BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

November 13, 2024

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California Health & Human Services Agency

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
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THIS IS A HYBRID MEETING (continued.)

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

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

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ELEMENTS FROM BHTF GUIDING PRINCIPLES AND COMMITMENT TO ENGAGEMENT

- EQUITY: STRIVE TO EXAMINE AND ACT IN AN EQUITABLE AND INCLUSIVE MANNER
- RESPECT: ACTIVELY LISTEN, INVOLVE ALL
- STAY FOCUSED ON THE AGENDA
- ANCHOR DISCUSSIONS IN A PERSON-CENTERED APPROACH
- WORK TO REDUCE STIGMA
- THINK INNOVATIVELY AND WELCOME NEW IDEAS

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MEETING AGENDA

10:00 Welcome, Introductions, New Members

10:20 Population-Based Prevention and Prop 1 – Behavioral Health Transformation

12:30 Lunch Break

1:00 Older Adult Behavioral Health: Recent Findings and Opportunities

1:30 CalHHS Updates: Prop 1/BH Transformation; CYBHI; 988

California Child and Adolescent Mental Health Access Portal (Cal-MAP)

2:25 BHTF Member Updates

2:45 Public Comment

2:55 Closing

3:00 Adjourn

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WELCOME & INTRODUCTIONS

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

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CalHHS SECRETARY KIM JOHNSON

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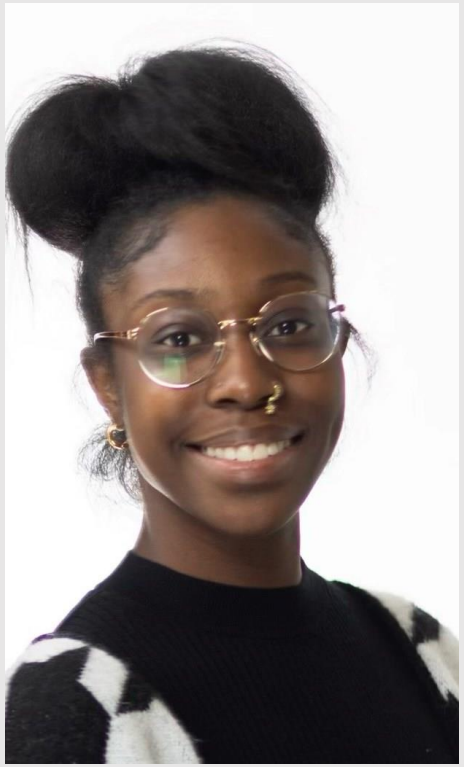
INTRODUCING NEW MEMBERS



Mariah Dixon
CYBHI Youth Fellow

Khoa-Nathan Ngo
CYBHI Youth Fellow

Jackie Pierson
California Consortium for Urban Indian Health

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INTRODUCING NEW MEMBERS

Jennifer Troia
Director, Department of Social Services

Amy Westling
Association of Regional Center Agencies

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POPULATION-BASED PREVENTION AND PROP 1 – BEHAVIORAL HEALTH TRANSFORMATION

PRESENTATION, ACTIVITY, DISCUSSION

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Prop 1 – Behavioral Health Transformation: Population Based PREVENTION

Dr. Tomás Aragón, MD, DrPH
Director and State Public Health Officer

Julie Nagasako
Deputy Director, Office of Policy and Planning

Ashley Mills, MS
Interim Deputy Director, Center for Healthy Communities
Assistant Deputy Director, Community Wellness

Agenda Overview

1. Prop 1 BHSA Overview
2. Role of California Department of Public Health (CDPH)
3. Prop 1 BHSA Population Based Prevention Planning – 2024 Process Recap
4. Population-Based Prevention – Public Health Definition, Data and Drivers
5. Population-Based Prevention Strategies in Behavioral Health
   Prevention Across the Life Course
   Emerging Focal Areas: Social Connection and Addressing Adversity and Harms
   Addressing Upstream Drivers: Convene, Inform, and Collaborate
6. Prop 1 BHSA Population Based Prevention Planning – What's Next
   Opportunities for Engagement
7. Q&A and Engagement Activity
   * What did we get right, how can we improve, how can you help?

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Goals for Today's Discussion

- Focusing statewide population-based prevention strategies for Prop I / BHSA to reduce prevalence of adverse outcomes related to mental health conditions and substance use and improve behavioral health for all Californians
- Sharing an overview of current and upcoming planning activities for Prop 1 BHSA Population Based Prevention
- Building shared understanding about primary prevention across the life course and the role of upstream drivers
- Obtaining feedback on emerging areas of focus
- Guiding planning for future community and partner engagement

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1. Proposition 1 Behavioral Health Transformation

Overview

Behavioral Health Services Act (BHSA)

The BHSA is the first major structural reform of the Mental Health Services Act since 2004. It expands and increases the types of supports available to Californians in need by focusing on gaps and priorities.

- Focuses on the most vulnerable and at-risk, including set-asides for children and youth.
- Broadens the target population to include individuals with substance use disorder.
- Updates allocations for local services and state directed funding categories, including housing supports.
- Clearly advances community-defined practices as a key strategy of reducing health disparities and increasing community representation.
- Revises county processes for planning and reporting.
- Improves transparency and accountability.

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Prop1 – Behavioral Health Transformation

In March 2024, California voters passed Proposition 1, a two-bill package, to modernize the state's behavioral health care system. It includes a substantial investment in housing for people with behavioral health needs.

Behavioral Health Services Act

- Reforms behavioral health care funding to provide services to Californians with the most significant behavioral health needs
- Expands the behavioral health workforce to reflect and connect with California's diverse population
- Focuses on outcomes, accountability, and equity

Behavioral Health Bond

- Funds behavioral health treatment beds, supportive housing, and community sites
- Directs funding for housing to veterans with behavioral health needs

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Context for Prop 1 BHSA Prevention Work

- First ever dedicated funding and statewide strategy for BH prevention
- Population focus
- Acknowledging challenges and complexity
- Acknowledging the important work happening in the community
- Alignment and collaboration at all levels (including state and local) to achieve greatest impact
- Importance of community voices and stakeholder engagement
- Data and evidence to drive innovation and inform policy
- Behavioral health context inclusive of mental health and substance use

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BHSA Overview of Statutory Requirements

- Statutory requirements mandate that a minimum of 4 percent of the total funds be directed to CDPH for **population-based** mental health and substance use disorder **prevention** programs.
- A significant portion of these funds, 51 percent, will be reserved for programs addressing behavioral health prevention for populations who are 25 years or younger.
- SB 326 outlines that these programs should encompass evidence-based practices or promising community defined evidence practices and meet one 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; and
    5. Prevent suicide, self-harm, or overdose.

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BHSA Overview (continued)

- SB 326 also stipulates school-based prevention supports and programs and early childhood population-based prevention programs shall be provided in a range of settings.
- **Implementation of all population-based prevention programs may be statewide or in a community setting**. Funding should also be used to strengthen population-based strategies and not be used for early intervention, diagnostic services, or treatment for individuals or supplant funding for services or supports provided by current initiatives.
- CDPH will collaborate with the Department of Health Care Services (DHCS) and the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) on implementation of the overall BHSA initiative.

2. Role of CDPH

Background on California Department of Public Health

About CDPH

Public health works through prevention approaches to shape **positive health outcomes at the community and population level**.

Public health is all around us and the role of CDPH is to protect and promote the health of **all Californians in all communities**.

To achieve this, state and local governmental public health work to:

- Control and prevent communicable diseases.
- Prevent non-communicable chronic diseases and injury.
- Ensure health-promoting environments.
- Promote individual, family, and community health.
- Ensure patient safety in hospitals and other health care facilities

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CDPH experience improving behavioral health outcomes through prevention includes more than 50 different programs:

Examples include:

- California Reducing Disparities Project advancing community-defined, culturally responsive approaches
- Office of Suicide Prevention
- Substance and Addiction Prevention Branch
- Office of School Health
- Essentials for Childhood Initiative
- Maternal, Child and Adolescent Health Program
- CDPH programs collect and provide data to understand behavioral health impacts, progress and opportunities for improvement
- Multiple CDPH programs are involved in leading initiatives as part of the statewide Children and Youth Behavioral Health Initiative

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Highlighted CDPH BH Initiatives

- The groundbreaking California Reducing Disparities Project (CRDP).
- The Office of Suicide Prevention established to address the root causes of suicide and self-harm injuries.
- The Substance and Addiction Prevention Branch and increased outreach, education, and harm reduction efforts.
  - Overdose Prevention Initiative works on the complex and changing nature of the drug overdose epidemic through prevention and research activities.
  - Youth Cannabis Prevention Initiative includes the California Cannabis Surveillance System and the Cannabis Education and Youth Prevention Program
  - Alcohol Harms Prevention Initiative works to support statewide efforts to reduce the harmful economic, health, and social impacts of excessive alcohol use and related harms on the lives of Californians
  - Office of Problem Gambling is dedicated to promoting awareness and prevention of gambling disorder and making treatment available to those negatively impacted by problem gambling behavior.
- The Office of School Health, promotes the health, safety, and well-being of 7.5 million school students, staff, and communities through strong partnerships, communications, scientific guidance and policies, and support of school-based health centers.
- Essentials for Childhood and All Children Thrive work to prevent ACEs and promote PCEs by creating protective environments, social norms changes, and strengthening economic supports for families.

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Highlighted CDPH BH Initiatives (cont.)

- CDPH is part of the Children and Youth Behavioral Health Initiative , leading three initiatives:
  - Never a Bother Campaign launched in March 2024 by the Office of Suicide Prevention. This is a multilingual youth suicide prevention media and outreach campaign, co-created with youth from across the state.
  - The Youth Suicide Reporting and Crisis Response Pilot Program , developing and testing models to make youth suicide and attempted suicide reportable events that initiate rapid and comprehensive responses in schools and community settings.
  - The Take Space to Pause public education and change campaign, co-designed with youth to reduce stigma around behavioral health and to increase help-seeking behavior and wellness support.

- CDPH is a representative on the CHHS 988 Crisis Policy Advisory Group and co-lead the group's Communications Workgroup
  - Identified as State Lead over implementation activities listed under Goal A: Public Awareness of 988 and Behavioral Health Crisis Services (draft released 11-4-24 of *Building California's Comprehensive 988-Crisis System: A Strategic Blueprint*).

- New legislative directives (for example, AB 1282 (Lowenthal) directs CDPH to develop a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth).

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CDPH Examples of Primary Prevention in Action: Substance Misuse and Overdose

- Individual level:
  - Statewide Prevention and Education Campaign to raise awareness about the harms of fentanyl and prevent overdose
- Interpersonal level:
  - Strengthen child/parent bonding, healthy relationships, social supports and promotion of parent/caregiver health
  - Community defined, culturally and linguistically competent prevention activities responsive to the priorities and strengths of specific populations aimed at building connection, reducing stigma, and preventing substance misuse
- Macro level:
  - Policy partnership across departments and health systems to resolve treatment barriers and to promote the use and distribution of naloxone
  - Address poverty and food insecurity through improving access to WIC, CalFresh, Medi-Cal, TANF
  - Promote expanded utilization of the Earned Income Tax Credit to support economic security
- Examples from: Substance and Addiction Prevention Branch, Overdose Prevention Initiative, California Home Visiting Program, Black Infant Health Program, Adolescent Family life Program, Local MCAH, Cal-InSPIRE, California Reducing Disparities Project, and Essentials for Childhood Program

CDPH Example of Primary Prevention in Action: Suicide and Suicidal Behavior

- There are many factors the contribute to suicide and suicidal behavior. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.
- CDPH Youth Suicide Prevention Media and Outreach Campaign - *Never a Bother*
  - Includes 33 CBOs and tribal grantees implementing local youth suicide prevention projects. Activities include:
    - Provide resources and education that address the importance of reducing access to lethal means (e.g., safe storage of medication and firearms).
    - Teach coping and problem-solving skills through social-emotional learning programs.
    - A youth-led project to identify and implement stigma-reduction and peer support strategies.
    - Implement school-based initiatives, such as a youth-led, cross-cultural coalition to address safe-suicide messaging among youth and/or identify school-based prevention/support programs or policy changes.
- Additional examples include culturally and linguistically responsive outreach and education to reduce stigma and promote well-being through increased community connectedness and sustainment of cultural values and practices.

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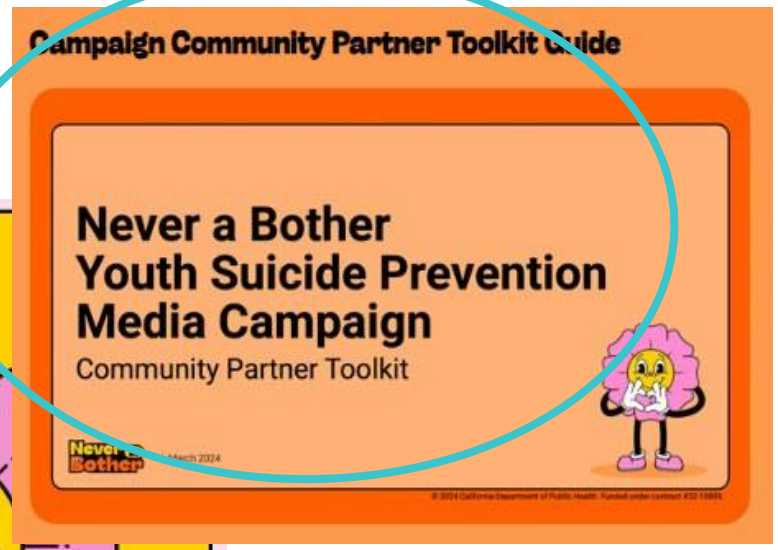
Never a Bother Activities

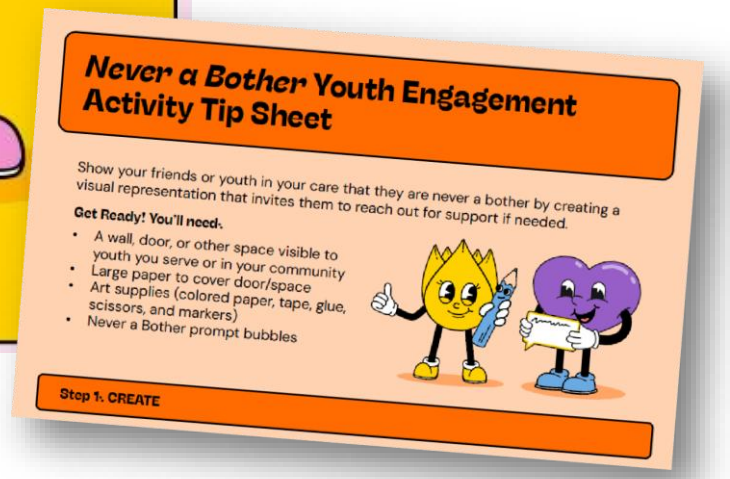
Create *Never a Bother* Spaces

Feeling supported by friends, family, and connected to one's community can be a protective factor for suicide. Identify yourself as an approachable and trusted adult and let young people know that you are comfortable to talk about anything they need, including suicide; and, should they ever come to a point where they are questioning their reasons for living, you will be there to listen and support them. Creating this safe space *at a time when there is no crisis* is one way we can play a role in suicide prevention.

- Decorate your door, youth room, or another space, with welcoming statements that reassure young people that they are never a bother and your door is always open. See *Never a Bother Activity Tip Sheet* to get started.
- Download *Never a Bother characters* and put them up in public and digital spaces, and add them to your email signature.

Never a Bother





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Public Health Role in Primary Prevention

Working Together to Create Bright Tomorrows and Thriving Communities

Source: Framework for Public Health's Role in Mental Health and Suicide Prevention

https://mhanational.org/research reports/framework public healths role mental health promotion and suicide prevention

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3. Prop 1 - BHSA Planning

2024 Population Based PREVENTION Process Recap

2024 Planning Activities

- **Landscape Analysis**
  - Review existing efforts, assessment, literature, evidence, key informant interviews, listening sessions to inform the identification of prevention strategies. Audiences include state and local programs, youth, community and academic partners.
- **Review of MHSA Plans**
  - Review of Prevention and Early Intervention (PEI) Programs to ground planning in awareness of existing MHSA prevention activities.
- **Engagement activities to obtain input**
  - Behavioral Health Task Force (Oct-Nov)
  - Expert Advisory Panel (Dec 11, 2024)
  - Meetings and listening sessions with various audiences (ongoing)
    - E.g., CalHHS, DHCS, HCAI, MHSOAC, behavioral health departments and LHJs (CBHDA, CHEAC/CCLHO), coalitions of CBOs and advocates

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CDPH also welcomes other ideas for continued community engagement based on best practices while also leveraging existing venues.

Landscape Analysis

- CDPH has partnered with researchers and mental health practitioners from the University of California, Berkeley (UCB) to undertake a landscape scan and synthesis of population-level, primary prevention strategies to address behavioral health. This analysis began as a part of broader public health planning in early 2024. Then, following the passage of Prop 1 this project was leveraged to gather key information to support BHSA prevention planning.
- The landscape scan aimed to leverage and build upon existing reports, recommendations, and initiatives, including reports that center youth voice, as a foundation for CDPH's behavioral health approach.
- To date, the research team has culled findings and recommendations from over 200 articles and reports, 50 interviews with subject matter experts and stakeholders, and several relevant conferences, meetings, and webinars.
- The findings from the landscape analysis have been used to:
  - Inform CDPH's overarching prevention approach for Behavioral Health
  - Generate a comprehensive list of risk and protective factors and population-level, primary prevention strategies focused on youth and family behavioral health.
  - Identify emerging focal areas and related PSE change strategies to support behavioral health and upstream prevention in California.

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Review of MHSA County Plans

- CDPH reviewed MHSA 3-year county plans to generate a summary of existing prevention and early intervention activities.
- Programs deployed a range of prevention strategies, with activities reflected across the full range of prevention levels (promotion, universal, selective and indicated) including:
  - Place-based and built environment improvements, public awareness and education
  - Anti-stigma and discrimination campaigns, wellness centers
  - Home visiting, early childhood and family programming, school-based interventions and trainings
  - Community Defined Evidence Practices (CDEPs), LGBTQ, BIPOC and Immigrant Services
- Strategies were deployed across a range of settings (e.g., communities, schools, neighborhood and cultural associations, etc.) and focused on various populations, including historically underserved and inappropriately served populations
- Takeaways from this review include:
  - Approaches tailored to community and cultural context increase effectiveness
  - Integrating mental health with community services addresses multiple areas of well-being
  - Peer-led interventions enhance outcomes, particularly in older populations and other underserved and inappropriately served groups
- Learnings from this review are being incorporated to inform BHSA planning, including in some of the areas of focus we will discuss today.

Themes from early engagement discussions

As part of CDPH's early engagement activities with the Behavioral Health Task Force (October Lunch & Learn) and other state and local partners, important themes emerged, including:

- The importance of thinking carefully about data (including disaggregated data) to ensure a deeper understanding of the disparities that exist, especially in our smaller, underserved communities
- Importance of authentic community voices in the planning process
- Creating intentional alignment with existing work already happening (at both the state and local level). Leveraging existing initiatives and lessons learned.
- Emphasizing approaches that are culturally and linguistically responsive
- Importance of understanding and defining state and local roles in the implementation of prevention strategies to achieve the greatest impact
- Intersectionality and the role it plays in health inequities
- Addressing ableism and bullying
- Understanding the behavioral health needs and experiences of older adults and people with disabilities

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Frequently Asked Questions

- CDPH is collecting and responding to questions from partners and community members regarding the BHSA planning process. CDPH is incorporating these questions and feedback into our iterative planning process.
- Some themes from questions received to date include:
  - Will all funded activities be implemented at the state level?
  - What is the role of county public health and behavioral health?
  - Will CDPH be partnering or contracting to implement activities?
  - How will CDPH facilitate meaningful community engagement to inform decision making?
- Visit our FAQ webpage (coming soon) for more questions and responses regarding our BHSA planning and engagement process.

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2025-26 Prop1 BHSA Prevention Planning Timeline - preview

Milestones in 2025 – 2026

- Early 2025 – Initial Guidance
  - Prevention definition
  - BHSA focus for prevention activities – shared strategy and priorities

- Spring 2025 – Updated Guidance
  - Operational model, implementation partners and funding structure, state and local roles

- Spring 2026 – Final Implementation Guidance
  - Mobilizing funding, technical assistance and capacity building

CDPH has been working closely with the Department of Health Care Services, and local public health and behavioral partners throughout this process and will continue to do so to ensure alignment in guidance and policy development.

4. Population-Based Prevention

Public Health Approach and Drivers

Promotion and Primary Prevention

- **Promotion**
- **Primary prevention** (life course-based interventions)
  - Universal primary prevention (everyone)
  - Selective primary prevention (group or individual with risk factor)
  - Indicated primary prevention (individual with highest-risk for progression)
- **Secondary prevention** (diagnosis in in course of illness)
- **Tertiary prevention** (reduce complications of illness)

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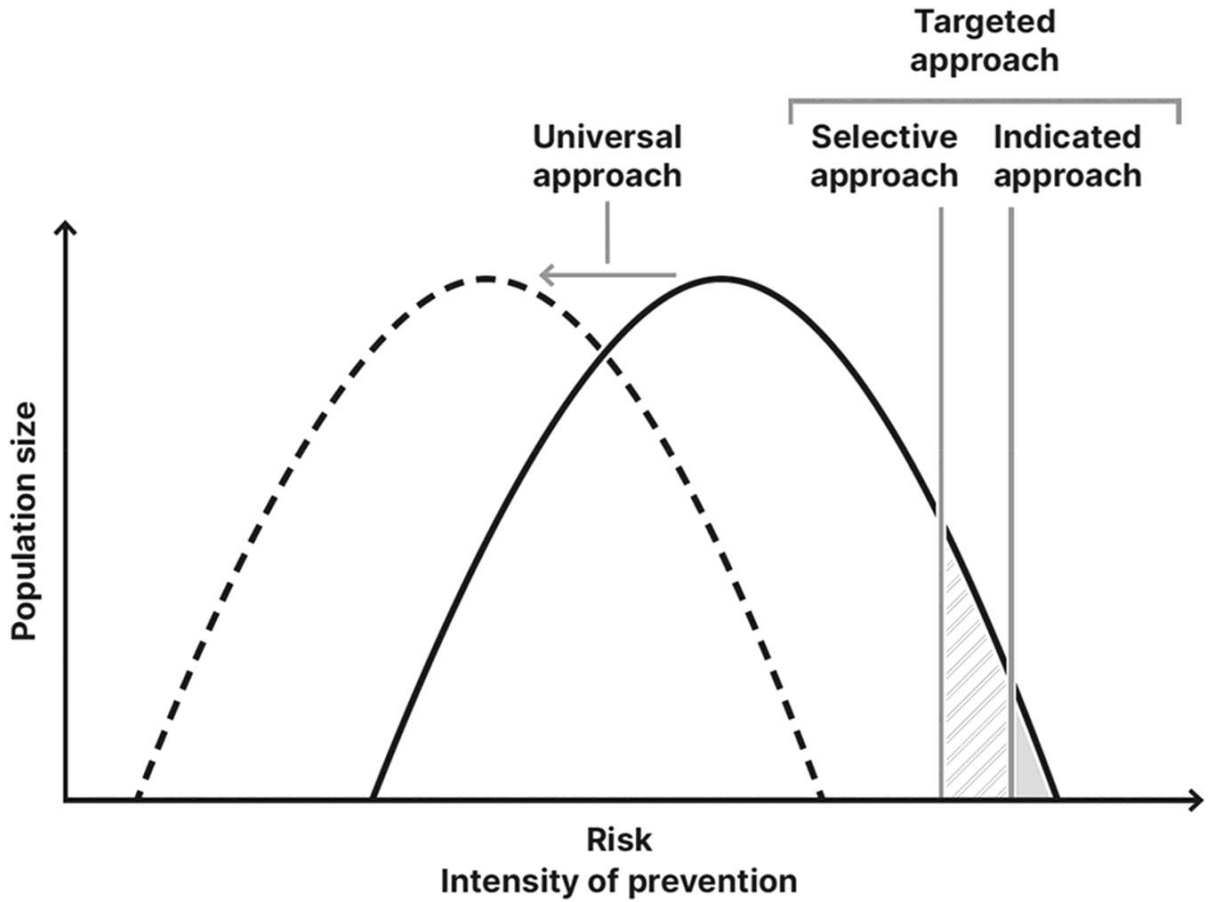
Universal, selective and indicated primary prevention. Selective and indicated approaches aim to reduce risk amongst those with the most to gain, and therefore reach a small proportion of the population. Universal approaches aim to shift the risk profile of the whole population.



