Welcome and Today's Agenda

Melissa Stafford Jones (CalHHS)

Agenda

Topic	Time	Sub-topics
Welcome and Today's Agenda	3:00-3:05	• Welcome from Melissa Stafford Jones (CalHHS)
CYBHI Initiative-Wide Updates	3:05-3:15	• Demonstration Project: Transforming Together (T^2) • CYBHI Evaluation
Workstream Updates	3:15-4:15	• CA Office of Surgeon General (CA-OSG) • California Department of Public Health (CDPH) • Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) • Department of Health Care Access and Information (HCAI)
Workstream Deep-Dives	4:15-4:45	• Youth Suicide Prevention Campaign and Outreach and Youth Suicide Reporting and Crisis Response Pilots (CDPH)
Q&A / Closing	4:45-5:00	

Initiative-Wide Updates

Melissa Stafford Jones (CalHHS)

Integration and Cross Sector Collaboration

Aligning to Support Children and Youth Learning and Thriving

- Joint recognition that social and emotional well-being and behavioral health impact student attendance and learning

- Deeply shared goals of education and health systems for children to learn and thrive

- Whole Child, equity-centered approach of multiple statewide health and education initiatives

- Utilizing Multi-Tiered System of Support (MTSS) Education Framework for CYBHI

- CYBHI in service and partnership with education to support kids getting what they need to learn and thrive

Deepening Cross Sector Collaboration

- Increased collaboration across state agencies

- Extensive engagement of cross-sector partners in design, planning, implementation and evaluation

- Building foundational partnerships locally between Medi-Cal Managed Care Plans, K-12 Schools and County Behavioral Health Departments

- Multi-payer statewide fee schedule for school-linked BH services

- Series of foundational efforts to build path toward greater integration:
  - CYBHI Ecosystem Working Paper
  - Youth at the Center Report
  - Systems Mapping

- Demonstration Project: Coordinated Local Implementation of Community Schools and CYBHI

Transforming Together (T²) is an integrated-systems project at the intersection of mental health and community schools efforts

Three-year, integrated systems project to improve student behavioral health and well-being through the coordinated implementation of California's Community Schools Partnership Program (CCSPP) and the Children and Youth Behavioral Health Initiative (CYBHI).

Grounded in the **Governor's Master Plan for Kids' Mental Health** and recommendations outline in the **CYBHI Ecosystem Working Paper** the project will demonstrate:

- How local sites can build or strengthen the collaboration and partnership necessary to harmonize implementation of CCSPP and CYBHI

- How these initiatives can be deeply integrated to advance equity and center youth

- What tools, mechanisms and approaches support local partners to integrate across systems

The T² project translates vision into practice in four distinct ways

1 **Advancing equitable access** by breaking down silos to build coordinated systems that center youth and families.

**2** **Maximizing impact** of historic California system-transformation investments.

3 **Identifying and memorializing flexible, scalable practices** of selected demonstration sites.

4 **Networking existing and planned technical assistance** associated with historic California system transformation investments.

The T² project consists of three components

Intensive Implementation Support in 3-5 Local Demonstration Sites
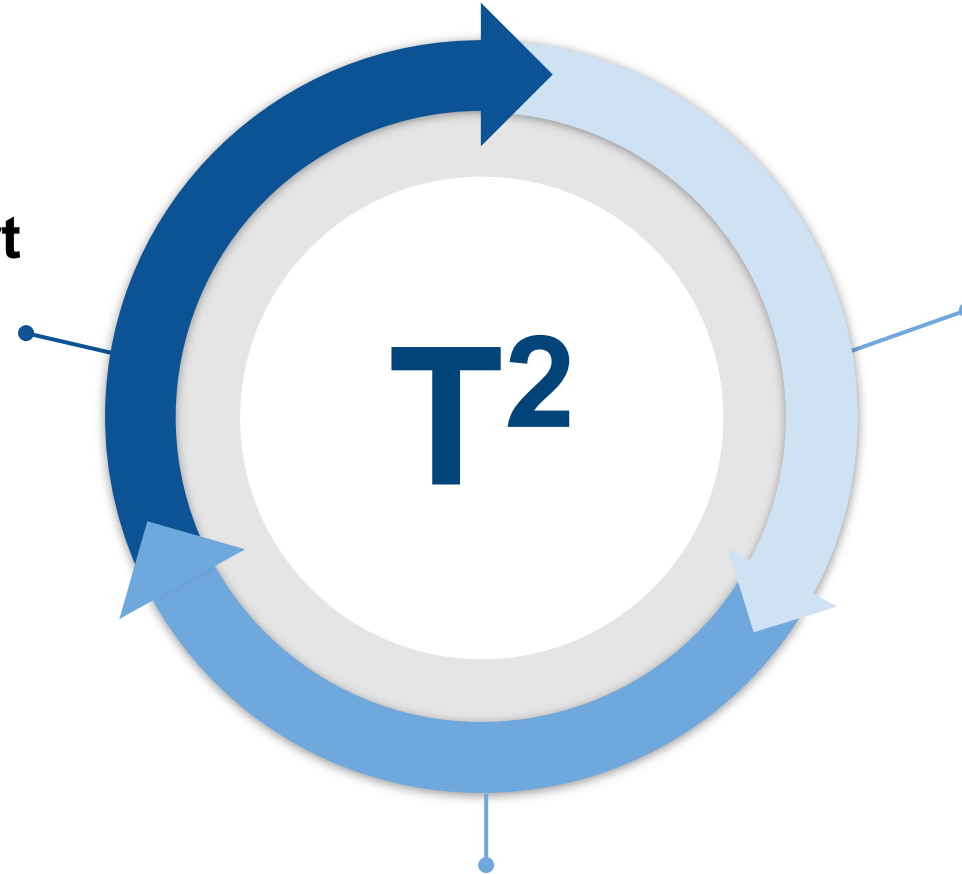
Development of a **Universal Roadmap** to support local systems integration to improve student behavioral health

Technical Assistance, Community of Practice

What is the T^2 project structure?

1

A **CalHHS/CYBHI**-initiated project that works in close partnership with **California Department of Education.**

2

The project is housed at the **Southern Inland Community Schools Regional Technical Assistance Center** (San Bernardino County Superintendent of Schools).

3

The **cross-sector Collaborative Leadership Working Group (CLWG)** provides guidance on project development and implementation.

4

Multiple partners at **state and local levels** are collaborating to develop demonstration project elements.
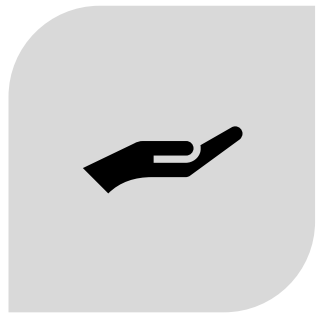
CYBHI Evaluation

EVALUATION COMPONENTS

1. **Equity**: The foundation of our evaluation

   – Integrate community engagement, advisory groups, and inclusive measurement practices

2. **Evaluation**

   – *Program*: Evaluate progress towards better outcomes and system performance measures

   – *Policy*: Understand and contextualize broader policy environment, impacts, and interactions

   – *Systems change*: Assess system transformation and progress towards coordinated and integrated system

3. **Continuous Learning**

   – Learning, testing, and facilitating innovation and refinement of strategies to maximize impact

Mathematica
Progress Together
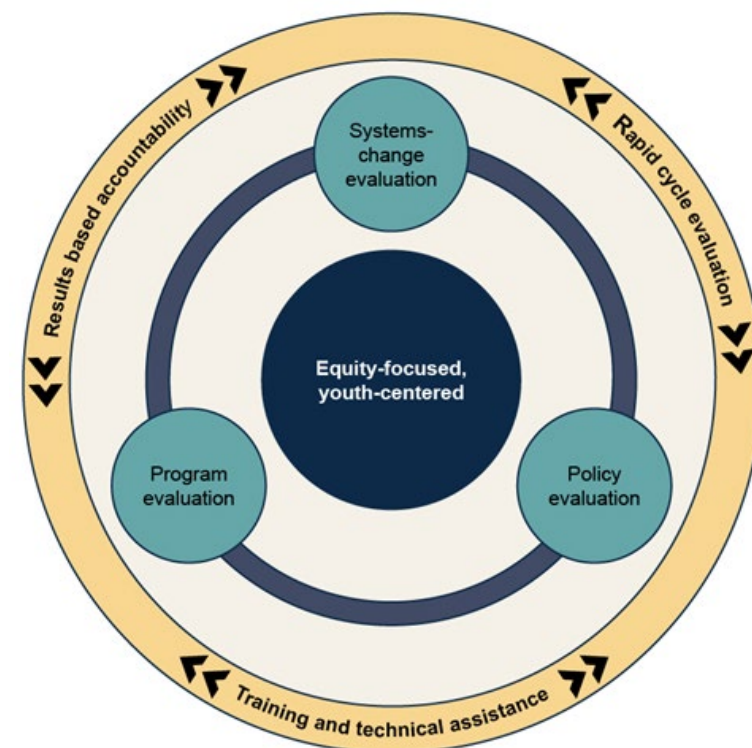
MAIN EVALUATION OBJECTIVES

ADVANCE EQUITY-CENTERED EVALUATION

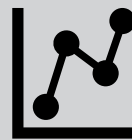**EVALUATE PROGRESS AND IMPACT**

IMPROVE IMPLEMENTATION

LEVERAGE DATA-DRIVEN INSIGHTS

Mathematica
Progress Together

EVALUATION METHODS

Use mixed-methods approach to achieve evaluation objectives

Collect data and analyze the impact on outcomes and measures

Develop mechanisms to monitoring and reporting out on assessed progress and impact

Collaborate with CalHHS to identify, refine, and disseminate strategies and interventions to maximize impact based on evidence

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Progress Together

See appendix for a more detailed overview of proposed data collection & analysis activities

CYBHI OUTCOME OBJECTIVES

Behavioral Health & Well-being	Access to & Experience with Services
Increase in (a) overall social, emotional, and mental well-being and (b) improvement in children and youth's strengths and skills to address behavioral health challenges.	Improvement in the expertise of (a) accessing and (b) receiving behavioral health services and supports.
Decrease in behavioral health challenges.	Increase in (a) knowledge of available behavioral health supports and services and (b) increase in confidence that children, youth, and families can get supports and services when they self-identify need.
Decrease in rates of suicidal ideation among children and youth.	Increase in children and youth who receive behavioral health services and supports.
Decrease in emergency department visits and hospitalizations for behavioral health-related conditions.	Increase representativeness in demographic characteristics and diversity in type of behavioral health professionals, especially in underserved communities.
Increase in school engagement, as measured through reducing absenteeism and suspension.	Increase in preventative services and family supports for children and youth of all ages.
Decrease in stigmatizing attitudes toward behavioral health.	Increase in substance use prevention strategies, specifically for younger children and adolescents.

System-level Support & Collaboration

Decrease in system-level barriers to behavioral health care for children and youth, especially in underserved communities.

Increase in cross-sector collaboration within the behavioral health ecosystem.

Increase in utilization of the school-linked statewide fee schedule.

Mathematica
Progress Together

COLLECTIVE IMPACT: WORKSTREAM EFFORTS CONTRIBUTE TO BROAD CYBHI OUTCOMES

Workstream Updates

CA Office of Surgeon General (CA-OSG)

California Department of Public Health (CDPH)

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

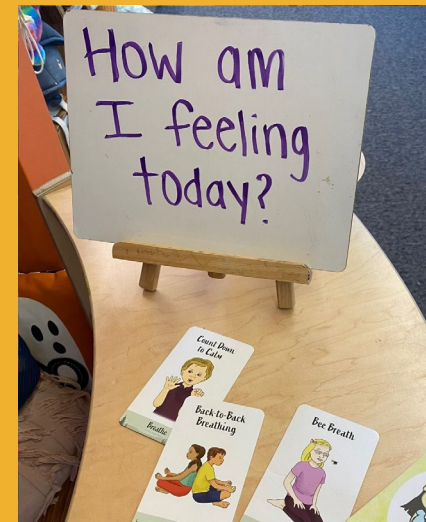Department of Health Care Access and Information (HCAI)

SCHOOL + EARLY CARE SITES **LISTENING TOUR**

Completed Visits

- Fresno County

- Orange County

Future Visits

- Tehama County

- Sonoma County

- LA County

THANK YOU
Julie.Rooney@osg.ca.gov

ACES and Toxic Stress Campaign Development Update

Campaign Team Presenting Today & Campaign Partners

Cara O'Shea
Account Supervisor

Camellia Mortezazac MPH
Director, Strategy and Insights

FRAME WORKS

THE SOCIAL CHANGERY

CYBHI
Children and Youth
Behavioral Health Initiative

RAND CORPORATION

Weinreich Communications
change for good

UCLA | UCSF
ACEs Aware Family Resilience Network

Your Social Marketer, Inc.

