

CYBHI

Children and Youth
Behavioral Health Initiative



Quarterly Public Webinar

February 1, 2023



Agenda

Topic	Time	Sub-topics
Welcome	2:00-2:05	<ul style="list-style-type: none"> Welcome from Melissa Stafford Jones (CalHHS)
Key Initiative-Wide Updates	2:05-2:20	<ul style="list-style-type: none"> CalHHS
Workstream Updates	2:20-3:10	<ul style="list-style-type: none"> CA Office of Surgeon General (CA-OSG) California Department of Public Health (CDPH) Department of Health Care Services (DHCS) and Department of Managed Health (DMHC) Department of Health Care Access and Information (HCAI)
Workstream Deep-Dives	3:10-3:40	<ul style="list-style-type: none"> New Medi-Cal Benefit: Dyadic Services (DHCS) Youth Suicide Prevention Media and Outreach Campaign (CDPH)
Youth Voice	3:40-3:50	<ul style="list-style-type: none"> Sarah Yee, youth journalist and advocate
Q&A	3:50-4:00	

Source: California Health and Human Services Agency



Welcome

Melissa Stafford Jones (CalHHS)



Overview of CYBHI

Governor's Master Plan for Kids' Mental Health

Governor Newsom Announced Master Plan for Kids' Mental Health August 18, 2022

- \$4.7B so every Californian aged 0-25 has increased access to mental health and substance use supports
- Whole Child, “All of the Above” Approach
- Multi-year, fundamental overhaul to invest in and build needed system infrastructure
- CYBHI at the Core

Other investments and initiatives in California being implemented in coordination and collaboration:

- \$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- \$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- \$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families.
- State budget investments in school-based behavioral health workforce, such as school counselors

What is the CYBHI?

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

The initiative focuses on:

- Promoting mental, emotional and behavioral health and well-being.
- Prevention and providing services to support children and youth well-being.
- Providing services, support and screening to ALL children and youth for emerging and existing needs connected to mental, emotional and behavioral health and substance use
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when, where and in the way they need it most.**

Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-informed Training for Educators (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Early Talents (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

Initiative-Wide Updates

CYBHI Reports



CYBHI Progress Report



CYBHI
Children and Youth
Behavioral Health Initiative

**January 2023
Progress Report**



CALIFORNIA
ALL

Master Plan for
Kids' Mental Health



CalHHS
California Health & Human Services Agency

CYBHI 2023 Progress Report

CYBHI Youth at the Center Report



Youth at the Center

Calls-to-action for a reimagined behavioral health ecosystem from children, youth, and families across California

[Youth at the Center Report](#)



Master Plan for
Kids' Mental Health



Embedding and Advancing Equity

CYBHI Working Definition of Equity

Equity is achieved when the dimensions of our identity (e.g., sex, gender identity and expression, cultural identity, ethnicity, disability, national origin, age, language, family structure, religion/faith, immigration status, or sexual orientation) and other dimensions of difference defined by social, economic, demographic, and/or geographic characteristics are no longer predictive of unjust cycles of harm and oppression across generations is stopped.

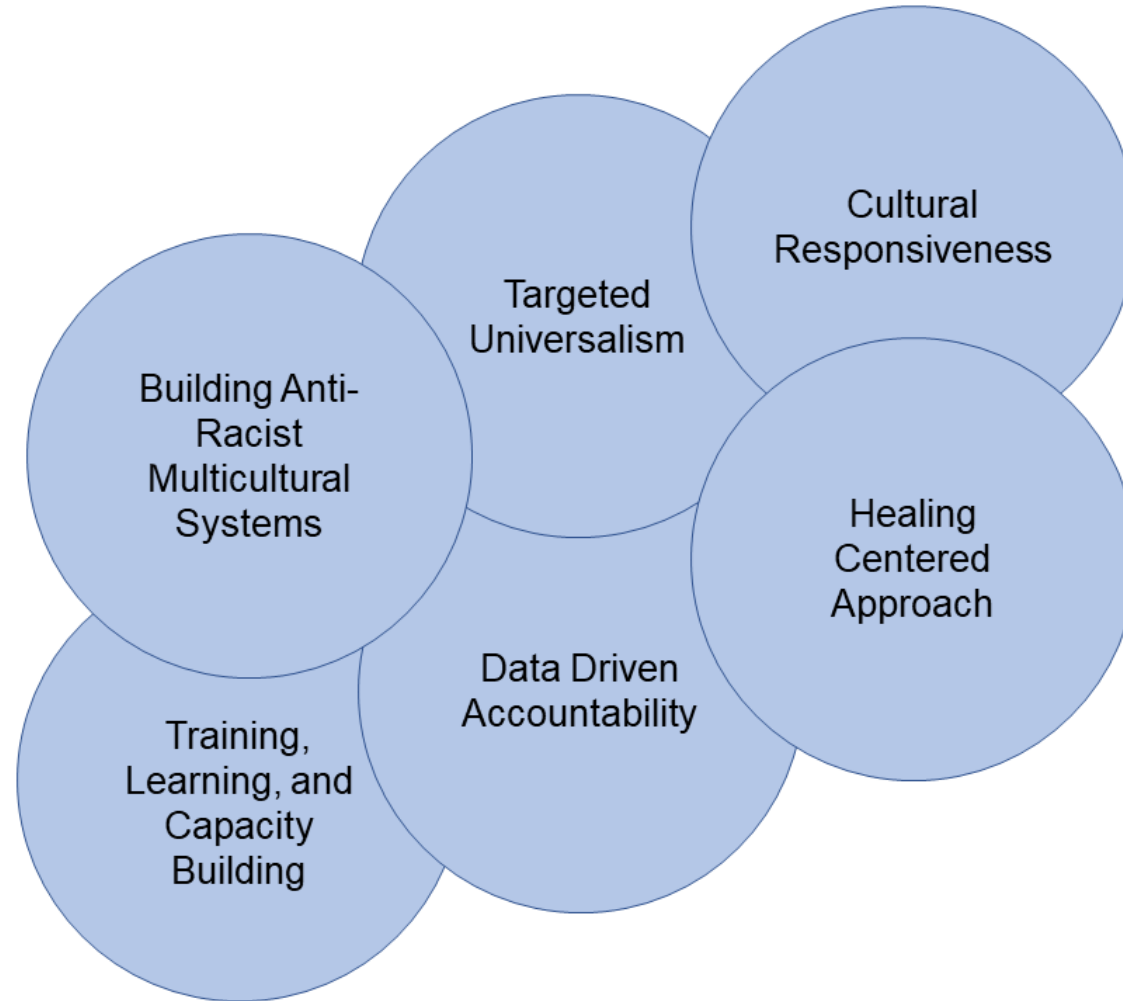
We envision a society in which all the unique dimensions of our identity are equally valued, and all people are able to achieve the life they desire and can do so with dignity, respect, and collective support. We must acknowledge that some groups of people have historically benefitted and currently benefit from various systems that exploit, harm, oppress and marginalize others.