Paolo Fusar-Poli et al., “Preventive Psychiatry: A Blueprint for Improving the Mental Health of Young People,” *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 20, no. 2 (June 2021): 200–221, https://doi.org/10.1002/wps.20869.

Emerging Drivers

Adversity

- Early life, community, and society
- Polarization and dehumanization
- Conflict, war, and disasters

Behavioral harms

- Gambling (eg, online sports betting)

Chemical harms

- Alcohol, tobacco (e-cigs)
- Opiates (eg, fentanyl), stimulants, ...
- High-potency cannabis

Digital harms

- Social media, smartphones, etc
- Algorithms, artificial intelligence
- Dis- and misinformation

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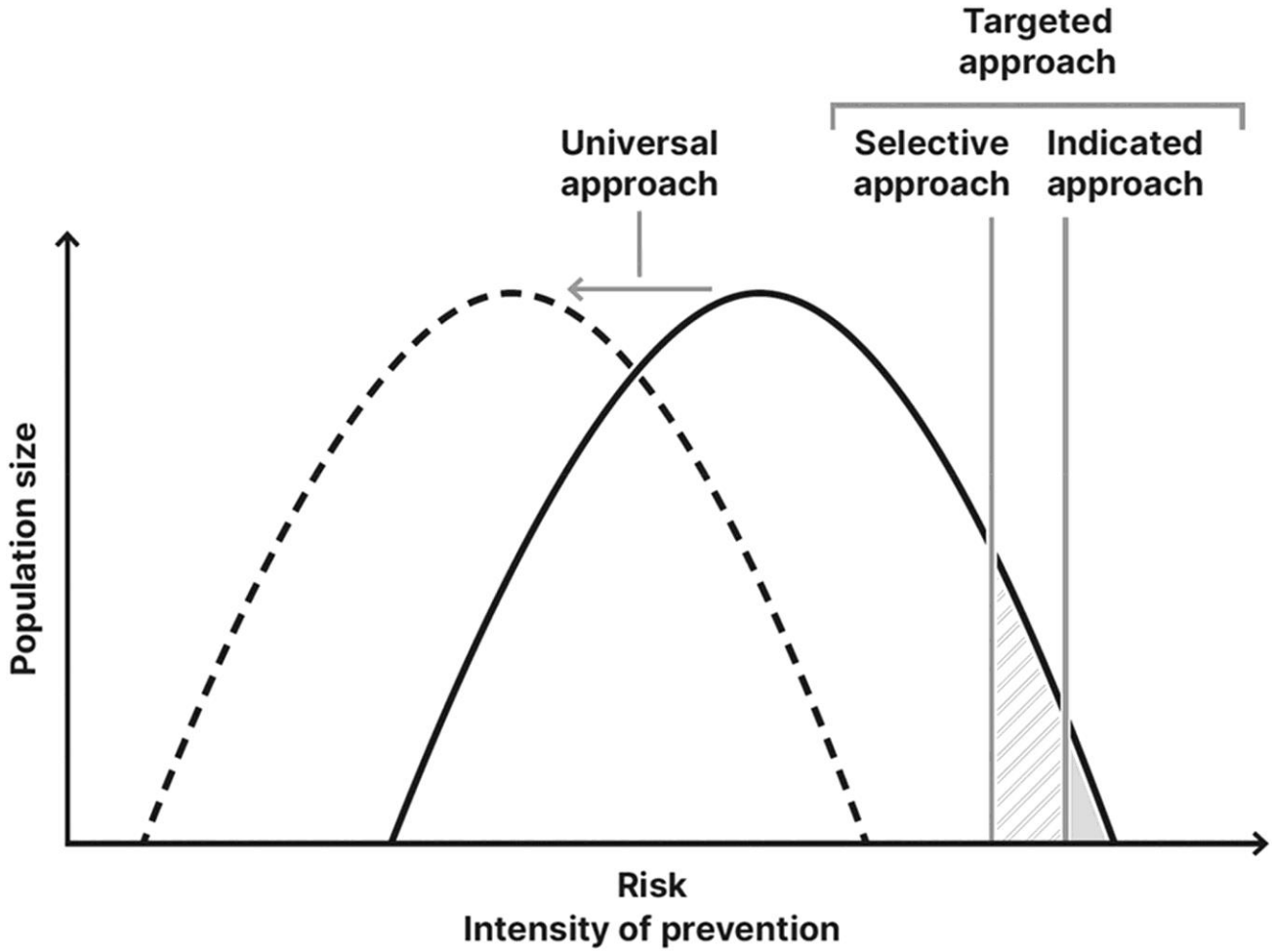
Adversity
Behavioral
Chemical
Digital

→ (+) Stress, Anxiety, Depression, Self harm → (−) Hope, Connection, Purpose, Meaning



Paolo Fusar-Poli et al., "Preventive Psychiatry: A Blueprint for Improving the Mental Health of Young People," https://doi.org/10.1002/wps.20869.

World Health Organization's classification of preventive approaches

Public health framework	US Institute of Medicine
Primary prevention aims at preventing the new onset (**incidence**) of one or more mental health conditions, or of suicidal ideation.	**Universal primary prevention** targets the general public, or a whole population that has not been identified on the basis of increased risk.
Secondary prevention aims to lower the prevalence of established cases of the condition or illness in the population (**prevalence**) through early identification and treatment of diagnosable diseases.	**Selective primary prevention** targets individuals or subgroups of the population whose risk of developing a mental health condition is significantly higher than average, as evidenced by biological, psychological or social risk factors.
Tertiary prevention includes interventions that reduce disability, enhance rehabilitation and prevent relapses or recurrences of the illness.	**Indicated primary prevention** targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing a mental health condition, or biological markers indicating predisposition for a condition, but who do not meet diagnostic criteria for a condition at that time.

James B. Kirkbride et al., "The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations," *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 23, no. 1 (February 2024): 58–90, https://doi.org/10.1002/wps.21160.

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Definitions

CDPH is currently using the following definitions and framing:

- **Behavioral health** refers to emotional, psychological, and social well-being.
  - Public health approaches addressing behavioral health focus on mental health, substance use, interpersonal relationships, patterns of behavior as well as the context of systems and communities.

- From a **population-level, primary prevention, and socio-ecological** perspective, CDPH recognizes behavioral health to include both the strengths, distress, and resilience of individuals, as well as that of families, communities, and organizations.

- CDPH's approach to behavioral health will focus on **prevention** efforts that work across the life course to reduce risk to well-being, mitigate harm, and promote hope, resilience, and wellness within individuals, families, and communities. Public health uses these strategies to promote an equitable approach to behavioral health in all communities.

- **Primary prevention** in behavioral health refers to upstream approaches focused on improving the community conditions so that fewer people are impacted by adverse behavioral health outcomes.

Drivers include social determinants of behavioral health in the wider social environment

Social determinants are not pre-determined characteristics of a place or community but rather determined and influenced by systems, structures, social norms, policies, practices, and institutions.

- Socioeconomic disadvantage
- Early life adversity
- Migration
- Racial/ethnic discrimination
- Inequalities experienced by the LGBTQ+ community
- Sex-based inequalities
- Loneliness and social isolation
- Neighborhood socioeconomic disadvantage and inequality
- Social capital, fragmentation, and ethnic/cultural density
- Physical environment

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TABLE 4. Associations between adverse childhood experiences score and health conditions and health risk behaviors among high school students aged <18 years — Youth Risk Behavior Survey, United States, 2023

Outcome[†]	Cumulative adverse childhood experiences*		
	1 (versus 0) Adjusted prevalence ratio[§] (95% CI)	2 or 3 (versus 0) Adjusted prevalence ratio[§] (95% CI)	≥4 (versus 0) Adjusted prevalence ratio[§] (95% CI)
Violence risk factor			
Carried a weapon at school	1.57 (0.93–2.64)	2.08 (1.49–2.91)[¶]	4.30 (2.76–6.70)[¶]
Was in a physical fight	1.26 (1.03–1.55)[¶]	2.06 (1.73–2.46)[¶]	3.10 (2.60–3.69)[¶]
Substance use			
Current electronic vapor product use	1.72 (1.41–2.10)[¶]	2.92 (2.26–3.78)[¶]	5.26 (4.10–6.76)[¶]
Current alcohol use	1.30 (1.06–1.60)[¶]	1.91 (1.54–2.36)[¶]	2.67 (2.06–3.45)[¶]
Current binge drinking	1.58 (1.13–2.19)[¶]	2.32 (1.74–3.08)[¶]	4.01 (2.80–5.75)[¶]
Current prescription opioid misuse	2.23 (1.32–3.78)[¶]	3.91 (2.18–7.02)[¶]	8.95 (4.98–16.08)[¶]
Sexual risk behavior			
Alcohol or drug use before last sexual intercourse	1.90 (1.00–3.64)	2.48 (1.55–3.97)[¶]	7.16 (4.55–11.27)[¶]
Currently sexually active with multiple people	1.19 (0.69–2.08)	1.51 (1.03–2.22)[¶]	3.96 (2.48–6.32)[¶]
Did not use a condom during last sexual intercourse	1.28 (0.94–1.75)	2.03 (1.62–2.54)[¶]	4.03 (2.97–5.47)[¶]
Weight			
Underweight	1.27 (0.80–2.01)	0.89 (0.54–1.46)	0.62 (0.37–1.02)
Overweight or obesity	0.91 (0.79–1.06)	1.01 (0.90–1.12)	1.21 (1.07, 1.37)[¶]
Self-perceived to be underweight	1.20 (1.01–1.42)[¶]	1.37 (1.21–1.55)[¶]	1.56 (1.32–1.85)[¶]
Self-perceived to be overweight	1.13 (0.98–1.30)	1.31 (1.13–1.51)[¶]	1.55 (1.37–1.76)[¶]
Mental health and suicide-related behavior			
Persistent feelings of sadness or hopelessness	1.94 (1.69–2.22)[¶]	2.75 (2.41–3.14)[¶]	3.81 (3.28–4.42)[¶]
Seriously considered attempting suicide	2.99 (2.17–4.11)[¶]	5.09 (3.71–7.00)[¶]	9.15 (6.86–12.21)[¶]
Attempted suicide	2.20 (1.26–3.84)[¶]	5.22 (3.34–8.17)[¶]	12.42 (7.47–20.65)[¶]

CDC, MMWR Suppl 2024;73(Suppl-4):39–49. DOI: http://dx.doi.org/10.15585/mmwr.su7304a5

TABLE 5. Population-attributable fractions for health conditions or risk behaviors among high school students aged <18 years, by cumulative adverse childhood experiences — Youth Risk Behavior Survey, United States, 2023

Health condition or risk behavior	Cumulative adverse childhood experiences*			
	1 ACE Population-attributable fraction,† %	2 or 3 ACEs Population-attributable fraction,† %	≥4 ACEs Population-attributable fraction,† %	Any ACE (≥1 ACE)
Weapon carrying and violence				
Carried a weapon at school	3.3	8.8	53.1	65.2
Was in a physical fight	2.2	13.9	37.3	53.4
Substance use				
Current electronic vapor product use	3.1	13.5	56.6	73.2
Current alcohol use	2.9	12.4	33.8	49.2
Current binge drinking	3.6	11.9	48.9	64.5
Current prescription opioid misuse	2.7	10.6	71.0	84.3
Sexual behavior				
Alcohol or drug use before last sexual intercourse	2.6	5.6	72.0	80.2
Currently sexually active with multiple persons	1.3	3.9	56.1	61.3
Did not use a condom during last sexual intercourse	1.6	8.9	53.5	64.0
Weight				
Underweight	9.1	–2.6	–6.7	–0.2
Overweight or obesity	–1.8	0.2	5.8	4.2
Self-perceived to be underweight	3.4	7.3	13.7	24.3
Self-perceived to be overweight	2.3	6.3	13.7	22.3
Mental health and suicide-related behavior				
Persistent feelings of sadness or hopelessness	6.1	17.7	41.8	65.6
Seriously considered attempting suicide	4.2	16.1	65.1	85.4
Attempted suicide	1.1	10.6	77.8	89.4

CDC, MMWR Suppl 2024;73(Suppl-4):39–49. DOI: http://dx.doi.org/10.15585/mmwr.su7304a5

Leading Causes of Death across the Life Course, 2022

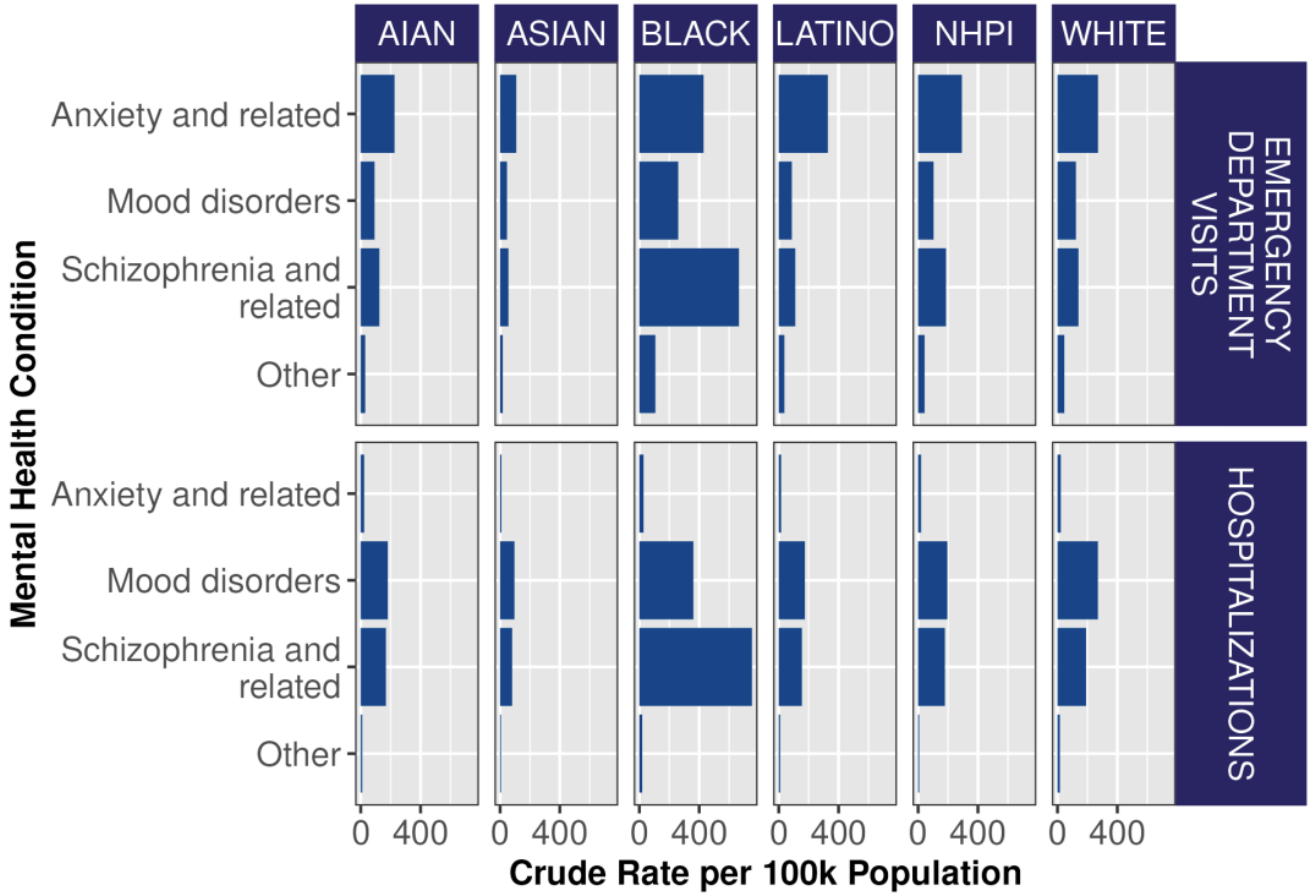
Rank	Ages 0 - 4	Ages 5 - 14	Ages 15 - 24	Ages 25 - 34	Ages 35 - 44	Ages 45 - 54	Ages 55 - 64	Ages 65 - 74	Ages 75 - 84	Ages 85+
1	Neonatal conditions 1,002 (o)	Road injury 80 (›)	Road injury 765 (›)	Drug overdose 2,309 (›)	Drug overdose 2,382 (›)	Drug overdose 2,072 (›)	Ischemic heart disease 4,631 (¤)	Ischemic heart disease 8,190 (¤)	Ischemic heart disease 9,672 (¤)	Alzheimer's disease 20,246 (‹)
2	Congenital anomalies 423 (‹)	Congenital anomalies 45 (‹)	Drug overdose 723 (›)	Road injury 1,088 (›)	Alcohol-related 995 (›)	Alcohol-related 1,467 (›)	COVID-19 2,279 (v)	COVID-19 3,635 (v)	Alzheimer's disease 7,371 (‹)	Ischemic heart disease 13,073 (¤)
3	Other un-intentional injuries 97 (›)	Brain & nervous system cancers (^) 44	Homicide 480 (›)	Suicide 724 (›)	Road injury 827 (›)	Ischemic heart disease 1,433 (¤)	Drug overdose 2,254 (›)	Lung Cancer 3,034 (^)	Stroke 4,625 (¤)	Stroke 8,347 (¤)
4	Other Infections or Nutrition 39 (v)	Suicide 38 (›)	Suicide 441 (›)	Homicide 668 (›)	Suicide 654 (›)	COVID-19 977 (v)	Alcohol-related 2,065 (›)	Stroke 2,865 (¤)	COVID-19 4,325 (v)	Hyper-tensive heart disease (¤) 6,678
5	Endo., blood, immune dis. 37 (‹)	Other neurological 34 (‹)	Other neurological 104 (‹)	Alcohol-related 408 (›)	Homicide 506 (›)	Hyper-tensive heart disease (¤) 757	Hyper-tensive heart disease (¤) 1,768	Hyper-tensive heart disease (¤) 2,581	COPD 3,891 (‹)	COVID-19 5,409 (v)

Broad Condition Group

(v) Communicable	(^) Cancer	(¤) Cardiovascular
(‹) Other Chronic	(›) Injury	(o) Perinatal

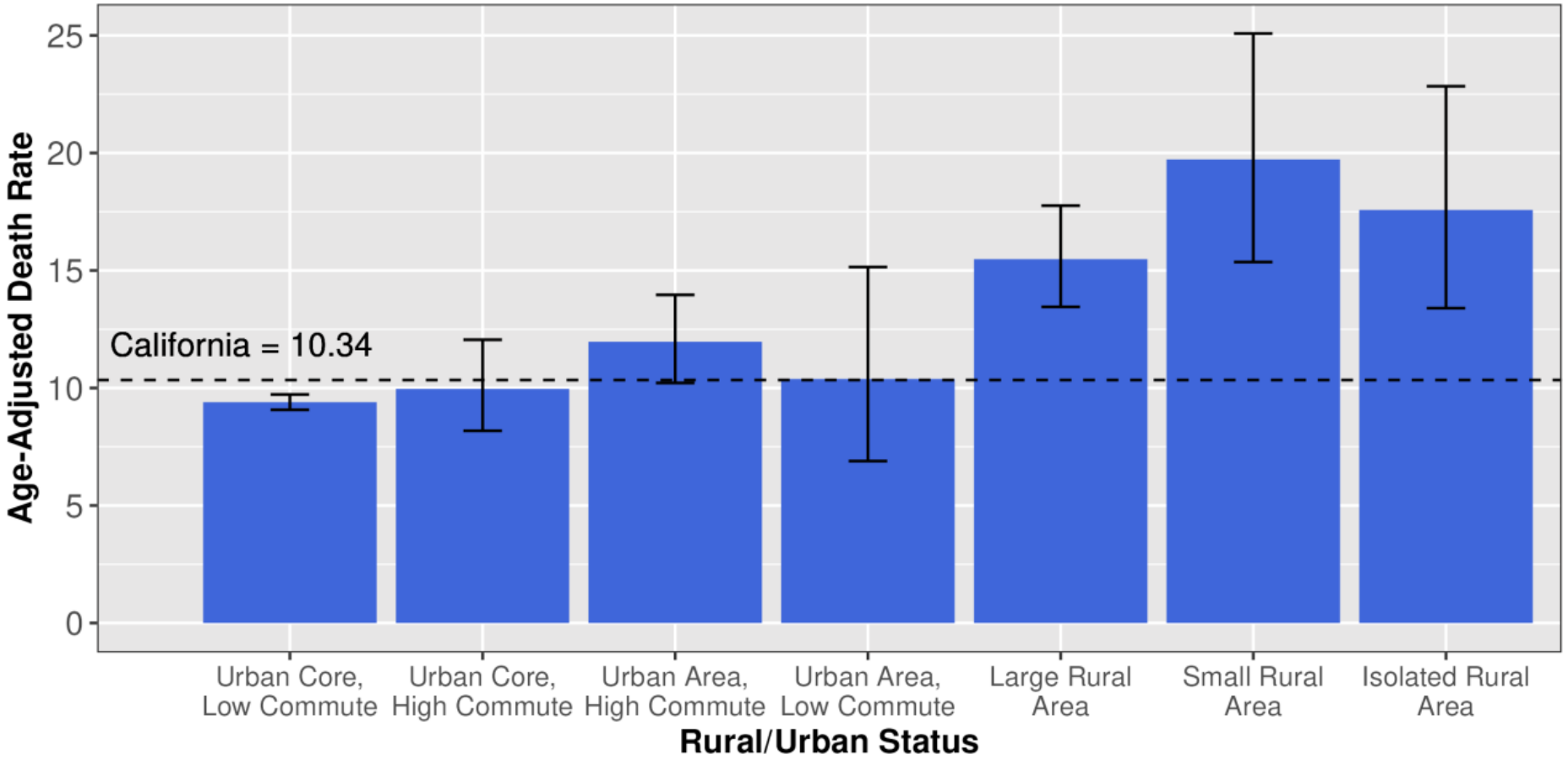
California State of Public Health Report, 2024. Sacramento, CA: California Department of Public Health, Office of Policy and Planning; 2024. https://www.cdph.ca.gov/Programs/OPP/Pages/State-of-Public-Health-Report.aspx

