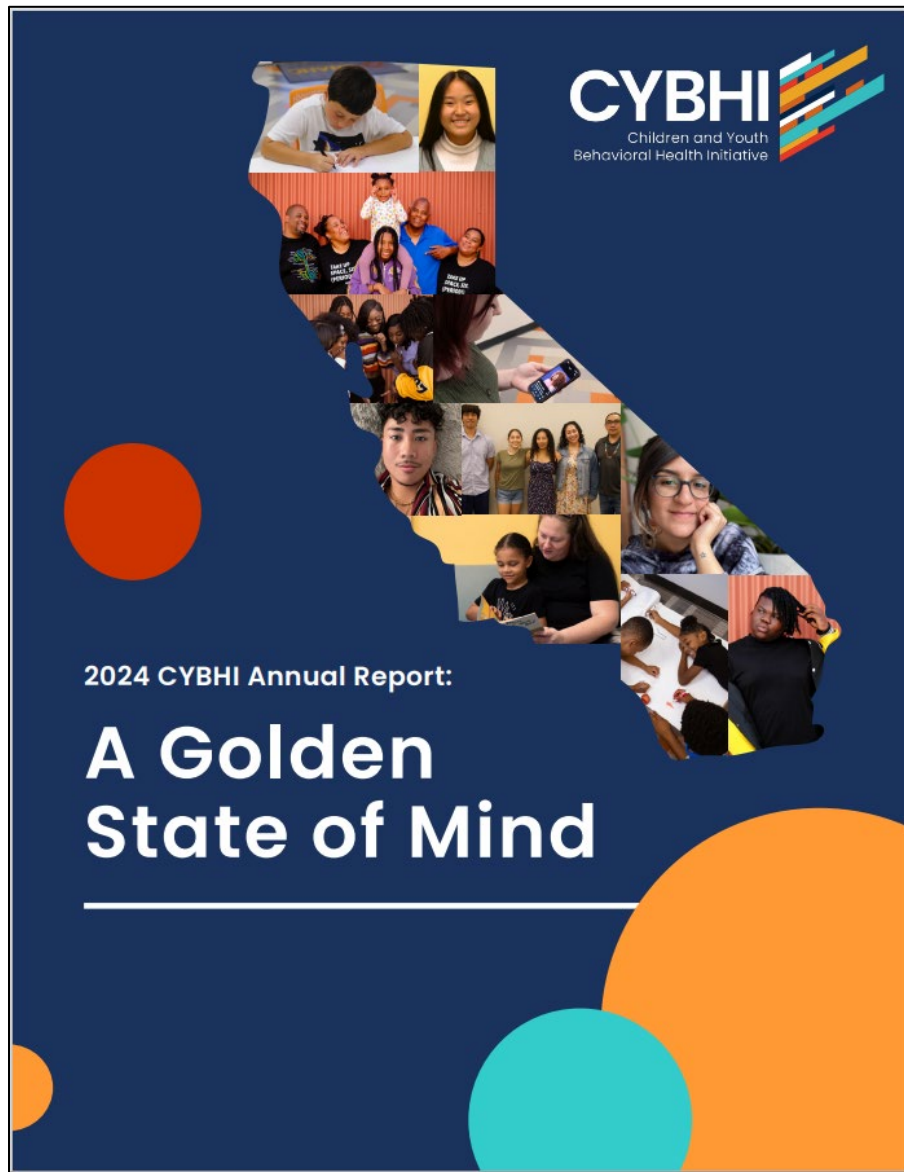
*Transforming the way California
supports children, youth and families*

April 2025












OFFICE OF THE
CALIFORNIA
SURGEON GENERAL





2024 HIGHLIGHTS
As of January 1, 2025

132K+ Persons using digital service platforms  	300+ Districts onboarding into the fee schedule 
4,900+ Individuals completed trauma-informed training 	700+ Certified Wellness Coaches 
1.3T+ Impressions* from public awareness campaigns  	500+ New inpatient treatment beds 77K+ New treatment slots through construction projects
1K+ High school students participating in the youth mental health academy	\$2B+ Awarded to more than 850 organizations to conduct more than...
50K+ Individuals supported along a behavioral health career path 	1,500 Activities advancing behavioral health supports
3K+ Primary care providers enrolled 	

*Impressions are calculated as the total number of times content and messaging was displayed across a platform. May include duplicate views among individuals who have been exposed to the campaign assets across multiple platforms.

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Safe Spaces Trauma-Informed Training

Safe Spaces is a free, online training designed to help individuals working with children and youth recognize and respond to signs of trauma and stress.



Purpose: Increase awareness on the impact of stress and trauma on health development and learning.

Department: Office of the California Surgeon General

Funding: \$1 Million



California Surgeon General Dr. Diana Ramos visits with students at Bend Elementary School in Tehama County while promoting the training.



"The flexibility of the Safe Spaces training honors the fact that anyone who regularly interacts with youth has the unique opportunity to build relationships and reshape critical interactions with those who may be overwhelmed or struggling."

Heidi Mendenhall
Executive Director,
First 5 Tehama



2024 Highlights

Nearly **5,000 individuals** have completed the Safe Spaces training.

Continuing Education Credit made available for certain health care providers who take the training.

State Superintendent of Public Instruction Tony Thurmond joined the California Surgeon General Dr. Diana Ramos to endorse the training.

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[Learn more about Safe Spaces](#) 10

Community-Based Organization Behavioral Health Workforce Grant Program

Purpose: The Community-Based Organization (CBO) Behavioral Health Workforce Grant Program supports CBOs to recruit and retain behavioral health personnel and provide loan repayments, scholarships, and stipends to staff. The goal is to recruit, retain, and train the behavioral health workforce within CBOs across California, supporting populations in community.

Department: Health Care Access and Information

Funding: \$116.6 million

“

Penny Lane Centers, in my humble opinion, is a heart-driven organization. Training and coaches bring out the best in each other and define who you are as an individual and employee. I earned my loan repayment award last year; it was a heartfelt moment validating and acknowledging the struggle and the sink-or-swimming feeling I've endured for so many years. It felt like a lifeline that allowed me to take a deep breath, hold it, and regain control of life.”

Ricardo Melendrez
Marriage and Family Therapist, Penny Lane's North Hills Office
Penny Lane Centers was one of the CBO's awarded a four-year \$3.5M grant (Awarded in April of 2023)



Ricardo Melendrez – Marriage and Family Therapist, Penny Lane's North Hills Office and recipient of a loan repayment award.

2024 By the Numbers



\$774K
for staff scholarships
\$1.5M
for staff stipends
\$19.1M
for staff loan repayments

\$604K
for staff recruitment bonuses
\$7.4M
for staff retention bonuses
More than 116 CBO's
awarded

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[Learn more about CBO Workforce Program](#) 29

Behavioral Health Task Force Meeting

April 9, 2025



CYBHI INTERIM REPORT

PROGRESS TO DATE

- The interim report summarizes the **design and early implementation** progress of CYBHI.
- The **data sources** used in this report were:
 - Workstream coordination activities
 - Workstream document review
 - State informant interviews
 - Youth and caregiver survey

Context: Statewide

Product: Interim Report

Data Sources:

Engagement with workstream staff, Workstream Documents, State Informant Interviews, Pulse Survey

KEY TAKEAWAYS

The initiative is far-reaching, strategically diverse, and aligned with evidence. It includes flagship investments in key environments and sectors that are well-positioned to influence child and youth behavioral health experience and outcomes.

Early implementation shows good progress; strategies are flexible and well-distributed across settings, and take sensible, varied approaches.