Therefore, Equity is the process of producing policies and practices that critically evaluate and uproot the determinants that have allowed for the exploitation and harm of the most vulnerable groups.

Equity strives to remove the obstacles that prevent people from having full and complete access to all opportunities and actively works to provide targeted investments in those who have been impeded and harmed by systemic oppression.

Equity rebalances power to groups that experience inequality and promotes a spirit of healing, justice, and reconciliation.

CYBHI Equity Framework Pillars



EWG Framework

Guiding Principles for Mathematica's CYBHI Evaluation

Center on equity and children, youth, and families

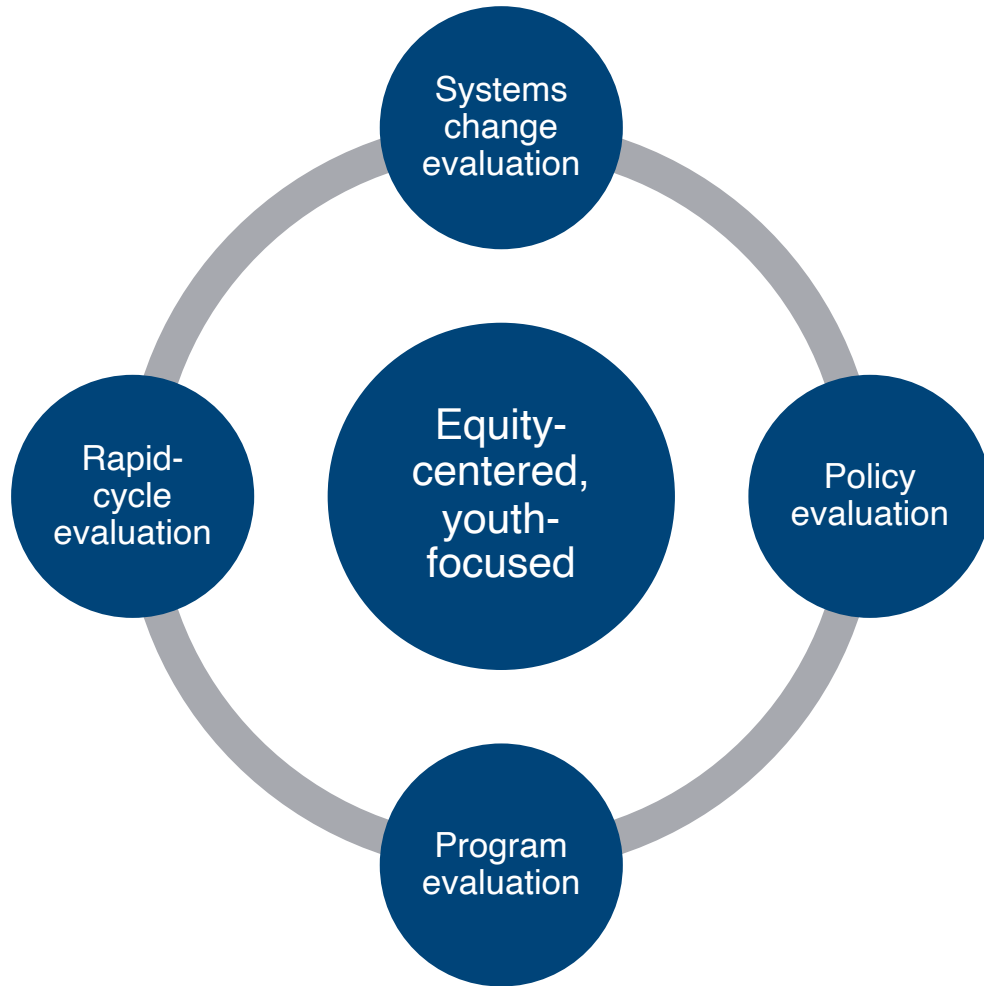
Engage partners and people needing and providing behavioral health services

Tailor approach to the needs of CalHHS/CYBHI

Support continuous quality improvement through feedback loops

- **Active engagement through...**
 - CYBHI Evaluation Advisory Group
 - Listening sessions
 - Data collection
 - Regular meetings with CYBHI and workstream leaders
 - Future webinars
 - Public reports & dashboard

CYBHI Evaluation Components



- Systems change evaluation
 - Understand existing practices, siloes, and explicit/implicit changes needed to transform ecosystem
- Policy evaluation
 - Assess implementation and impact of policy, including role of CYBHI legislation
- Program evaluation
 - Assess population health and well-being outcomes, and near-term indicators of progress
- Rapid-cycle evaluation
 - Identify strategies to accelerate implementation and provide data to facilitate continuous quality improvement

Mathematica developing master evaluation plan in spring 2023

Workstream Updates

CA Office of Surgeon General (CA-OSG)

California Department of Public Health (CDPH)

Department of Health Care Services (DHCS) and Department of Managed Health (DMHC)

Department of Health Care Access and Information (HCAI)

Office of the CA Surgeon General (CA-OSG)

Foundations of Trauma-Informed Practice for School Personnel

- **SINCE OUR LAST UPDATE**

- Content outline completed
- Storyboards started
- Implementation plan reviewed by Expert Review Panel
- Evaluation plan development

- **UPCOMING**

- First storyboards to review
- Recruitment for paid field partners/testers
- Film Dr. Ramos welcome video
- Alpha Review
- Spanish Translation