CalHHS
California Health & Human Services Agency

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

HCAi
Department of Health Care
Access and Information

DEPARTMENT OF
Managed
Health Care

CDPH

STATE OF CALIFORNIA
OFFICE OF THE SURGEON GENERAL

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

DDS

Agenda

- Shared Goals, Audiences, and Strategy

- Advisory Informing Development

- Insights Informing Campaign Strategy & Development

- Next Steps

Shared Goals, Audiences, and Strategy

Campaign Goals

Through our campaign, we will:

1. Drive an increase in public awareness of ACEs and toxic stress
2. Support prevention and mitigation of ACEs, toxic stress, and their effects

We will do this by:

1. Increasing knowledge
2. Influencing attitudes and beliefs
3. Building skills
4. Inspire action

Campaign Audiences

Primary:
Youth and young adults (emphasis on ages 16-25)

Focus on:
- Economically disadvantaged communities
- BIPOC youth
- Tribal/Indigenous communities
- Immigrant and refugee communities
- Rural communities
- System-impacted youth
- 2SLBGTQIA+ youth
- Intersections of these identities

Secondary:
Parents and Caregivers (emphasis on those with youth ages 8-16)

Focus on:
- English & Spanish speaking communities
- Economically disadvantaged communities
- BIPOC communities
- Tribal/Indigenous communities
- Immigrants and refugee communities
- Rural communities
- Caregivers impacted by child welfare and justice systems

Tertiary:
Health care providers, educators, and early care providers

Focus outreach to:
- FQHC providers and networks
- Pediatricians and primary care providers
- California community college networks
- And more!

Baseline Survey to measure Campaign Objectives

Statewide survey (n=1,179) of youth and young adults (16-25) and caregivers of youth in English and Spanish launched in Oct 2023 to assess:

1. Knowledge, Attitudes, Beliefs, and Behaviors related to ACEs and Toxic Stress
2. ACE score of campaign priority audiences
3. Preliminary data expected early January
4. Post-survey will measure campaign reach and outcomes

Advisory Informing Campaign Development

Campaign Advisory: Academic Subject Matter Experts

Cecilia Ayón, PhD
Professor, School of Public Policy, UC Riverside

Nadine Burke Harris, MD, MPH
First and Former CA Surgeon General

Mikah Owen, MD, MBA, MPH
Senior Director, UCAAN

Rachel Gilgoff, MD, CCTP, FAAP
Advisor, UCAAN

Eraka Bath, MD
Associate Professor in the Division of Child and Adolescent Psychiatry, UCLA

John R. Blosnich, PhD, MPH
Director, Center for LGBTQ+ Health Equity at the Suzanne Dworak-Peck School of Social Work (USC)
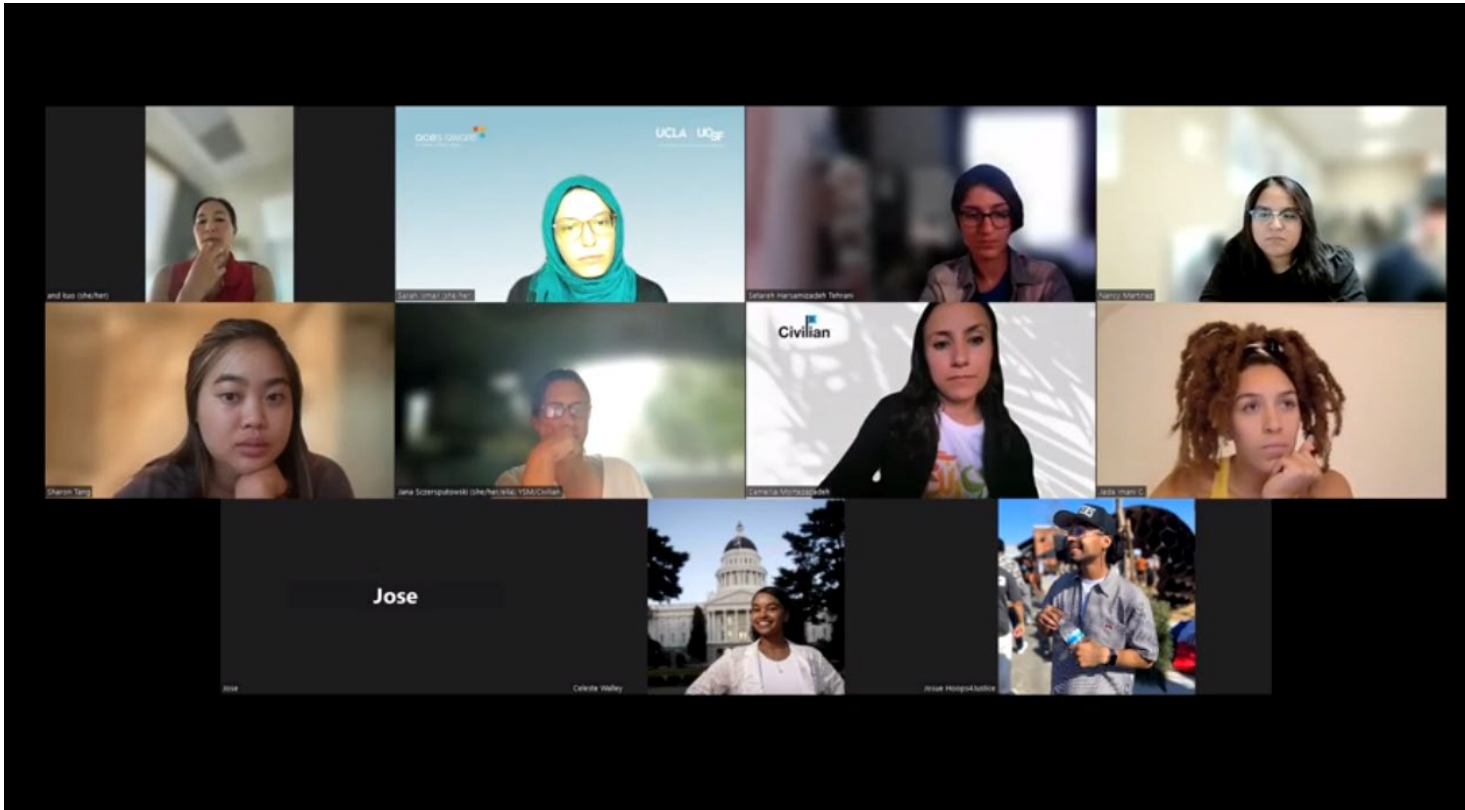
Leigh Ann Simmons, MFT, PhD
Co-Director, Perinatal Origins of Disparities (POD) Center, UC Davis

Michèle Evans, MD, MPH
Northern California Regional Medical Director of the Kaiser Permanente Child Abuse Services and Prevention (CASP)

Campaign Advisory: Youth and Young Adults, CBOs, and Parents and Caregivers with lived experience
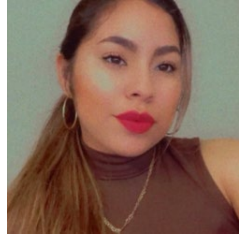
Campaign Advisory: Youth and Young Adults

Baani Sabharwal

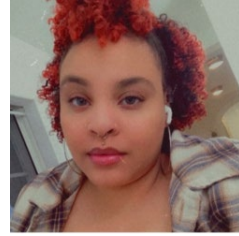Celeste Walley

Celina Inzunza

Christian Jeff Yu Menguito

CiCi Williams
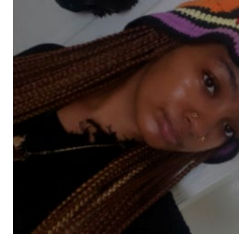
Elita Jasmine Young

Jada Imani Carter
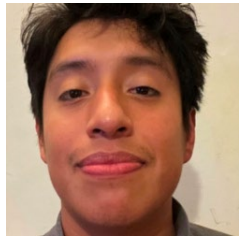
Jose Cruz

Josue (Swey) Pineda

Julio Sagastume
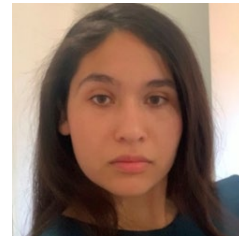
Laura Avila
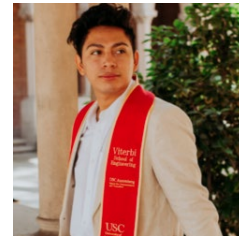
Luis Wualdemar Tun Orozco

Nancy Martinez Urieta
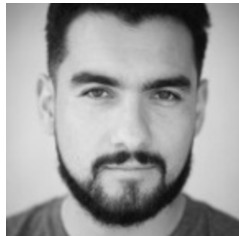
Ronaldo (Ronnie) Villeda

Ronnie Kuznicki-Mejia
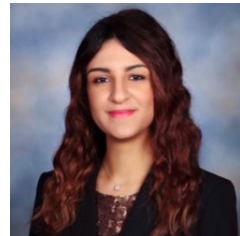
Setareh Harsamizadeh Tehrani
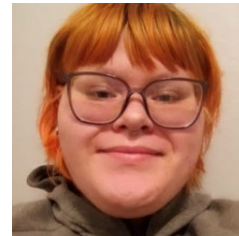
Shae Dellamaggiore

Shamar Knox
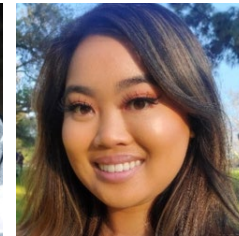
Sharon Tang

UCLA | UCSF

ACEs Aware Family Resilience Network

Partner Input: HealTogetherCA.org

External facing website in English and Spanish for campaign overview, updates, survey, and opportunities for public and partner input

Our Campaign's Values
Designed with, for and by children, youth and families

Prioritizing diversity, equity, inclusion strengthens our approaches

Everyone has a role to play - systems, educators, providers, communities, individuals, and more for multi-sector solutions

Toxic stress can be prevented; and effects of ACEs can be mitigated by PCEs

Parents want their children to thrive, and want their children to have a better childhood than theirs

While it may take years to see lasting change, we can work together to reverse the impact of ACEs in the next generation

Prioritizing children, youth and families helps CA prosper

Policies and systems can either prevent or perpetuate ACEs

Acknowledging systematic inequalities such as white supremacy, racism, and colonialism's role in ACEs, trauma, and toxic stress

Listening Sessions

7 Listening sessions with diverse participants across the state (English + Spanish)

86 total participants engaged

Listening sessions held from July-September 2023 to inform campaign development and insights/feedback related to knowledge, perceptions, and creative direction

CBO Voices

- La Raza Community Resource Center (Contra Costa County)
- First 5 of Monterey County (Monterey County)
- Child Abuse Prevention Council (Tulare County)
- Therapy for Latinx (LA County)
- Worksite Wellness LA (LA County)
- Hoops4Justice (Orange County)
- Fresno Community Health Improvement Partnership (Fresno county)
- Pacoima Beautiful (LA County)
- Riverside University Health System (Riverside County)
- Debrief Methodologies Inc. (Stanislaus County)
- CYBHI Children, Youth, and Family Network
- And more!

Youth and Young Adult Voices

- Inclusive of UCAAN ACEs Aware Youth and Young Adult Council and Leaders

Parent and Caregiver Voices

How do our audiences want the campaign to make them feel?