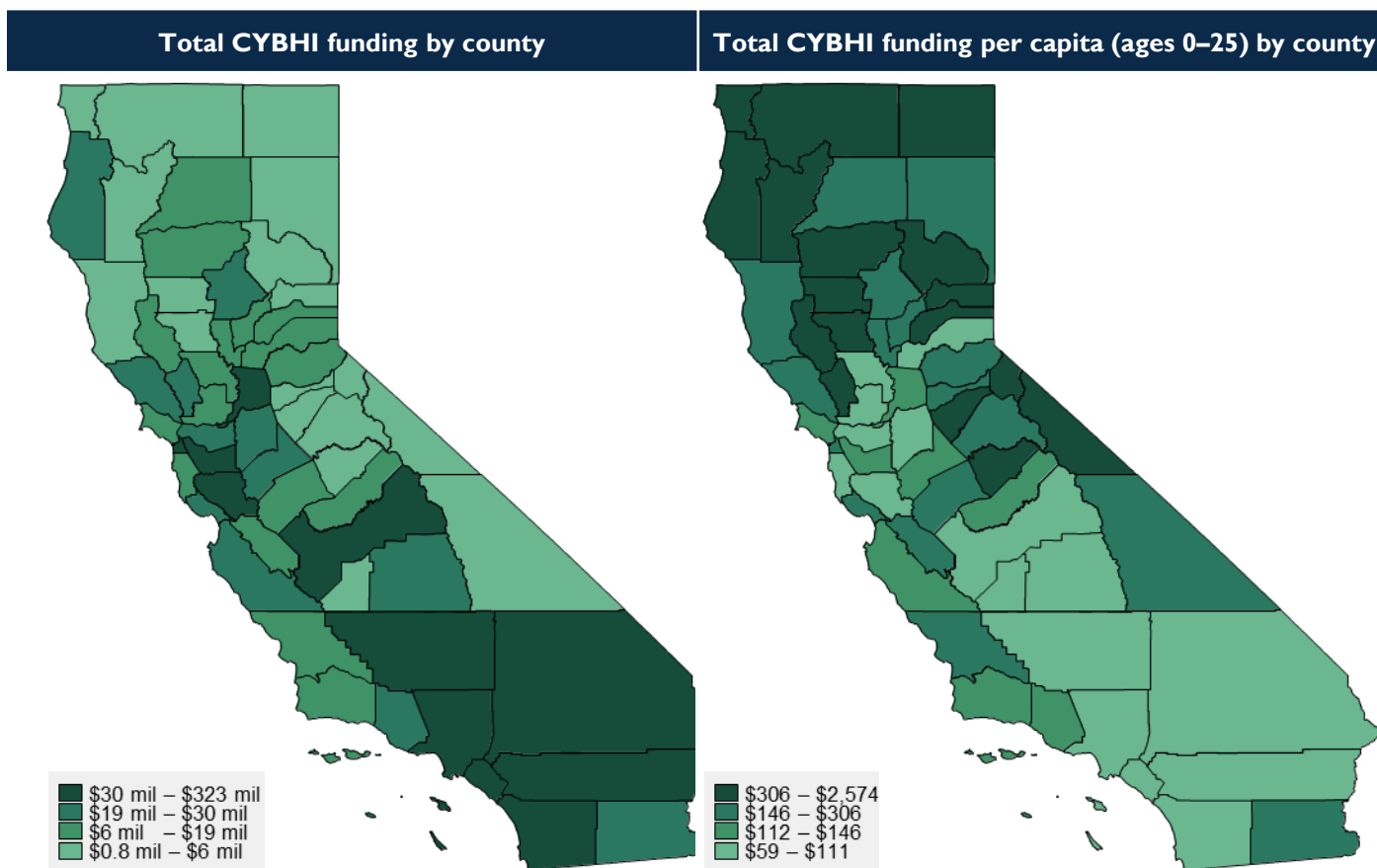
There is more work ahead for CYBHI and potential impacts still to come

CYBHI STRUCTURE & DESIGN

The initiative is far-reaching, strategically diverse, and aligned with evidence.

It includes flagship investments in key environments and sectors well-positioned to influence child and youth behavioral health experience and outcomes.

Geographic funding distribution is well-diversified, represents investments across the state, and shows additional investments aligned with areas of increased need



Source: Mathematica analysis of the CYBHI documentation.

Notes: Does not include the Broad Behavioral Health Workforce Capacity components of: Community Based Organization Behavioral Health Workforce Grant Program, Health Careers Exploration Program Awards, Health Professional Pathways Program, California Social Work Education Center, and Peer Personnel Training and Placement Program, or Scaling EBPs/CDEPs Round 3. For the Behavioral Health Continuum Infrastructure Program, we allocated regional based funding to counties based on the portion of awardees in each county.

The initiative takes an equity-centered, youth-centered approach, investing in long-term systems improvement

Youth Co-Lab

- Youth advisory group to help reimagine mental health services, reduce stigma, and increase support for Mental, Emotional, and Behavioral (MEB) health and substance use disorder.

Live Beyond Campaign

- Guided by subject matter experts, including current and former California Surgeons General and the Youth and Young Adult Advisory Board of the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN).

Children Youth and Family Network (CYFN)

- Statewide network of youth and family serving community organizations that serve as consultants to help deepen and strengthen ongoing, meaningful, authentic youth and family engagement.

Youth at the Center

- 12 calls-to-action for the state of California to consider as it works to transform the way it supports the emotional, mental, and behavioral health needs of young people and their families.

Areas of investment are supported by literature and aligned with data

Aligned with and scaling evidence-supported strategies

Evidence-Based Practices and Community-Defined Evidence Practices Grant Program

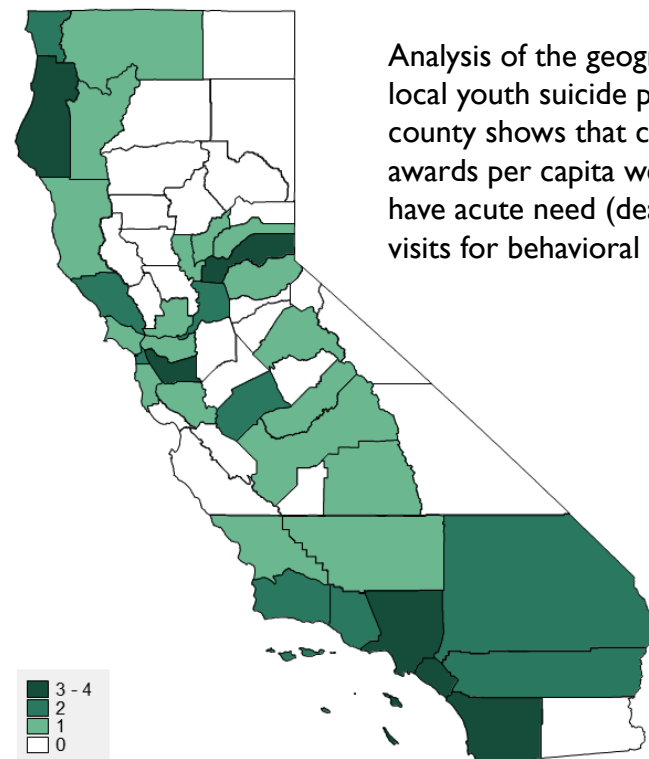


Dyadic Services as a Medi-Cal Benefit

The Department of Health Care Services (DHCS) added dyadic services as a benefit effective January 1, 2023. Dyadic services are available to Medi-Cal members in fee-for-service (FFS) and through managed care plans (MCPs).