ACEs + Toxic Stress Public Awareness Campaign

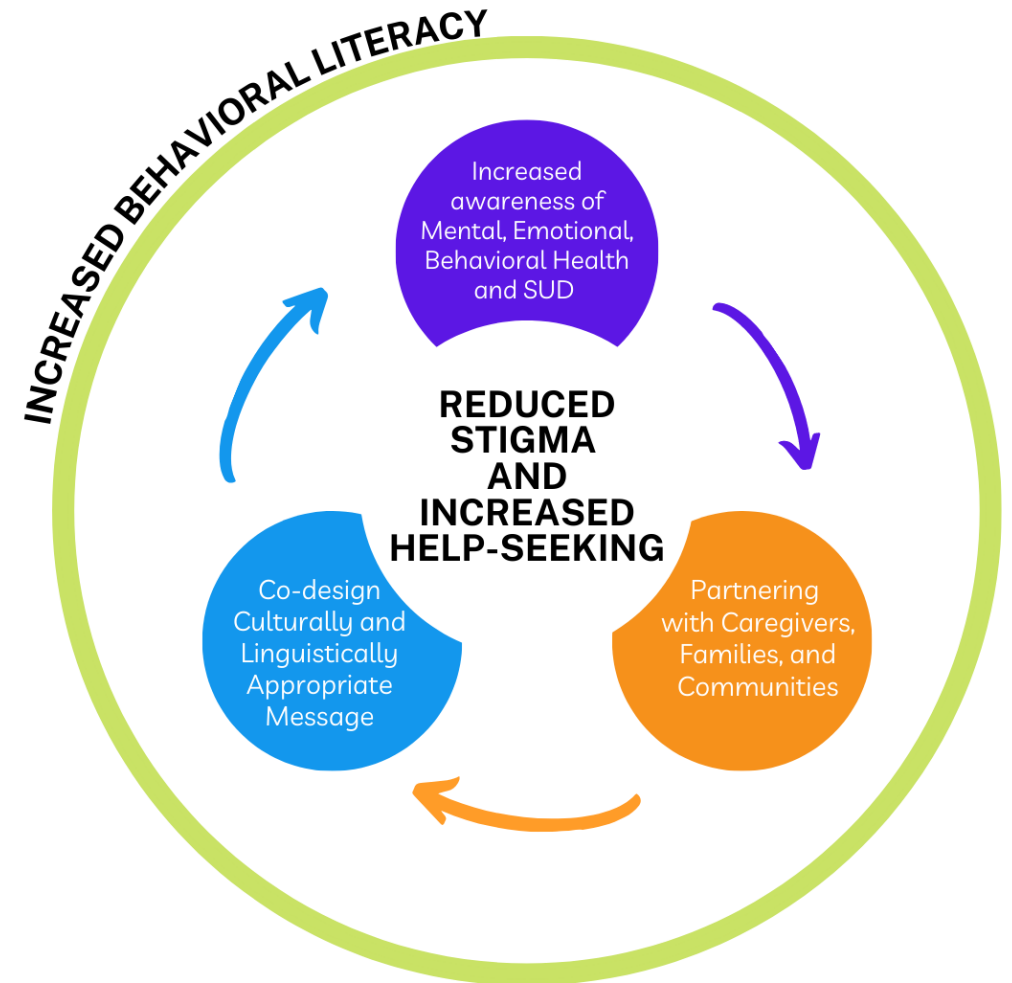
- SINCE OUR LAST UPDATE
 - Finalizing evaluation process
- UPCOMING
 - Awarding contract soon

California Department of Public Health (CDPH), Office of Health Equity (OHE)

Ana Bolaños, MSW
Assistant Deputy Director

CDPH, OHE Goal

- Develop, implement, and evaluate a public education and change campaign that is co-designed for and by youth to advance equity and raise behavioral health literacy for children, youth, caregivers, and their communities in California.
- To provide public health education campaigns to five priority populations: Black and African Americans, Asians and Pacific Islanders, Latinos, Native Americans, and LGBTQ+, while considering the unique needs of transitional-age youth, persons with disabilities, justice-involved youth, foster care youth, and those living in rural areas.



Objectives & Key Results

Objective One

Develop campaigns that create awareness without stigma of Mental, Emotional, and Behavioral Health (MEB), including substance use disorders and wellness.

Key Result 1.1

Measure awareness of the campaigns and the importance of MEB among the intended audiences.

Key Result 1.2

Measure knowledge from the intended audiences of environmental factors that contribute to MEB concerns.

Objectives & Key Results

Objective Two

Partner with community-based organizations to develop culturally, linguistically, and age-appropriate campaigns aimed at reducing stigma and discrimination.

Key Result 2.1

Measure hope from the intended audience that MEB concerns can improve.

Key Result 2.2

Measure stigma associated with MEB concerns.

Objectives & Key Results

Objective Three

Partner with children, youth, caregivers, families, and communities to co-design, reflect, and share culturally, linguistically, and age-appropriate campaigns.

Key Result 3.1

Measure participatory-engagement from children, youth, caregivers, families, and communities, ensuring that they were partners in the design process.