Hopeful

Safe

Deserving

Supported

Understood

Empowered

Driven (to take action)

Barriers We Heard

Feelings of stigma and shame about past experiences

"Help" can be hard to find for many

Different stages of willingness/ability to seek out support for ACEs, toxic stress, and their effects

Healing isn't linear and the journey isn't always clear; campaign cannot provide false promises and hope that people can quickly be "healed"; rather, we need to recognize healing is defined differently among individuals and it could take years for some

Burden on Youth: Pressure on young people that **"it's up to them"** to change history/cycles of trauma. However, many participants noted that they felt compelled to take action when they became aware of how their past ACES affected their behavior/relationships

Acknowledging root causes/systemic issues that perpetuate ACEs or impacted parents/caregivers; taking care not to blame parents/caregivers in any way, shape, or form

Mistrust of primary care providers; no resounding endorsement for talking to a PCP about these topics; however, varied willingness to engage with a trusted mental health professional

Key Insights: Emotional Impact

1

Offer various avenues of engagement, or a 'choose your own adventure' approach to engaging with the campaign.

The campaign should offer **different opportunities for young people to engage** with the campaign, including personal stories, scientific facts, tips for healing, coping with activating situations, and dealing with intergenerational trauma. Healing isn't linear and options should also follow a choose your own adventure menu.

2

Deliver available and realistic options for healing and support.

When a young person engages with the campaign and visits the website, they should **walk away with understanding (the science), options for healing (the what now), feeling connected and hopeful (stories from other young people),** and with the feeling that **they have the power to seek the help they need**. The options for healing need to be within reach.

3

Evoke feelings of hope, relief and empowerment.

When asked how the campaign should make someone feel, responses included h**opeful, safe, relieved, deserving, supported, understood, and empowered and driven (to take action).** The campaign should partner with trusted messengers to create a sense of safety and trust.

Key Insights: Messaging and Resources

4

Honor that people have something to give and need agency in their own healing.

Combine science-based tips from "the experts" with personal stories and practical, real life, experiences, healing and stress busting strategies from the perspective of people who have experienced toxic stress, trauma and ACEs. Talk to people, not at people.

5

Use ACE acronym in combination with what it means.

Youth believe increasing awareness of ACEs (and using the acronym) will reduce stigma. They are interested in facts to help them understand what happened to them and the path forward. **The campaign should use the term ACEs, what it stands for, and also explain what it means using simple language, examples, and stories** that youth can use to talk about these topics with older generations who might experience barriers.

6

Be Future Oriented.

Youth and adults responded to statements that were aspirational such as: "I have the power to change future outcomes for me, or my child if I have one." **Whereas messages that focused on toxic stress as a medical condition made individuals feel like there was something wrong with them.**

"Focus on the here and now, but also help youth connect to their future selves in some way that will make them feel like the want to protect that person (their future self)."

Key Insights: Messaging and Resources

7

Provide "What Now" options.

Raising awareness is the first step, but the emphasis should be on what happens next. Understanding that ACEs is not the final chapter in the story, but the beginning of the healing journey.

Coping strategies should meet youth (and adults) where they are at and not feel overly general or defeating.

8

Stories combined with science.

People absorb information in different ways. The campaign should combine scientific explanations to promote understanding with **personal stories to foster belonging.** Coping and stress-busting tips should be trauma-informed, **achievable**, specific, and include tips from real people, using a peer-to-peer.

9

Messaging about positive childhood experiences (PCEs) needs to be delivered with care and purpose.

The campaign should always speak from a point of view that people are doing the best they can. **Learning about positive childhood experiences that can mitigate the negative consequences of ACEs after the fact was perceived as negative and demoralizing by youth and adults.**

Key Insights: Look and Feel

10 **Incorporate youth culture into creative elements of the campaign.**

The campaign should use creative elements that are relevant to young people such as ads that tie back to pop-culture, trends, and other ways to make them relevant to youth culture. **Show up where youth spend time - online and social media.**

11 **Engage with influencers, musicians, sports figures and others to normalize ACEs, toxic stress and healing.**

By partnering with **authentic spokespeople and influencers that have star-power and resonate with young people**, the campaign can create trust and a safe space for individuals to engage and feel connected.

12 **Healing happens in relationship and community.**

Raise awareness about t**he role supportive relationships can play in healing, as well as being role models and mentors** for a young person in their community.

Suggestions for the campaign included community events to foster belonging and provide opportunity for sharing of coping strategies, cultural healing practices, both peer-to-peer and across generations.

Full Report Available Online

https://osg.ca.gov/theacescampaign/

ACEs and Toxic Stress Campaign Listening Sessions Summary Report

Next Steps

Finalize Campaign Concept: December 2023

Campaign Official Launch: Spring 2024

Learn more, keep up to date, and provide input here:
www.HealingTogetherCA.org

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

Ana Bolaños, MSW

Assistant Deputy Director

CDPH Public Education & Change Campaigns

- Statewide and local level public education and change campaigns to reduce stigma and increase help seeking behavior.

- Focus on children and youth (0-25), caregivers, and families who are part of communities that are historically unserved, underserved, and inappropriately served.

- Spotlight on youth and caregivers from underserved communities.

Public Education and Change Campaign

CDPH California Department of Public Health

Partnering with Caregivers, Families, and Communities

Co-design Culturally and Linguistically Appropriate Message

Increased awareness of Mental, Emotional, Behavioral Health and Substance Use Disorders

Statewide Campaign Updates

Solicitation Released
9/1/2023

Proposals Received
9/29/2023

Notice of Intent to Award
11/3/2023

Contract Execution
December 2023

Kick-Off Meeting
December 2023

- Rescue Agency selected as media vendor for statewide public education and change campaign

- Creating public education and change campaign, partnering with community-based organizations for culturally appropriate efforts involving youth, caregivers, and communities.

Local Campaign Updates

- CDPH aims to reshape behavioral health through youth-centered, co-created public health campaigns by partnering with Community-Based Organizations (CBOs). Community-based organizations will tailor campaigns for local level within the priority populations.

- 25 - 30 community-based organizations will receive grant awards to implement the local-level campaigns.

- To learn more about the Request for Applications visit: Center for Wellness and Nutrition

PHI Contract Execution
10/31/2023

PHI Kick-Off Meeting
11/17/2023

RFA Release Date
12/1/2023

Informational Webinar
12/12/2023

Award Notification
2/5/2024
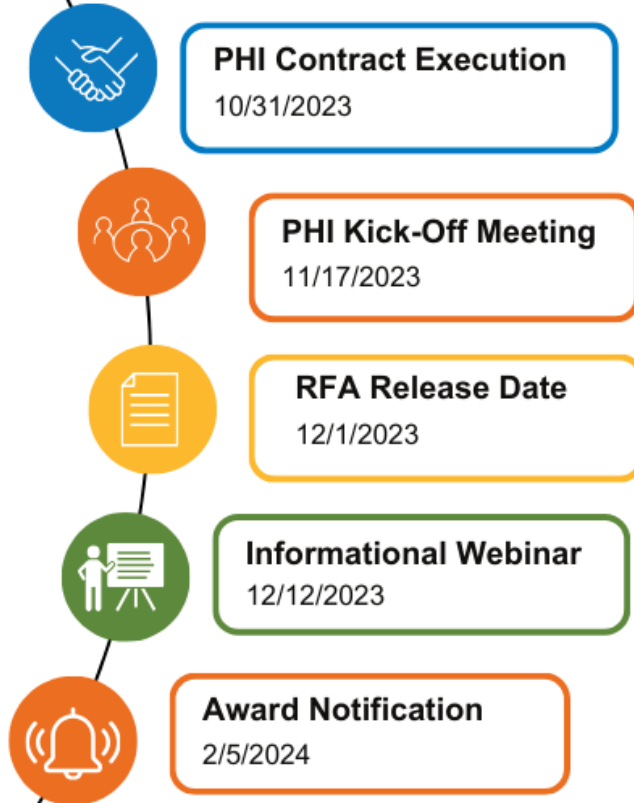
Evaluation

In this quarter, CDPH OHE developed a comprehensive evaluation plan for the CYBHI OHE Workstream, covering these key components:

- Process evaluation

- Statewide campaign assessment

- Local-level campaign evaluation

- Community-based organizations' efforts

Youth Collaborative

Youth Co-Lab (YCL) Committee members will ensure that CA youth's unique voices, needs, and ideas are integrated into the statewide and local level education and change campaigns.

YCL members will serve as contracted employees and assist CDPH in ensuring campaign alignment and a youth centered approach.

Launch	Deadline Extended	Deadline	Application Review	Interviews	Onboarding	Kick-Off
		Waitlist Open				
9/29/23	10/31/23	11/17/23	11/20 - 12/6/23	December	January	February

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

Ana Bolaños, MSW

Assistant Deputy Director

CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign

Campaign Goal: Reduce suicide ideation, attempts, and deaths by increasing awareness and utilization of resources, services, and supports among California youth up to age 25 who are disproportionately impacted by suicide.

Three main project components:

- A media campaign, co-created with youth. Audiences include youth who are Black/African American, Hispanic or Latinx, and American Indian/Alaska Native youth, and their peer and adult allies.

- Community-level suicide prevention projects implemented by 34 CBO and tribal entity grantees, which will amplify and reinforce campaign messaging.

- Comprehensive evaluation to assess the overall impact of the project and identify promising suicide prevention practices.

CDPH/CHC Youth Suicide Prevention
Media and Outreach Campaign
Timeline and Current Status

March - April 2023

📄 Media, Evaluation, & Implementation Partner Contracts Executed

May – July 2023

RFA Release & Review + Preliminary Media Research

Aug – Sep 2023

✓ CBO/Tribal Entity Awards & Media Concept Testing

Oct – Dec 2023

Media Concept Development & Youth Co-Creation Convening

Winter 2023 – Spring 2024

Community Project Implementation, Continued Media Co-Creation & Launch
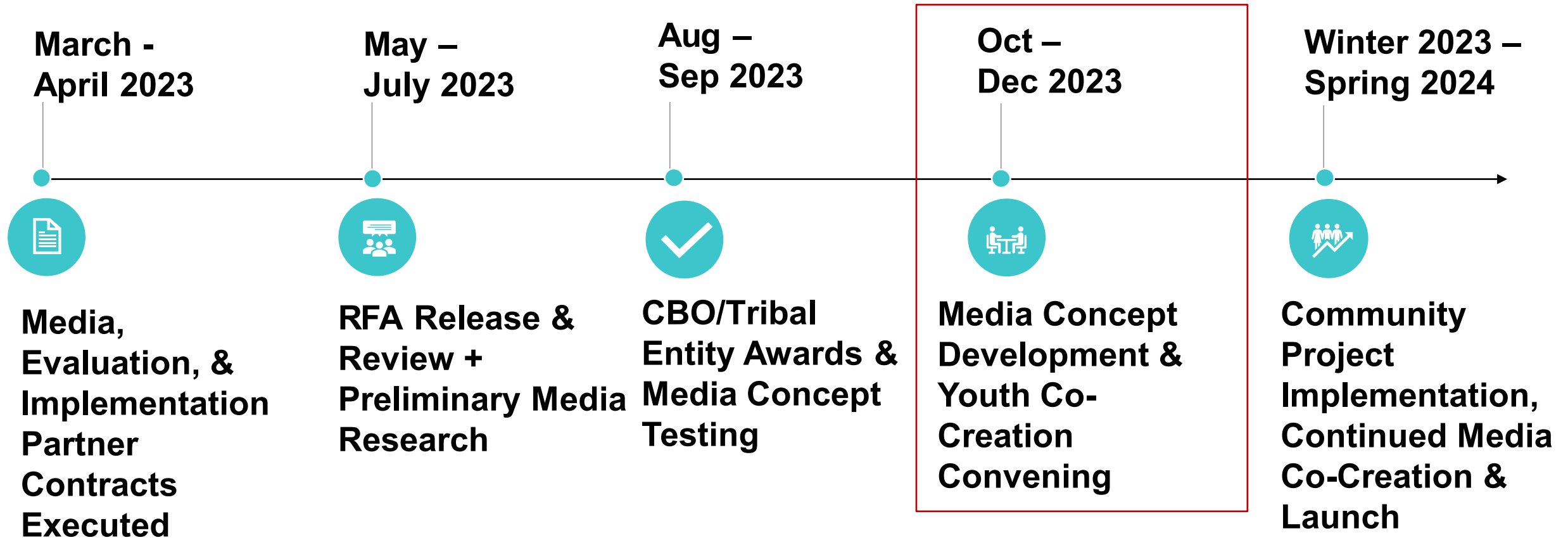
CDPH/CHC Youth Suicide Reporting and Crisis Response Pilot Program

Program Objective: Develop and test models for rapidly reporting and comprehensively responding to youth suicides and suicide attempts at the county level by providing crisis services and follow-up supports within school and community settings.