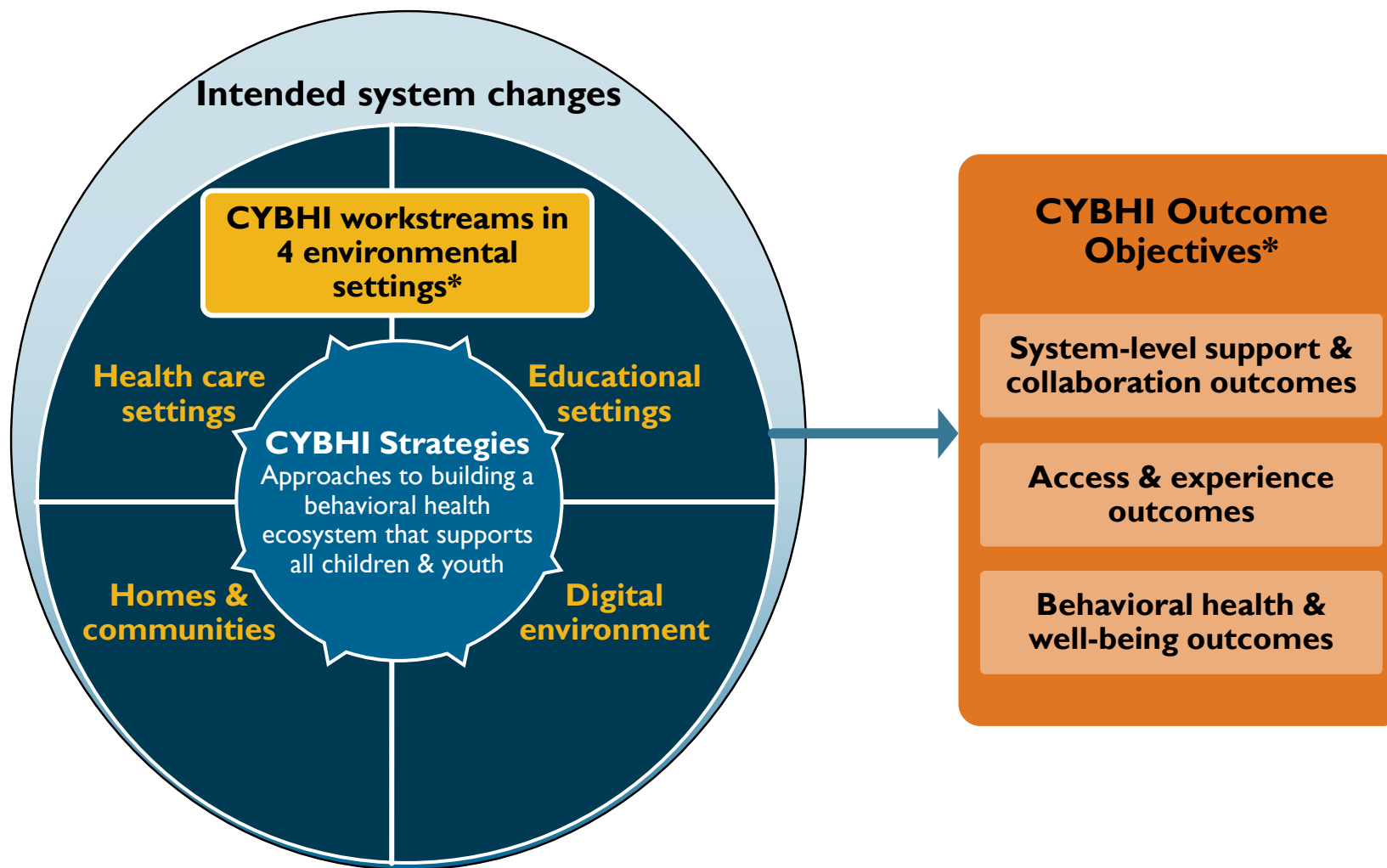
Addressing data-driven needs

Never a Bother Campaign



Analysis of the geographic distribution of local youth suicide prevention grants per county shows that counties with more awards per capita were more likely to have acute need (deaths by suicide, ED visits for behavioral health, etc.)

Strategies are aimed to increase capacity and cut across environments



IMPLEMENTATION PROGRESS

Early implementation shows good progress.

Strategies are flexible and well-distributed across settings, and take sensible, varied approaches.

CYBHI FOCUSES ON UPSTREAM, PREVENTION-ORIENTED INTERVENTIONS

- Over \$3.5 billion of initiative funds support workstreams that have a prevention, health promotion, or early intervention component
- The investment is significant and well-diversified.

Workstream alignment with approaches					
Primary & community health settings interventions	School-based interventions	Youth-driven interventions	Caregiver & parent capacity development	Public awareness campaigns	Digital promotion & prevention supports
<ul style="list-style-type: none">• Cal-MAP• Enhanced Medi-Cal Benefits–Dyadic Services• Scaling EBPs/CDEPs• BHCIP (e.g. community wellness centers)	<ul style="list-style-type: none">• CalHOPE Student services• Mindfulness, Resilience, and Well-being Grants• Safe Spaces• Wellness Coach Workforce• SBHIP• School-Linked Partnership & Capacity Grants• CYBHI Fee Schedule	<ul style="list-style-type: none">• Youth Peer to Peer Supports• Scaling EBPs/CDEPs• Local-Level Public Education & Change Campaigns• Never a Bother (CBO grantee partners)	<ul style="list-style-type: none">• Positive Parenting, Thriving Kids Video Series• Scaling EBPs/CDEPs• BrightLife Kids	<ul style="list-style-type: none">• Take Space to Pause• Never a Bother (statewide campaign)• Live Beyond	<ul style="list-style-type: none">• Soluna• BrightLife Kids• Next Generation Digital Therapeutics• Next Generation Digital Therapeutics (e.g. Mirror app)
Health care settings	Educational settings	Educational settings Home & communities	Homes & communities		Digital
Environmental setting					

CYBHI EXPANDS **WORKFORCE** CAPACITY ACROSS SETTINGS

Alignment of CYBHI workforce investments with environmental setting

Digital settings	Health care settings	Homes & communities	Educational settings
Soluna BrightLife Kids	<ul style="list-style-type: none"> Psychiatric Education Capacity Expansion Grant Train New Trainers Primary Care Training and Education in Addiction Medicine Train New Trainers Primary Care Psychiatry Fellowship 	<ul style="list-style-type: none"> Cal-MAP Behavioral Health Scholarship Program Allied Health Scholarship Program Advanced Practice Healthcare Scholarship Program JSIY Behavioral Health Training Program Licensed Mental Health Services Provider Education Program California State Loan Repayment Program Steven M. Thompson Physician Corps Loan Repayment Program 	<ul style="list-style-type: none"> SUD Earn & Learn Grant Open Doors Training (SUD JSIY)
	<ul style="list-style-type: none"> CBO Behavioral Health Workforce Grant Program 	<ul style="list-style-type: none"> Peer Personnel Training and Placement 	<ul style="list-style-type: none"> Youth Peer-to-Peer Support Program
	<ul style="list-style-type: none"> Social Work Education Capacity Expansion Youth Mental Health Academy 	<ul style="list-style-type: none"> Health Careers Exploration Program Health Professions Pathways Program 	<ul style="list-style-type: none"> Certified Wellness Coaches (Scholarship and Employer Support Grant)
	<ul style="list-style-type: none"> Public Behavioral Health MSW Training Stipend and Fellowship Program Scaling EBPs/CDEPs 		