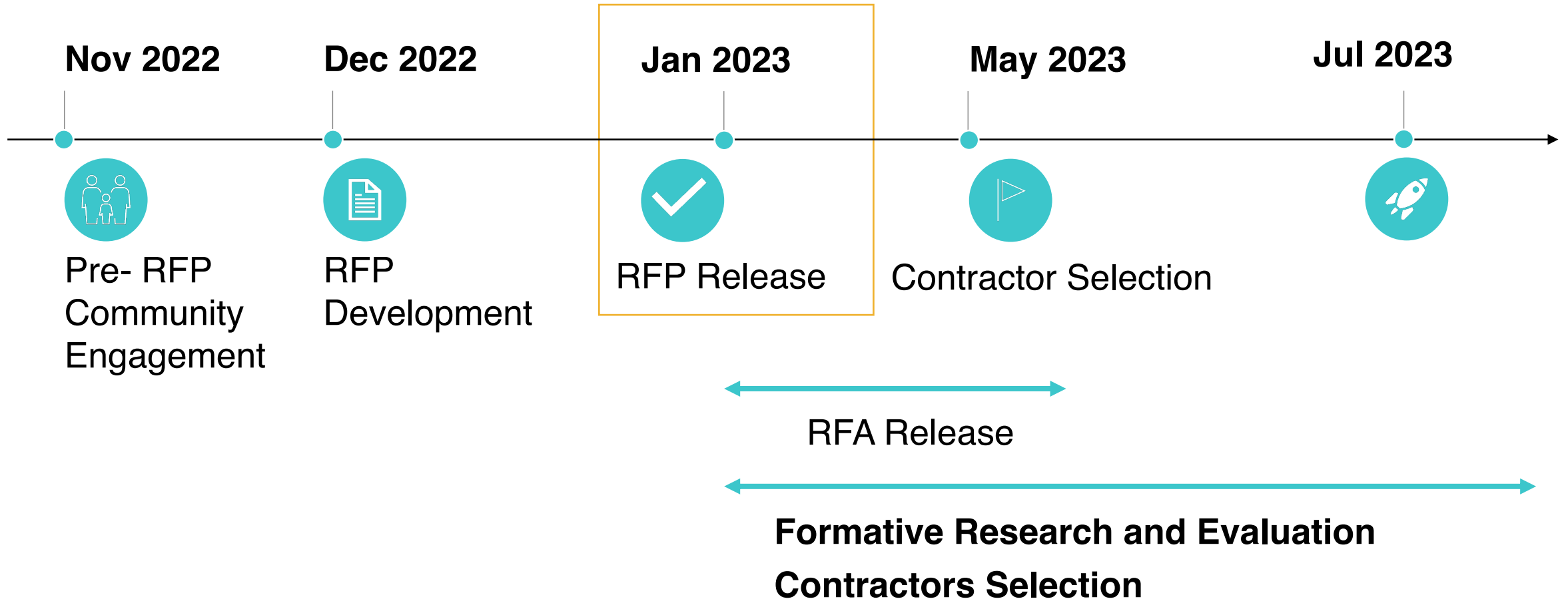
Key Result 3.2

Measure the campaigns effectiveness in being culturally, linguistically and age appropriate for children, youth, caregivers, families, and California communities.

Current Partners

CDPH has conducted outreach among 39 Community-Based Organizations (CBOs) to gather information on community-based practices for youth behavioral health campaigns. Key findings were summarized into reports which informed the development of a Request for Proposals (RFP). A "Brain Trust" of local, state, and national experts has been assembled to serve in an advisory capacity, helping define behavioral health literacy across different age groups and measure transformative change.

Timeline and Current Status



What's Next?

- CDPH CYBHI Webpage (Live)
- Youth Advisory Council
- Review and Assess RFP Applicants (In-Progress)
- Development RFA for Micro Media Public Education and Change Campaign
- Development of Formative Research for Campaign
- Development of Evaluation Research for Campaign

Department of Managed Health Care (DMHC) & Department of Health Care Services (DHCS)

Amanda Levy (DMHC)

Autumn Boylan (DHCS)

EBP/CDEP Grant Program: Overview and Stakeholder Engagement (1/2)

In 2021-22, **\$4.7B of State General Funds** was invested to establish the **CYBHI** to improve access to behavioral health services for children and youth across California.

Per the legislative mandate, **DHCS will disburse \$429M in grants to EBPs and CDEPs** seeking to improve youth behavioral health.

DHCS intends to improve access to critical behavioral health interventions, specifically for **children and youth from populations of focus.**

Source: [W&I Code, section 5961.5](#)

EBP/CDEP Grant Program: Overview and Stakeholder Engagement (2/2)

To inform EBP/CDEP grant program development, DHCS applied a community-driven approach:

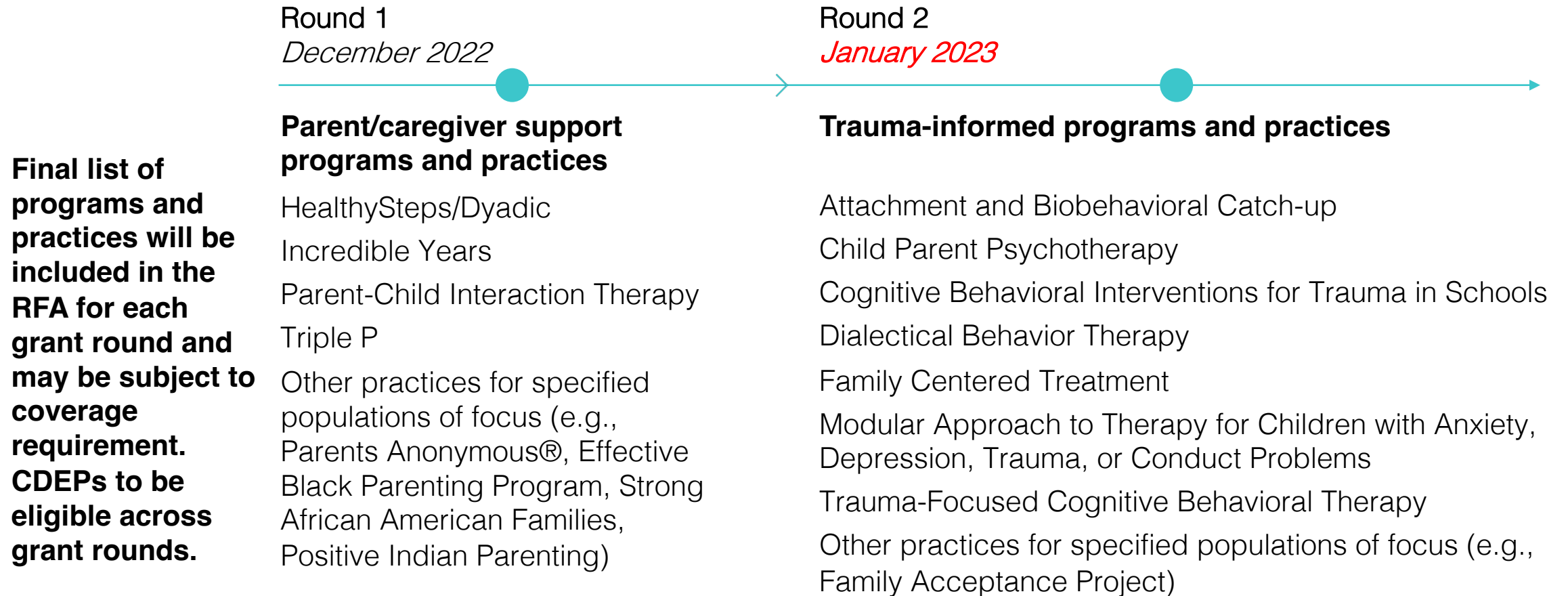
11 Think Tank and Public Work Group sessions were completed between April and October