Emergency Department Visit and Hospitalization Rate (per 100,000) for Selected Mental Health Conditions by Race and Ethnicity, 2022



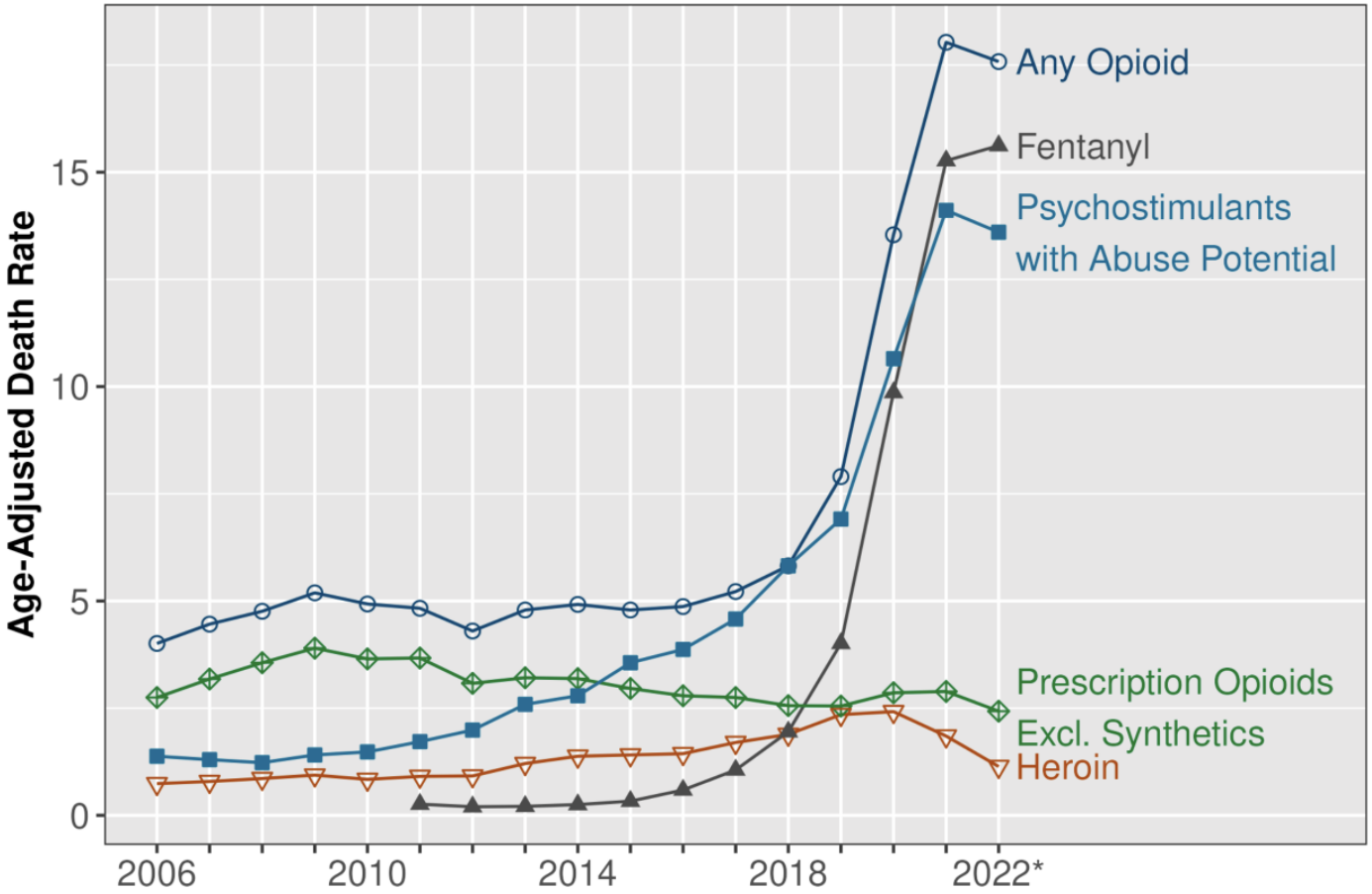
California State of Public Health Report, 2024. Sacramento, CA: California Department of Public Health, Office of Policy and Planning; 2024. https://www.cdph.ca.gov/Programs/OPP/Pages/State-of-Public-Health-Report.aspx

Age-Adjusted Suicide Death Rate (per 100,000) by Rural/Urban Status, 2022



California State of Public Health Report, 2024. Sacramento, CA: California Department of Public Health, Office of Policy and Planning; 2024. https://www.cdph.ca.gov/Programs/OPP/Pages/State-of-Public-Health-Report.aspx

Opioid and Stimulant-Related Overdose Death Rate (per 100,000), 2006–2022



California State of Public Health Report, 2024. Sacramento, CA: California Department of Public Health, Office of Policy and Planning; 2024. https://www.cdph.ca.gov/Programs/OPP/Pages/State-of-Public-Health-Report.aspx

Prevention and Early Intervention

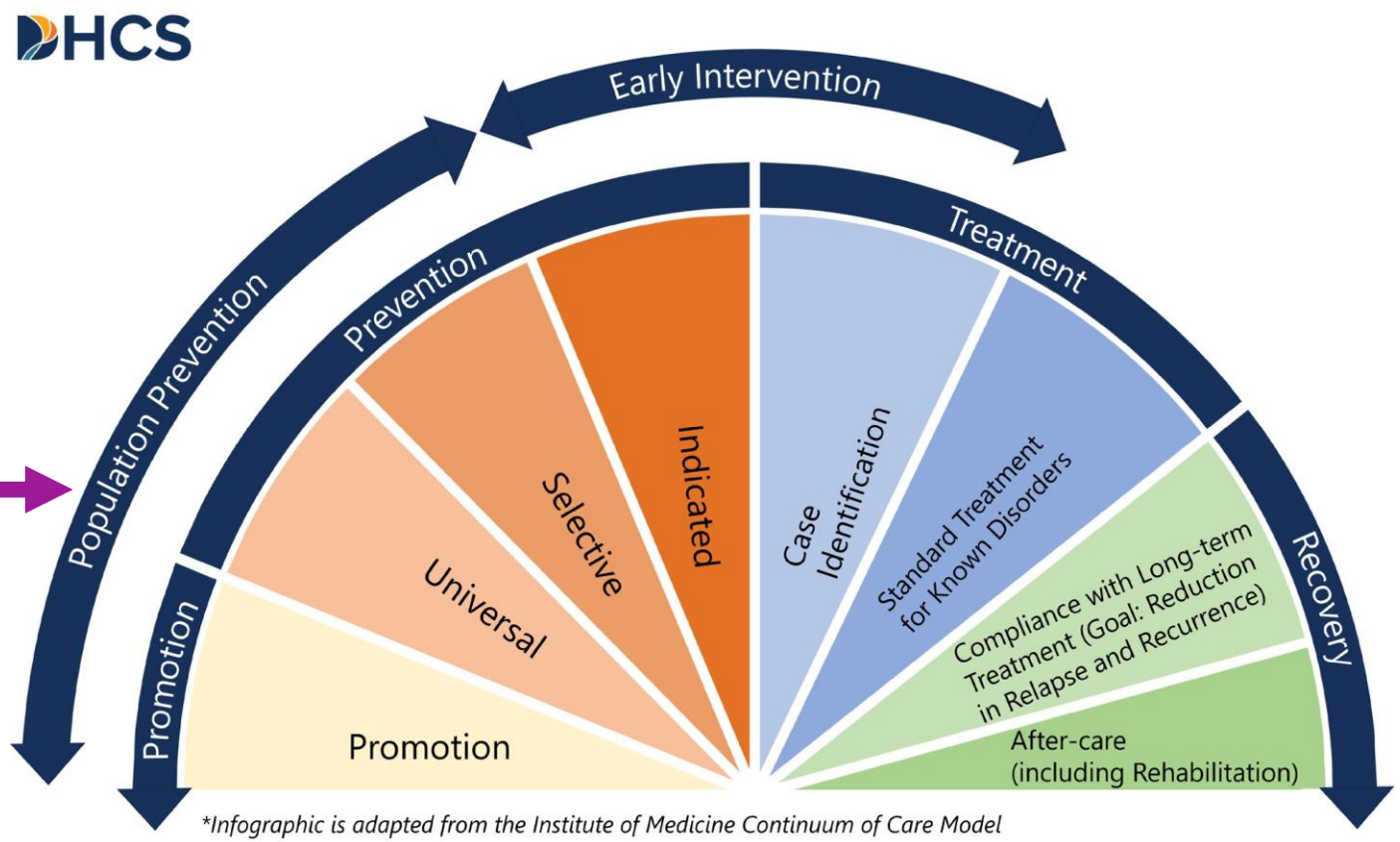
CDPH and DHCS are working together to identify distinctions related to prevention and early intervention. This is challenging because prevention and early intervention are highly interrelated!

The Institute of Medicine Continuum of Care Model describes several levels of prevention on a continuum with treatment and recovery.

CDPH will focus on Population Prevention which in this context is inclusive of promotion, universal and selective efforts.

Focus can include the population as a whole, as well as specific groups experiencing higher risk.

Our goal is for all audiences to have clarity on how these terms will be used in the context of BHSA.



Infographic is adapted from the Institute of Medicine Continuum of Care Model

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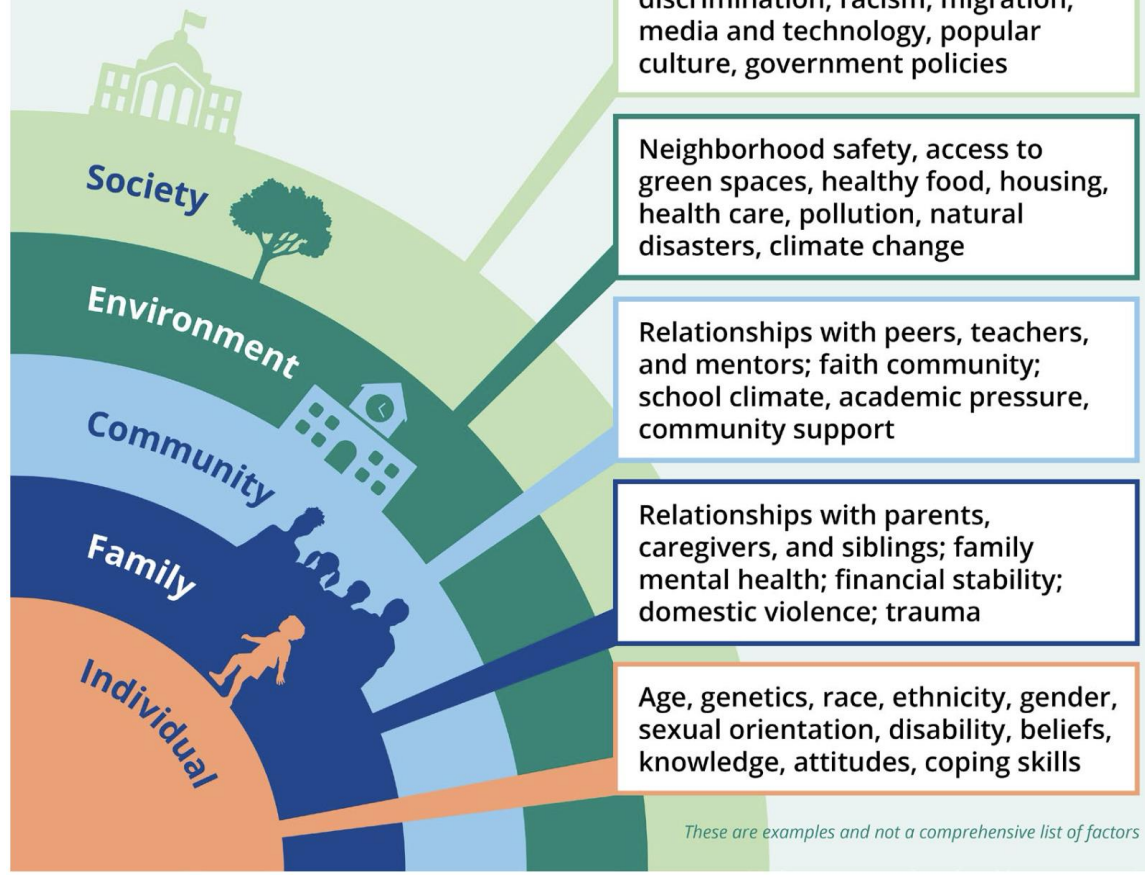
PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



These are examples and not a comprehensive list of factors

Suicide Risk Is Tied to Local Economic and Social Conditions - Rates are lower in counties with more health insurance, internet access, and income

Suicide rates were **26% lower** in counties with the most health insurance coverage compared to counties with the least coverage.

Suicide rates were **44% lower** in counties where the most homes had internet access compared to counties where the fewest homes had internet.

The suicide rate for American Indian/Alaska Native people in counties with the highest income was half the rate of the lowest income counties.

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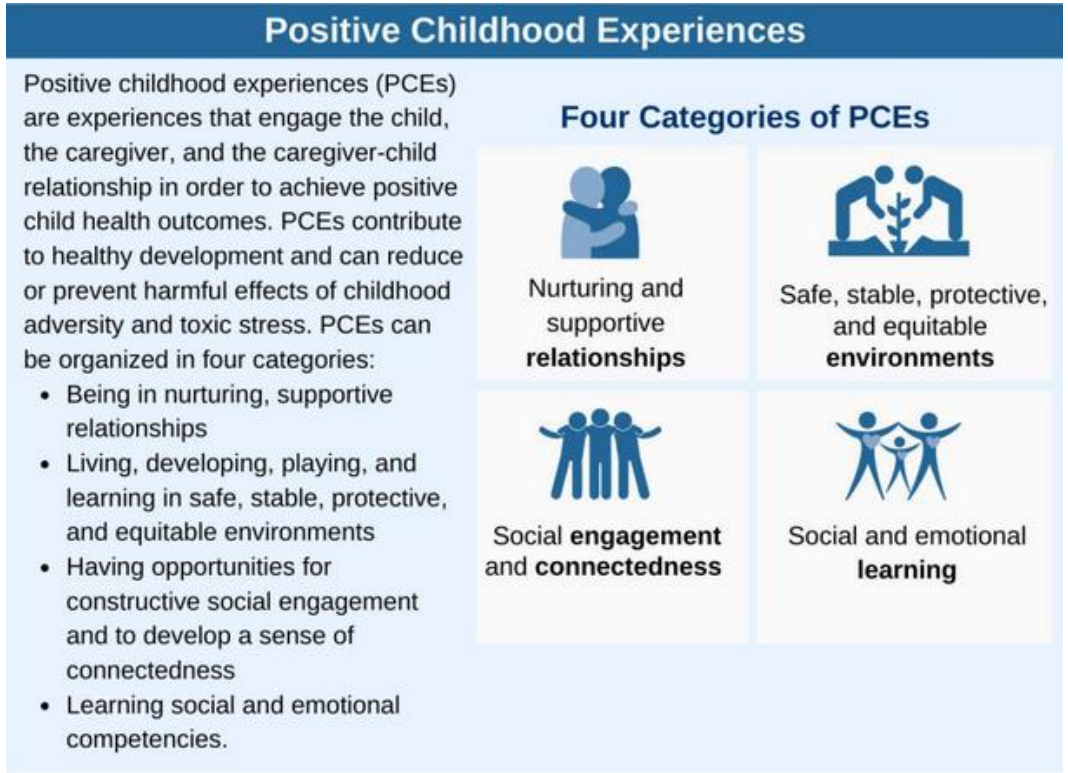
https://www.cdc.gov/vitalsigns/prevent-suicide/index.html
https://www.cdc.gov/mmwr/volumes/73/wr/mm7337e1.htm?s_cid=mm7337e1_e

Protective Factors and Resilience

- Inequities in early life exposures and community conditions contribute to inequities in behavioral health outcomes
- Positive childhood and community experiences are protective factors that can:
  - Support healthy development
  - Reduce or prevent the harmful effect of cumulative adversity and build resilience
  - Impact behavioral health disparities
- Examples: connectedness, positive relationships, cultural activities, community traditions, supports for basic needs, safe spaces, family support, belonging at school
- Population-level prevention includes improving equitable access to protective factors for all communities



Source: CDPH, Injury and Violence Prevention Branch; California Department of Social Services, Office of Child Abuse Prevention; California Essentials for Childhood Initiative; All Children Thrive, California. (2023, October). *Adverse and Positive Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2015-2021: An Overview of Adverse and Positive Childhood Experiences in California.*; CDC. (2024 May 16). Adverse Childhood Experiences: Risk and Protective Factors. https://www.cdc.gov/aces/risk-factors/index.html.; Prevention Institute. (2016). *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*. https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing.

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Example: Overview of recommendations for action to intervene on social determinants to improve population behavioral health and reduce inequities in behavioral health problems

1. Make equity central to all public behavioral health interventions.
2. Support interventions that pay off in multiple domains.
3. Support interventions that prioritize critical windows of the life course to interrupt intergenerational transmission of behavioral health inequalities.
4. Prioritize interventions that focus on poverty alleviation.
5. Strengthen causal inference in research on social determinants of behavioral health and primary prevention.
6. Establish inclusive longitudinal population behavioral health monitoring.
7. Ensure parity between primary, secondary and tertiary prevention in mental health.

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James B. Kirkbride et al., "The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations," *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 23, no. 1 (February 2024): 58–90, https://doi.org/10.1002/wps.21160.

Stretch Break?

This is a lot of content!

5. Behavioral Health Strategies

Population-Based Prevention Strategies in Behavioral Health

Public Health's Approach to Behavioral Health

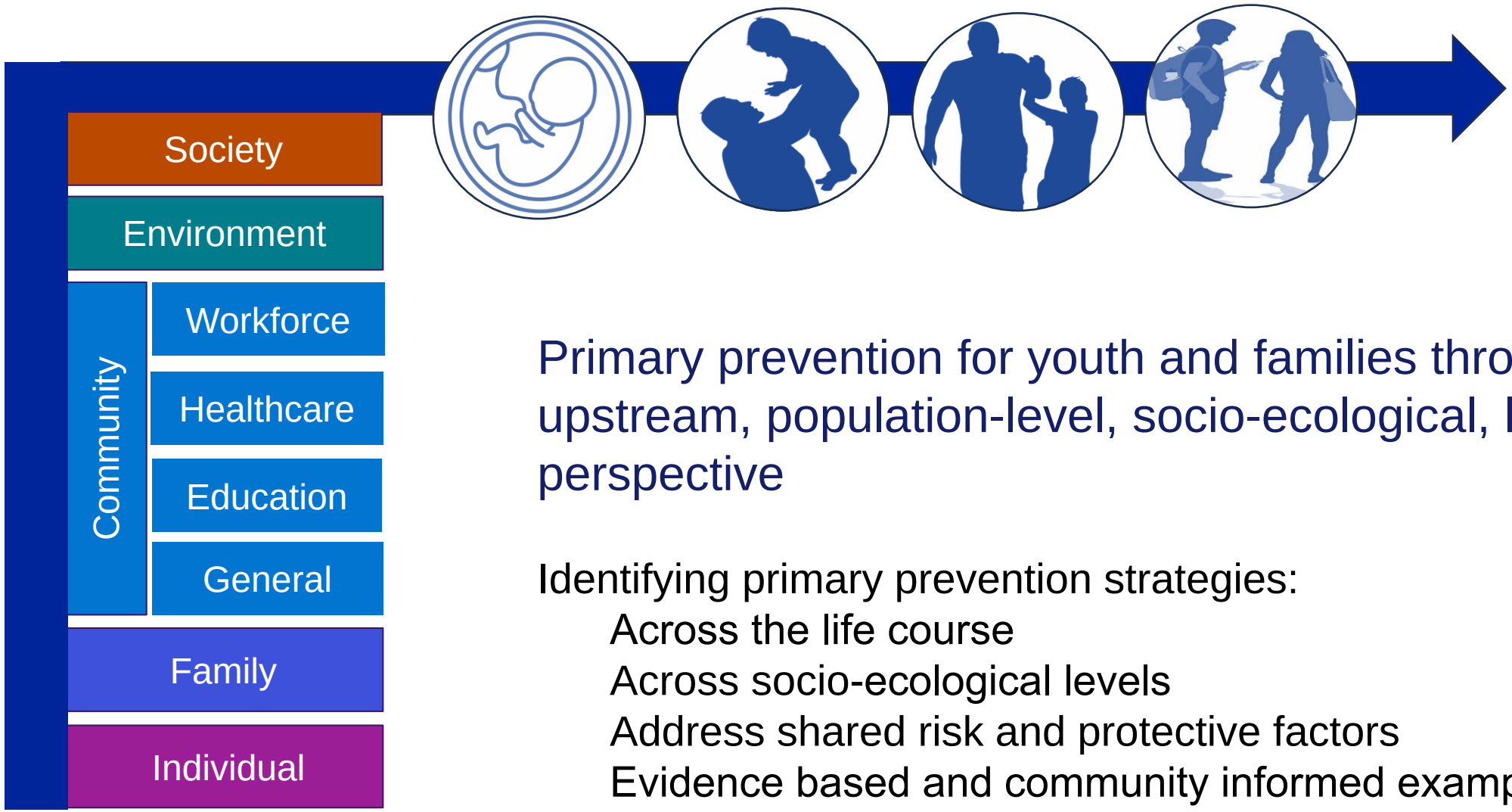
In the context of behavioral health, population-based prevention approaches focus on promoting protective factors and reducing risk factors associated with adverse behavioral health outcomes (e.g., mental health challenges, substance use disorder, overdose, addiction, etc.) to promote emotional, psychological, and social well-being and resilience. Population-based prevention approaches:

- Emphasize the importance of proactive measures to prevent issues before they occur (i.e., **primary prevention**),
- Focus on **upstream**, root cause drivers of health problems,
- Occur across the entire lifespan and recognize that intervening early in childhood can have far-reaching effects on health outcomes in adulthood (i.e., **life course perspective**),
- Consider the complex interplay of **risk and protective factors** that operate at multiple levels, from societal and political contexts to individual characteristics (i.e., **social-ecological approach**),
- Advance **health equity**, and
- Are focused on collective healing and resilience and shift culture and systems to resist repetition and traumatization (i.e., **trauma informed**).