- Workforce investments span multiple settings

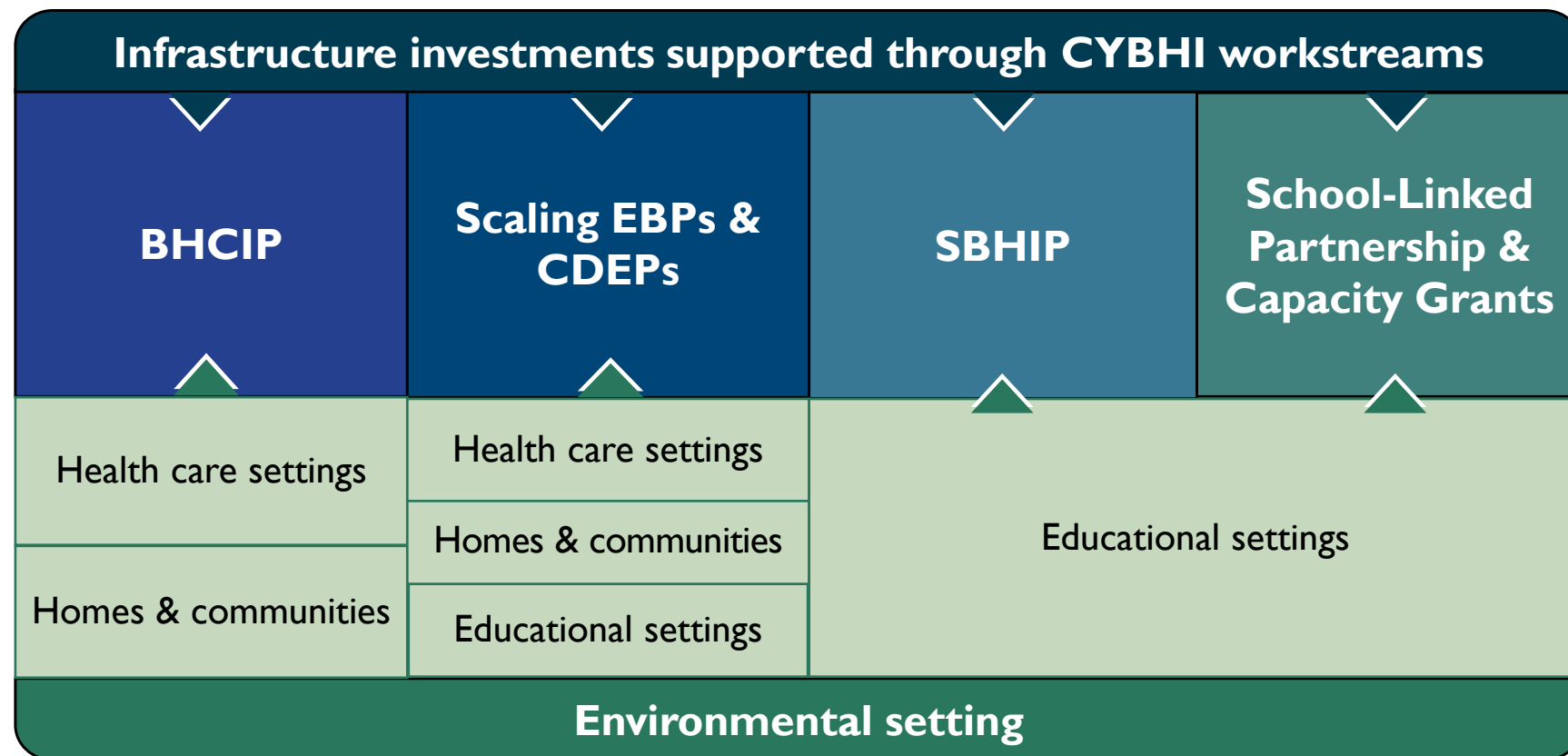
CYBHI SEEKS TO INCREASE WORKFORCE DIVERSITY & REPRESENTATIVENESS

- Programs provide support across the career lattice
- Workforce investments are positioned to strengthen the behavioral health workforce in both the near, mid, and long term

	Near-term	Mid-term	Long-term
Promoting early interest in behavioral health careers through pipeline and exploration programs			X
Expanding and developing new workforce roles	X	X	
Providing scholarships to support students in pursuing behavioral health careers	X	X	X
Expanding the capacity of education programs to train new providers		X	X
Providing incentives to work in underserved areas through loan repayment/stipend programs to offset educational debt	X		
Developing behavioral health capacity among non-behavioral health practitioners	X		
Improving organizational and workforce capacity to provide evidence-based services	X		

CYBHI STRENGTHENS INFRASTRUCTURE

- Infrastructure investments support expanded behavioral health services and supports across settings (health care, education, and homes & communities)



BHCIP = Behavioral Health Continuum Infrastructure Program; **EBPs/CDEPs** = Evidence-Based Practices/Community-Defined Evidence; **SBHIP** = Student Behavioral Health Incentive Program.

LOOKING FORWARD: THE FUTURE OF CYBHI

**Across CYBHI,
implementation has
begun in earnest. Outputs
need to blossom further
as implementation
continues.**

CYBHI INCLUDES SIGNIFICANT FLAGSHIP INVESTMENTS WITH POTENTIAL TO SIGNIFICANTLY CHANGE THE ECOSYSTEMS AND SUPPORT SUSTAINABLE CHANGE

	Increasing school capacity to promote wellness, provide prevention services and identify behavioral health needs		Facilitating the provision of behavioral health care in and near schools through infrastructure development and sustainable funding mechanisms	
	Promotion & Individual Capacity Development	Prevention & Organizational Capacity Development	Decrease administrative barriers to behavioral health care in/near schools	Provide reimbursable behavioral health care in/near schools
Safe Spaces: Trauma Informed Training	X			
CalHOPE Student Support & Schools Initiative	X			
Mindfulness, Resilience, & Wellbeing Support	X	X		
Youth Peer-to-Peer Support Program		X		
Scaling Evidence-Based & Community Defined Evidence Practices		X	X	
SBHIP		X	X	
School-linked Partnership & Capacity Grants		X	X	
CYBHI Fee Schedule Program		X	X	X
Certified Wellness Coaches				X

MAJOR POTENTIAL GAME-CHANGERS HOLD PROMISE BUT TOO EARLY TO TELL



Fee Schedule

DHCS engaged educational partners, health plans, county behavioral health organizations, CBOs, etc. to develop the Fee Schedule. The Fee Schedule aims to increase access to both preventative and clinical behavioral health care in and near schools to provide a consistent and predictable funding mechanism for service delivery.

Cohort 1 and 2 LEAs are preparing or beginning to bill under the Fee Schedule as DHCS onboards Cohort 3 & 4 participants.



Wellness Coaches

At the county level, Certified Wellness Coach Employer Support Grant awards per capita are moderately correlated with student level measures of need suggesting that these resources are concentrated in areas where places where students need behavioral health support



Dyadic Services

Evidence suggests that the implementation of dyadic models increases behavioral health and other non-medical referrals from the pediatric setting, with both parent and child experiencing these referrals at a rate of 1.4 times that of children receiving care in a traditional pediatric setting

UPDATE ON BEHAVIORAL HEALTH TRANSFORMATION IMPLEMENTATION

PRESENTATION AND MEMBER DISCUSSION

UPDATE ON BEHAVIORAL HEALTH TRANSFORMATION IMPLEMENTATION

PRESENTATION AND MEMBER DISCUSSION



The State's Behavioral Health Transformation – Implementation and Planning Updates