100+ EBPs and CDEPs were generated through stakeholder input

100+ Members of the public were engaged

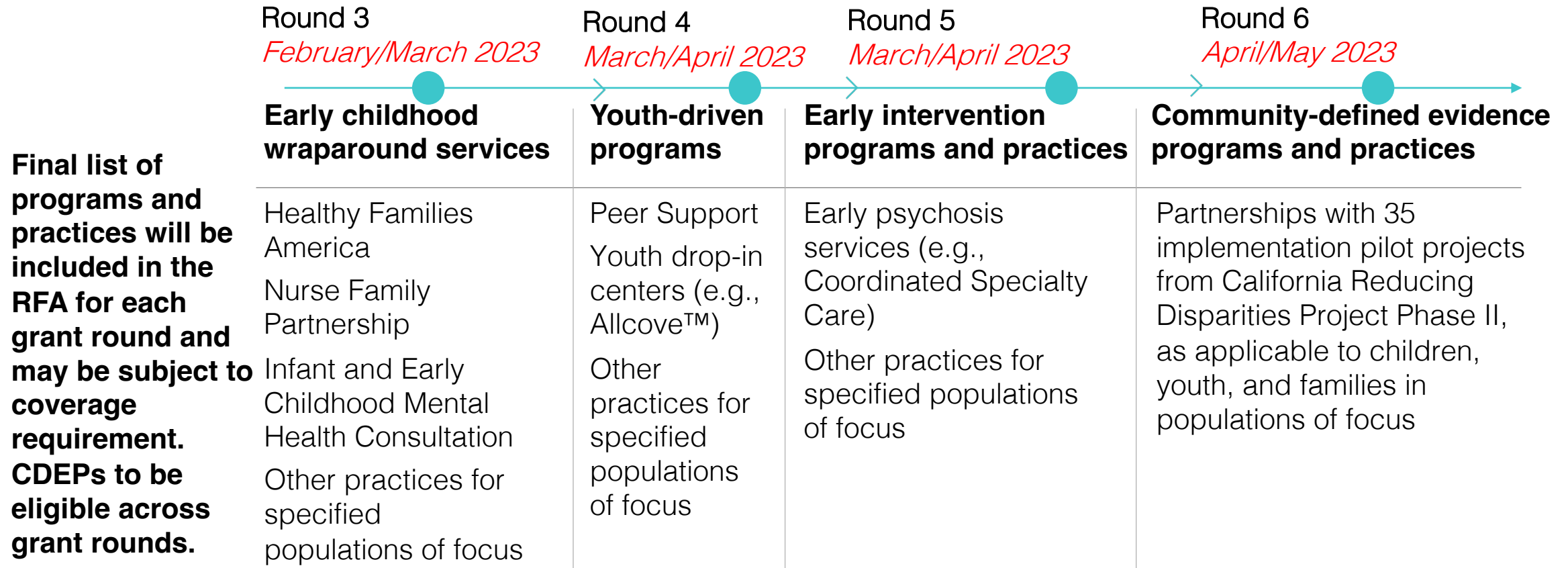
~65 Empaneled Think Tank and Work Group members to provide key insights

EBP/CDEP Grant Program: Announcing the Grant Rounds (1/2)



Source: Based on input from DHCS OSP leadership during working sessions, and Think Tank and Workgroup discussions and follow-up activities

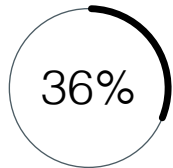
EBP/CDEP Grant Program: Announcing the Grant Rounds (2/2)

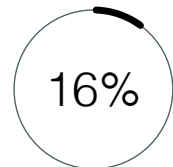


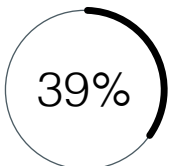
Source: Based on input from DHCS OSP leadership during working sessions, and Think Tank and Workgroup discussions and follow-up activities

Trauma-Informed Round Two: Rationale and Expected Outcomes (1/2)

Children with adverse childhood experiences (e.g., abuse, neglect, caregiver substance use, witnessing violence) **are at increased risk for behavioral health challenges and chronic conditions**¹

 36% Of children in CA have been exposed to one or more childhood adverse experiences (ACEs)²

 16% Of adults in CA have been exposed to at least four ACEs before the age of 18²

 39% Increase in emergency department visits for **suicidal ideation** for youth ages 12-17 nationwide during the pandemic

1. [Let's Get Healthy](#) 2. [California Department of Public Health](#)

Trauma-Informed Round Two: Rationale and Expected Outcomes (2/2)

Given this rationale, the trauma-informed grant round is designed to¹:

- **Increase early intervention** so children and youth with, or at high risk for BH conditions, can access services before conditions escalate and require higher level care.
- **Support the resilience of children and youth by mitigating the adverse effects of ACEs** (e.g., brain development, emotional and behavioral health).
- **Build knowledge of trauma-informed support and communication** for caregivers and individuals close to children and youth.
- **Increase the capacity of child-serving service systems** (e.g., child welfare, juvenile justice system), **on trauma-informed practices.**
- **Improve grief support for children and youth with COVID-related trauma** (e.g., death of a parent, loved one).

1. Input from DHCS OSP leadership, and Think Tank and Workgroup session discussions and follow-up activities

Trauma-Informed Round Two: EBPs Selected by DHCS (1/2)

Preliminary Practices¹

Description

Attachment and Biobehavioral Catch-up

Three interventions to assist caregiver response to children who have experienced early maltreatment/disruptions in care²

Child Parent Psychotherapy

Treatment to improve the caregiver and trauma-exposed child relationship as a vehicle for restoring the child's mental health³

Cognitive Behavioral Interventions for Trauma in Schools

School-based, group and individual intervention for students grades 5-12 who have witnessed/experienced traumatic events⁴

Dialectical Behavior Therapy

Cognitive-behavioral treatment to treat chronically suicidal youth diagnosed with borderline personality disorder (BPD)⁵

1. A final list of programs will be included in the Round 2 RFA
 2. [CEBC4W: ABC](#)
 3. [CEBC4W: CPP](#)

4. [CBITS](#)
 5. [CEBC4W: DBT](#)

Trauma-Informed Round Two: EBPs Selected by DHCS (2/2)

Preliminary Practices¹

Description

Family Centered Treatment

Treatment designed for families faced with disruption of dissolution of their family²

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

Protocol that organizes practices for children and adolescents with anxiety, depression, conduct problems, and/or traumatic stress and their caregivers³

Trauma-Focused Cognitive Behavioral Therapy

Treatment for youth impacted by trauma and their caregivers targeting a broad array of emotional and behavioral difficulties⁴

1. A final list of programs will be included in the Round 2 RFA
2. [CEBC4W: FCT](#)

3. [CEBC4W: MATCH-ADTC](#)
4. [TF-CBT](#)

EBP/CDEP Grant Program: Upcoming Dates

- January 31: Round One RFA applications closed
- February 8: Round Two RFA released and applications open
- February/March: Round Three RFA release and applications open
- March: Round Two applications due by April 7, 2023 by 5:00pm PT
- No later than April 30: DHCS to notify award announcements for Round One

Source: Based on input from DHCS OSP leadership during October working sessions, and Think Tank and Workgroup discussions and follow-up activities

DMHC & DHCS: Statewide All-Payer School-Linked Fee Schedule for Behavioral Health Services

What is the Statewide All-Payer Fee Schedule?