Community Strengths, Resilience, and Primary Prevention

- Public health prevention and promotion in behavioral health:
  - Create safe environments at all life stages.
  - Promote community strengths and resilience
  - Emphasize social, cultural, and community connectedness
  - Strengthen protective factors to keep stress from turning chronic or toxic and promote resilience
  - Foster safe, stable, nurturing relationships and environments through policy and systems strategies
  - Policies, systems, and environmental changes to limit, reduce, and eliminate exposures to harmful social media

Landscape Analysis: Primary Prevention Lens

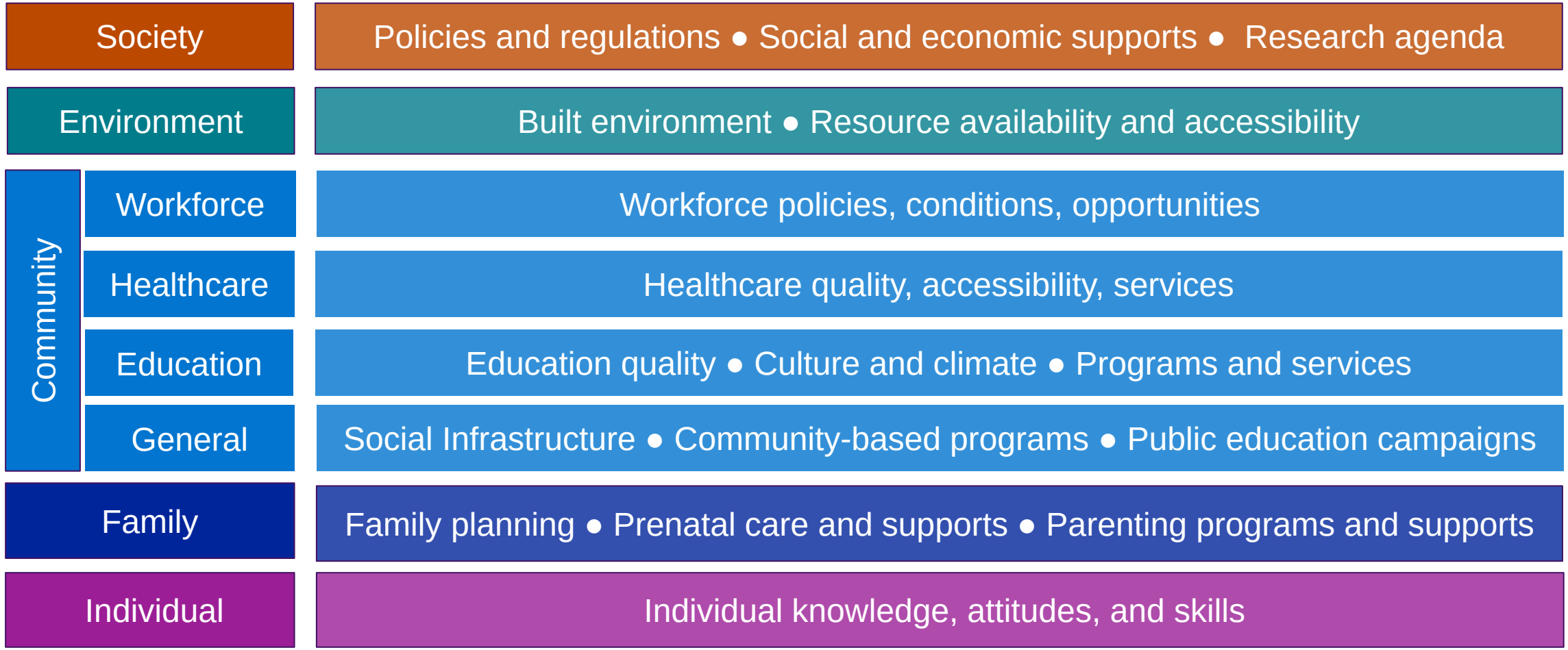


Primary prevention for youth and families through an upstream, population-level, socio-ecological, life course perspective

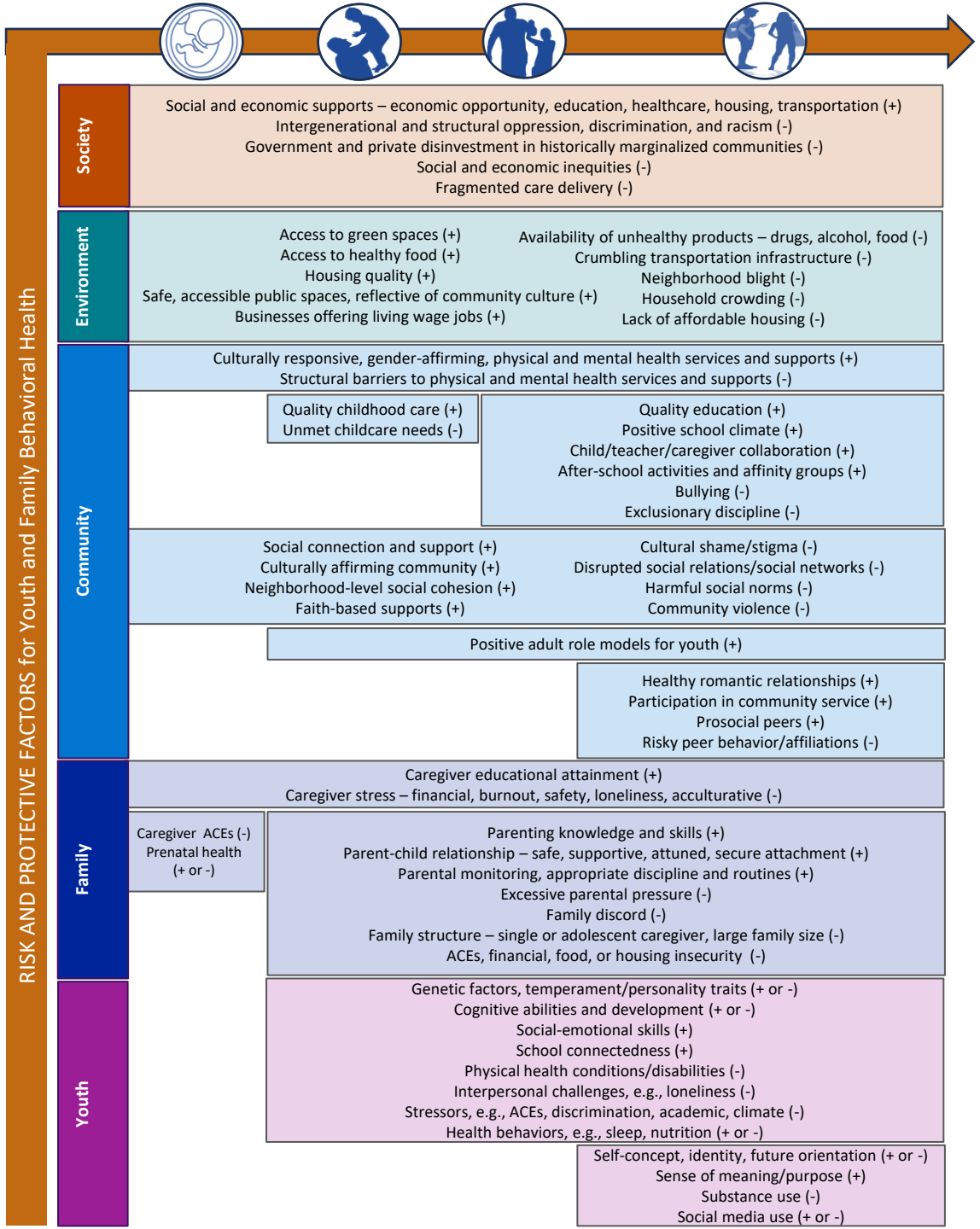
Identifying primary prevention strategies:

- Across the life course
- Across socio-ecological levels
- Address shared risk and protective factors
- Evidence based and community informed examples

Primary Prevention Strategies Across Socioecological Levels



Shared Risk and Protective Factors



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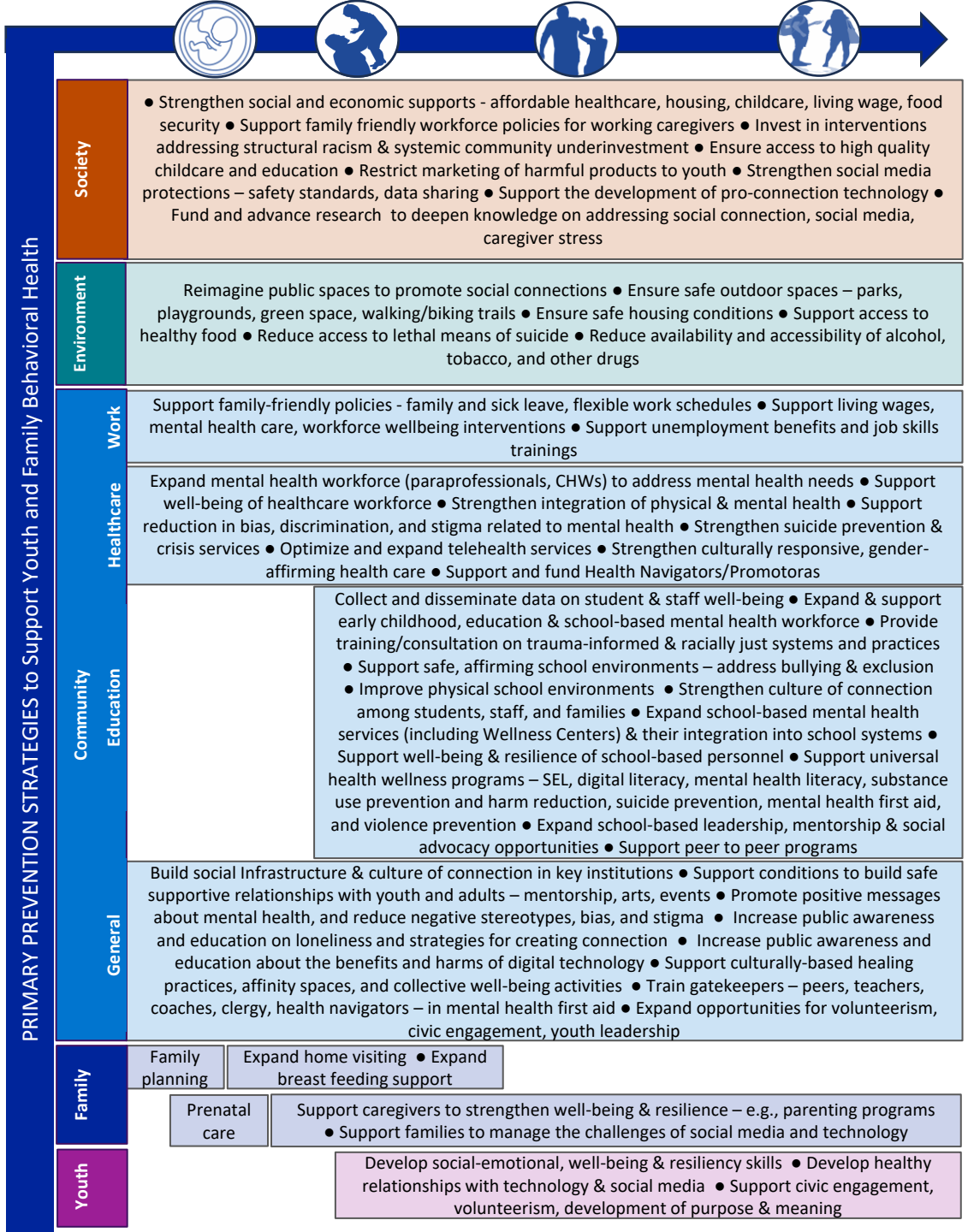
Primary Prevention Strategies



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Landscape Analysis: Emerging Areas of Focus

Drawing from the landscape scan, engagement activities and interviews with subject matter experts that focused on identifying strategies and focus areas with the greatest evidence for impact, CDPH has identified two emerging areas of focus for upstream primary prevention:

Fostering Social Connection

Addressing Adversity and Harms

In addition, evidence identified key upstream drivers that have significant impact. Understanding the role of these drivers can improve effectiveness of prevention efforts.

Upstream Drivers

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Please note that these areas of focus are a starting point for discussion and further input.

Fostering Social Connection

- Social connection is a critical determinant of individual and community well-being that is influenced by an individual's relationships and interactions with family, friends, and the greater community.
- Strong social connections can buffer the negative impacts experienced from stigma and trauma.
- Lack of social connection is characterized by social isolation and loneliness, which increase the risk for anxiety, depression, self-harm, and suicide across the lifespan and are associated with a significantly increased risk of early death.
- Community-based organizations, schools, workplaces, neighborhoods, and digital environments all play a critical role in hindering or fostering social connection and serve as critical points of intervention in addressing the impact of social connection on behavioral health across the life course.

Fostering Social Connection: Example Strategies

- Raise public awareness about the importance of connection
- Re-imagine the built environment & social infrastructure to support community building and connection (places & spaces)
- Family-centered, multi-generational programming
- Community-defined, intergenerational, and culturally-based healing practices
- Workforce wellbeing for educators and youth service providers
- Opportunities for volunteerism, civic engagement, youth leadership
- Development of and access to pro-connection technology
- Programs to increase social and emotional competencies; teach skills to build positive relationships

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Young people and their families called for physical spaces that are safe and beautiful, spaces that are full of connection and joy for young people. They must be accessible–in community centers, schools, parks–and open late, on weekends, and on school holidays. They would be filled with mentors, peer-to-peer relationships, and opportunities for youth to express themselves: to tell stories, dance, write, play music, plant a garden, build relationships, gain skills, and just be.

– Youth at the Center Report

Discussion – Fostering Social Connections

- Does this focus area resonate with you?
- Are there other strategies that you would add?

Addressing Adversity and Harms

Youth, families, and communities are increasingly navigating the promotion of consumption of products or services that can lead to problematic use, including addiction.

This can occur with **digital stimuli** (e.g., social media), **chemical substances** (e.g., alcohol, tobacco, and other drugs), or **behaviors** (e.g., gambling), and is typically associated with physical, emotional, and psychological dependence.

Stress and trauma can play a significant role in these areas and may exacerbate risk of harms.

A prevention approach to addressing these areas must promote individual, family, and community resilience as well as industry-level protections to promote safety and mitigate potential harm.

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Addressing Adversity and Harms

Considerations include:

- Prevention of youth use while brains are developing
- Safe use for adults
- Recognition of increased risk due to evolution of more addictive, high-potency substances
- Upstream prevention of ACEs to reduce trauma and toxic stress drivers
- Healthy and safe technology use and environments for youth
- Supporting youth wellbeing, mental emotional and behavioral health
- Standards for responsible industry practices

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Addressing Adversity and Harms

We are interested in obtaining feedback on the framing for this area of focus.

Our goal would be to identify a positive, and non-stigmatizing description of prevention efforts focused in this area focused on preventing adverse behavioral health outcomes related to substance use and digital technology.

Here are a few options, and we welcome others:

- Addiction Prevention and Resilience
- Prevention of Problematic Use
- Preventing Harmful and Unhealthy Behaviors and Exposures
- Healthy Coping and Resilience

Addressing Adversity & Harms : Example Strategies

- Campaigns to address harms and reduce stigma
- Develop behavioral health related guidance on benefits and harms of digital technology (youth-led and evidence informed)
- Develop evidence-based age-appropriate regulations (e.g., limit youth exposure to cannabis/alcohol marketing online)
- Education programs to teach youth to critically analyze advertising and media messages
- Promote access to alternative activities (sports, art, music, safe spaces, peer mentorship, entrepreneurship)
- Prevention efforts with schools, CBOs, and coalitions to mitigate ACEs and promote positive childhood experiences
- Minimize punitive responses (e.g., harm reduction approach, alternative to suspension programs)
- Programs to increase social and emotional competencies; teach skills to build positive relationships

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...when I was in depression, I realized I'm spending this much time on my phone, literally just wasting my time. I'm just rotting in bed. I'm not doing anything.

…the tobacco and the vaping industry, especially, target people of lower income communities. It's like big people in power who target these very vulnerable people and just consume off of them. And it sucks because I'm watching, like, my younger siblings vape and I hate that they kept falling victim to that.

- Youth Interviews

Discussion – Addressing Adversity and Harms

- Does this focus area resonate with you?
  - Please also share any input on the framing.

- Are there other strategies that you would add?

Addressing Upstream Drivers

The Impact of Upstream Drivers

Upstream drivers often play fundamental causal roles in poor health outcomes and can impact the effectiveness of prevention strategies. For example:

Strengthening Economic Stability and Mobility

- Evidence shows that ensuring economic stability at the family level is one of the most impactful, upstream ways to promote youth emotional well being (Kirkbride et al., 2024).
- The two emerging focal areas are highly related to each other as well as to these upstream drivers.
  - For example, social connection is a powerful protective factor against harmful exposures and adverse behavioral health outcomes.
  - Similarly, the financial stress of economic instability can interfere with one's capacity and opportunity to seek social support and can also drive unhealthy coping behaviors which may disrupt social ties.
  - Social connections also facilitate support in times of economic instability, buffer against financial stress, and facilitate connections that advance upward economic mobility.

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Public Health Role in Addressing Upstream Drivers

While these complex societal challenges are broader than the focus of BHSA prevention activities, understanding the impact of these drivers and elevating their impact on behavioral health outcomes can help contribute to important opportunities for strengthening prevention approaches.

- **Convene to drive discussions** with other sectors and institutions to understand other levers we can pull to shape solutions to root cause issues
- **Inform** policy discussions with evidence and data – to improve shared understanding of the problem and innovate our interventions and strategies
  - Where data may be missing, design new surveillance and data collection / reporting methodologies to evaluate effectiveness
- **Collaborate for diversity in voices –** to better understand impacts and leverage strengths of diverse perspectives and interdisciplinary roles

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6. BHSA Planning – What’s next?

Upcoming milestones and engagement opportunities

2025 Planning Timeline – preview, review!

Milestones in 2025 – 2026

- Early 2025 – Initial Guidance
  - Prevention definition
  - BHSA focus for prevention activities

- Spring 2025 – Updated Guidance
  - Operational model, implementation partners and funding structure, state and local roles

- Spring 2026 – Final Implementation Guidance
  - Funding mobilization, technical assistance and capacity building

With each of the 2025 milestones, we will have a public comment period to ensure you have an opportunity to provide feedback and comments.

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Strategies and Example Activities

- After further refining of the areas of focus we anticipate developing a resource that would outline strategies and sample activities in each area. Here are some examples of a similar models from CDC guides on preventing ACEs and promoting mental health and wellbeing in schools:

EXAMPLE Strategy	**EXAMPLE Approach and Sample Activities**
Mental Health Literacy	• Classroom-based curricula • Peer modeling programs
Teach Skills	• Social emotional learning • Healthy relationship programs • Parenting skills and supports
Connect youth to caring adults	• Mentoring programs
Promote social norms that protect against violence and adversity	• Public education campaigns • Bystander approaches
Ensure a strong start	• Early childhood home visitation • Preschool enrichment with family engagement

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What will inform decision making about BHSA prevention funding and strategies?

- Opportunities for alignment and collective impact
- Focus on advancing equity
- Learnings from existing behavioral health initiatives
- Important roles that state and local partners play for greatest impact
- Findings from evidence and data related to impact and disparities
- Improving key health outcomes by addressing risk and protective factors and underlying drivers of behavioral health and BHSA priorities:
  - Reduce the prevalence of mental health and substance use disorders and resulting conditions
  - Reduce stigma associated with seeking help for mental health challenges and substance use.
  - Focus efforts with populations disproportionately impacted by systemic racism and discrimination.
  - Prevent suicide, self-harm, or overdose
- Your questions and feedback from earlier engagement opportunities – as well as your continued feedback! **Your voices are important to our process!**

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State and Local Roles

We anticipate that there will be both state and local roles in the implementation of prevention strategies.

- We are beginning with seeking input on aligned strategies and areas of focus and would then determine what activities are best positioned at each level (state/local) and identify relevant implementation partners.

Examples of potential contributions at each level and partnership include:

State	Local
Develop statewide prevention strategy Data, Evaluation and Technical Assistance Policy, Systems and Environmental (PSE) efforts	Inform statewide prevention strategy Implementation and funding of aligned efforts Address local community context

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Engagement Opportunities:

Expert Advisory Panel – 12/11/24

Purpose: This panel is being convened to explore and share insight to continue to refine and prioritize policy, systems, and environmental (PSE) change strategies that support behavioral health and upstream prevention. This input will build upon our discussions today to provide additional input on the developing areas of focus and strategies. The will provide an important contribution to the landscape analysis. Their role is specific to this phase of the process, concluding in December.

Panelists: Expert Advisory Panelists are equity-focused subject matter experts identified by CDPH in consultation with CHHS Agency (with input from UCB HEARTS and CDPH behavioral health programs). Additionally CHEAC and CBHDA provided recommendations of representatives to reflect local public health and behavioral health. The composition of the panel was established with attention to balance across various subject matter areas; research, policy, and community orientation; and representation of different demographic groups and communities.

This forum will be hosted as an open virtual meeting with dedicated time for participant questions and feedback. We encourage your continued input and feedback at this event!

Engagement Opportunities:

Intentional Listening Sessions (to gather community voices and perspectives)

These listening sessions will serve as an opportunity to bring forth voices and perspectives that may otherwise remain unheard and will serve as an opportunity for the community to co-design solutions and strategies to improve behavioral health for all Californians.

To help us better shape these listening sessions, we want to hear from you:

- What are ways the meeting participants would like to continue to engage with CDPH that creates a welcoming and inclusive environment?
- What are some other audiences CDPH should be engaging with?

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Engagement Opportunities for All

- All-Comer Webinars (schedule to be announced in 2025, roughly quarterly)
- Share your feedback, comments and thoughts with us at BHSAinfo@cdph.ca.gov.
- And to stay up to date on:
  - Post meeting materials (recordings, FAQs and Meeting Summaries)
  - Other engagement opportunities
  - Please visit our website at CDPH Transforming Behavioral Health and sign up for updates
  - For all Prop 1 updates, see MentalHealth.ca.gov

CDPH also welcomes other ideas for continued community engagement based on best practices while also leveraging existing venues.

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7. Q&A and Engagement Activity

Questions and Discussion

We want your input the approach for behavioral health prevention.

- Engagement: How can CDPH best engage with you? Please share any other audiences that CDPH should engage with.
- Strategies: What other evidence-based or community-defined evidence population-based prevention strategies should CDPH consider?
- Overall Feedback: What other feedback would you like to share about the presentation?

Next Steps

- Please share any additional feedback on today's discussion via the Microsoft Forms Survey by November 20th, 2024
- Join our CDPH BHSA distribution list to receive updates on CDPH's BHSA-related planning and engagement opportunities.
- **Expert Advisory Panel Meeting**
  - December 11, 2024 from 2 – 4:30 PM
  - Register here

Visit the CDPH Transforming Behavioral Health webpage for updates on planning and engagement.

Join our distribution list to receive updates on CDPH's BHSA-related planning and engagement opportunities.

Questions or comments? Email us at bhsainfo@cdph.ca.gov.

Appendix

Additional Resources on Behavioral Health

The State of Public Health Report Resource Hub features links to public health data dashboards, tools, and reports for more information about the health conditions and data trends described in the report.