Ten high-priority counties selected to participate:

Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Diego, San Joaquin, and Solano

The pilot program will be designed by each county to:

- Complement and expand upon existing supports and services

- Identify and shrink gaps in rapidly reporting youth suicide deaths and attempts

- Strengthen rapid responses to suicide deaths and attempts to initiate crisis response services

CDPH/CHC Youth Suicide Reporting and Crisis Response Pilot Program
Timeline and Current Status

Nov – Dec 2022

Dec 2022

June - Sept 2023

Oct- Nov 2023

November 2023 – June 2025

Training and Technical Assistance Contractor and Independent Evaluator Selected

Key Informant Interviews with Counties

County Contracts Executed

Implementation Plans Finalized

Continued Development & Implementation of Activities
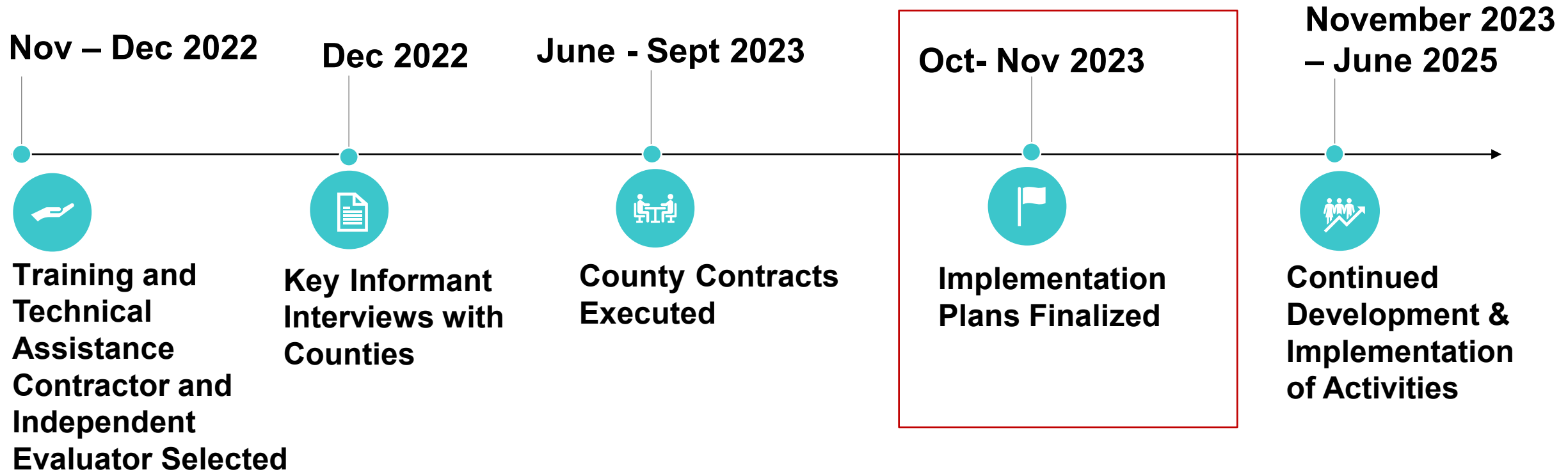
Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC)

CYBHI Fee Schedule

1A. Timeline for fee schedule

UPDATED AS OF 11/27/23 FOR DISCUSSION | NOT EXHAUSTIVE

★ Current status   ◆ Cohort 1 kickoff

August 2023

- ✓ Statement of interest shared with County Offices of Education (COEs)
- ✓ Statement of interest and operational readiness survey shared with COEs and LEAs[1]
- ✓ DHCS partnership with SCOE and SCCOE announced

October 2023

- ✓ Cohort 1 statement of interest and operational readiness survey closed
- ✓ TPA RFI[2] closed
- ✓ Draft guidance document published for plans and providers
- ✓ Final fee schedule published with codes and provider types

December 2023

- State Plan Amendment for PPS[4] providers and directed payment authority approved by CMS[5,6]
- TPA contract executed and TPA onboarded
- Fee schedule finalized, including rates and modifiers

February 2023

- TA support sessions held *(ongoing through 2024)*
- Cohort 2 application process begins[7]

September 2023

- ✓ Technical assistance (TA) given to Cohort 1 applicants via webinars
- ✓ Third-party administrator (TPA) RFI[2] released

November 2023

- ✓ Review of LEA statement of interest and operational readiness surveys
- Select and announce Cohort 1 LEAs
- TPA vendor selected

January 2024

- Kick-off with Cohort 1 providers, participating payers, and the TPA
- Launch of TA support sessions and collaboration within learning cohort

Timeline for claims to being processed is dependent on CMS approvals and TPA onboarding timeline

1. Local Educational Agency; 2. Request for Information; 3. Statement of Interest; 4. Pupil Personnel Services; 5. Centers for Medicare & Medicaid Services; 6. Start date for approval of claims dependent on CMS approval; 7. Cohort 2 will include Local Educational Agencies and California Community Colleges (CCCs)

Source: DHCS, discussions with stakeholders (e.g., health plan workgroup, fee schedule working group)

1B. Recap: Considerations for identifying the TK-12 Phase 1 cohort

DRAFT AS OF 11/27/23   **FOR DISCUSSION | NOT EXHAUSTIVE**

Cohort 1 objectives

Create opportunities to learn and collect feedback from Cohort 1 partners (e.g., COEs[1], LEAs[2], MCPs[3], TPA[4]), revising policies, processes, and guidance based on lessons learned

Build confidence and interest with effective launch with Cohort 1 LEAs who have implemented the fee schedule

Begin expanding access to school-linked behavioral health services among a diverse set of LEAs

Considerations

Geography: Urbanicity, region, etc.

Coverage: Free and Reduced-Price Meal (FRPM) participation, Healthy Places Index, student population size, etc.

Existing billing/reimbursement infrastructure: Local Educational Agency Medi-Cal Billing Option Program (LEA-BOP) participant, Medi-Cal enrollment status, Student Behavioral Health Incentive Program (SBHIP) Managed Care Plan (MCP) partnerships, etc.

Existing care delivery infrastructure: School-Based Wellness Centers (SBWC), Medi-Cal managed care plan models (e.g., 2024 MCP contract changes, subcontracting structures), etc.

1. County Office of Education, 2. Local Educational Agencies (LEAs) including charter schools, counties offices of education, California Schools for the Deaf and Blind, 3. Medi-Cal Managed Care Plans, 4. Third-Party Administrator
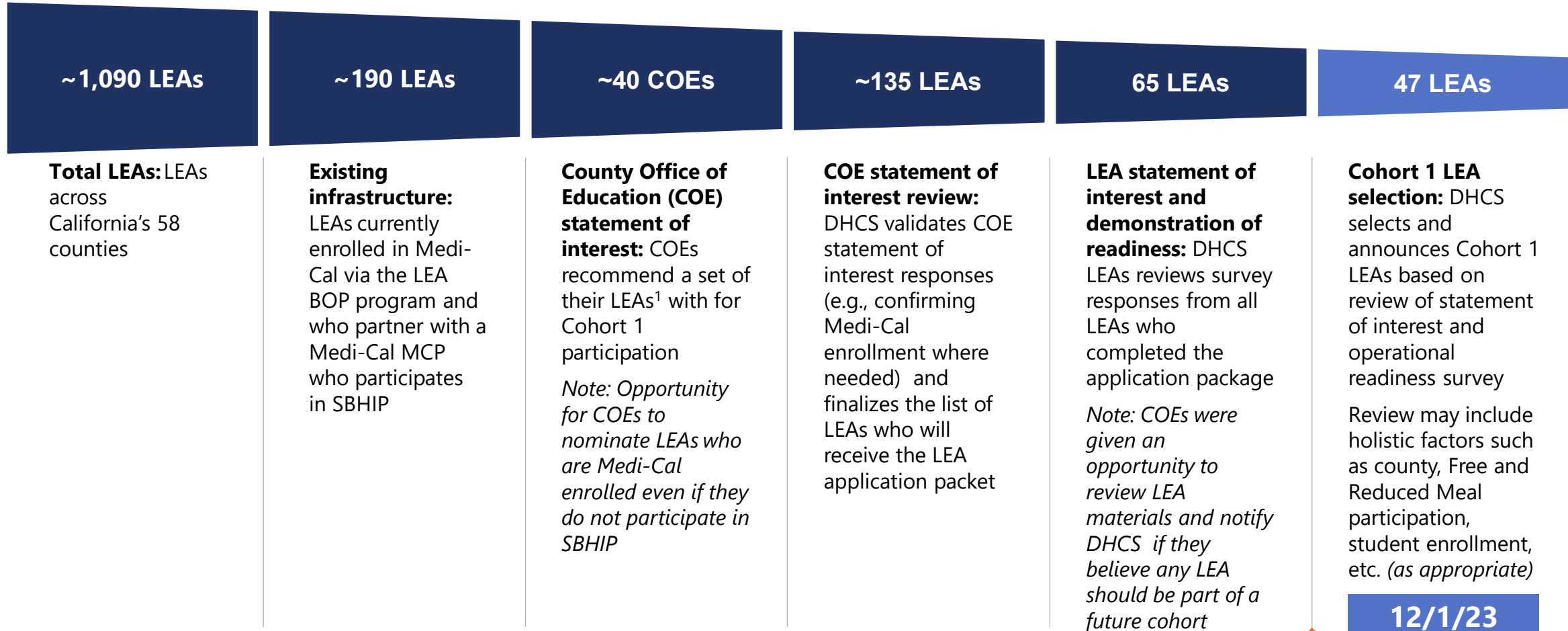
Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

1B. DHCS process for selecting Cohort 1 Local Educational Agencies (LEA)

DRAFT AS OF 11/27/23   **FOR DISCUSSION | NOT EXHAUSTIVE**   Details to follow

~1,090 LEAs	~190 LEAs	~40 COEs	~135 LEAs	65 LEAs	47 LEAs
Total LEAs: LEAs across California's 58 counties	**Existing infrastructure:** LEAs currently enrolled in Medi-Cal via the LEA BOP program and who partner with a Medi-Cal MCP who participates in SBHIP	**County Office of Education (COE) statement of interest:** COEs recommend a set of their LEAs[1] with for Cohort 1 participation *Note: Opportunity for COEs to nominate LEAs who are Medi-Cal enrolled even if they do not participate in SBHIP*	**COE statement of interest review:** DHCS validates COE statement of interest responses (e.g., confirming Medi-Cal enrollment where needed) and finalizes the list of LEAs who will receive the LEA application packet	**LEA statement of interest and demonstration of readiness:** DHCS LEAs reviews survey responses from all LEAs who completed the application package *Note: COEs were given an opportunity to review LEA materials and notify DHCS if they believe any LEA should be part of a future cohort*	**Cohort 1 LEA selection:** DHCS selects and announces Cohort 1 LEAs based on review of statement of interest and operational readiness survey Review may include holistic factors such as county, Free and Reduced Meal participation, student enrollment, etc. *(as appropriate)* **12/1/23**

Current status

1. Local Educational Agency ; 2. County Office of Education

DRAFT AS OF 11/27/23
FOR DISCUSSION | NOT EXHAUSTIVE

1B. Deep dive: Cohort 1 LEA selection methodology

1 Reviewed each LEA's statement of interest and operational readiness survey, assessing responses against a set of "standards"

For each standard, the OSP team determined if the LEA is:

- Ready – well qualified
- Ready – qualified
- Not ready
- Incomplete response

2 Conducted peer review of each LEA's statement of interest and operational readiness survey, assessing against the same set of "standards"

3 Prioritized a set of 6 "standards" against which all Cohort 1 LEAs must be deemed ready[1] according to their application *(see page 9 for details)*

In addition to the 6 "standards" noted above, DHCS plans to support Cohort 1 LEAs in achieving additional readiness "standards" through state-provided technical assistance

4 Completed a holistic impact check, understanding factors such as geographic distribution, urbanicity, student enrollment, Health Places Index quartile, etc.