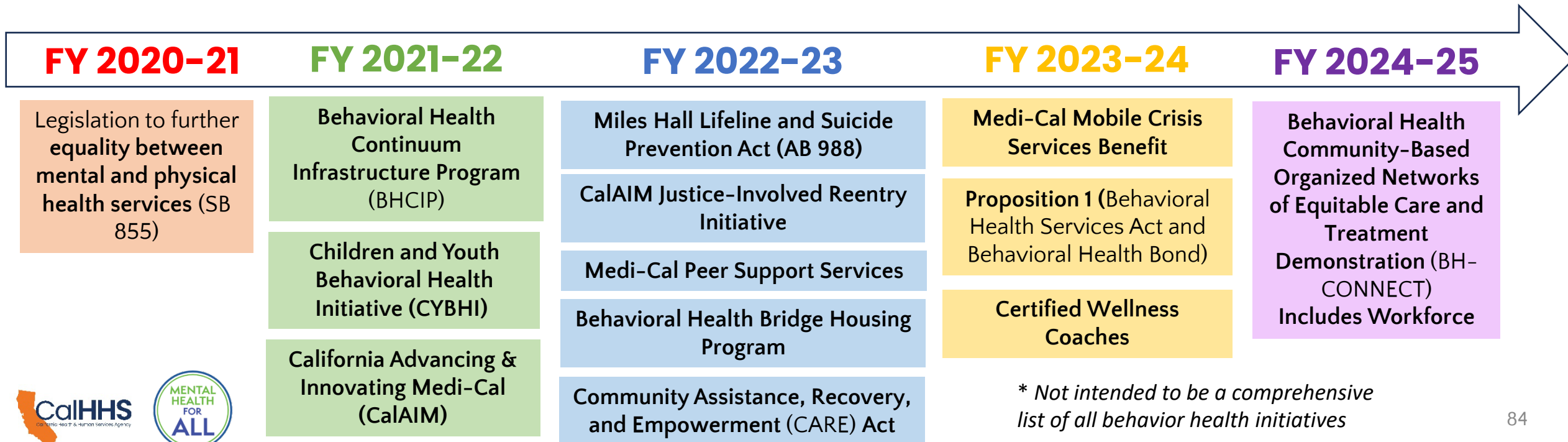


BHTF Quarterly Meeting
April 9, 2025

Building Out California's Behavioral Health Continuum of Care



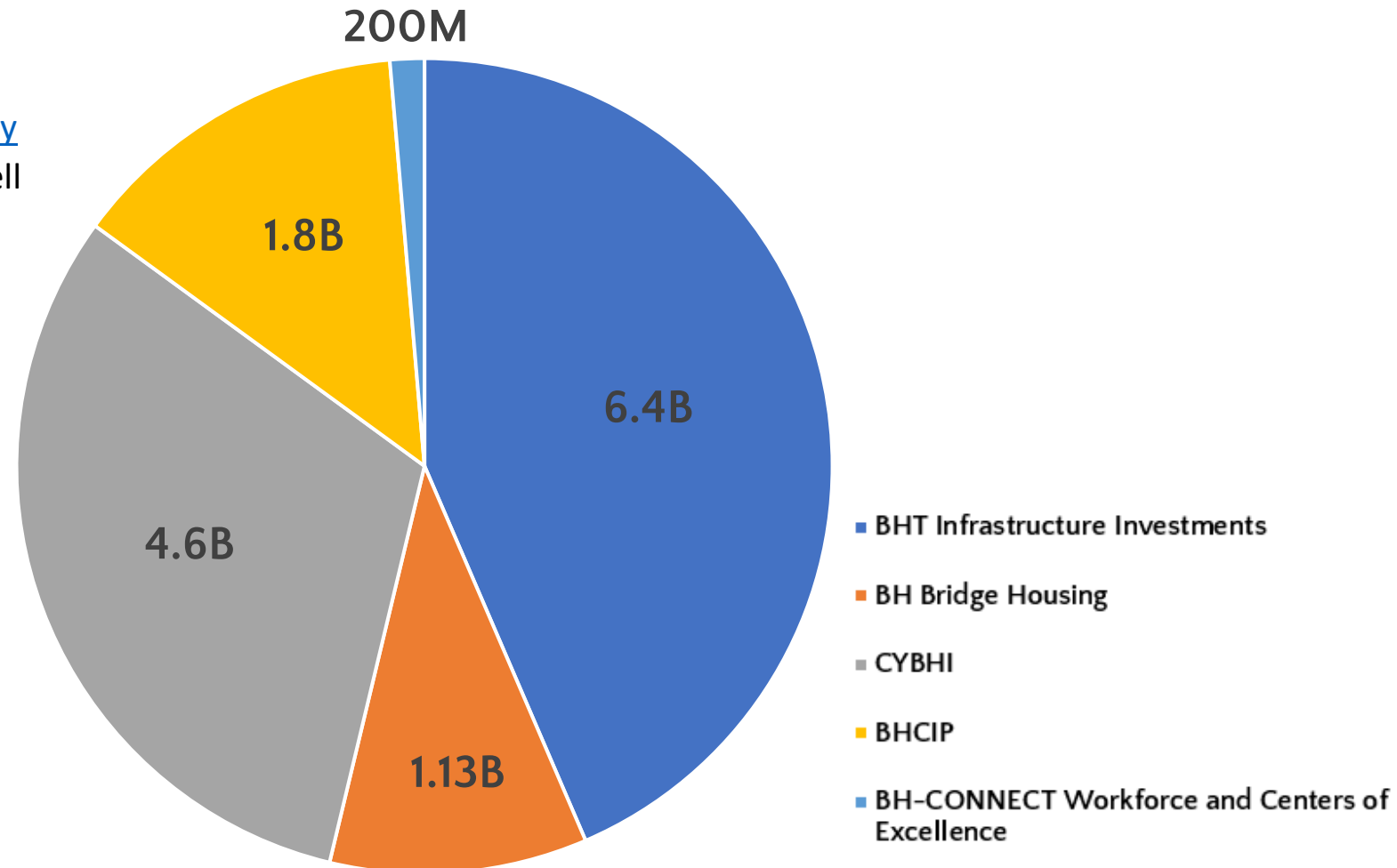
BUILDING BLOCKS OF TRANSFORMATION *



Historic Investments through DHCS for the Continuum

More than \$14 billion in investments

- ✓ **New benefits for Medi-Cal members with behavioral health needs** through [CalAIM](#), [Contingency Management benefit](#) and [Mobile Crisis services](#) as well as new benefits under BH-CONNECT;
- ✓ **Medi-Cal alignment with the Behavioral Health Services Act (BHSA)** through [Full Service Partnership](#) (FSP) service models;
- ✓ **Capital resources for behavioral health** through [BHCIP](#) and the [Behavioral Health Bridge Housing](#) (BHBH) Program
- ✓ **Human resources for behavioral health** through BHCIP grants to support new and enhanced mobile crisis response teams, BHSA allocations to the to support the BH workforce and expansion



Addressing Infrastructure Challenges

Treatment Facilities

Behavioral Health Continuum Infrastructure Program: 130 behavioral health treatment projects in **38** counties have received state funds for behavioral health facility construction

- **2,601** Total Inpatient & Residential Beds in Rounds 3–5
- **281,146** Total Outpatient Individuals Served annually in Rounds 3–5

Housing

Behavioral Health Bridge Housing: April 2024 projections suggest resulting:

- **3,448** new bridge housing beds created through infrastructure projects
- about **4,700** bridge housing beds funded annually through rental assistance programs, shelter/interim housing, and/or auxiliary funding to assisted living

Workforce

- **52 counties** include Peer Specialists as benefit under Medi-Cal (*as of July 2024*)
- **\$1.9 Billion** in funding for the BH-CONNECT Workforce Initiative
- **1,200** Certified Wellness Coaches (*as of Feb 2025*)

System Improvement Needed

Commercial

**Medi-Cal
Managed Care**

**County
Behavioral
Health Plans**

These systems must work together at the highest level to best serve individuals with behavioral health challenges across the continuum.

Bond BHCIP and Homekey+ Milestones



Bond BHCIP

Round 1: Launch Ready (\$3.3 billion):

- 294 applications received, with a total requested amount of over \$8 billion
- On track to announce awards in May 2025

Round 2: Unmet Needs (\$1.1 billion): applications to be released in mid-2025



Homekey+

- Homekey+ (\$2.1 billion) and Tribal Homekey+ (\$121 million) applications opened January 30, 2025
- Award announcements expected to be in early summer 2025

- » Provides counties and partner organizations with **guidance necessary to implement** Behavioral Health Transformation requirements as detailed in the BHSA, including developing draft and final County Integrated Plans.
- » Released in smaller, more manageable parts, called “**modules**”
 - Modules provide **focused, detailed guidance** on specific aspects of the overall policy, allowing stakeholders to thoroughly review and provide feedback on each section
- » DHCS plans to have a **Public Comment period** for each module release

Module 1

- » Public comment period: Nov 8 – Dec 2
- » Received 773 comments
- » Final version released February 2025

Module 2

- » Public comment period: Dec 3 – Dec 23
- » Received 669 comments
- » Final version released April 7, 2025

Module 3

- » Module 3 released for public comment on April 7, 2025
- » Public Comment accepting feedback until April 25, 2025

Final guidance available [here](#)

DHCS Quality & Equity Advisory Committee (QEAC)

DHCS has convened the QEAC to support the development of a **quality and equity strategy** and advise DHCS on a **comprehensive vision** for improving population behavioral health statewide. The quality and equity strategy will **extend across** multiple statewide behavioral health programs and initiatives.

Purpose

The QEAC will meet approximately **quarterly** to provide DHCS with guidance and recommendations on proposed **statewide population behavioral health goals** (BH goals) and associated measures.

Objectives

DHCS has established a phased approach to identify and select statewide population BH goals and associated measures.

- Phase 1: The QEAC will provide input and recommendations on the **statewide BH goals and population level BH measures**.
- Phase 2: The QEAC will then provide input and recommendations on **individual-level data measures** associated with statewide BH goals.
- Additionally, the QEAC may be asked to provide recommendations on **future BHT measure selection and calculation** efforts.