- California's Master Plan for Kid's Mental Health aims to increase access to mental health and substance use services for all California kids, parents, and communities.
- The Children and Youth Behavioral Health Initiative uses a youth-centered approach to support children, youth, and families' behavioral health needs. The CYBHI focuses on education, prevention, early intervention, increased access to critical interventions, and community resiliency.
- The Office of Health Equity leads the California Reducing Disparities Project to identify and reduce mental health disparities for unserved, underserved, and inappropriately served communities.
- The American Psychological Association and ecoAmerica released the 2023 Mental Health and Our Changing Climate Children and Youth Report showing the lasting impacts of extreme weather events and climate change on youth mental health and provides resources and upstream solutions for preventing and addressing the mental health impacts of climate change.

Note: *The Resource Hub content is not intended to be an exhaustive list of data and reports on the selected health topics. It primarily features CDPH Program resources, particularly those that share public health data.*

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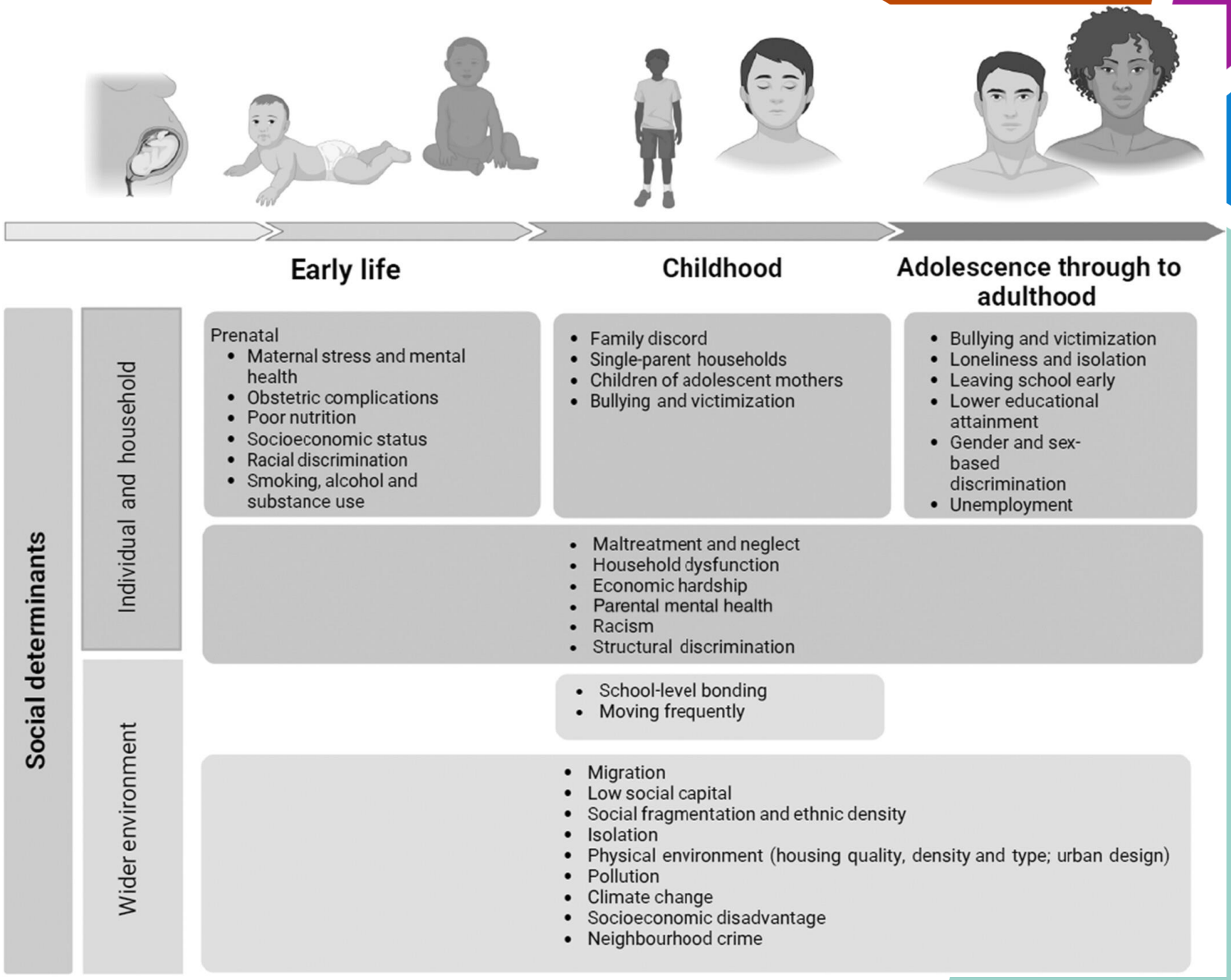
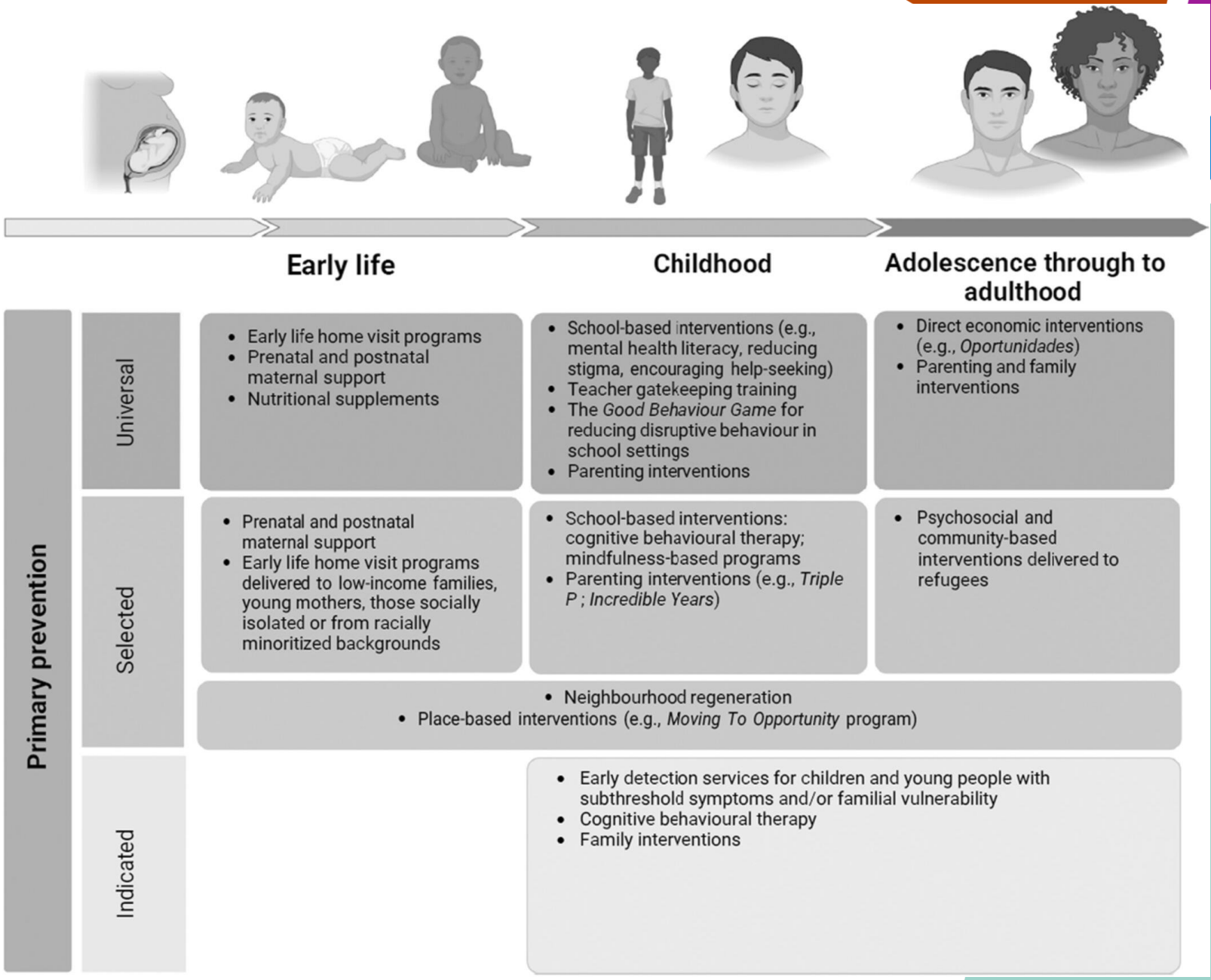
Summary of the social determinants of mental health and disorder and of the main primary prevention strategies (part 1 or 2)

James B. Kirkbride et al., “The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations,” *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 23, no. 1 (February 2024): 58 90, https://doi.org/10.1002/wps.21160.

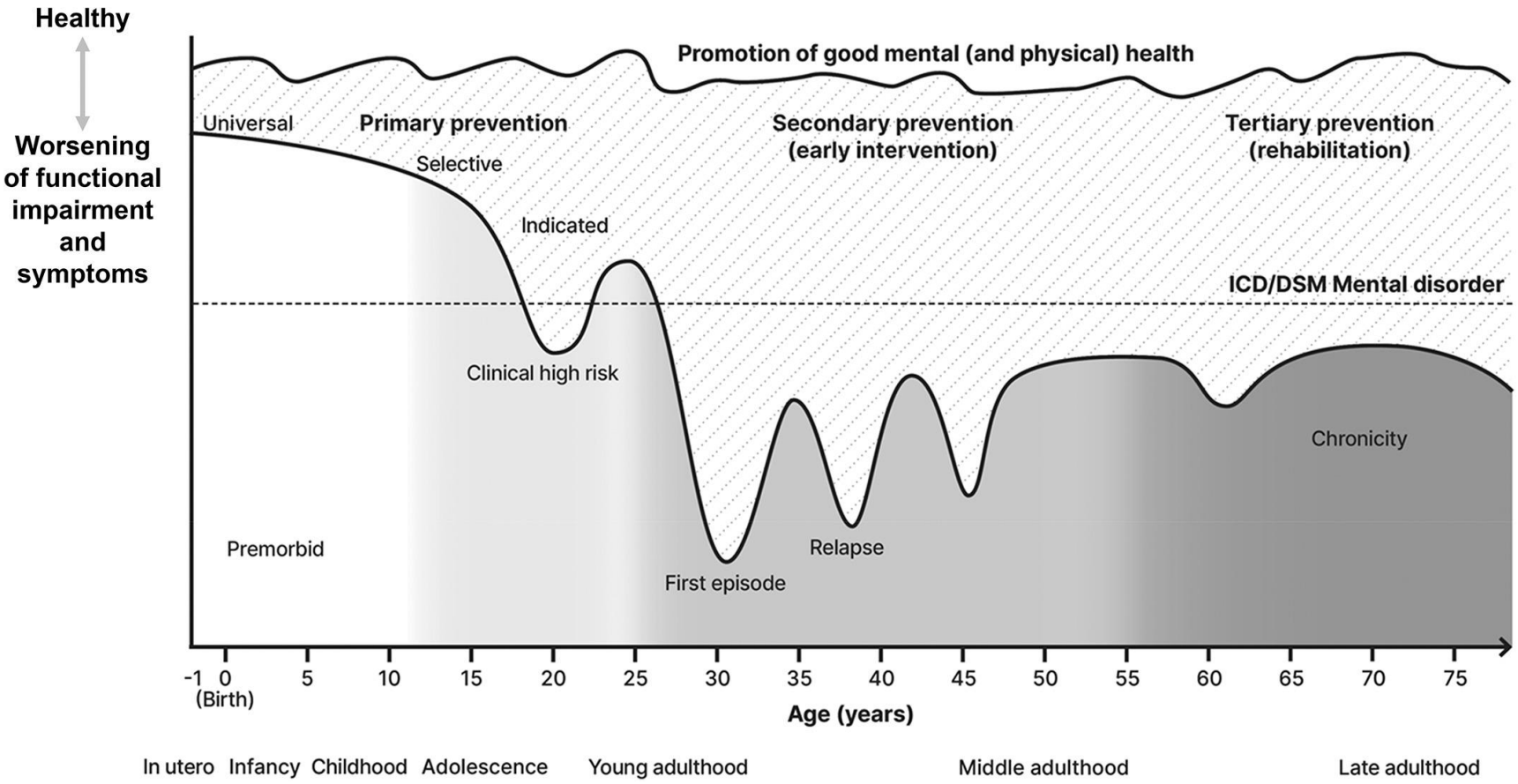


Summary of the social determinants of mental health and disorder and of the main primary prevention strategies (part 2 or 2)

James B. Kirkbride et al., “The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations,” *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 23, no. 1 (February 2024): 58 90, https://doi.org/10.1002/wps.21160.

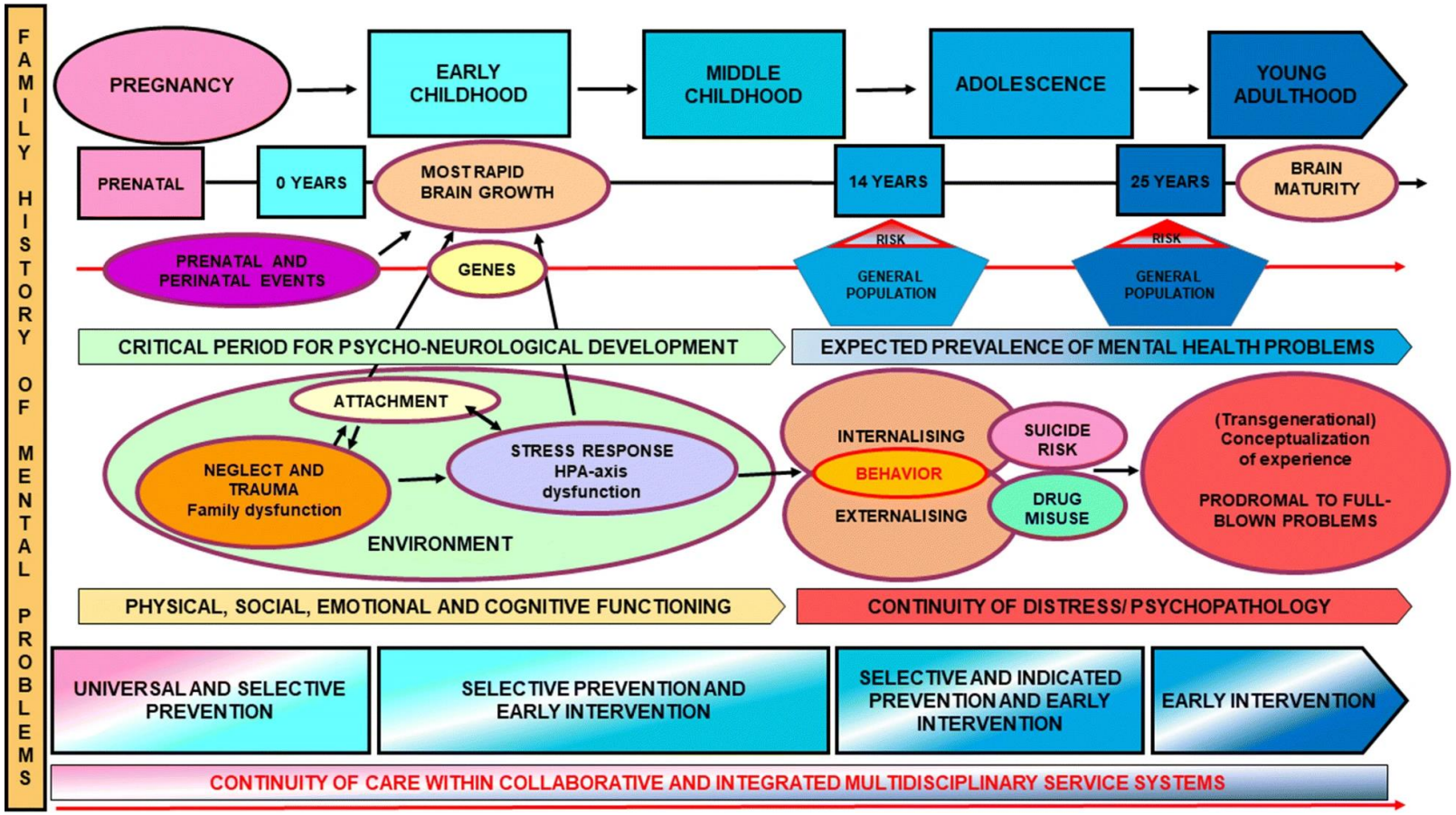


Neurodevelopmental continuum model for prevention of psychosis, bipolar disorder and common mental disorders, and promotion of good mental and physical health

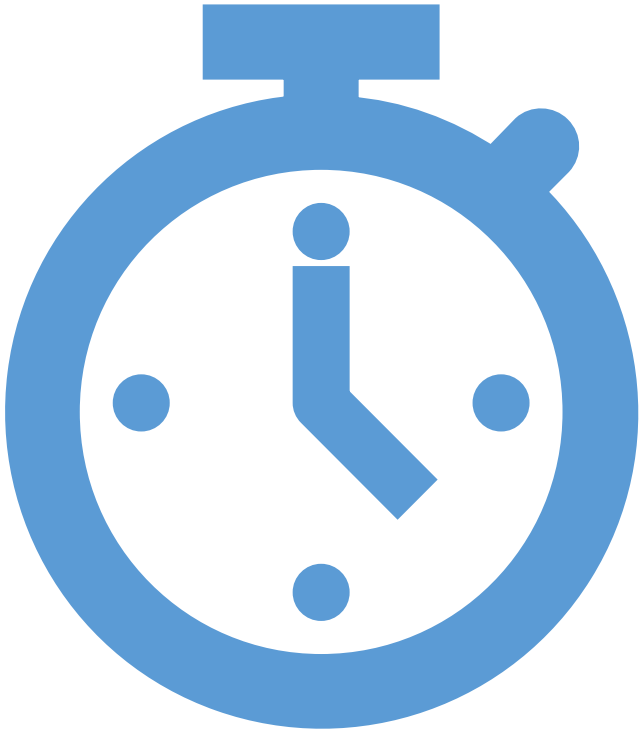


Paolo Fusar-Poli et al., "Preventive Psychiatry: A Blueprint for Improving the Mental Health of Young People," *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 20, no. 2 (June 2021): 200–221, https://doi.org/10.1002/wps.20869.

Summary of risk factors and pluripotent pathological trajectory for mental disorders



Marco Colizzi, Antonio Lasalvia, and Mirella Ruggeri, “Prevention and Early Intervention in Youth Mental Health: Is It Time for a Multidisciplinary and Trans-Diagnostic Model for Care?,” International Journal of Mental Health Systems 14 (2020): 23, https://doi.org/10.1186/s13033-020-00356-9.



LUNCH BREAK

1/2 hour – back at 1:00 PM

CalHHS
California Health & Human Services Agency

OLDER ADULT BEHAVIORAL HEALTH: RECENT FINDINGS AND OPPORTUNITIES

SARAH STEENHAUSEN, Deputy Director of Policy, Research, and Equity, California Department of Aging

CalHHS
California Health & Human Services Agency

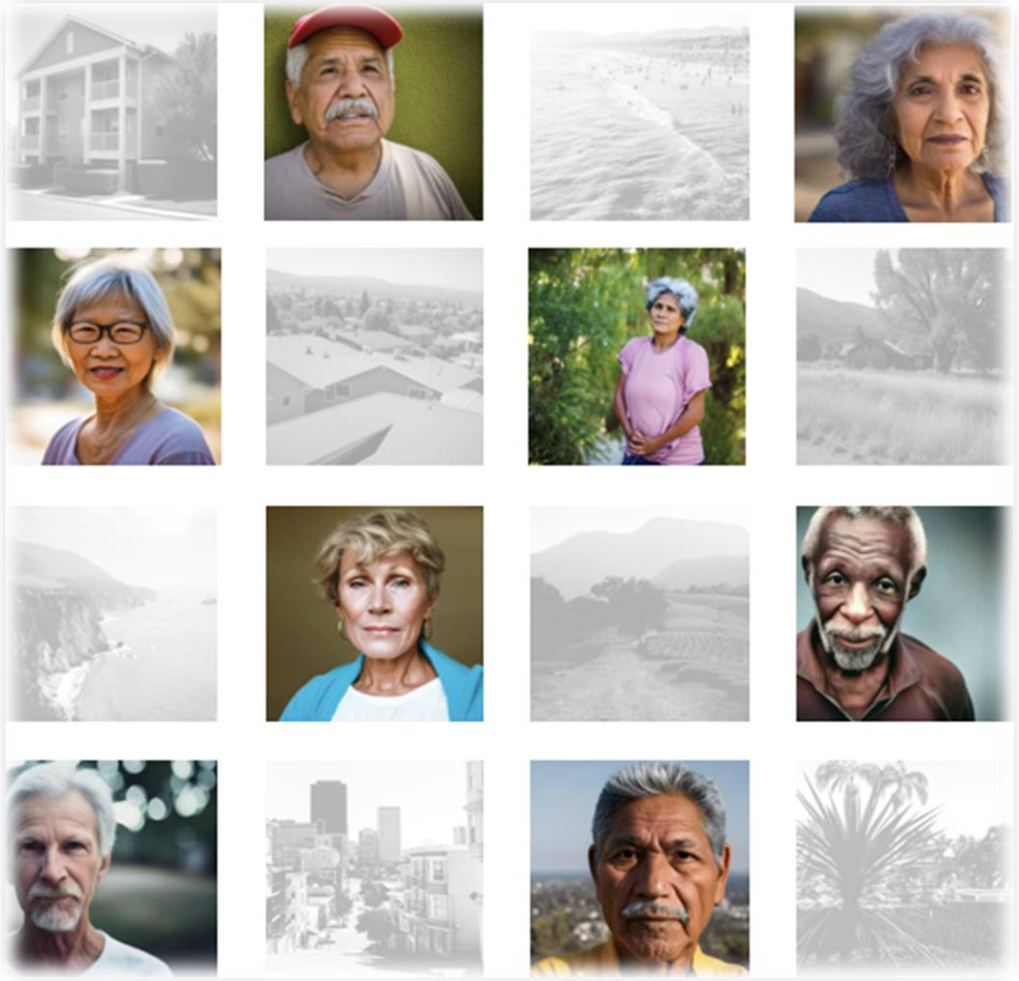
Advancing Older Adult Behavioral Health:
The Problem, the Progress and the Potential