Set of **minimum statewide reimbursement rates for medically-necessary outpatient mental health or substance use disorder services that are provided:**

- At or near a school site, including services provided or arranged by California TK-12 public schools and institutions of higher education
- To students under the age of 26
- By practitioners in the statewide, school-linked provider network (to be defined)

*"The reimbursement rates (i.e., fee schedule) will require all commercial health plans, Medi-Cal managed care plans, and the Medi-Cal behavioral health delivery system, as applicable, to reimburse providers of these services at least the minimum rate for any student who is an enrollee of the plan or delivery system. Services will not be subject to copayment, coinsurance, deductible, or any other form of cost sharing"*¹

Source: Children and Youth Behavioral Health Initiative Act, § 5961.4 (a) (1) – (4); non-exhaustive; lightly edited for readability; refer to the Act for official text; Health and Safety Code § 1374.722.

VISION: To leverage the CYBHI fee schedule as a sustainable funding source for school-linked behavioral health services that:

Increases access to school-linked behavioral health services for children and youth

Creates a more approachable billing model for schools and local educational agencies (LEAs)²

Eases burdens related to contracting, rate negotiation, and navigation across delivery systems

Reduces uncertainty around students' coverage

Fee Schedule Workgroup: Recap

DHCS/DMHC convened a Fee Schedule workgroups to discuss **policy and operational considerations for implementing the statewide all-payer fee schedule**, including the need to:

- **Expand accessibility and quality** of behavioral health services for students
- **Increase sustainability of funding** for behavioral health services in schools
- **Streamline administration and billing process** for schools that provide behavioral health services
- **Increase funding** available for behavioral health services
- **Encourage lasting partnerships** between schools and behavioral health providers
- **Simplify credentialing** and enrollment mechanisms

Source: DHCS & DMHC Fee Schedule Workgroup meetings, 10/24/2022 and 12/05/2022

All Payer Fee Schedule: Guiding Principles

Services included in the state-wide, all-payer school-linked fee schedule are meant to directly impact or enable student health outcomes. Guiding principles for the service portfolio include:

- Services are **currently reimbursed or reimbursable** under existing State or Federal authorities by both Medi-Cal and commercial plans
- Services are sufficiently **suitable** to be provided to students **in school settings** and additive to services provided elsewhere
- Fee schedule will **NOT include classroom-based interventions** delivered by an **ineligible practitioner type** (e.g., teachers)
- Fee schedule will **NOT duplicate** services which schools are **currently mandated to provide** under State or Federal authorities

Statewide all-payer fee schedule: Potential Scope of Services

The current, preliminary hypothesis from DHCS and DMHC is that the following services may be included in the fee schedule:

Category	Service Activity	Category	Service Activity
Prevention / early intervention	Family-based behavioral health education	Treatment	Assessments
	SUD screenings		Evidence-based therapy, CBT
	Group / individual peer services		Group therapy
	Group wellness education and skill-building		Individual therapy
	Health education by Community Health Workers		SUD – Group counseling
	Individual preventative wellness and skill-building		SUD – Individual counseling
	Pre-clinical SUD intervention		SUD – Physician consultation
	Screenings (initial)		Team consultation
	Screenings (secondary)		
	Student discussion/ support groups		
		Case consultation	Case consultation

Looking Ahead: Fee Schedule Workgroup 3

The third fee schedule workgroup session will be held virtually on February 15 from 3:00 p.m. - 4:30 p.m.

Topics addressed may include:

- Proposed implementation strategies
- Scope of services to be included in the statewide all-payer fee schedule
- School-linked grants program design

To register for this session, please visit the DHCS [CYBHI meetings and events page](#)

Source: DHCS OSP working session on 01/19/2023

School-Linked Partnership & Capacity Grant Program: Overview (1/2)

Statute provides for **\$550 million in one-time grants to public educational institutions** across California^{1 2}

Primary goal of the grant program is to **support institutional readiness for the fee schedule implementation**, including but not limited to developing:

- **Grant award pools vary** based on institution type:
 - **K-12 and pre-schools**³ (~\$400M)
 - **Institutions of higher education**⁴ (~\$150M)
- **Infrastructure** that provides mechanisms and technology to regulate billing and reimbursement for behavioral health services at or near school sites
- **Capacity** for staff to manage billing and reimbursement processes
- **Partnerships** with organizations that facilitate efficient billing and reimbursement for schools

1) CalHHS (2) [California Welfare and Institutions Code 5961.2](#) (3) For publicly funded schools, charter schools, California School for the Deaf, California School for the Blind, and Bureau of Indian Education schools; (4) For publicly funded higher education institutions: University of California system, California State University system, and California Community Colleges; (5) Partnership with CalHOPE and Sacramento County Office of Education to support student mindfulness and wellbeing

School-Linked Partnership & Capacity Grant Program: Timeline (2/2)

Q1 2023

- **Finalize grant administration model** for TK-12 schools, colleges, and universities
- **Prepare application materials** for Q2 application launch

Q2 2023

- **Open applications** for TK-12 schools, colleges, and universities
- **Provide technical assistance** to TK-12 schools, colleges, and universities during the application process and beyond

Q3 2023

- **Review and approve applications received** at the end of Q2 2023
- **Disburse first allocation of grant funding** to TK-12 schools, colleges, and universities

Q4 2023

- **Review first progress report and release additional funding** based on grant implementation progress

Source: DHCS OSP stakeholder meeting on 01/14/23; DHCS OSP working session on 01/10/23