Quality & Equity Advisory Committee: Phase 1 vs Phase 2 Measures

Phase 1 measures will **support planning and resource allocations**. For Phase 2, DHCS is working with the QEAC and stakeholders to develop additional measures that **support performance measurement and accountability** across delivery systems.

Phase 1:

- Publicly available population-level behavioral health measurements
- System planning and resource allocation
- Transparency

Measures will be finalized with the Integrated Plan template by June 2025

Phase 2:

- Individual-level data not limited to publicly reported data
- Performance measurement
- Accountability
- System planning & resource allocation
- Transparency

DHCS has begun work on Phase 2 in Q1 2025

DHCS On the Horizon

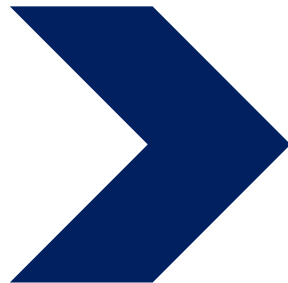
- » Module 3 Public Comment period closes on **April 25, 2025**.
- » Bond BHCIP Round 1: Launch Ready award announcements are expected in **May 2025**.
- » Bond BHCIP Round 2: Unmet Needs RFA is on track for release in **May 2025/June 2025**.

HCAi BHSA Workforce

HCAI will implement a behavioral health workforce initiative to expand a **culturally-competent and well-trained behavioral health workforce**:

- Support the development and implementation of strategies to **train**, **support**, and **retain** the behavioral health workforce
- Assist in **drawing down additional federal funding** through the Medi-Cal BH-CONNECT demonstration project
- A portion may focus on providing technical assistance and support to county and contracted providers to maximize the use of **peer support specialists**

BHSA Workforce
initiative launches in
July 2026



Meanwhile, HCAI's **BH-CONNECT Workforce Initiative** launches in **July 2025**.

The BH-CONNECT Workforce Initiative includes 5 Medi-Cal Behavioral Health programs:

- The **Student Loan Repayment and Residency Training programs** launch in July 2025.
- Launch of the **Scholarship, Recruitment & Retention**, and **Community-Based Provider Training** programs will follow.



BH-CONNECT Budget and Timeline: Indicative

Program	Total
Behavioral Health Scholarship Program	\$234,000,000
Behavioral Health Student Loan Repayment Program	\$530,000,000
Behavioral Health Recruitment and Retention Program	\$966,000,000
Behavioral Health Community-Based Provider Training Program	\$85,000,000
Behavioral Health Residency Program	\$85,000,000
Total	\$1,900,000,000

	2025	2026	2027	2028	2029
Behavioral Health Student Loan Repayment Program	Jul Launch				
Behavioral Health Residency Program	Jul Launch				
Behavioral Health Scholarship Program		Q1 Launch			
Behavioral Health Community-Based Provider Training Program		Q1 Launch			
Behavioral Health Recruitment and Retention Program		Mid 2026 Launch			



2026–2030 Workforce Education and Training (WET) Five-Year Plan

- State law requires HCAI to develop a plan every 5 years that describes the **workforce requirements for serving people with chronic behavioral health conditions** and how available funds will address **workforce shortages**.
 - The WET Plan was a part of the Mental Health Services Act (MHSA). The requirement **continues under the BHSA** and now includes addressing workforce needs/shortages around serving people with chronic **substance use disorders**.
- The BHSA also provides a **3% set-aside to fund workforce development**. After meeting the state matching requirements for the BH-CONNECT Workforce Initiative, **a portion of these funds would be used to fund the activities of the 2026–2030 WET Five-Year Plan.**
- HCAI begins WET Plan **stakeholder engagement May 2025**.

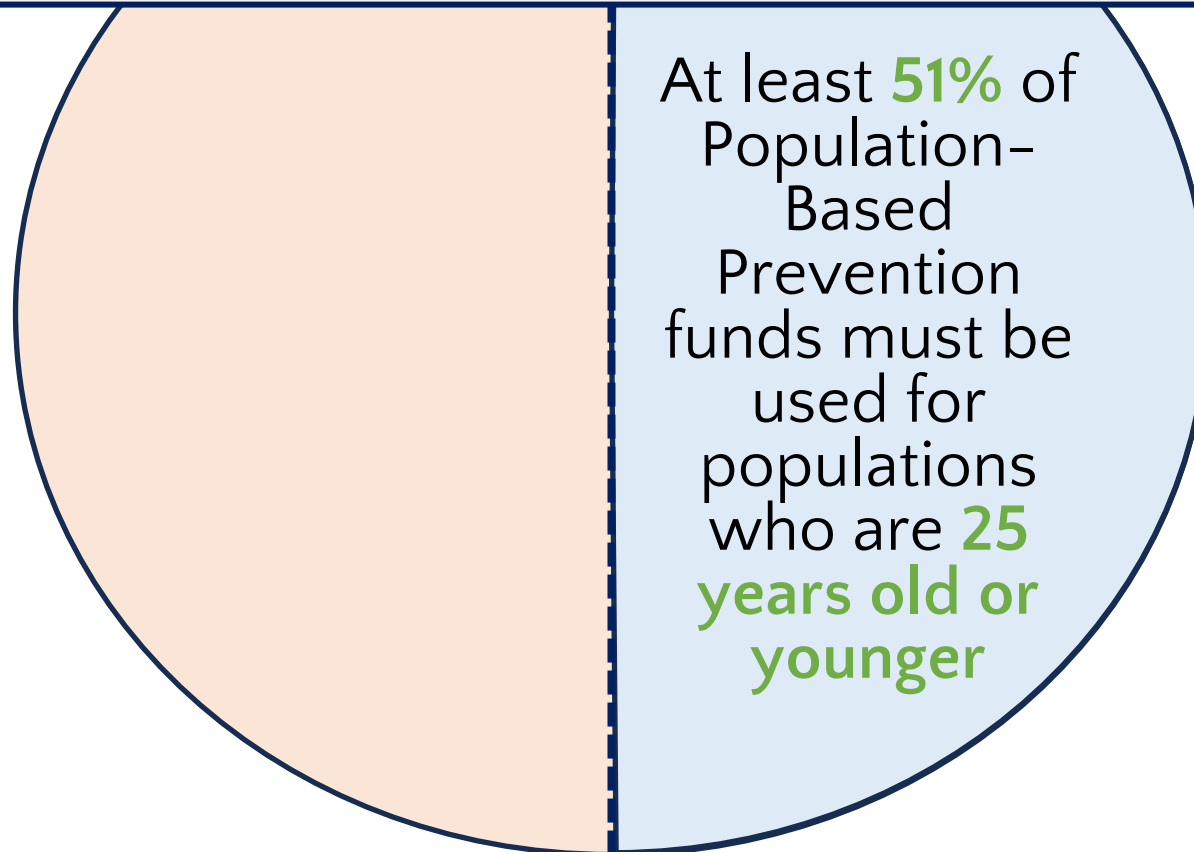


On the Horizon

- HCAI is developing its **WET Community Engagement planning process**, which will begin in **May 2025**.
- HCAI is collaborating with DHCS to start **extension modeling for allied health professions in behavioral health**.
 - Phases 1 (Baseline Supply) and 2 (population need/demand) have been completed and HCAI and DHCS are now working on Phase 3 which includes testing and application of findings.
- HCAI has launched a collaborative project exploring **targeted investments in pathway programs** to diversify and expand California's behavioral health workforce. The public-facing publication of this work will be finalized in **December 2026**.
- HCAI is designing the **BH-CONNECT Medi-Cal Behavioral Health Loan Repayment program** and the **BH-CONNECT Medi-Cal Behavioral Health Residency Training program**.

Population-Based Prevention

Minimum of **4%** of BHSA funding allocated to CDPH for **Population-Based Prevention**.
BHSA Population Based prevention efforts will include focus at multiple life stages.