Sarah Steenhausen, Deputy Director

California Department of Aging

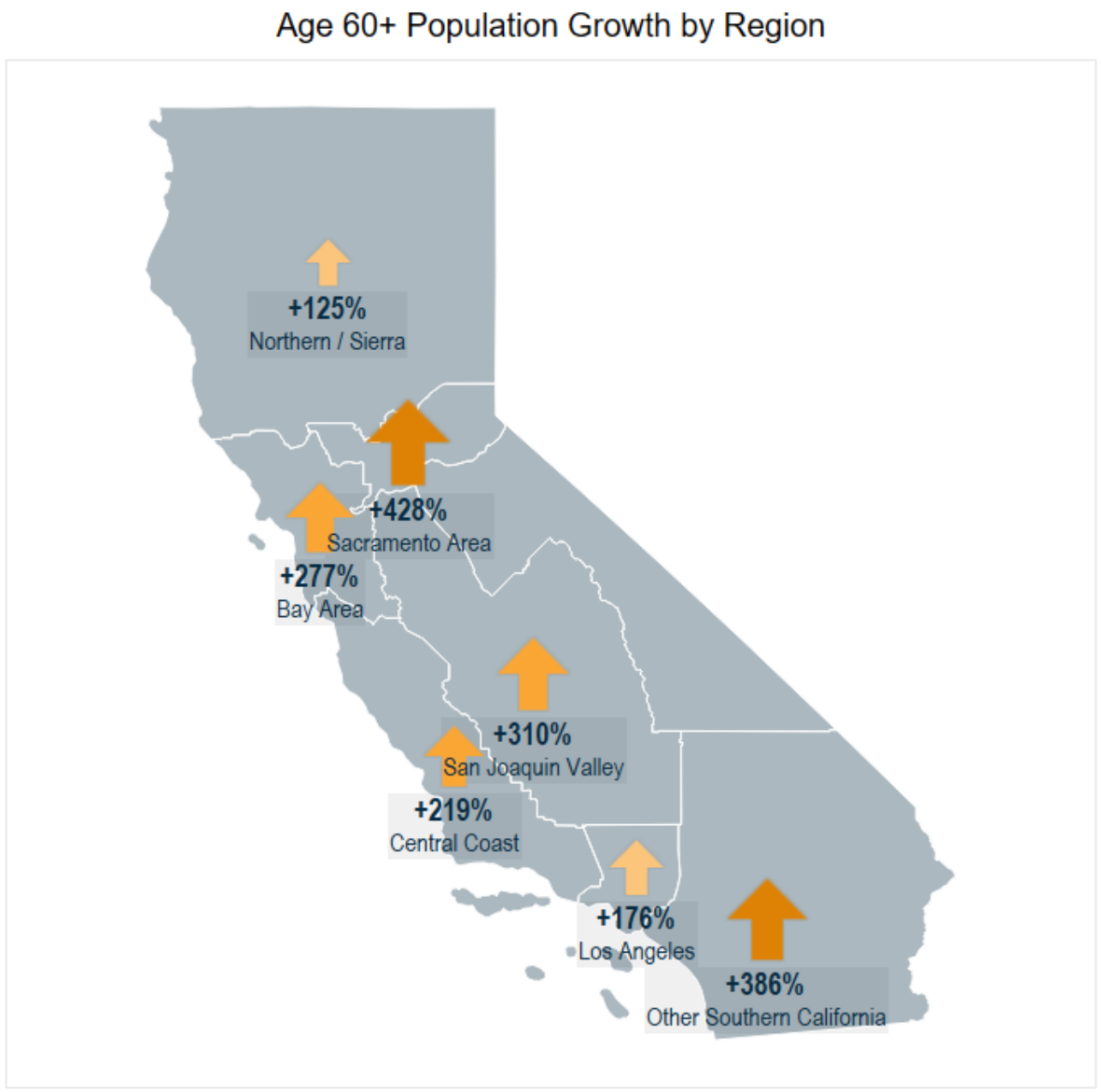
Today’s Discussion

- **Context: An Aging Population**
- **The Problem and Need**
- **Progress**
- **Opportunities**
- **Questions**



The Context:
An Aging Population

Urgency: Age 60+ Population Growth



Region	60+ Population 1980	60+ Population 2020	60+ Population 2060	Percent Change 1980 2060
Bay Area	746,530	1,899,779	2,813,658	277%
Central Coast	211,858	553,666	675,919	219%
Los Angeles	1,051,737	2,203,145	2,905,068	176%
Northern / Sierra	170,819	413,170	383,766	125%
Other Southern California	768,108	2,357,135	3,736,250	386%
Sacramento Area	153,527	540,950	809,873	428%
San Joaquin Valley	294,359	776,222	1,206,895	310%

Launching the Master Plan for Aging

June 2019:
Executive Order N-14-19

January 2021:
MPA is launched

The Need

Karen’s Story

The Problem

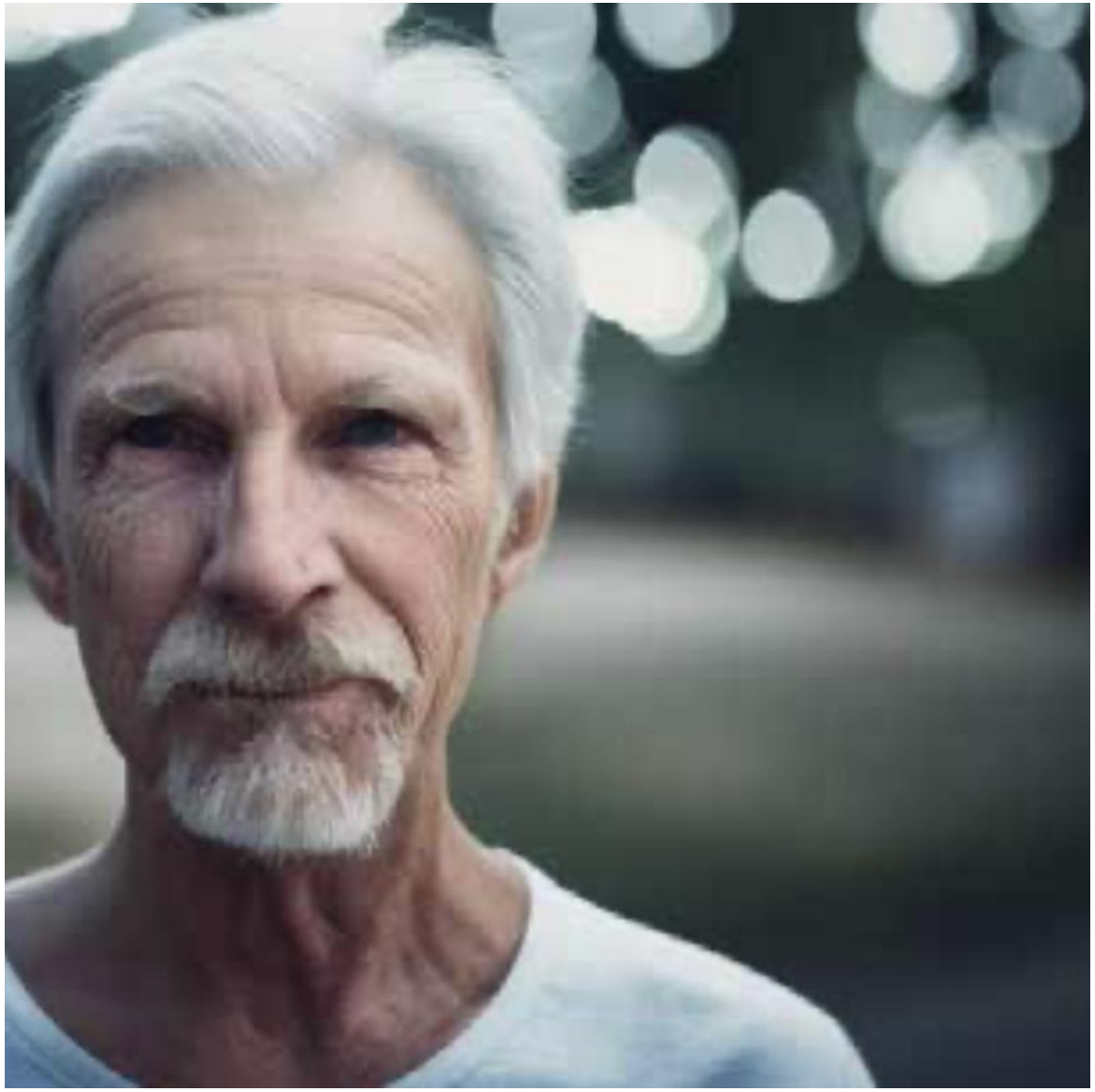
- **Unmet need**
- Stigma
- Higher rates of suicide
- Social isolation
- Equity considerations

The Problem

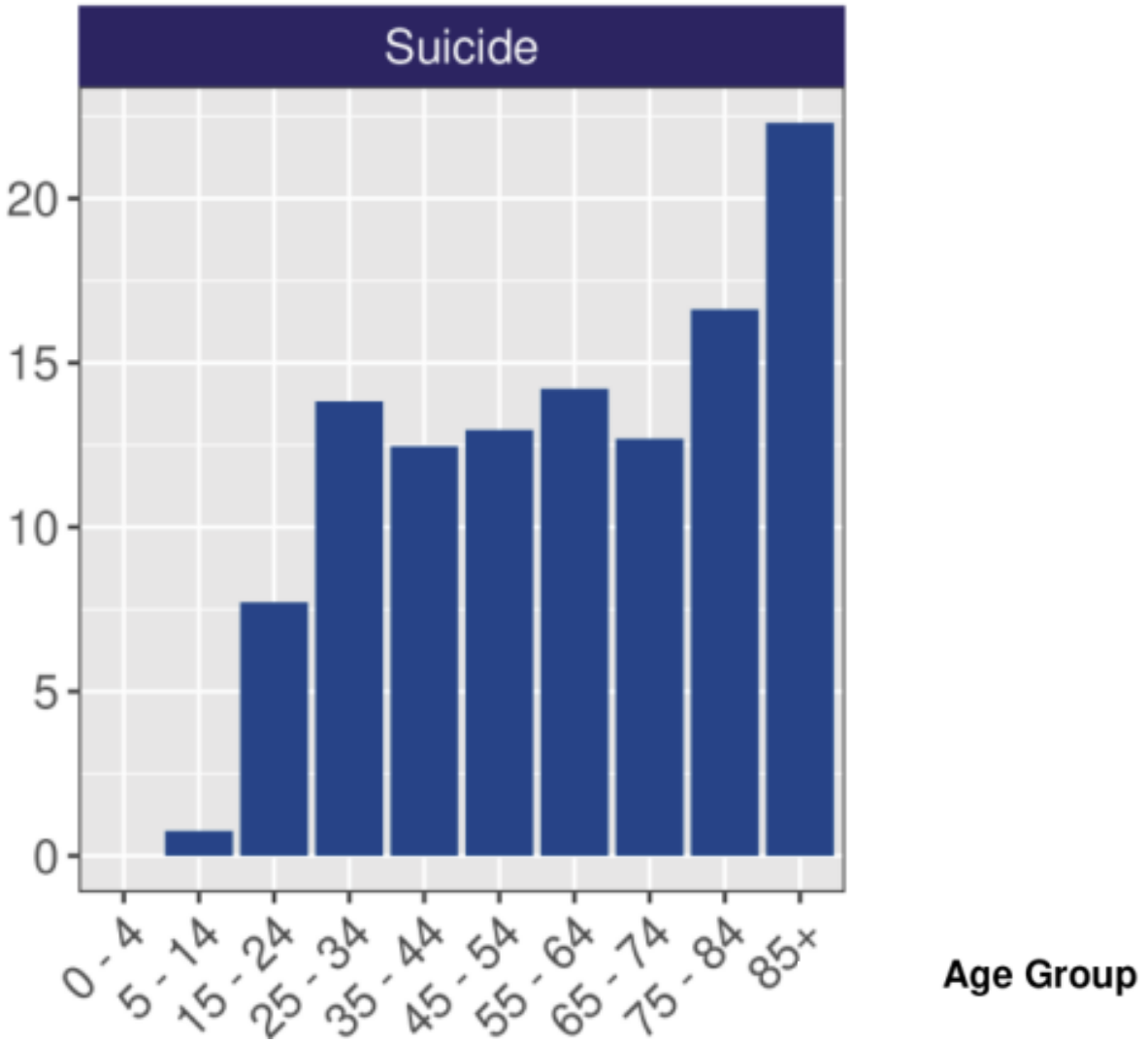
- Unmet need
- **Stigma**
- Higher rates of suicide
- Social isolation
- Equity considerations

The Problem

- Unmet need
- Stigma
- **Higher rates of suicide**
- Social isolation
- Equity considerations



Death Rates for Suicide by Age Group, 2022



California State of Public Health Report, 2024. Sacramento, CA: California Department of Public Health, Office of Policy and Planning; 2024. https://www.cdph.ca.gov/Programs/OPP/Pages/State-of-Public-Health-Report.aspx

The Problem

- Unmet need
- Stigma
- Higher rates of suicide
- **Social isolation**
- Equity considerations

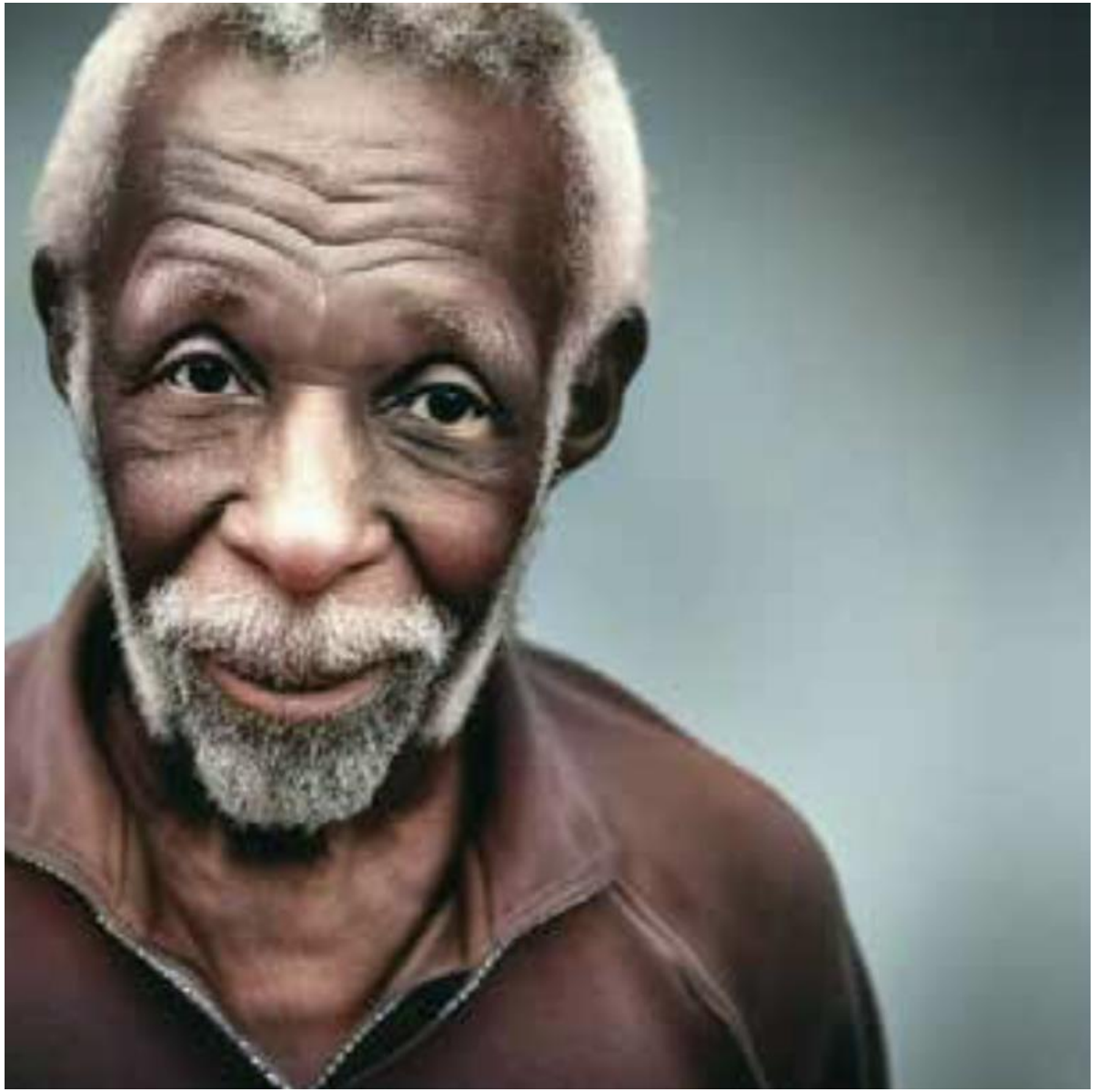
Spotlight: California's First Statewide Older Adult Consumer Survey

CA Department of Aging's 2023 Community Assessment Survey of Older Adults: 17,000 Surveyed

- 40% reported that feeling lonely or isolated was a problem
- Approximately 45% reported feeling depressed
- Nearly half of those surveyed are dealing with recent grief or loss

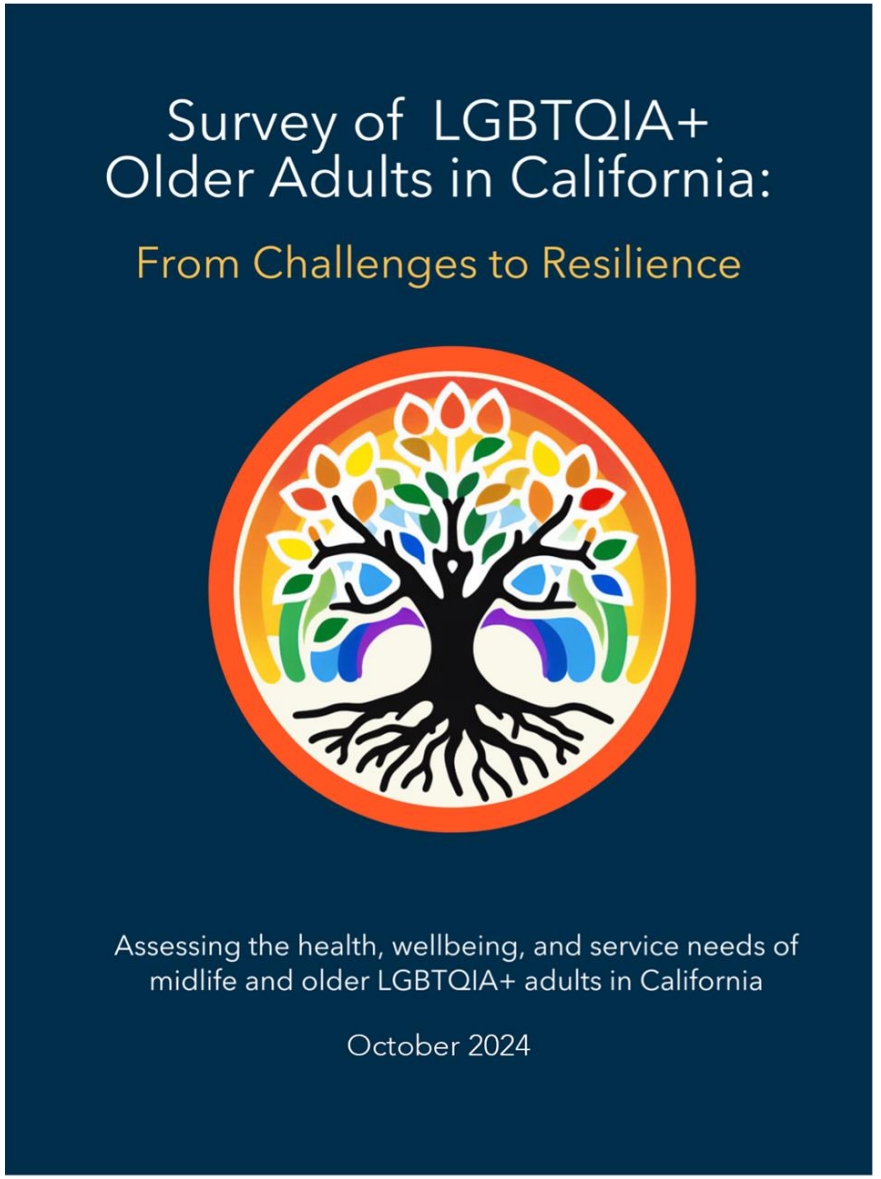
The Problem

- Unmet need
- Stigma
- Higher rates of suicide
- Social isolation
- **Equity considerations**



Spotlight: California's First Statewide Study of LGBTQIA+ Older Adults

- **4700 older adults surveyed**
- Nearly half had experienced a traumatic event in their lifetime
- One in Four had symptoms consistent with Post Traumatic Stress Disorder
- One in ten reported serious thoughts of suicide in the past year.



What We Heard: Listening Sessions

- Social Isolation
- Stigma
- Workforce challenges
- Cultural Relevance
- Lean into Community
- Fragmentation
- Clinical complexities
- Access

The Progress

September 2022: Advocacy and Awareness

April 2023 - $20 million - AgeWise and PEARLS

March-April 2023: Listening sessions

May 2023: $50m Older Adult Behavioral Health initiative*

Fall 2024: Landscape analysis – workforce, population health management, local engagement

**initiative later rescinded due to budget deficit*

The Potential:
Meeting Older Adult Behavioral Health Needs

- Focus on Resilience
- Address stigma
- Tailor messaging– culturally responsive
- Encourage recognition of need
- Increase social support, social connectedness

The Opportunity: Prop 1
Behavioral Health System Transformation

- Workforce Development
- Population Health Management
- Community Capacity Building
- Local Engagement

California Department of AGING

Questions?

Subscribe to CDA & the Master Plan for Aging News and Events

CalHHS UPDATES

CalHHS
California Health & Human Services Agency

Behavioral Health Task Force

Michelle Baass, Director
Department of Health Care Services

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

November 13, 2024

Behavioral Health Transformation Update

Agenda

- Behavioral Health Transformation Milestones
- Behavioral Health Transformation Policy Manual Overview
- Public Comment Period
- Stakeholder Engagement

DHCS

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Behavioral Health Transformation Milestones

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Behavioral Health Transformation Milestones

Below are high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Started Spring 2024

Stakeholder Engagement

Stakeholder engagement including, **public listening sessions,** will be utilized through all milestones to inform policy creation.

Started Summer 2024

Bond BHCIP: Round 1 Launch Ready

Requests for Applications (RFA) for up to $3.3 billion in funding leveraging BHCIP.

Beginning Late 2024

Policy Manual and Integrated Plan Guidance

Policy Manual Module 1 was **released for public comment.**

Summer 2026

Integrated Plan

New integrated plan, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Bond BHCIP Rounds

- Up to **$4.4 billion** in Bond BHCIP funding will be awarded in two funding rounds.
- The first **Bond BHCIP Round 1: Launch Ready** will award up to **$3.3 billion** to construct, acquire, and rehabilitate real estate assets to expand the continuum of behavioral health treatment and service resources for Californians.
  - Of the total for the first round, $1.5 billion is specifically designated for cities and counties; and $30 million is designated for tribal entities. The remaining $1.8 billion is available to all eligible entities, including cities, counties, and tribal entities.
  - The deadline for applications is December 13, 2024, 5:00 p.m. Pacific Time (PT).
  - Bond BHCIP Round 1 funds will be awarded in **Spring 2025.**
- **Round 2: Unmet Needs** will include **$1.1 billion** of additional funding mid-2025.

Behavioral Health Transformation Policy Manual Overview

Overview of the Behavioral Health Transformation Policy Manual

- This Behavioral Health Transformation Policy Manual provides counties and partner organizations with guidance necessary to implement Behavioral Health Transformation.
- The Policy Manual will be released in **smaller, more manageable parts, called "modules."** Each module will focus on a specific aspect of the overall policy.
- By breaking down the Policy Manual into modules, DHCS aims to provide **focused, detailed guidance**, 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 was released for public comment on **November 8th**, and Module 2 will be released in **December 2024.**

DHCS

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Policy Manual Module Topics

Module 1 was released for public comment on **November 8th**, and Module 2 will be released in **December**.