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1. Includes LEAs who are "Ready - well qualified" or "Ready - qualified" across the set of six standards

1B. Cohort 1 Selection Standards

DRAFT AS OF 11/27/23

FOR DISCUSSION | NOT EXHAUSTIVE

LEAs must be ready across [1] the following standards...

The LEA has long-standing experience with behavioral health delivery beyond those delivered under an IEP/IFSP[2]

The LEA collects robust student health information as evidenced by supporting documentation

The LEA handles student health information in a manner compliant with all federal and state regulations as evidenced by supporting documentation

The LEA currently collects provider information

The LEA has existing billing infrastructure and capacity and is ready to submit claims for the fee schedule

The LEA is willing to collaborate with DHCS on pre-launch requirements

1. Includes "Ready – well qualified" or "ready – qualified;, DHCS analysts asked to read entire LEA statement of interest and operational readiness survey to determine if the LEA meets the standards outlined on this page.; 2. Individualized Education Plan / Individualized Family Service Plan
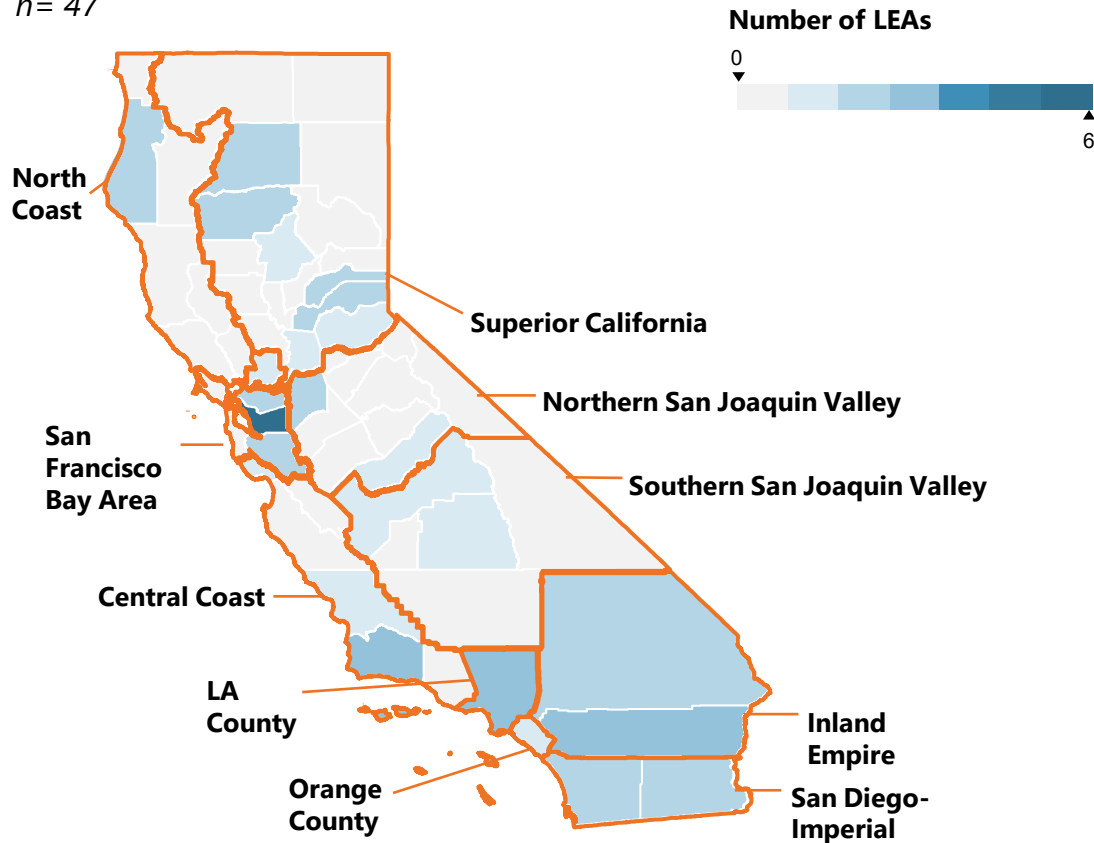
Source: LEA statement of interest and operational readiness review survey responses

1B. Overview: Cohort 1 LEAs[1]

DRAFT AS OF 11/27/23   **NON-EXHAUSTIVE**

Potential Cohort 1 LEAs identified by DHCS, # of LEAs

n= 47

Number of LEAs
0
6

North Coast
Superior California
Northern San Joaquin Valley
San Francisco Bay Area
Southern San Joaquin Valley
Central Coast
LA County
Orange County
Inland Empire
San Diego-Imperial

Additional detail *(data as 11/27/2023)*

72% (47) of the LEAs that submitted applications were identified as potential participants in Cohort 1 by DHCS. This group of LEAs includes:

43% (25) of counties in California

13% (6) LEAs located in rural counties, compared to 18% state average

17%[1] (~1M) of students across California's TK-12 public schools

72%[1] (~733k) Free and Reduced-Price Meal program participants, compared to 60% state average

All TK-12 grades are included within Cohort 1 LEAs (TK, elementary, middle, and high schools)

1. Two entities who completed applications but are not LEAs according to CDE's definition (Humboldt County Court and Communit y Schools, Riverside County Office of Education, Alternative Education) are not included in this analysis.; Standards included are that the LEA has long-standing experience with behavioral health delivery beyond those delivered under an IEP/IFSP; the LEA collects robust student health information as evidenced by supporting documentation; the LEA handles student health information in a manner compliant with all federal and state regulations as evidenced by supporting documentation; the LEA currently collects provider information; the LEA has existing billing infrastructure and capacity and is ready to submit claims for the fee schedule; The LEA is willing to collaborate with DHCS on pre-launch requirements; 2. ~600 school sites included in Cohort 1 LEAs (~6% pre-K/TK, ~42% elementary school, ~18% middle school, ~23% high school, ~11% other)
Source: LEA statement of interest and operational readiness review survey responses

2. Update: Statewide TPA

UPDATED AS OF 12/05/23   **FOR DISCUSSION | NOT EXHAUSTIVE**

DHCS selection

Carelon Behavioral Health has been selected to serve as the statewide TPA[1] for the fee schedule

The vendor will be responsible for **provider network management, claims administration / payment remittance, and ongoing support to payers and providers** *(details to follow)*

Carelon Behavioral Health company overview

- Carelon Behavioral Health, formerly Beacon Health Options, is an Elevance Health subsidiary **offering behavioral health services to 47+ million members nationwide** through a network of 115,000+ providers

- In California, Carelon Behavioral Health currently:

  o Has a behavioral health network with ~16K providers, of whom **~4K specialize in school-based services**

  o **Coordinates health services in 24 counties** (36 beginning in 2024) and contracts for NSMH[2] services with six health plans

- Carelon Behavioral Health has **experience with children and youth services** (e.g., provides ASO[3]/MCO[4] services in other states for youth and school-based services)

2. Recap: TPA[1] responsibilities based on feedback from previous working sessions

UPDATED AS OF 12/05/23   **FOR DISCUSSION | NOT EXHAUSTIVE**

Provider network management

Practitioner credentialing: Validate that designated[2] providers and practitioners have the appropriate credentials for participation in the school-linked behavioral health provider network

Provider list maintenance: Maintain and share provider lists from LEAs[3] and public institutions of higher education that includes employed, contracted and affiliated providers

Network regulatory compliance and quality oversight: Monitor quality and performance, ensuring processes are in place to address issues as they arise (e.g., provider eligibility)

Data exchange and quality monitoring: Work with all participating providers to collect, manage, quality check, and share data *(as appropriate)*

Claims administration and payment remittance

Claims validation: Review claims forms to ensure accurate and necessary information is present, reducing risk of duplication and working with providers as needed to adjust

Benefits coordination: Determine the appropriate payer for claims based on students' insurance coverage

Claims submission: Submit claims to appropriate payers of responsibility

Reconciliation and payment coordination: Respond to any outstanding questions from payers and facilitate reimbursement back to providers

Data management: Process, maintain, and analyze claims data, ensuring effective tracking of services administered, data security, and data integrity

1. Third-Party Administrator; 2. Each LEA will be responsible for submitting a list of their designated providers and practitioners who are able to render services under the fee schedule; 3. Local Educational Agencies

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

Evidence-based and Community-defined Evidence Practice (EBP/CDEP) Grants

⠕HCS

Overview of the 6 EBP/CDEP grant program rounds

NON-EXHAUSTIVE

EBP/CDEP grant rounds	Amount	Status
Round 1: Parent / Caregiver Support Programs and Practices	**$30.5M**	[Awarded](#) $30.5M across 63 entities on July 6th, 2023
Round 2: Trauma-Informed Programs and Practices	**$100M**	Preparing to announce award decisions – announcement coming soon!
Round 3: Early Childhood Wraparound Services	**$60M**	Application Closed (deadline Nov. 1st)
Round 4: Youth-Driven Programs (MHSOAC)	**$50M**	Preparing to announce award decisions – announcement coming soon!
Round 5: Early Intervention Programs and Practices (MHSOAC)	**$80M**	Application Closed (deadline November 17th)
Round 6: Community-Defined Evidence Programs and Practices (CDEPs)	**$30M**	To be released TBD

Youth Behavioral Health Virtual Services Platforms

DHCS

Platform Vendors Introduction

On January 1, 2024, DHCS will launch two statewide behavioral health virtual services platforms to provide free (regardless of payer), app-based behavioral health services and wellness supports for children and youth, ages 0-25, and their families.

DHCS is partnering with two vendors, Brightline (serving parents/caregivers and children ages 0-12) and Kooth (serving youth ages 13-25) to launch the digital tools.

BrightLife Kids and Soluna - Core Services Overview

➤ Coaching: Pre-clinical and sub-clinical coaching sessions through text or video with behavioral health coaches.

➤ Educational Content: Age-tailored educational articles, videos, podcasts, and stories.

➤ Assessments and Tools: Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.

➤ Off-Platform Services: Directory and care navigation to connect users to their local behavioral health resources.

➤ Community Engagement: Moderated forums and programs to connect users with other youth or caregivers.

➤ Crisis and Safety Protocols: Crisis and emergency safety resources for platform users in crisis.

Thank You!

Questions? Email DHCS:
CYBHI@dhcs.ca.gov

DHCS

Department of Health Care Access and Information (HCAI)

Wellness Coach Workforce (HCAI)

Accomplishments since Sept 2023

Oct 2023, Marketing
HCAI launched a statewide marketing and outreach campaign to highlight opportunities and resources related to Wellness Coaches.

Dec 2023, Website
HCAI will be launching an official website for Certified Wellness Coaches to inform the public, potential candidates, employers, and education partners.

Upcoming Work

Early 2024, Certification
HCAI plans to launch the certification portal. Wellness Coach I and II certification will be available through 2 pathways: the Education Pathway and the Workforce Pathway.

Early 2024, Wellness Coach Employer Grants
HCAI anticipates opening an employer support grant funding opportunity.

Mid 2024, Wellness Coaches Scholarships
HCAI anticipates opening scholarship opportunities to potential Wellness Coach candidates.

Mid 2024, Education Programs
HCAI is connecting with CCC and CSU programs to develop HCAI-designated education programs for new Wellness Coach candidates.

Wellness Coach Workforce (HCAI)

Current Marketing and Outreach Activities

Research
Surveyed 216 organizations to support communication strategies and program implementation.