Questions

DHCS Contact Information for Questions/Feedback: CYBHI@dhcs.ca.gov

DHCS Children & Youth Behavioral Health Initiative (CYBHI) [Webpage](#)

Department of Health Care Access and Information (HCAI)

Wellness Coach Workforce

Accomplishments since Oct 2022

Oct 2022: Announced "Wellness Coach" as official role title, based on engagement with our community partners, youth, and families

Jan 2023: Released Request for Information (RFI) to seek information on qualified vendor for certification process and technical assistance resource center

Jan 2023: Released Request for Information (RFI) to seek information on qualified vendor for marketing

Ongoing and upcoming work

Continuing work with potential development partners for Wellness Coach training programs

Continuing discussions on ensuring sustainable funding for the Wellness Coach provider

Upcoming engagement opportunities

Spring 2023: Quarterly Wellness Coach informational webinar

Monthly: Wellness Coach newsletter

If you would like to be included in these engagements, please email CYBHI@hcai.ca.gov

Broad Behavioral Health Workforce Capacity

Accomplishments since Oct 2022

Dec 2022

- Launched Substance Use Disorder Earn & Learn grant funding application

Jan 2023

- Launched scholarship programs application cycles
- Released Request For Information (RFI) for Substance Use Disorder and Justice System Involved Youth Training
- Announced Social Work Education Capacity Expansion awardees
- Awarded fourth cohort of behavioral health loan repayments and scholarships

Broad Behavioral Health Workforce Capacity (HCAI)

Ongoing and Upcoming Work

Feb 2023

- Announce Community Based Organization grant application awards

Mar 2023

- Launch the Behavioral Health Social Work Training and Fellowship program

Apr 2023

- Launch Health Professions Pathway Program grant application
- Announce scholarship awards

HCAI Program Highlight: Psychiatric Education Capacity Expansion Program

Purpose: train and prepare psychiatric mental health nurse practitioners and psychiatry residents/fellows

Cycle 1: (Awarded Oct 2022): \$37.6M for 15 organizations

- Psychiatric Mental Health Nurse Practitioner (PMHNP): \$18.6M
 - 703 new PMHNP students
- Psychiatry Residency: \$19M
 - 45 psychiatry residents/fellows (26 psychiatry residents, 13 child and adolescent fellows and 6 addiction fellows)

Cycle 2: Scheduled to open Late Summer 2023

HCAI Program Highlight: Behavioral Health Loan Repayments and Scholarships

Purpose: increase the number of behavioral health professionals providing direct care in California's health profession shortage areas

Cohort	Award Date	Awards	Amount
Cohort 1	Aug 2022	168	\$4.5M
Cohort 2	Sept 2022	115	\$3.25M
Cohort 3	Oct 2022	85	\$2.5M
Cohort 4	Jan 2023	1,336	\$41.1M
All Cohorts	Aug 2022 - Jan 2023	1,704	\$51.35M

- Allied Healthcare Scholarship Program: Application cycle is Jan 3, 2023 - Feb 24, 2023. Awards announced in April 2023. Learn [more](#).
- Advanced Practice Healthcare Scholarship Program: Application cycle is Jan 3, 2023 – Feb 24, 2023. Awards announced in April 2023. Learn [more](#).

HCAI Program Highlight: Social Work Education Capacity Expansion Program

Purpose: increase the supply of social workers through:

- Development of new MSW and BASW/BSW programs
- Expand existing MSW programs
- Training students to serve children, youth, and families

Cycle 1: Will be Awarded in February 2023

Cycle 2: Scheduled to open Late Summer 2023

Thank you!

**For further questions, please contact:
CYBHI@hcai.ca.gov**

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Please visit: <https://hcai.ca.gov/ mailing-list/>**

Deep Dive Presentations

DHCS – New Medi-Cal Benefit: Dyadic Services
CDPH – Youth Suicide Prevention Media and Outreach Campaign

DHCS – New Medi-Cal Benefit: Dyadic Services

Lisa Murawski (DHCS)
Chief, Benefits Division

Dyadic Services

- Available starting January 1, 2023.
- “State plan” benefit in fee-for-service and managed care delivery systems.
- Dyadic services are preventive behavioral health services for recipients ages 0 to 20 years and/or their caregivers.
 - Dyad = Infant/child and parent/caregiver
- Billed on the child’s Medi-Cal ID
- Dyadic services for recipients ages 0 to 20 years include:
 - Dyadic Behavioral Health (DBH) Well-Child Visits
 - Other supportive services
 - Dyadic Comprehensive Community Support Services, per 15 minutes
 - Dyadic Psychoeducational Services, per 15 minutes
 - Dyadic Family Training and Counseling for Child Development, per 15 minutes

Dyadic Services

- Dyadic caregiver services include the following assessment, screening, counseling, and brief intervention services provided to the caregiver for the benefit of the child:
 - ACE screening
 - Alcohol and drug screening, assessment, brief interventions and referral to treatment (SABIRT)
 - Brief emotional/behavioral assessment
 - Depression screening
 - Health behavioral assessments and interventions
 - Psychiatric diagnostic evaluation
 - Tobacco cessation counseling

References

- Medi-Cal NewsFlash: Dyadic Services Added as Medi-Cal Benefits
- Non-Specialty Mental Health Services: Psychiatric and Psychological Services Provider Manual

California Department of Public Health (CDPH), (CHC)