Module 1 Topics

- Policy Manual Introduction
- Behavioral Health Transformation Introduction
- Target Populations
- County Reporting Process
- Continuum of Care
- Population Health Goals
- Community Planning Process
- Eligible and Priority Populations
- Funding Transfer Requests
- Funding Allowances
- Housing Interventions + Exemptions

Module 2 Topics

- Full-Service Partnership (FSP)+ Exemptions
- Allocation Methodology
- Revenue Stability
- Behavioral Health Services and Supports (BHSS) - Allowable Services and Supports/BHSS - Early Intervention
- Local Prudent Reserve
- Reversion Policy
- Transition from Mental Health Services Act to Behavioral Health Services Act
- Maximizing non-Behavioral Health Services Act Sources of Funding
- Documentation Redesign

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Public Comment for Module 1

- To share feedback, review the Behavioral Health Transformation Policy Manual Module 1 on the DHCS Behavioral Health Transformation webpage and provide input through the **user-friendly, online platform**.
- Policies related to Behavioral Health Transformation will be version-controlled, maintained online, and publicly available, **supporting easy navigation, review, and feedback.**
- An **instructional training video** on the DHCS Behavioral Health Transformation webpage will provide additional guidance on submitting comments.
- Comments must be submitted by **5:00 pm PST, December 2, 2024**.
- For any specific public comment-related inquiries, please email **BHTPolicyFeedback@dhcs.ca.gov.**

DHCS

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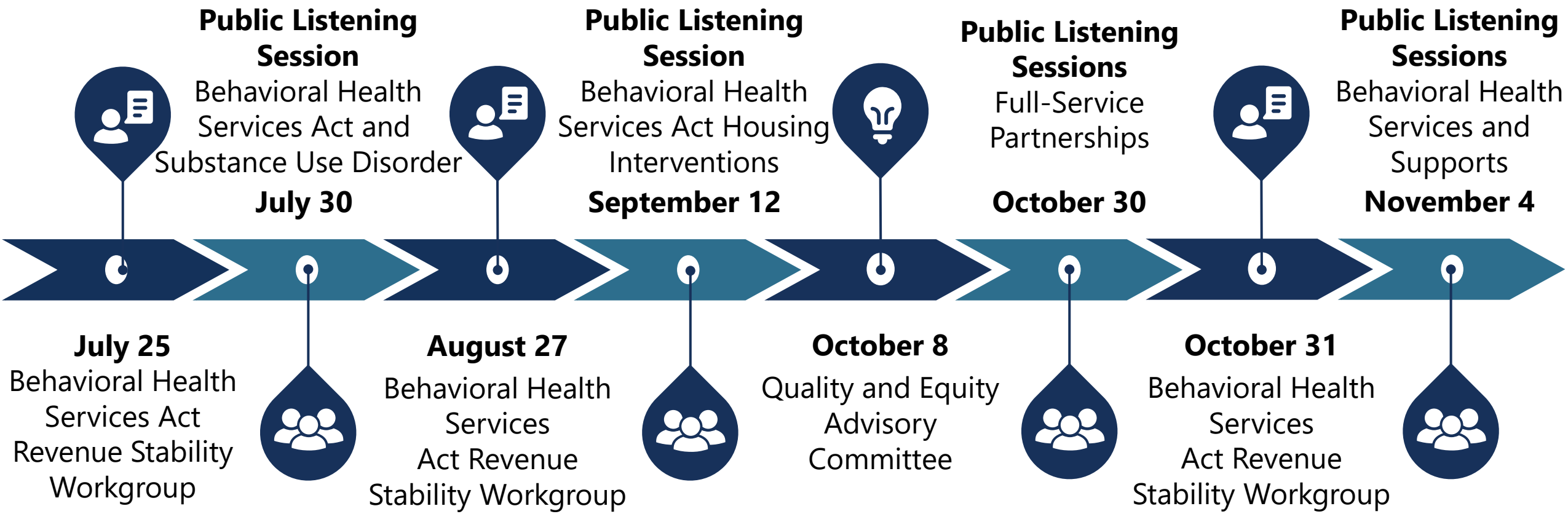
Stakeholder Engagement

Stakeholder Engagement



*Find past recordings and theme reports on the **Behavioral Health Transformation** webpage.*

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Resources

Behavioral Health Transformation Website and Monthly Newsletter

Explore the Behavioral Health Transformation website to discover additional information and access resources.

Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

Public Listening Sessions

Attend recurring public listening sessions to provide feedback on Behavioral Health Transformation-related topics. Registration links for all public listening sessions will be posted on the Behavioral Health Transformation website, along with their recordings, once available.

Questions and Feedback

For any specific public comment-related inquiries, email BHTPolicyFeedback@dhcs.ca.gov
For any general Behavioral Health Transformation-related inquiries or feedback, email BHTinfo@dhcs.ca.gov

DHCS

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI) UPDATE

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

CalHHS
California Health & Human Services Agency

California Child and Adolescent Mental Health Access Portal

Cal-MAP

A CYBHI CalHOPE program powered by UCSF

Empowering California Primary Care Providers to Assess and Treat Mental Health Conditions in Youth Age 0-25

What is Cal-MAP?

Through a partnership with the University of California San Francisco (UCSF),

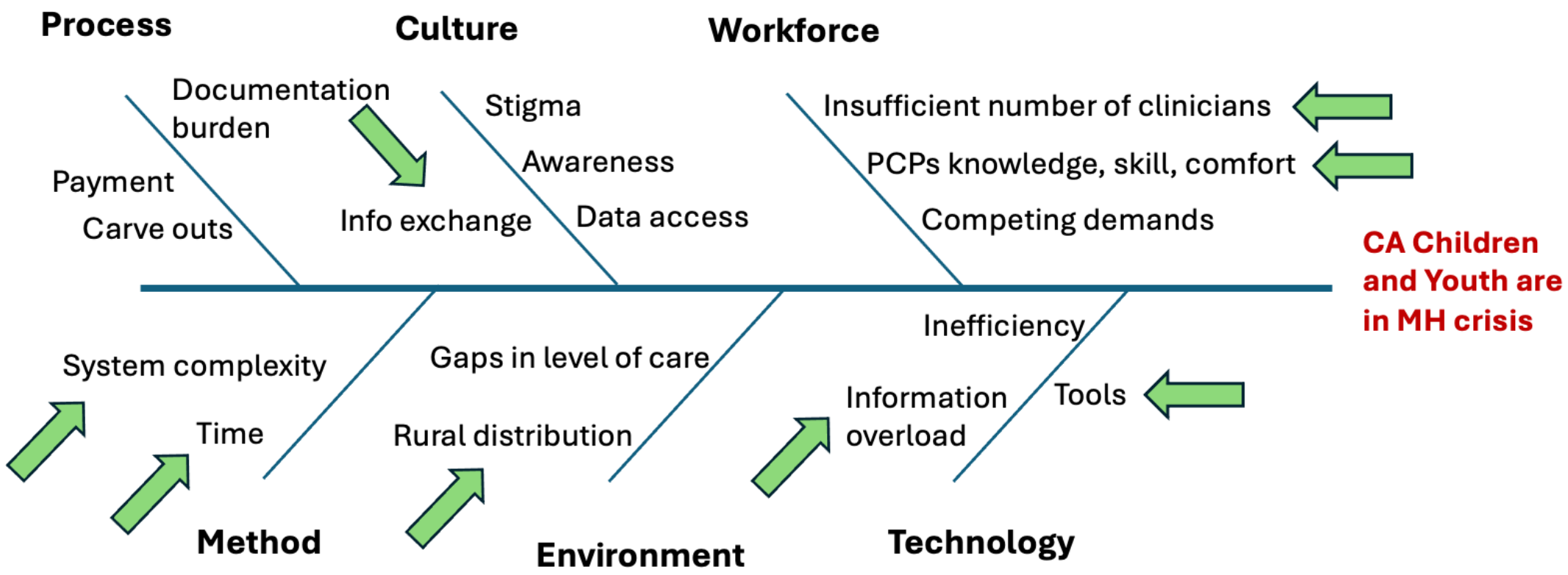
DHCS launched the

California Child and Adolescent Mental Health Access Portal

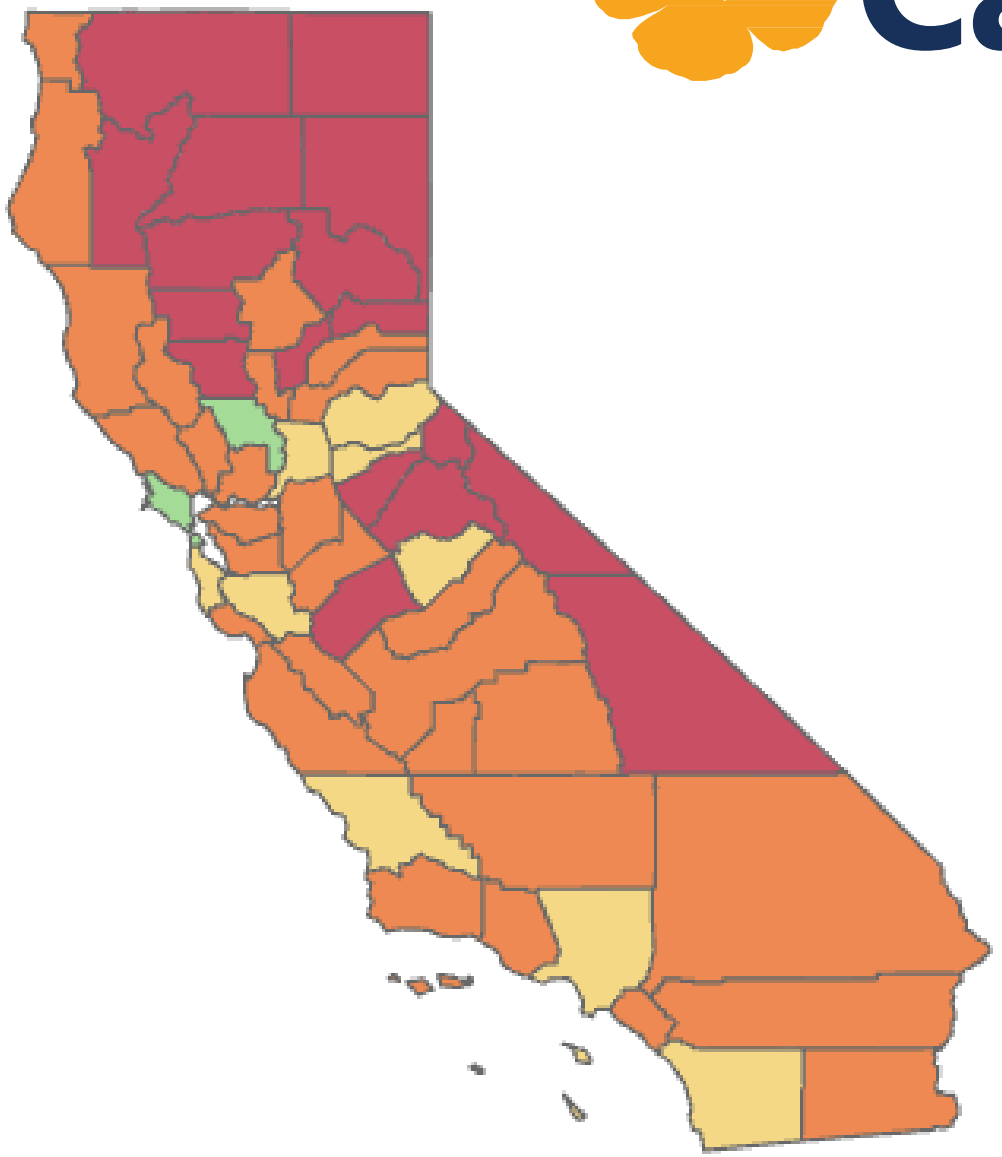
– a statewide behavioral health consultation service for primary care providers caring for California youth ages 0-25– as part of CalHOPE, with funding from the CYBHI

https://Cal-MAP.org

Design Principles



Cal-MAP



Mission

We promote pediatric mental health and wellness through consultation, education, resource navigation and innovation throughout California's communities

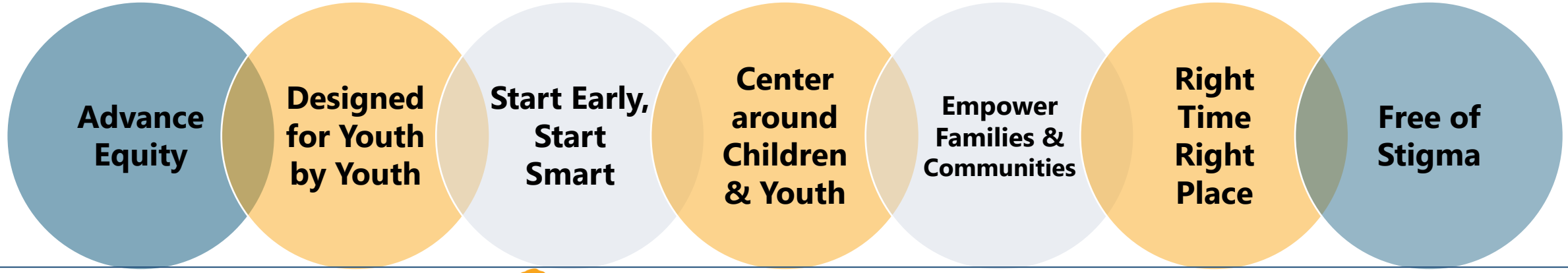
Vision

We are collaboratively transforming pediatric healthcare, in order to advance the health and emotional wellbeing for California's youth

Values

We value equity, inclusivity, diversity, partnership, inter-professionalism, prevention, and stigma-free access to care for all

California's **Child Youth Behavioral Health Initiative** Aims



Cal-MAP Aims

Access

Increase behavioral health care access youth 0-25 by building PCP workforce capacity to address behavioral health needs within PC settings

Education

Synchronous and asynchronous expert consultation and PCP support in the treatment of common behavioral health conditions

Connection

Support identifying and connecting with local/telehealth behavioral and other necessary resources & referrals

Equity

Disseminate accessible, culturally responsive evidence- and measurement-based care, especially in rural & underserved communities

UCSF CAPP -> Cal-MAP

2018-2019

UCSF Philanthropic Funding

Site visits to MCPAP & PAL

September 2019

UCSF CAPP Launch

Feb 2021-Dec 2022 DHCS Prop 56 BHI Central Valley Expansion

August 2021 HRSA Funding

September 2022 HRSA supplemental funding to expand SBHC consultation & training

2023 – 2026 supplemental funding supports SBHC consultation & training

April 2024 CA DHCS CYBHI launches

Cal-MAP

Cal-MAP

CHILD & ADOLESCENT MENTAL HEALTH ACCESS PORTAL

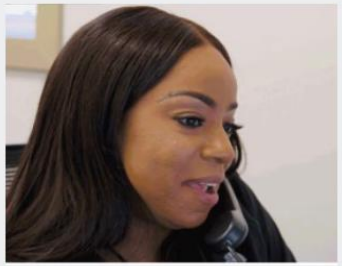
A CalHOPE program powered by UCSF

Mental Health Curbside Consultation for PCPs

Prompt real-time consultation with a psychiatrist, psychologist, or social worker

CME Events and Education

For PCPs, Behavioral Health Clinicians and School-Based Health Center and School Staff



Resource Navigation Support

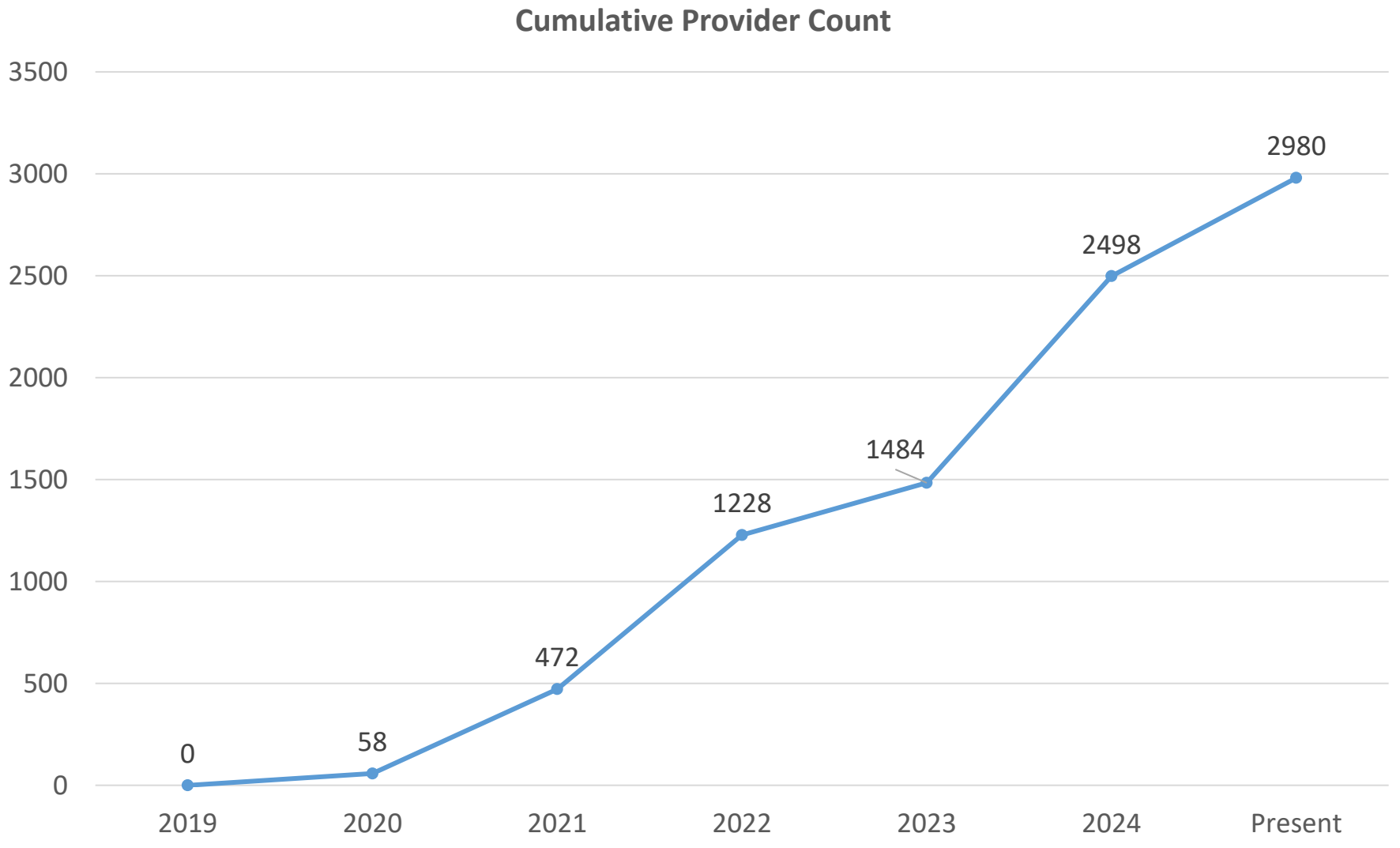
Website Resources

Care Coordination

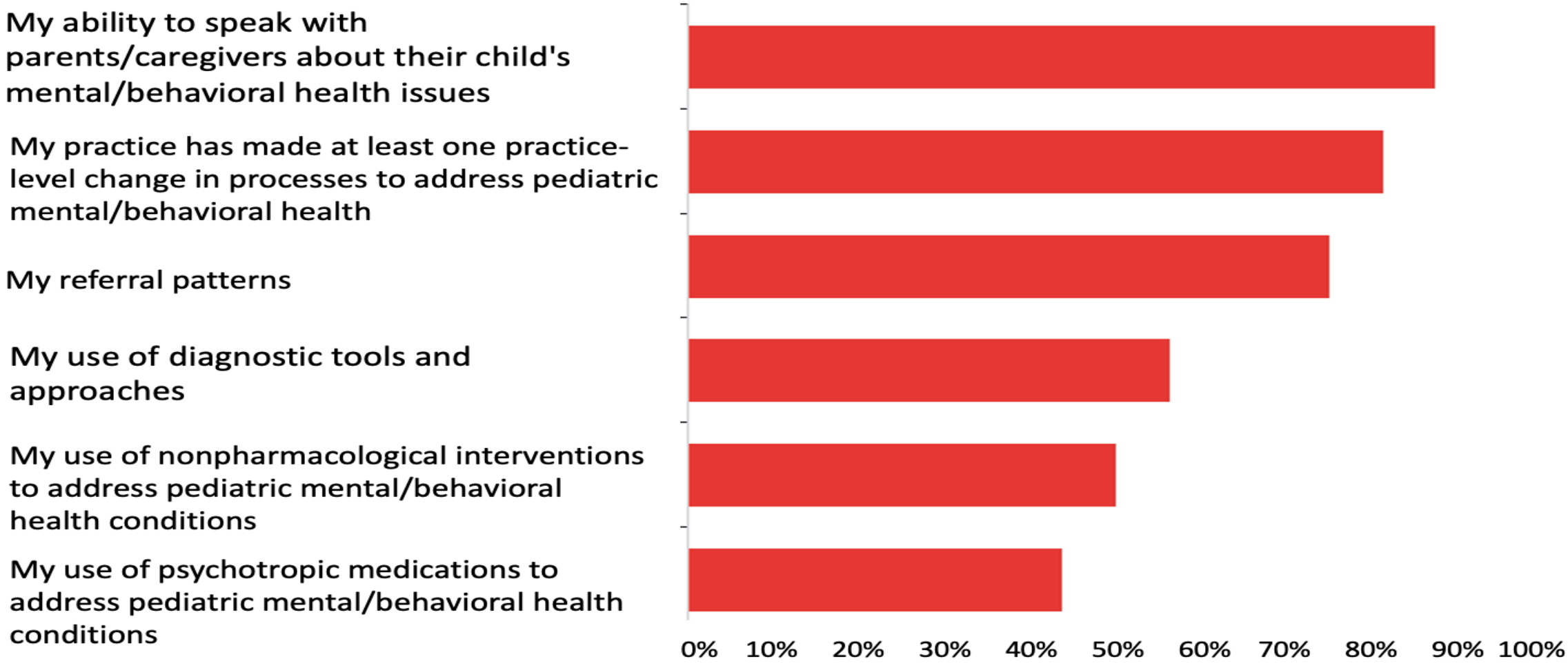
Cal-MAP

Current Footprint

- 4300 consults for >3400 unique lives
- 300 practices
- 3,000 PCPs
- 46 of 58 CA counties



Did receiving consultation lead to changes in any of the following areas?