Wellness Coach Audio Ads
Statewide audio ads launched, targeting employers, certification candidates, and the general public via broadcast & streaming audio and podcasts resulting in significant increase in email inquiries since launch.

Wellness Coach Website
Website will be launched to provide information to the public, employers, certification candidates, and education programs.

Social Media
Paid social assets delivered to iHeart media. Organic content development underway, for posts on social media channels (LinkedIn, Instagram, Facebook, and Twitter) to target employers and certification candidates.

Upcoming Marketing and Outreach Activities

Earned Media/PR
Media pieces under development for dissemination through news channels.

Community Engagement
Prospect list of community organizations, including schools, CBOs, and existing partners, under development to support with the recruitment of culturally and linguistically diverse Wellness Coach candidates.

Broad Behavioral Health Workforce (HCAI)

Accomplishments since Sept 2023

September 2023
The most recent cycle of California State Loan Repayment Program (SLRP) closed on September, 15 2023, and HCAI anticipates announcing awards soon.

October 2023
Health Profession Pathways Programs (HPPP) Cycle 2 closed on October 31, and HCAI anticipates announcing awards soon.

November 2023
Behavioral Health Scholarship Program (BHSP) Cycle 1 closed on August 15, 2023 and HCAI anticipates the award announcements to be released in early December.

Fall 2023
Social Work Training Stipends & Fellowships program awarded 159 stipends.

Broad Behavioral Health Workforce (HCAI)

Ongoing and Upcoming Work

Mid 2024
HCAI will make available: Justice and System Involved Youth and Substance Use Disorder (SUD) behavioral health trainings for non-clinicians working with youth.

April 2024
Behavioral Health Scholarships Program (BHSP) applications open in April.

August 2024
Health Professions Pathways Program (HPPP) applications open on August 15th.

January 2024
Social Work Education Capacity Expansion Grant Program (SWECE) & Psychiatric Education Capacity Expansion Grant Program (PECE) applications opens early 2024.

HCAI Program Highlight: Health Professions Pathways Program (HPPP)

Purpose:

- Recruit and support students from underrepresented regions and backgrounds to pursue health careers

- HPPP awards help organizations build and expand:
  - Pipeline programs
  - Summer internships
  - Post baccalaureate support
  - Behavioral Health Pipeline for justice and system involved youth *New for Cycle 2*

Impact:

- Cycle 1: 20 awards, 30 counties impacted

- Cycle 2: Closed on October 31, 2023. Awards will be announced soon.

HCAI Program Highlight: Behavioral Health Scholarship Program

Purpose:

- Increase the number of appropriately trained behavioral health professionals providing direct patient care in an underserved area or qualified facility within California.

- In exchange for a 12-month service obligation practicing and providing direct patient care in an underserved community, eligible applicants may receive up to $25,000.

Impact:

- Cycle 1 closed on August 15, 2023 and HCAI offered awards to 461 individuals.

- Cycle 2 will open in April 2024.

HCAI Program Highlight: Social Work Training Stipends & Fellowships

Purpose:

- Funds behavioral health training, MSW stipends and post-graduate fellowships for persons seeking clinical licensure

Impact:

- Awarded $33.7 million to UC Berkeley's Center for Social Work Education to provide behavioral health training, MSW stipends and post-graduate fellowships for 892 students (555 stipends & 342 fellowships)
- 159 stipends were awarded in Fall 2023

Deep Dive Presentations

CDPH: Youth Suicide Prevention Campaign and Outreach and Youth Suicide Reporting and Crisis Response Pilots

CYBHI
Children and Youth
Behavioral Health Initiative

Youth Suicide Prevention

December 2023

Need Help? Know Someone Who Does?

988 Suicide and Crisis Lifeline:

- Call/text 988
- Go online for 988 chat

Teen Line:

- Call 800-852-8336 (6pm – 10pm PST)
- Text TEEN to 839863

Free and confidential. For more information,
visit https://988lifeline.org/ or https://www.teenline.org/

Agenda

1. The Problem of Youth Suicide

2. Youth Suicide Prevention Media and Outreach Campaign

3. Youth Suicide Reporting and Crisis Response Pilot Program

4. Contact Information

The Problem of Youth Suicide

From 2016 to 2021, suicide was the second leading cause of death among youth aged 10-25 years in California.

Suicide Trends in California
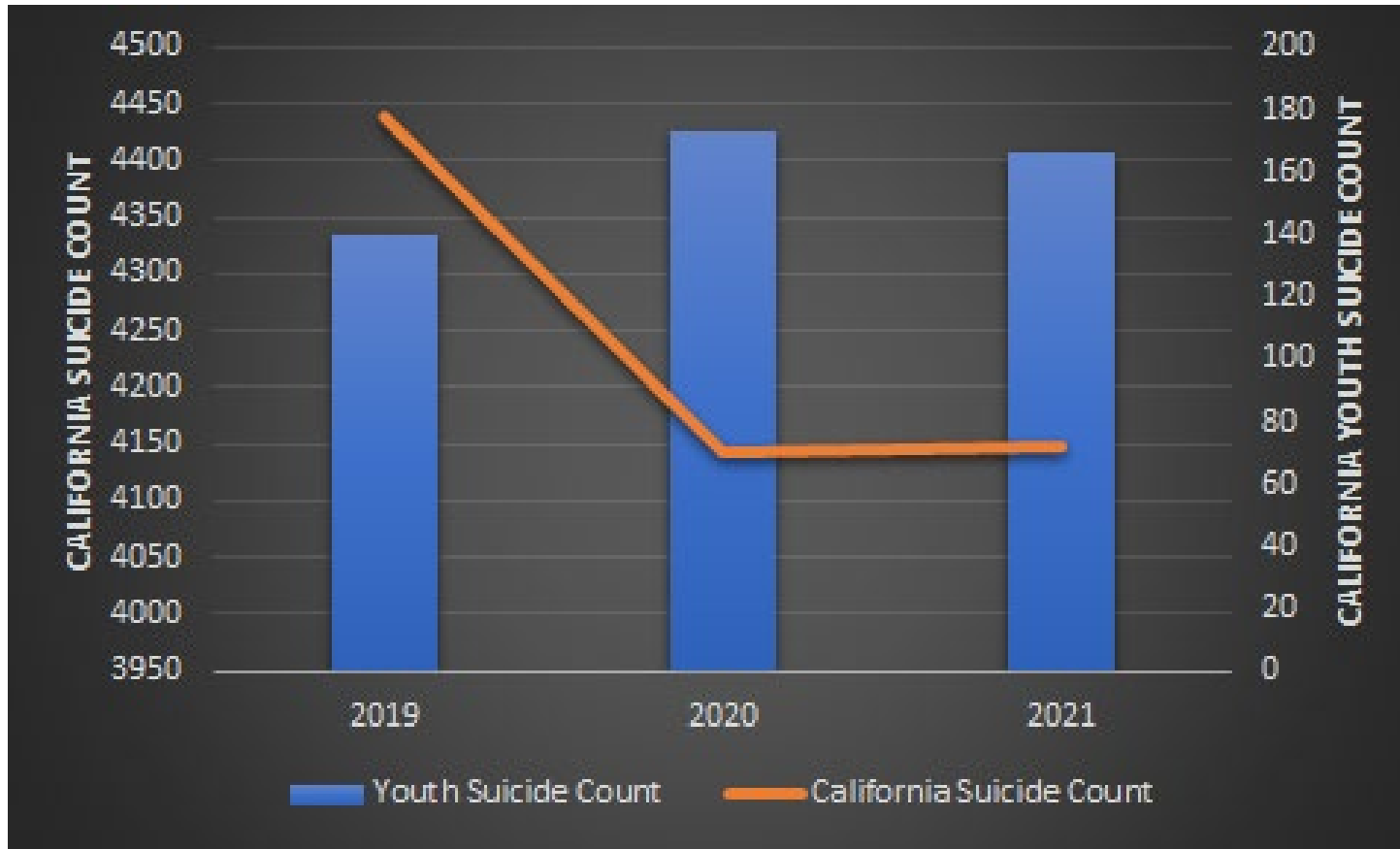
Change in suicide counts between 2019 and 2021, for all California residents and for California youth.

Youth Suicide Prevention Media & Outreach Campaign

CDPH Injury and Violence Prevention Branch

Office of Suicide Prevention

Campaign Goal & Structure

Project Goal: Reduce suicide ideation, attempts, and deaths by increasing awareness and utilization of resources, services, and supports among California youth up to age 25 who are disproportionately impacted by suicide.

Media Campaign

Community Grantees

Youth Co-Creation

Project Evaluation
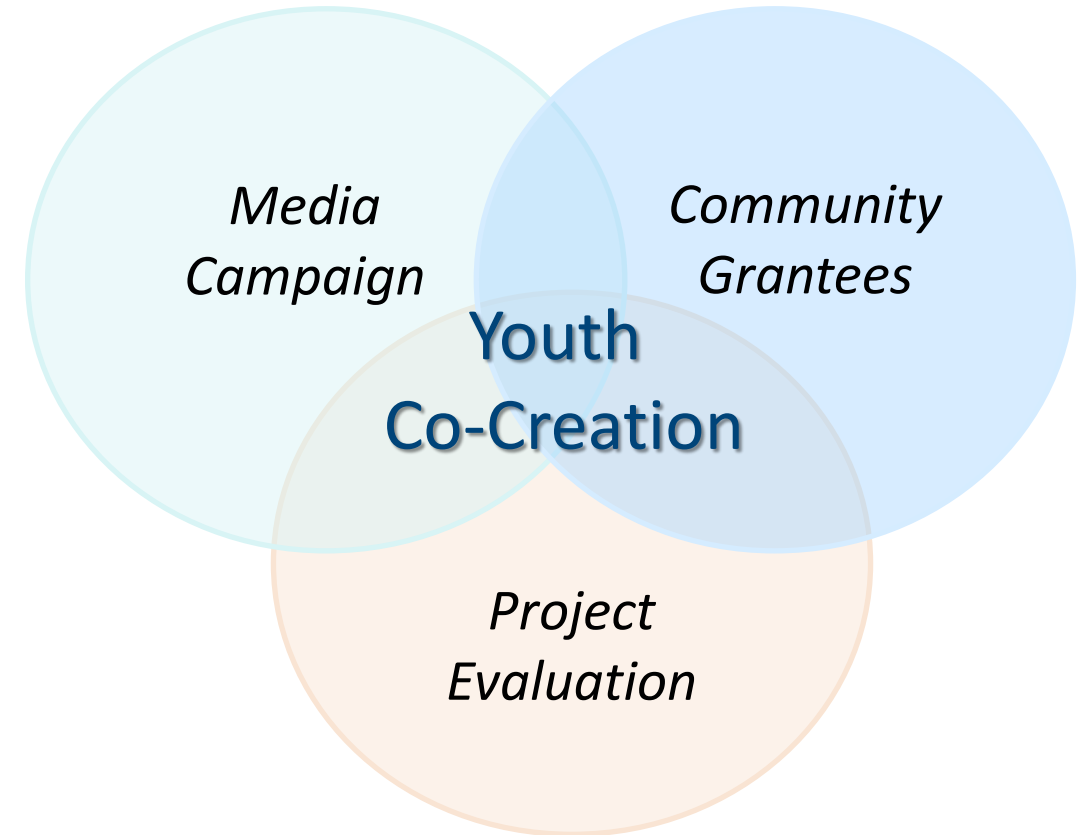
Objectives & Key Results

Campaign Objectives

- Increase awareness of relevant suicide prevention and mental health resources, services, and supports;

- Provide tools and messaging that promote help-seeking behavior and other evidence-based suicide prevention strategies;

Key Results

- Increased knowledge and awareness related to suicide prevention
- Increased self-efficacy and confidence addressing mental health challenges
- Reduction in youth and caregiver stigma surrounding mental health
- Increased help-seeking behaviors
- Reductions in rates of suicidal ideation, attempts, and deaths

Campaign Audience

- **Youth up to age 25 who are Hispanic or Latinx, American Indian or Alaskan Native, and/or Black or African American, and their friends/allies.**

  ➢ Additional Focus: Youth from the groups above who also identify as 2S/LGBTQ+, having mental health or substance use challenges, and/or having been involved with the foster care system.