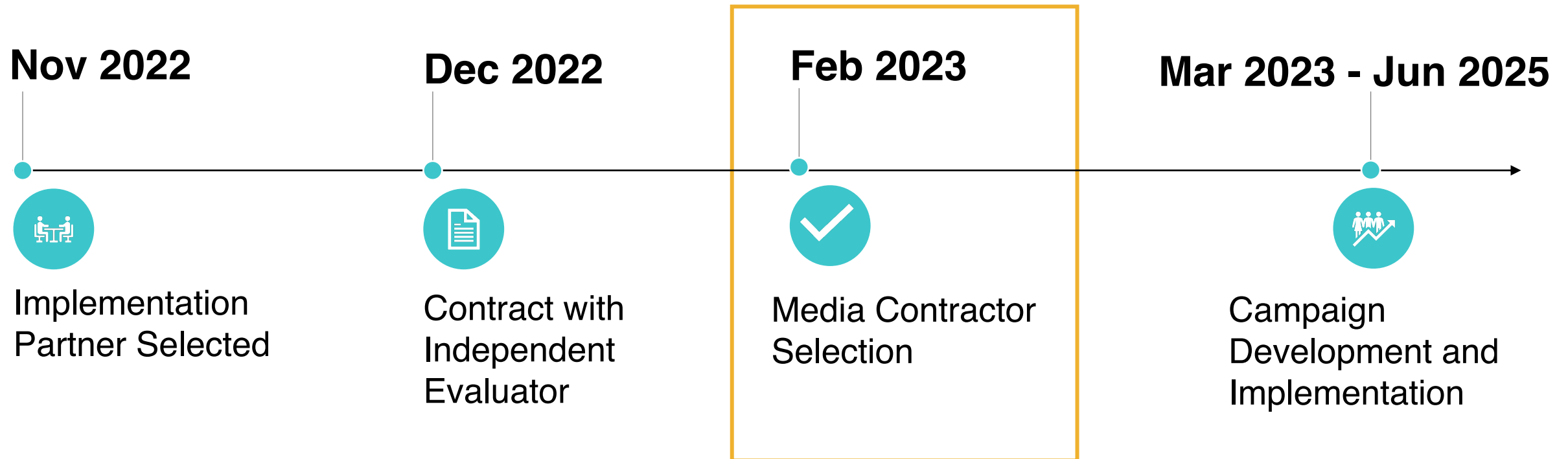
Ana Bolaños, MSW
Assistant Deputy Director

Addressing Youth Suicide: Targeted Prevention Campaign and Pilots for Reporting and Crisis Response

- To develop and implement a data-driven, targeted and community-based youth suicide prevention media and outreach campaign for youth at increased risk of suicide.
- To provide grants to youth-serving community-based organizations in geographic areas of the state disproportionately impacted by youth suicide to promote the campaign and conduct outreach.

Timeline and Current Status

Allocated \$40 million from the General Fund until 2025

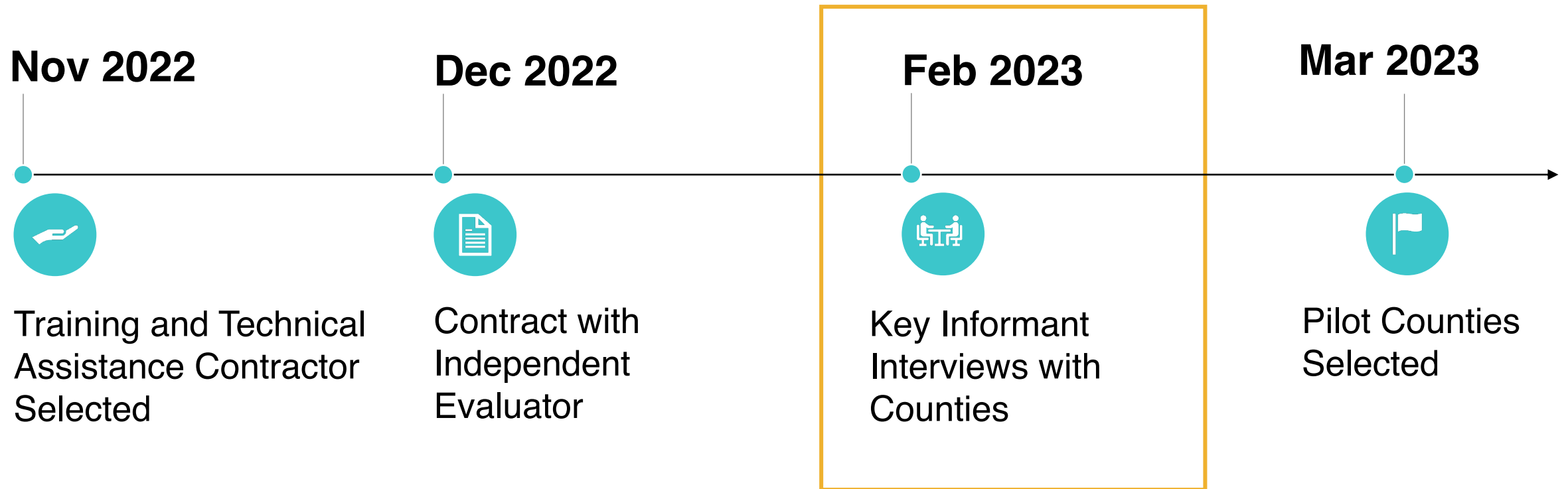


Response Pilot Program

- To pilot a new approach of designating youth suicide and youth suicide attempts as a reportable event that will trigger local-level crisis response and resource connections involving schools, community-based organizations and other partners in at least four counties.

Timeline and Current Status

Allocated \$50 million from the General Fund until 2025



Youth Voice

YOUTH VOICE

Sarah Yee
Youth Journalist and Advocate
Granite Bay High School

Poem 16 strings too many



photoillustration by Sarah Yee

Q&A

Additional resources and updates

Quarterly Public Webinar, February 1, 2023, 2-4 pm

Quarterly Public Webinar, October 20th, 2022, 2 pm – 4 pm, [Recording](#) and [Slides](#)

Quarterly Public Quarterly Webinar on July 15, 2022: [presentation materials](#) and [video recording](#)

[December 2022 Stakeholder Update](#)

[September 2022 Stakeholder Update](#)

[August 2022 Stakeholder update](#)

[CYBHI 101 Slide Deck](#)

CYBHI Contacts

- To provide input on initiative-wide topics or sign up to receive regular updates about the CYBHI, please email CYBHI@chhs.ca.gov
- To engage on workstream-specific topics, please use the following contact information and resources:
 - Department of Health Care Services:
 - Contact information for questions/feedback: CYBHI@dhcs.ca.gov
 - Children & Youth Behavioral Health Initiative [Webpage](#)
 - Student Behavioral Health Incentive Program (SBHIP) [Webpage](#)
 - Behavioral Health Continuum Infrastructure Program (BHCIP) [Webpage](#)
 - CalHOPE Student Support [Webpage](#)
- Department of Health Care Access and Information (HCAI): CYBHI@hcai.ca.gov
- Department of Managed Health Care: CYBHI@dmhc.ca.gov
- California Department of Public Health: CYBHI@cdph.ca.gov
- Office of the California Surgeon General: info@osg.ca.gov

Source: California Health and Human Services Agency