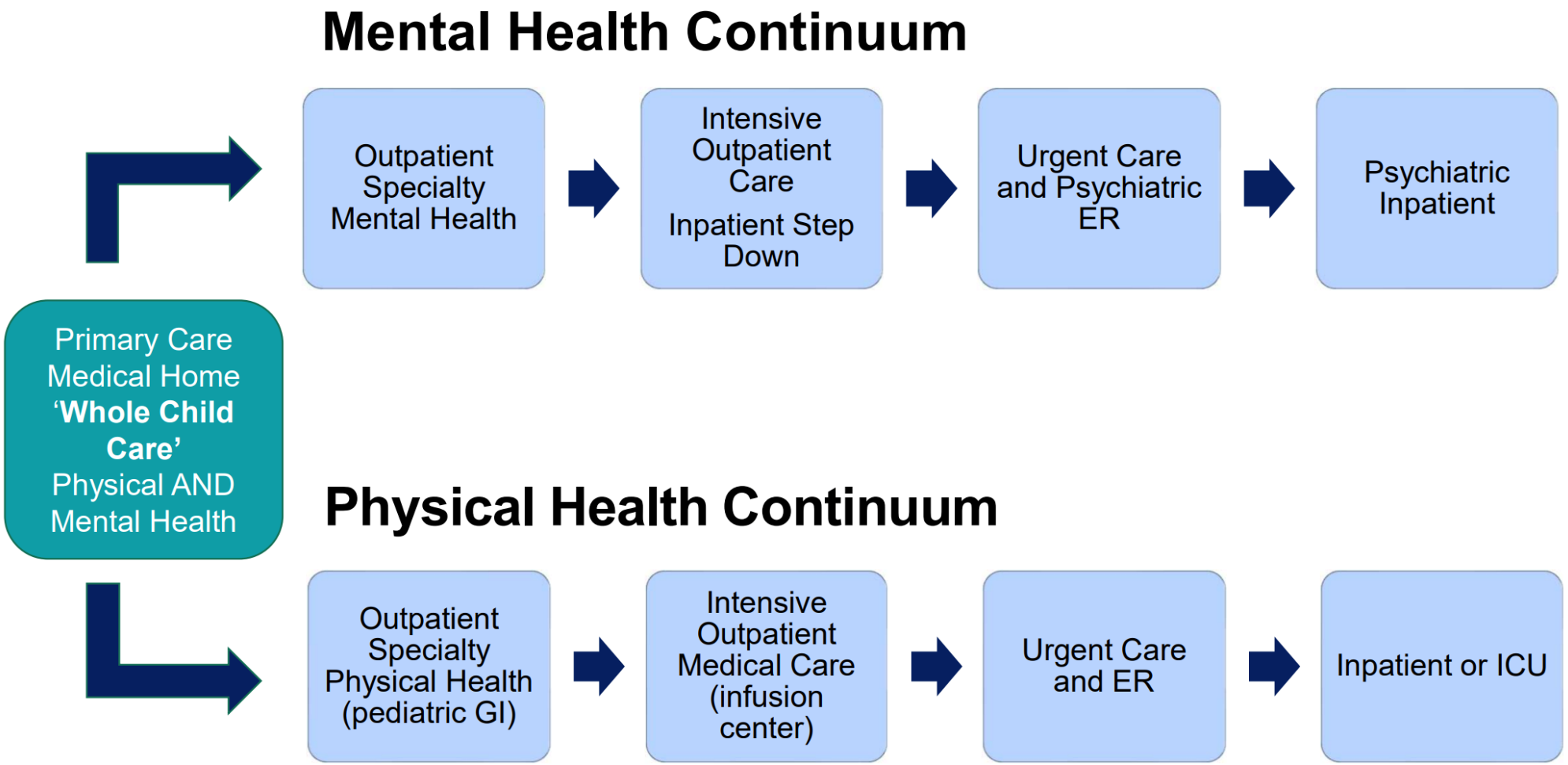
PCP Survey 2023

Cal-MAP

Integrated care

*A **practice team** of **primary care & behavioral health clinicians** working **with patients & families,** using a **systematic & cost-effective** approach to provide **patient-centered care** for a defined population.*

CJ Peek 2013



Reprinted with permission A Bird MD UCSD Feb 1 2024

Feedback from PCPs

"Love this resource. Our patients have to wait months for an open appointment with psychiatry and that is a long time to be suffering with undertreated mental illness. It affects kids' well-being from school, relationships, families, sense of self, and friendships. Seeing kids find improvement in their mental health is amazing!"

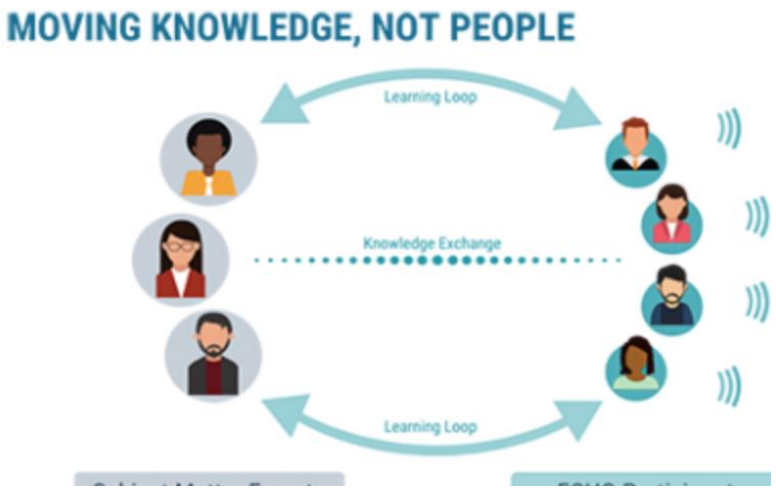
"I believe it saves lives."

Cal-MAP

Cal-MAP Training & Education: **Learning, Connection, Community**

Statewide Learning Community

Project ECHO®



Live Monthly Webinars

- Common Factors: Building Therapeutic Relationships in Primary Care
- Anxiety/Depression
- Suicidality/Self Harm
- SSRIs
- Learning problems
- Gender Dysphoria
- Eating Disorders
- Stress Resilience in Clinicians

Webinar Recordings

CME CALIFORNIA
A Project of the University of California Schools of Medicine

- Asynchronous learning
- Watch CAPP webinar recordings on your own time and pass a quiz after each recording to earn CME credit
- Up to 18 hours CME & ABP MOC Part 2 credit provided

AMA Category 1 credit;
American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part 2 Credit
Coming soon: **American Academy of Family Physicians accreditation**

https://cal-map.org/s/trainings

Cal-MAP Statewide Curriculum

Webinars

Register HERE for ALL Webinars

Date	Start Time	Session and Presentation Title(s)
8/1/2024	noon-1 pm	Anxiety: Diagnosis and Treatment (Cal-MAP Core Curriculum)
8/15/24	noon-1 pm	Common Factors: Building Therapeutic Relationships in Primary Care
8/29/24	noon-1 pm	Assessment of Mental Health Conditions in Pediatric Primary Care
9/5/24	noon-1 pm	Pediatric Depression in the Primary Care Setting (Cal-MAP Core Curriculum)
9/19/24	noon-1 pm	Cognitive Behavioral Therapy (CBT) Principles
10/3/24	noon-1 pm	ADHD (Cal-MAP Core Curriculum)
10/17/24	noon-1 pm	Applications of Parent Management Training in early & middle childhood, adolescence
10/31/24	noon-1 pm	Stress resilience for clinicians
11/7/24	noon-1 pm	SSRIs (Cal-MAP Core Curriculum)
12/5/24	noon-1 pm	ASD (Cal-MAP Core Curriculum)
12/19/24	noon-1 pm	SST/IEP/504
1/16/25	noon-1 pm	Suicidality (Cal-MAP Core Curriculum)
2/6/25	noon-1 pm	Trauma/PTSD

Earn CME, MOC Part 2, Core Badge

Past Webinars

Find more information on our webinar recordings below:

Core Certification

Earn Cal-MAP Core Certification

in fundamental best practices

ADHD

Depression

Anxiety

Autism

Suicidality

SSRIs

by completing 6 hours of related training via

Project ECHO: CORE

-or-

Webinars

-or-

On-Demand Webinars

Demonstrate your badge on your CV & LinkedIn profile

Live Virtual Learning Community Core & Advanced Project ECHO

Date	Start Time	Session and Presentation Title(s)
8/14/24	noon-1 pm	Project ECHO (Core): Anxiety
9/11/24	noon-1 pm	Project ECHO (Core): Depression
10/9/24	noon-1 pm	Project ECHO (Core): ADHD
11/13/24	noon-1 pm	Project ECHO (Core): SSRI
12/11/24	noon-1 pm	Project ECHO (Core): ASD
1/8/25	noon-1 pm	Project ECHO (Core): Suicidal Ideation
2/12/25	noon-1 pm	Advanced Project ECHO: ACES/Trauma
3/12/25	noon-1 pm	Advanced Project ECHO: Disruptive Behavior Disorders (DBD)
4/9/25	noon-1 pm	Advanced Project ECHO: Substance Use Disorder
5/14/25	noon-1 pm	Advanced Project ECHO: Eating Disorders
6/11/25	noon-1 pm	Advanced Project ECHO: Culture & working across differences, interprofessionalism

Skip to Recordings

https://cal-map.org/s/trainings

Addressing Wellness & Burnout

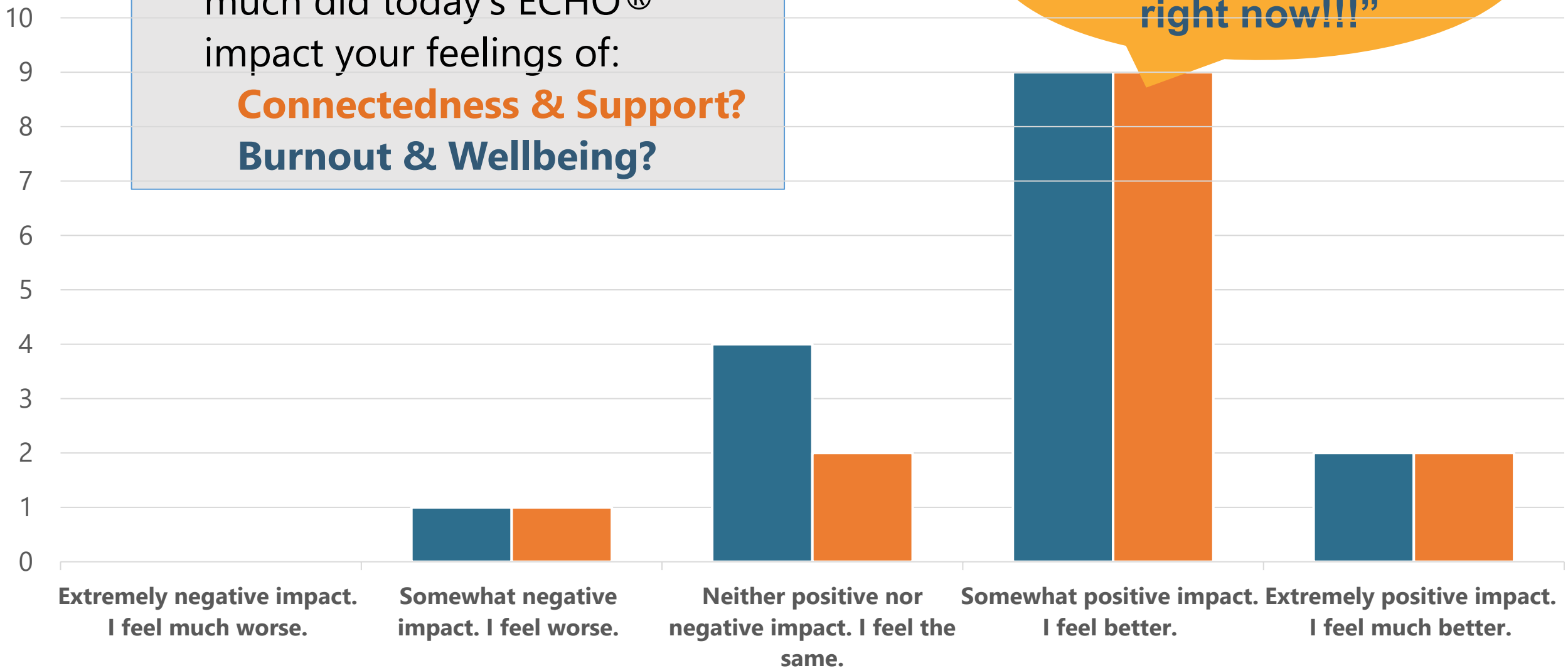
Building Community through **Project ECHO**

2-question Zoom Poll: How much did today's ECHO® impact your feelings of:

Connectedness & Support?

Burnout & Wellbeing?

"This is a definite work lifeline for me right now!!!"



Addressing Burnout

"CAPP consultation helps to address Provider Burnout, so that you can keep your FQHC staff around, which is beneficial for everyone. I think if there is a pressure to see volume, you get compassion fatigue. You start feeling more unsure that you're actually making a difference, or how to really do that effectively. Having resources and tools available increases your feeling of confidence and willingness to keep trying and not to just send everybody to the emergency room. It makes you want to schedule that 2 week follow up appointment and squeeze them in. "

-Pediatrician/CAPP User

Consults since Jan 2022:	%
Can likely be managed within primary care	**52.8**
It is unclear if the patient can continue to be managed within primary care, with interim recommendations, but referral to specialty care if things worsen	**17.8**
Routine referral to specialty mental health, with additional 'bridge' recommendations that can be implemented until the time of appt	**23.1**
Urgent referral to specialty mental health	**4.9**
Other	**1.4**

Cal-MAP

Measurement-based care:

BH rating scale/HEDIS metric interpretation & related treatment planning

Measure Name	Abbreviation	Measure Description
Follow-Up Care for Children Prescribed ADHD Medication	ADD-E	The percentage of children newly prescribed attention-deficit/hype had at least three follow-up care visits within a 300-day (10-month of when the first ADHD medication was dispensed. Two rates are • *Initiation Phase*. The percentage of members 6–12 years ADHD medication, who had one follow-up visit with a pra the 30-day initiation phase. • *Continuation and Maintenance (C&M) Phase.* The perce a prescription dispensed for ADHD medication, who rem days and who, in addition to the visit in the initiation phas practitioner within 270 days (9 months) after the initiation
Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM-E	The percentage of children and adolescents 1–17 years of age wh prescriptions and had metabolic testing. Three rates are reported: • The percentage of children and adolescents on antipsycl • The percentage of children and adolescents on antipsycl • The percentage of children and adolescents on antipsycl cholesterol testing.
Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	The percentage of members 12 years of age and older who were s standardized instrument and, if screened positive, received follow- • *Depression Screening.* The percentage of members who using a standardized instrument. • *Follow-Up on Positive Screen.* The percentage of memb days of a positive depression screen finding.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	DMS-E	The percentage of members 12 years of age and older with a diag who had an outpatient encounter with a PHQ-9 score present in th as the encounter.
Depression Remission or Response for Adolescents and Adults	DRR-E	The percentage of members 12 years of age and older with a diag PHQ-9 score, who had evidence of response or remission within 1

Promotes Health Equity

Practical, culturally attuned and trauma informed evidence based guidance within lower stigma, early intervention and prevention focused primary care settings.

Supports Measurement based Care

50% increase in use of diagnostic tools, approaches & use of non pharmacologic interventions

2x more consults with prior validated screening tools

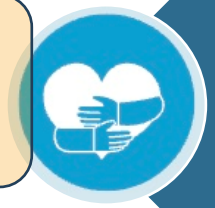
Increases Timely Access

"I have been able to handle medication management more myself , rather than having to refer to a psychiatrist. This allows the patient to get more timely access to treatment."

Improved Communication

90% PCPs endorsed ⬆ ability to communicate re: mental health concerns

Reduces Burnout



"CAPP consultation helps address Provider Burnout, so that you can keep your FQHC staff around, which is beneficial for everyone.

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Potential Impact & Outcomes Evaluation Measures:

PCP level:

- **Increases in PCP visit primary diagnosis – F code**
- **Changes in PCP prescribing, referral patterns**
- Satisfaction
- Knowledge & confidence
- Burnout

Practice Level

- New workflows?
- Improved PCP/team morale (?)

Pt/Family level:

- Increased satisfaction with quality of & access to care
- Earlier intervention that may help prevent more complex & severe conditions if left undiagnosed & untreated
- Increased care linkage
- **Changes in behavioral health ED visits and psychiatric hospitalizations**

Health System level:

- Reduced wait times to initiate treatment
- Increased Pt satisfaction
- **Increase in measurement-based care (HEDIS metrics)**
- Increased retention of workforce ?
- Increased dissemination of evidence-based practices to rural & underserved areas, thereby advancing health equity

Clinicians-in-training i.e. Pediatric & Family medicine residents, NP & PA students, Child & Adolescent Psychiatry Fellows, Social Work students

- Increased training & experience with
  - public health framework & orientation
  - integrated care models
  - treatment of mental health condition
  - Increased utilization & implementation of future integrated care models

Insurers & Specialty Mental Health:

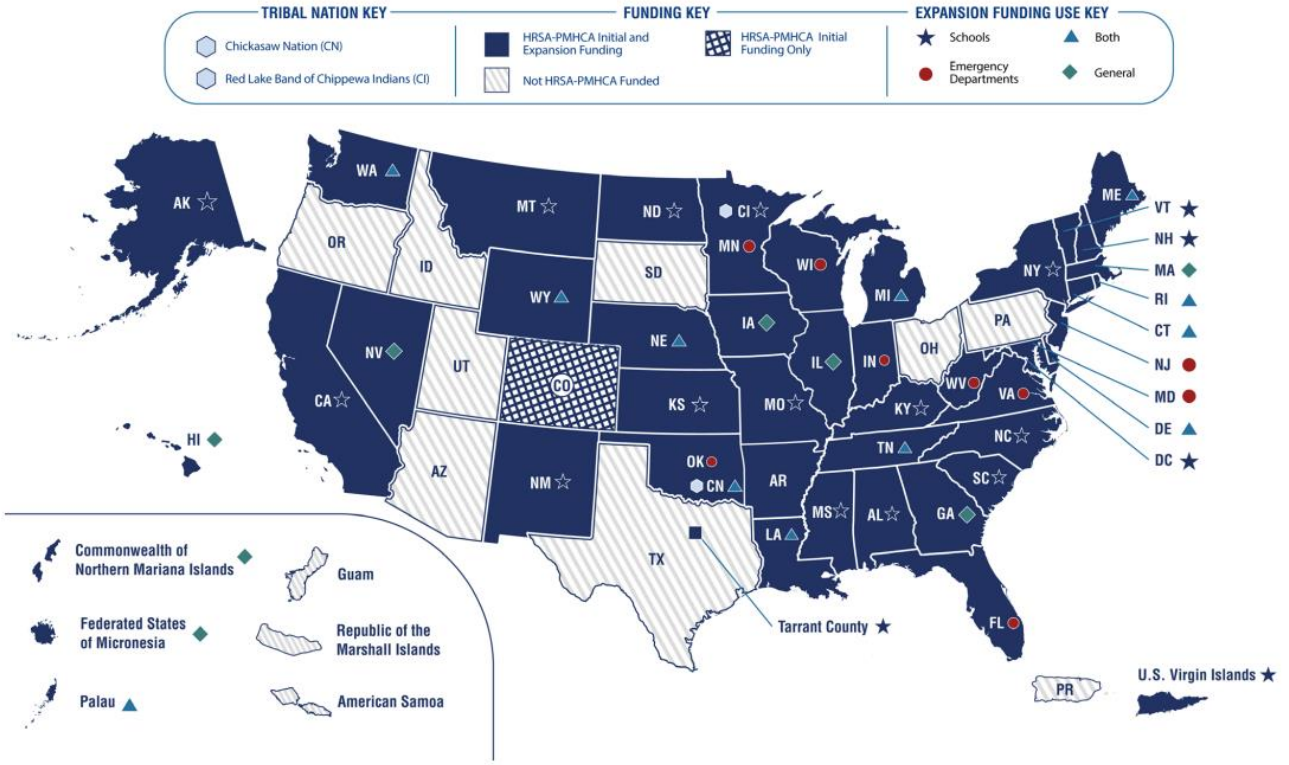
- Reduced referrals to specialty mental health for mild/moderate conditions

Pediatric Mental Health Care Access Program Sustainability

Funding: PMHCAs now exist in 49 states & several US territories and tribal nations and are supported by combination of HRSA, state-funding, philanthropy

Based on comparison of ubiquitous access to vaccinations,

Several states i.e. MA, WA, IL, PA are supported by legislatively mandated contributions from Medicaid AND commercial insurers based on proportion of covered lives see [WA legislation]



Click here to view the abstracts of all PMHCA funded projects: Pediatric Mental Health Care Access Program (PMHCA) | MCHB (hrsa.gov).

Future: Support for a National Prospective Value-Based i.e. Population-Based Payment Model?

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Connecting for Care

Sunflowers communicate with each other underground through their root system, in order to ensure optimal growth for all.

Similarly, we want to ensure we are connecting for care with you, in order to ensure optimal development for all of CA's youth

info@cal-map.org
Petra.Steinbuchel@ucsf.edu

988-CRISIS CARE CONTINUUM UPDATE

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CalHHS
California Health & Human Services Agency

AB 988: Miles Hall Lifeline & Suicide Prevention Act

Authored by **Assemblymember Bauer-Kahan** (AD-16) and enacted in September 2022

Creates the **988 State Suicide and Behavioral Health Crisis Services Fund** via surcharges on telecom per access line per month

Requires CalHHS to convene a state 988 policy advisory group (988-Crisis Policy Advisory Group) to advise on a set of **recommendations for the five-year implementation plan for a comprehensive 988 system** by December 31, 2024

Source: AB 988, Miles Hall Lifeline and Suicide Prevention Act

Updates

- Released Draft Five-Year Implementation Plan for Initial Public Comment Period November 4-14
- Preparing to submit Plan to State Legislature in December 2024

Opportunities to Share Feedback

- **Initial Public Comment Period** (ends tomorrow, Nov 14)
  - *Majority of Draft Plan & Community Engagement Report*
  - Available here: 988-Crisis Policy Advisory Group - California Health and Human Services
    - Draft Plan available here
    - Draft Community Engagement Report available here
  - Send feedback/questions to AB988Info@chhs.ca.gov

- **988-Crisis Policy Advisory Group Meeting:** Nov 20, 10AM – 3PM
  - Members of the public are welcome to attend virtually or in-person (Allenby Building, 1215 O Street, Sacramento, CA)
  - Draft agenda and details available here: 988-Crisis Policy Advisory Group - California Health and Human Services

- **Additional Public Comment Period:** Nov 26-Dec 10, 2024
  - *Full Draft Plan (including State Governance section & Executive Summary), Community Engagement Report & Data Chartbook*

We invite you to provide feedback and, and to share these announcements with your networks.

BHTF MEMBER UPDATES

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PUBLIC COMMENTS

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CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2025 QUARTERLY MEETINGS

Reminder: **All 2024 BHTF Quarterly Meetings Are Now *Hybrid*,**

10 a.m. to 3 p.m.

- January 22nd
- April 9th
- August 13th
- November 12th

CalHHS
California Health & Human Services Agency

ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation.
- Meeting summary, recording, and materials will be posted on the BHTF Website at: Behavioral Health Task Force webpage

CalHHS
California Health & Human Services Agency

Thank you!

California Health & Human Services Agency

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