Campaign Grantees

- 9 tribal entities and 25 community-based organizations awarded up to $500,000 over two years.

- 33-County service area

- Engage youth in the co-creation process and disseminate messaging through local networks.

- 34 unique local projects developed using the evidence-based framework within the CDC Suicide Prevention Resource for Action.

Youth Engagement: Formative Research

Los Angeles County	78
San Francisco Bay Area	45
San Diego Imperial County	42
Inland Empire	40
Orange County	25
Southern San Joaquin Valley	25
Northern San Joaquin Valley	23
Central Coast	8
Superior California	6
North Coast	5

Nearly 300 youth engaged
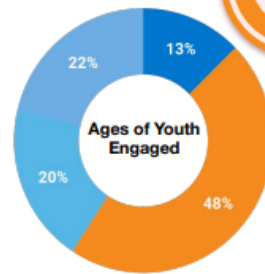between May–July 2023

1. Insight Session Participants, n: 172
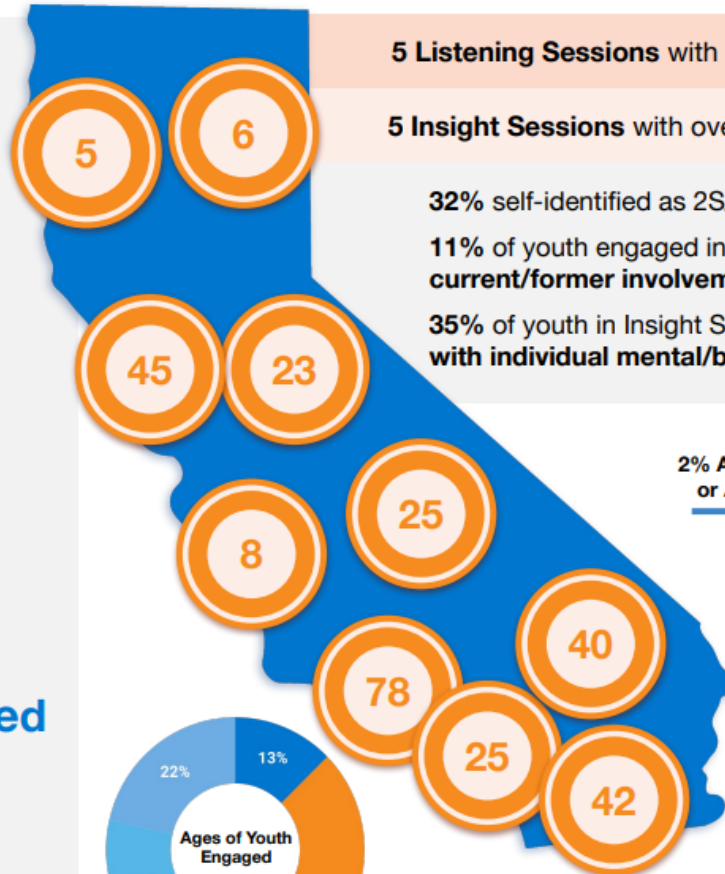
5 Listening Sessions with over **120 youth**

5 Insight Sessions with over **170 youth**

32% self-identified as 2S/LGBTQIA+[1]

11% of youth engaged in Insight Sessions self-identified as having **current/former involvement with child welfare system** [1]

35% of youth in Insight Sessions had **current or prior experience with individual mental/behavioral health counseling** [1]

Ages of Youth Engaged
- 11–14 Years Old — 13%
- 15–18 Years Old — 48%
- 19–21 Years Old — 20%
- 22–25 Years Old — 22%

Youth Self-Identified Race & Ethnicity
- 33% Hispanic/Latinx
- 19% White/Non-Hispanic
- 19% Black or African American
- 15% Mixed Race/Ethnicity
- 11% AAPI (Filipino, Chinese, Vietnamese, Indian, Korean, or other)
- 2% American Indian or Alaska Native
- 1% Native Hawaiian or other Pacific Islander
- 1% Other Ethnicity

Civilian™

94
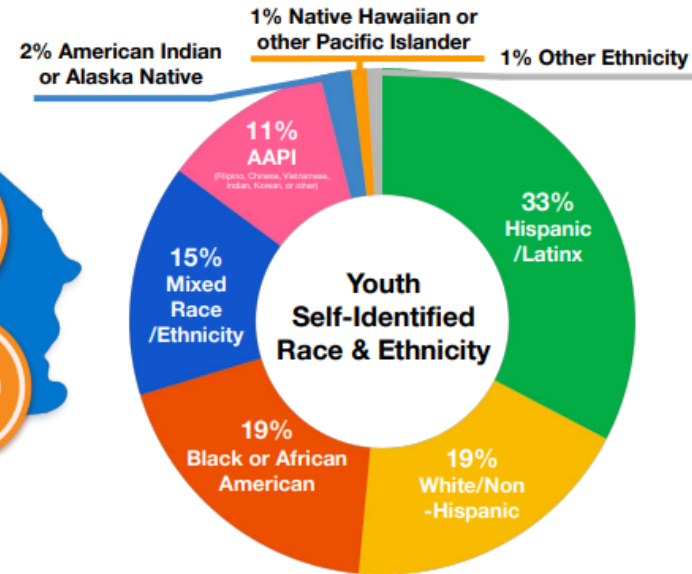
Youth Engagement: Civilian Youth Advisory Board

Xavier Woods
He/Him
17 yrs old

Santa Barbara County

Xamara Carillo
She/Her
17 yrs old

San Mateo County

Sarah Everett
She/Her
15 yrs old

Riverside County

Angela Soto-Cerros
They/Them
22 yrs old

Monterey County

Shailen Dawkins
He/Him
22 yrs old

Los Angeles County

Selina Mendez
She/Her
18 yrs old

Alameda County

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Youth Engagement: Concept Testing

138 youth participants recruited from CBO/Tribal Partners with The Center at Sierra Health Foundation

5 sessions: 1 specific to Spanish-speaking youth, and 1 specific to American Indian/Alaskan Native youth

Age ranges: **15-25 years**

43% self-identified as **2S/LGBTQIA+**

12% with current/former **child welfare involvement**

69% indicated experience with **mental health challenges**

10% from Superior CA counties (Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Shasta, Siskiyou, Tehama or Trinity)

10% from Bay Area counties

30% from Central CA counties (Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Plumas, Sacramento, San Joaquin, Santa Cruz, Sierra, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, or Yuma)

50% from Southern CA counties (Imperial, Kern, Orange, Los Angeles, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, or Ventura)

THE CENTER
at Sierra Health Foundation

Youth Self-Identified Gender
- 59% Female
- 21% Male
- 15% Genderfluid/Genderqueer/Gender non-conforming
- 2% Two Spirit
- 2% Transgender

Youth Self-Identified Race & Ethnicity
- 59% Hispanic/Latinx
- 15% Mixed Ethnicity
- 12% AAPI
- 11% American Indian/Alaskan Native
- 10% Black/African American
- 10% White

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Key Messaging

What We Heard:

Validation
Youth want to feel seen, validated, and understood.

Trust
Youth want specific, honest, and real information about what happens when a young person reaches out for help.

Safety
Youth want to feel safe reaching out for help, in part through positive and genuine stories of young people who have connected with support resources.

Youth Engagement: 2023 Youth Convening

- 66 youth and adult mentors from grantee organizations
- Community building, suicide prevention and media training, and content creation through art, storytelling, writing prompts, and music.

Campaign Co-Creation Opportunity

Create art, videos, or other projects to inspire positive action for suicide prevention.

Open to Youth Ages 12 to 25

Choose a co-creation prompt

Select your format - all art forms accepted

Submit your entry!

Co-creation Prompts

- **What I wish my parents knew.**

  Projects accepted through 1/31/24

- **Through the lens of culture.**

  Projects accepted through 3/1/24

- **You are never a bother.**

  Projects accepted through 2/29/24

Campaign Co-Creation Cont.

- Selected submissions may be used as part of the Campaign.

- All pieces are submitted to the Directing Change film contest and/or Hope and Justice art contest and qualify for prizes.

Visit
www.HopeandJustice.art/cocreate
to learn more and submit your entry.

Next Steps

- Continuing Youth Co-creation

  Find opportunities for youth to engage in co-creation efforts on the [Directing Change Website](): **www.HopeandJustice.art/cocreate**

- Grantees working with youth to implement local programming

  Learn more about each grantee on [The Center at Sierra Health Foundation Campaign webpage]().

- Media launch in Spring 2024

Youth Suicide Reporting and Crisis Response Pilot Program

CDPH Injury and Violence Prevention Branch

Office of Suicide Prevention

Pilot Program Design & Approach

Objective:

Develop and test models for making youth suicide and suicide attempts reportable events that in turn initiate rapid and comprehensive, culturally appropriate responses within schools and community-settings at the local-level for impacted youth, families, and communities.

Designed by counties to:

- Complement and expand upon existing supports
- Identify and shrink gaps in rapidly reporting suicide deaths and attempts
- Strengthen rapid responses to suicide deaths and attempts to initiate crisis response services
- Improve collaboration across local-level departments and within communities

Participating Counties

Alameda

El Dorado

Humboldt

Kern

Los Angeles

Riverside

Sacramento

San Diego

San Joaquin

Solano
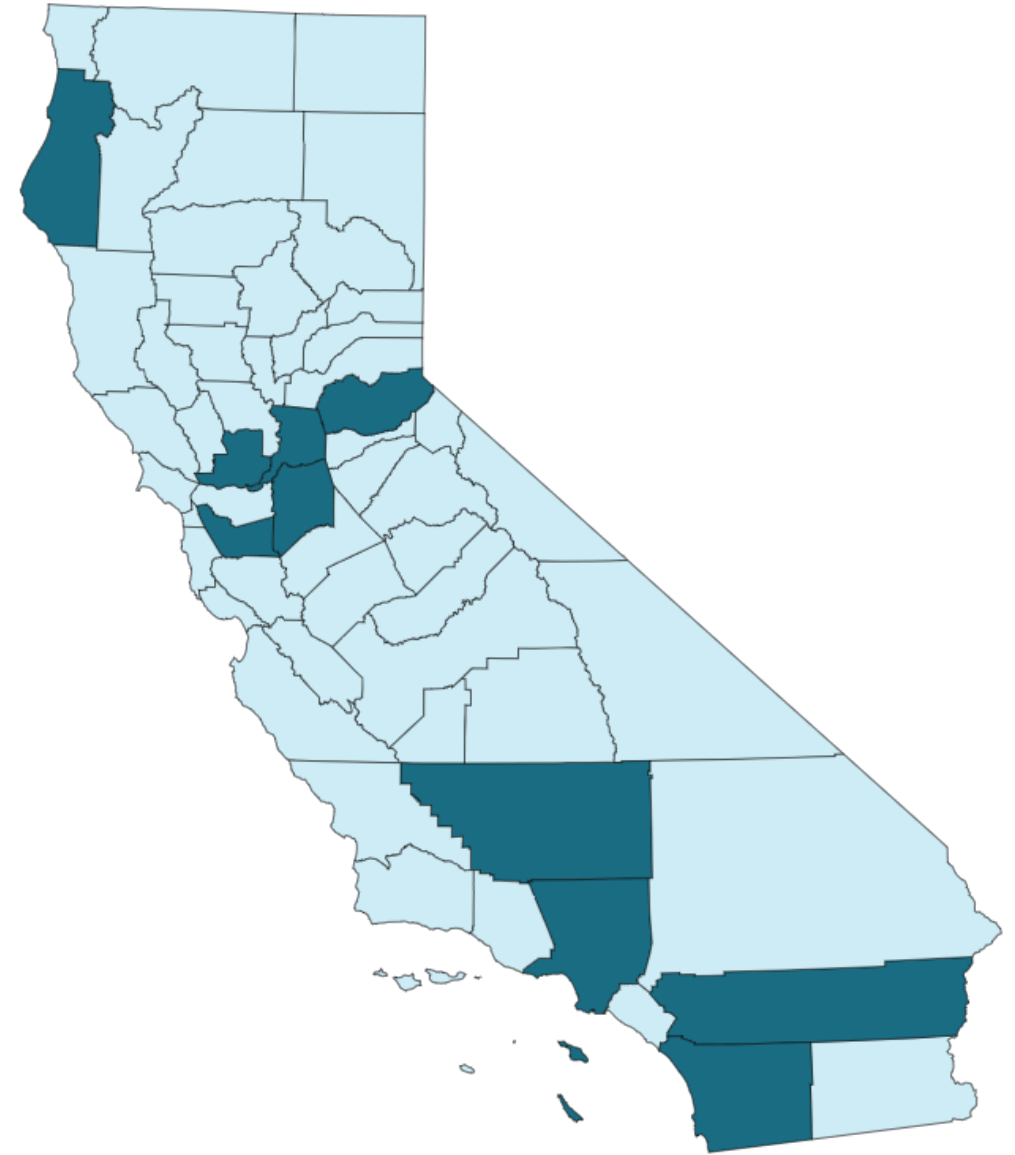
Pilot Program Partners

Evaluation

Led by the UCLA Agile Visual Analytics Lab (AVAL), the evaluation will assess the pilot program's reach and impact, successes and facilitators, barriers, and insights towards sustaining or scaling into other communities across the state.