Population-Based Prevention Programs

Population-based prevention programs must:

- Incorporate **evidence-based practices** or promising **community defined evidence practices**
- Meet one or more of the following:
 1. Benefit the entire population of the state, county, or particular community
 2. Serve identified populations at elevated risk for a mental health or substance use disorder
 3. Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders
 4. Serve populations disproportionately impacted by systemic racism and discrimination
 5. Prevent suicide, self-harm, or overdose
- Strengthen population-based strategies

Prevention funding **cannot** be used for early intervention, diagnostic services, or treatment for individuals

On the Horizon

- In **spring 2025**, CDPH will release **preliminary guidance for prevention focus under BHSA** for stakeholder consideration and feedback.
- CDPH is developing its **2025 community engagement process**, including intentional listening sessions and all-comer webinars.
- On **April 17th**, CDPH will present to the **California Behavioral Health Planning Council** about population-based prevention in BHT.

Major Milestones: 2025

- » **Local community planning process** begins (early 2025)
- » Mental Health Services Oversight & Accountability Commission becomes **Behavioral Health Services Oversight & Accountability Commission** (January 2025)
- » Final **Integrated Plan Guidance** release begins (February 2025)
- » **Homekey+** and **Tribal Homekey+** applications released (January 2025)

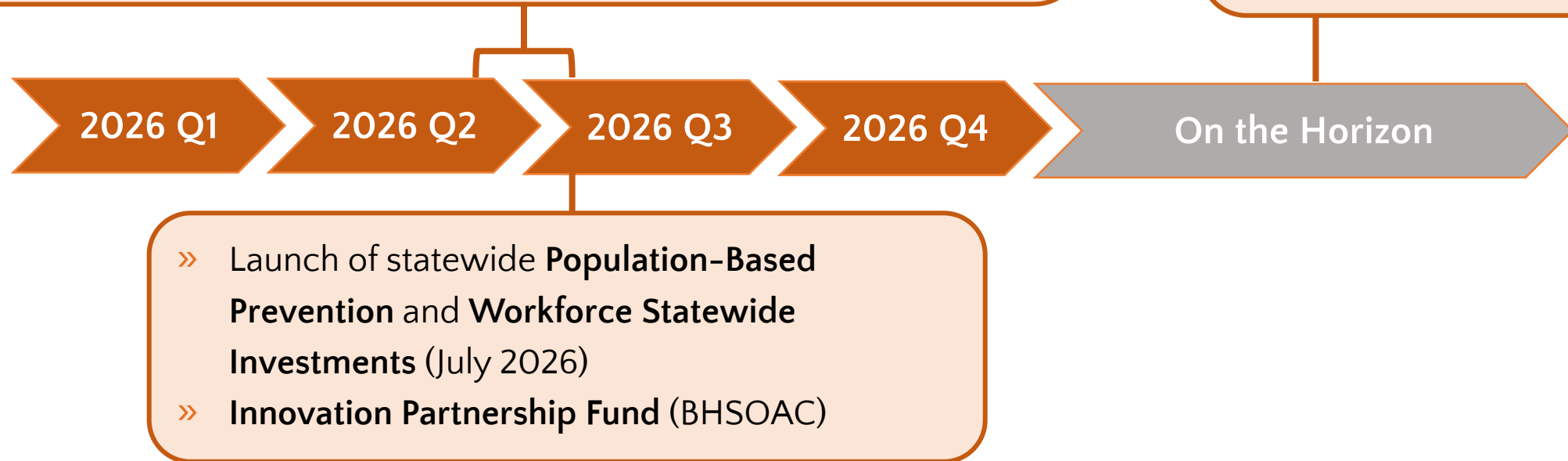


- » **HCAI** to initiate **stakeholder engagement for WET Planning** that will inform the uses of Prop 1 funding (May 2025)
- » **CDPH** to release **guidance** on Prop 1 **prevention activities** (spring 2025)
- » **Bond BHCIP Round 1 award announcements** (expected May 2025)
- » **BHSA Revenue and Stability Workgroup Report** due (June 30, 2025)
- » **Homekey+** and **Tribal Homekey+** **award announcements** (expected summer 2025)

Major Milestones: 2026

- » First **County Integrated Plan** due (June 2026)
- » HCAI to publish final **Workforce Education and Training (WET) Plan**
- » CDPH to release final implementation guidance for Prop 1 prevention activities (spring 2026)
- » Bond **BHCIP Round 2** award announcements (expected spring 2026)

- » **Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)** Draft submitted to DHCS (January 30, 2028)



Get Connected on Prop 1/BH Transformation



» Visit [CalHHS's BHT website](#)



» Visit www.mentalhealth.ca.gov

Behavioral Health Services Act Resources



- » Visit [DHCS's BHT Website](#)
- » [Sign up](#) for DHCS's BHT Newsletter



- » Visit [CDPH's BHT Website](#)
- » [Sign up](#) for CDPH's BHSA newsletter



- » Visit [HCAI's BHT Website](#)

Behavioral Health Bond Funding Resources



- » Visit [BCSH's Homekey+ website](#)



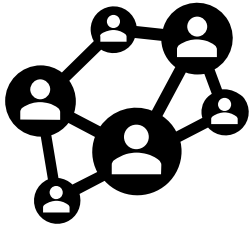
- » Visit [HCD's Homekey+ website](#)



- » Visit [DHCS's Bond BHCIP Website](#)

Discussion: Opportunities, Challenges & Recommendations

Target the Most In
Need & Reduce
Disparities



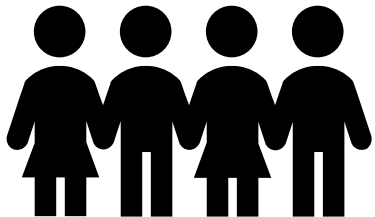
Housing is Health



Expand to Include
Substance Use
Disorder



Sustain Workforce
Investments



Support Children
& Youth



Measure Impact



BH TRANSFORMATION IMPLEMENTATION: OPPORTUNITIES, CHALLENGES, AND RECOMMENDATIONS

DISCUSSION

BH Transformation Topics & Speakers

- **Target the most in need and reduce disparities**
 - Kiran Savage-Sangwan, CPEHN
- **Housing is health**
 - Cari Scott and Angela Marin, HCD
- **Expand to include SUD**
 - Gary Tsai, LA County DPH Substance Abuse Prevention and Control
- **Sustain workforce investments**
 - Brenda Grealish, CCJBH and Robb Layne, CAAPDE
- **Support children/youth**
 - Lishuan Francis, Children Now
- **Measure impact/strengthen accountability**
 - Kirsten Barlow, CA Hospital Association

Uplifting SUD Priorities Under Prop 1 / Behavioral Health Transformation (BHT)

Behavioral Health Task Force

Gary Tsai, MD

Director, Substance Abuse Prevention and Control Bureau

Los Angeles County Dept Public Health

Fundamental Considerations

- **Defining the goal**
 - Is the goal to modify pre-existing MHSA processes to fit in SUD priorities, or to reimagine how BHSA processes would ideally look and function to accommodate more integrated MH and SUD priorities?
 - In either case, level setting and education for all involved in BHSA will help ensure shared understanding of the distinct needs and considerations across SUD + MH priorities, rather than using a familiar framework that doesn't serve the needs of both.
- **Ensuring sufficient SUD voice and perspective in terms of designated CPT stakeholders and the BH Commission.**
 - Quantitative – Balance in numbers.
 - Qualitative – Recognizing that identifying and recruiting SUD perspectives looks different than the process for recruiting perspectives for specialty MH, and attrition will likely be a challenge.

Fundamental Considerations (cont'd)

- **While this may take time, consider identifying a target amount of BHSA to invest in SUD so that systems are working toward a clear and preset goal.**
 - Evolving challenges and priorities will inevitably make balancing investments across MH and SUD challenging, particularly since the default approach to BHSA is more likely to be to building off previous MHSA processes as opposed to re-designing BHSA processes to better meet needs across both MH + SUD.
 - This will help define what success looks like and determine the metrics / goals to measure and track.

These considerations will be essential to ensure that we are implementing true Behavioral Health Transformation as opposed to using new words for the same processes.

CalHHS and BHTF MEMBER UPDATES

DISCUSSION

PUBLIC COMMENTS

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.