Training and Technical Assistance

The Center for Applied Research Solutions (CARS) will provide individualized support to assist pilot counties in establishing, improving, and expanding their efforts to report and respond to youth suicides and suicide attempts.

Pilot Program Structure

Rapid Reporting

Activities may include:

- development of an asset map and gap analysis to identify local resources (e.g., rapid reporting systems/structures)
- community or service-provider education or training
- expansion or adaptation of new or existing reporting tools

Crisis Response

Activities may include:

- development of an asset map and gap analysis to identify local resources (e.g., crisis response services/supports)
- implementation of screenings, wrap-around support, crisis mobilization services, crisis-response training, counseling, or peer-support services.

Intended Pilot Program Outcomes

- Comprehensive work plan to guide future implementation of rapid reporting and crisis response to youth suicide and attempts (based on intensive planning process conducted during the pilot)

- Progress toward comprehensive system for rapidly reporting and quickly responding to youth suicides and suicide attempts
  - Evidence of improved reporting processes and system
  - Robust county-level collaborative suicide prevention efforts
  - Reductions in rates of suicide deaths and attempts among youth disproportionally impacted by suicide
  - Overall reduction in the time between youth suicide reporting and response interventions

- Increased awareness and use of relevant mental health services/supports/resources related to suicide prevention among youth disproportionally impacted by suicide and their peers, caregivers, and allies

County Examples

<u>Los Angeles</u>

- Partner with the Los Angeles County Department of Public Health's Syndromic Surveillance Project to develop and implement plans for timely detecting, understanding, and monitoring of suicide and suicide attempts

- Continued participation in the California Violent Death Reporting System (CalVDRS), utilizing CalVDRS data to publish youth suicide report by June 2024.

<u>San Joaquin</u>

- Develop web-based tracking system for first responders to report any home visit where a student has experienced a traumatic event or has suicidal ideation. System will alert school-based personnel to be able to intervene and deploy appropriate services for the impacted youth, family, and school community.

Next Steps

- The Center for Applied Research Solutions (CARS) is providing ongoing in-depth training and technical assistance to the pilot program counties through trainings, topical webinars, and hosting Communities of Practice (CoPs).

- Pilot program counties are continuing to develop and implement activities, focusing on resource mapping and identifying gaps related to their reporting and crisis response systems.

Contacts and Resources

- **Suicide Prevention Program Section Chief** Sara Mann, Sara.Mann@cdph.ca.gov

- **Youth Suicide Prevention Program Coordinator** (Campaign) Darcy Pickens, Darcy.Pickens@cdph.ca.gov

- **Youth Suicide Prevention Program Coordinator** (Crisis Response) Sonia Hwang, Sonia.Hwang@cdph.ca.gov

- **Youth Suicide Prevention Researcher** Melanie Schindell, Melanie.Schindell@cdpg.ca.gov

Q&A
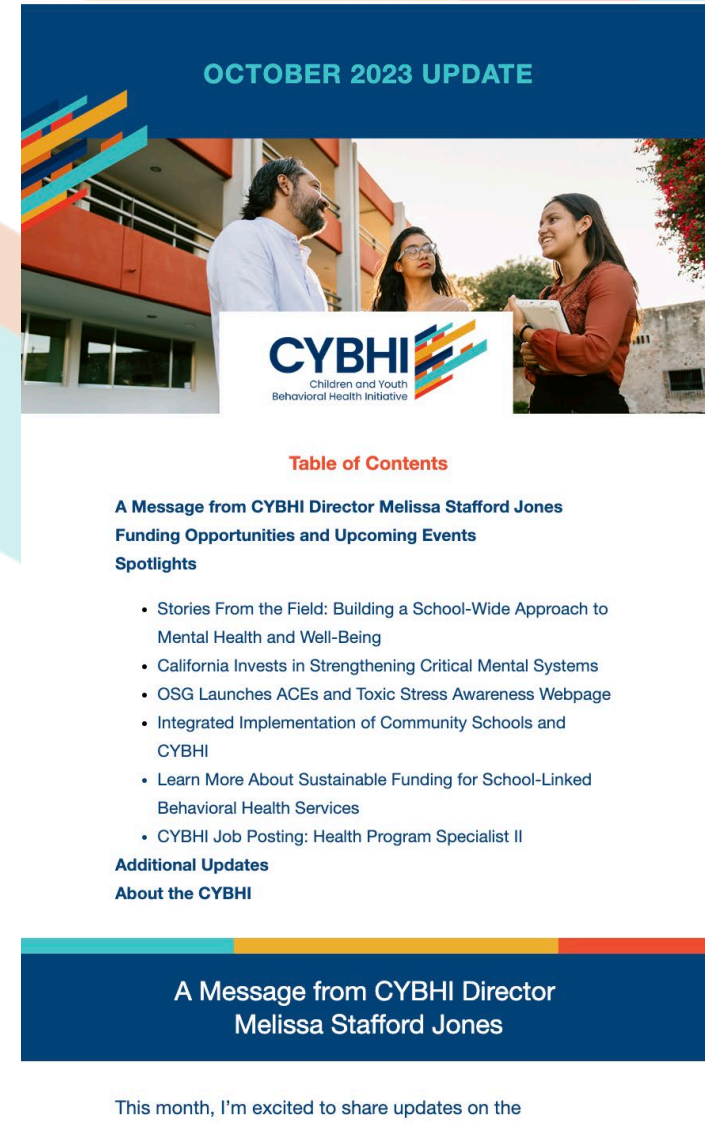
How to learn more about CYBHI?

Ways to Learn More!

- CYBHI Website

- Monthly Written Updates (sign up on website)

- Quarterly Public Webinars

- Department-specific websites, emails and listservs

Learn more about CYBHI

- CYBHI Website:
  - Centralizes Information
  - Progress Updates
  - Workstream Pages
  - News and Community Impact Page
  - Email Sign-up
  - Mobile-friendly

cybhi.chhs.ca.gov
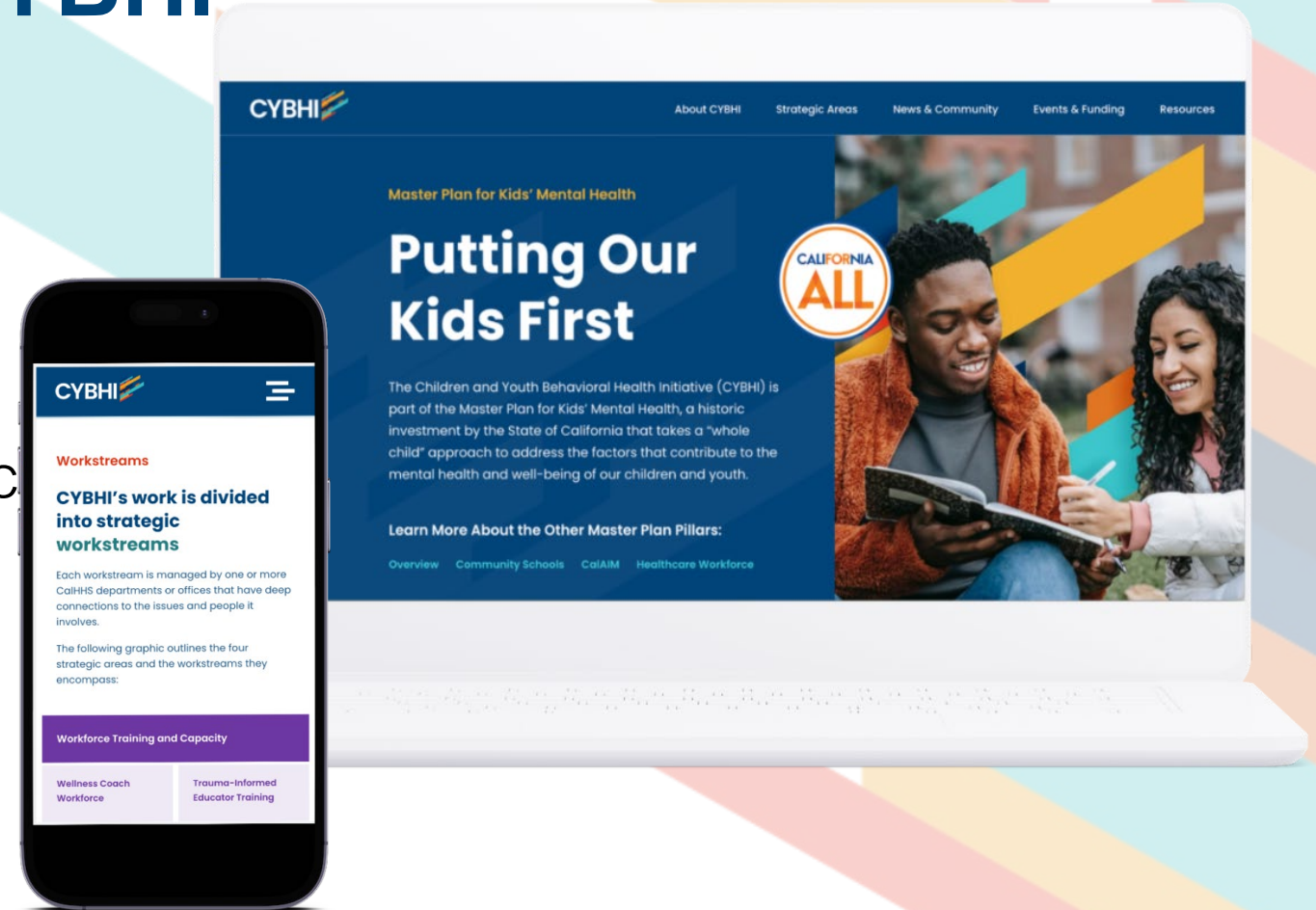
CYBHI Contacts

- To provide input on initiative-wide topics or sign up to receive regular updates about the CYBHI, please email *CYBHI@chhs.ca.gov*

- To engage on workstream-specific topics, please use the following contact information and resources:
  - Department of Health Care Services:
    - Contact information for questions/feedback: *CYBHI@dhcs.ca.gov*
    - Children & Youth Behavioral Health Initiative *Webpage*
    - Student Behavioral Health Incentive Program (SBHIP) *Webpage*
    - Behavioral Health Continuum Infrastructure Program (BHCIP) *Webpage*
    - CalHOPE Student Support *Webpage*

- Department of Health Care Access and Information (HCAI): *CYBHI@hcai.ca.gov*

- Department of Managed Health Care: *CYBHI@dmhc.ca.gov*

- California Department of Public Health: *CYBHI@cdph.ca.gov*

- Office of the California Surgeon General: *info@osg.ca.gov*

Source: California Health and Human Services Agency