- August 13th
- November 12th

Lunch & Learn Presentations between meetings – to be announced

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](#)

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/>

APPENDIX

Appendix – BH-CONNECT and Proposition 1/Behavioral Health Transformation

Key Components of BH-CONNECT

DHCS has received approval from CMS for components of BH-CONNECT that require federal Medicaid authorities, including the BH-CONNECT Section 1115 demonstration request (*) and SPAs (**) to cover specific evidence-based practices under Medicaid.

Statewide Investments

- ✓ Workforce Initiative to Grow Pipeline of Behavioral Health Practitioners to Support Medi-Cal Members*
- ✓ **Centers of Excellence to Support Implementation of Evidence-Based Practices**

Components Available at County Option

- ✓ **Assertive Community Treatment (ACT) and Forensic ACT****
- ✓ **Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)****
- ✓ Clubhouse Services**
- ✓ **Supported Employment****
- ✓ Enhanced Community Health Worker (CHW) Services**
- ✓ Access, Reform and Outcomes Incentive Program*
- ✓ FFP for Care Provided During Short-Term Stays in Institutions for Mental Diseases (IMDs)*

Statewide Components with Focus on Children and Youth

- ✓ Activity Funds*
- ✓ Clarification of Coverage of Multisystemic Therapy (MST), Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), and **High-Fidelity Wraparound**
- ✓ Initial Joint Child Welfare/Specialty Mental Health Visit
- ✓ County Child Welfare Liaison Role within Managed Care Plans
- ✓ Alignment of the Child and Adolescent Needs and Strengths (CANS) Tool

Key Components of Proposition 1 (Behavioral Health Transformation)

In October 2023, Governor Newsom signed a legislative package to transform California's behavioral health system: **AB 531: The Behavioral Health Infrastructure Bond Act of 2023** and **SB 326: The Behavioral Health Services Act** (BHSA). In March 2024, voters approved key components of the initiative.

Infrastructure Bond Act

A \$6.38 billion bond to build 11,150 new treatment beds and housing units, specifically:

- ✓ Grants for behavioral health treatment and residential settings
- ✓ Housing investments for veterans who are experiencing or at risk of homelessness
- ✓ Other investments for Californians who are experiencing or at risk of homelessness

Increasing Accountability

- ✓ Creates County Integrated Plan
- ✓ Establishes Outcomes, Accountability, and Transparency Report
- ✓ Creates a BHSA Revenue Stability Workgroup
- ✓ Directs DHCS to develop a plan for parity between commercial and Medi-Cal MH/SUD benefits
- ✓ Requires alignment of county behavioral health plan contracts with managed care plan contracts

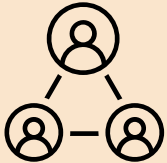
Behavioral Health Services Act

- ✓ Expands services to include treatment for those with SUDs
- ✓ Identifies priority populations
- ✓ Updates local categorical funding buckets, including:
 - ✓ 30% for Housing Interventions
 - ✓ 35% for Full Service Partnership (FSP) Programs
 - **ACT and FACT**
 - FSP Intensive Case Management
 - **High Fidelity Wraparound (HFW)**
 - **Supported Employment**
 - Assertive Field-Based SUD Treatment
 - ✓ 35% for Behavioral Health Services and Supports
 - **CSC for FEP**
 - **COE to Support Implementation of EBPs***
- ✓ New investments in housing and workforce

Appendix – CYBHI Interim Report

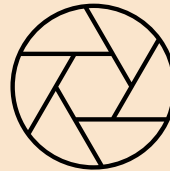
POTENTIAL FOR IMPACT IN EDUCATIONAL SETTINGS

INCREASING SCHOOL CAPACITY



SEL Programs

A meta-analysis examined 213 school-based universal SEL programs and found that the programs enhanced students' SEL skills, attitudes, and positive social behaviors, which also led to fewer conduct problems, lower levels of emotional distress, and gains in academic achievement



Safe Spaces

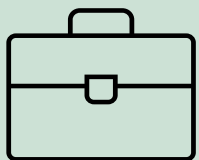
As of Sept 2024, 8,938 trainings had been initiated, with a completion rate of 49%. A completion rate of roughly 50% appears favorable, especially for a voluntary program, and suggests the course provides value to its participants. Future data collection may include surveys and interviews to better understand barriers and facilitators of training uptake and completion by educational staff



Support Programs

In educational settings, evidence suggests that peer support can increase self-confidence, self-esteem, self-management, hope, and empowerment as well as reduce loneliness.

POTENTIAL FOR IMPACT IN HEALTHCARE SETTINGS



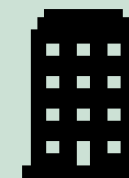
Workforce

More immediate effects on building workforce capacity include those focused on retaining providers, such as the Community Based Organization (CBO) Behavioral Health Workforce Grant. Other investments, such as education capacity expansion programs, will affect workforce capacity over a longer time horizon



Dyadic Services

Evidence suggests that the implementation of dyadic models increases behavioral health and other non-medical referrals from the pediatric setting, with both parent and child experiencing these referrals at a rate of 1.4 times that of children receiving care in a traditional pediatric setting



Physical Infrastructure

BHCIP Round 4 funded projects will result in 509 new inpatient treatment beds and a total of 76,977 individuals projected to be served annually in an outpatient setting. As of October 2024, 14 projects have begun construction

POTENTIAL FOR IMPACT IN HOMES & COMMUNITIES

INDIVIDUAL-LEVEL CAPACITY



Public awareness campaigns

2024 meta-analysis of the effectiveness of media campaigns for mental health awareness on youth found that campaigns can result in stigma reduction; increases in self-reported knowledge, skills, and abilities for help-seeking; and decreases in behavioral health outcomes such as anxiety and depression

A RAND evaluation found that similar campaigns reached about one in four adults and led to changes in attitudes and help-seeking behaviors within a year



Parent and caregiver capacity

Recent global systematic review found that caregiver interventions directly enhance early childhood development, particularly in the first three years of a child's life, by improving cognitive, language, and motor development, fostering secure attachment, and reducing problem behaviors

POTENTIAL FOR IMPACT IN HOMES & COMMUNITIES

COMMUNITY-LEVEL WORKFORCE CAPACITY



Early interest programs

Short-term outcomes: The evidence suggests that pipeline programs can meaningfully support student experience and potentially reduce systemic barriers for students from underrepresented backgrounds

Long-term outcomes: A longitudinal analysis of a pipeline program found that nearly three-quarters of participants in the pipeline program matriculated in a master's or doctoral program



New workforce roles

Peer personnel frequently serve the communities in which they live, fostering trust, engagement, and a deeper connection with those they support. These services have shown to improve engagement, quality of life, decreased hospitalization, and other improved outcomes

POTENTIAL FOR IMPACT IN HOMES & COMMUNITIES

COMMUNITY-LEVEL WORKFORCE CAPACITY



Non-behavioral health professionals

By providing training and resources to frontline staff who are not typically trained in behavioral health but serve as key touchpoints for youth, non-behavioral health professionals can better identify early signs of mental health or SUD issues, provide immediate support and care, and refer youth to appropriate services



Training and incentives in CBOs

Funding opportunities, such as those available through the Scaling EBPs/CDEPs workstream, can enable CBOs to provide specialized training to the behavioral health clinicians they employ, strengthening their service capacity and ability to provide culturally responsive care to vulnerable communities

CBO Behavioral Health Workforce Grants allow CBOs to provide financial and training supports to prospective or current employees

POTENTIAL FOR IMPACT IN HOMES & COMMUNITIES

COMMUNITY-LEVEL CAPACITY TO SUPPORT WELL-BEING



Safe Spaces

Research indicates that, for LGBTQIA+ youth, participation in CBOs and similar drop-in centers resulted in improved mental health outcomes, increased feelings of social connectedness, and reduced experiences of discrimination and stigma

The literature indicates that formal and informal peer support in a variety of youth mental health and community settings lead to improved psychological well-being, empowerment, self-esteem, and social functioning



Response to youth suicide attempts

Aims to streamline and enhance reporting and response efforts toward youth suicide attempts and deaths across participating communities. The Centers for Disease Control and Prevention has recently updated its guidance for community assessment and response to suicide clusters, indicating that “monitoring these suicide-related events (including plans, attempts, and deaths) is a key component of prevention”