

Justice



# Youth at the Center Progress Report

This report was commissioned by the California Health & Human Services Agency, as part of the Children and Youth Behavioral Health Initiative, and prepared by The Social Changery. (April 2026)



The following is a list of organizations that have been, or are currently, an organization within the Children and Youth Family Network (CYFN). Their participation and contributions have been invaluable to CYBHI, and their unwavering passion for community is nothing short of inspirational.

- ACLU of Southern California
- Asian American Liberation Network
- Black Students of California United
- California After School Network
- California Alliance of Boys & Girls Clubs
- California Children and Families Foundation
- California Coalition for Youth
- California Partnership to End Domestic Violence
- Cal Pride
- California Youth Empowerment Network
- Diversity in Health Training Institute
- Earth Mama Healing
- Families in Schools
- First 5 Monterey

- Foundation for California Community Colleges
- GENup
- Hoops4Justice
- Institute for Public Strategies
- Kno'Qoti Native Wellness, Inc
- Los Angeles Trust for Children's Health
- LYRIC
- Native Sisters Circle
- Parent Organization Network
- Parent Voices
- PRO Youth & Families
- SistaBees
- Sol Collective
- YO! California
- YO! Disabled and Proud
- Youth Forward
- Youth Leadership Institute

## Grounded in Community Voice

The Children, Youth, and Family Network (CYFN), formed in Spring 2023, brings together youth- and family-serving organizations from across California to help ensure that community voices remain central to CYBHI's work. Members of the CYFN—alongside additional community partners—reviewed CYBHI-funded programs and initiatives and offered their honest assessment of how this investment is, or is not, advancing the original 12 Calls-to-Action.

In this report, when we refer to “community partners,” we mean locally-rooted organizations or advocates who are deeply embedded within their communities and actively organize, educate, and mobilize around issues that directly affect community members. They bring cultural knowledge, lived expertise, and trusted relationships that help shape systems, policies, and programs to reflect authentic community priorities. Community partners may include organizations participating in the Children, Youth, and Family Network, as well as youth advocates serving on CYBHI councils and advisory bodies.

Their feedback grounds this report, because progress isn't measured only in dollars or programs, but in how young people are actually doing—whether they feel seen, whether families feel supported, and whether communities are trusted with the power to shape their own healing.

## Returning to the Vision

In 2022, more than 600 young people, families, and community members gathered across California to share their stories, their struggles, and their hopes for a reimagined behavioral health system. Through nearly 50 conversations convened by 29 organizations, they laid out a vision for what healing could look like when young people are truly at the center.

From those conversations emerged 12 Calls-to-Action, a roadmap for transforming how we think about, design, and deliver behavioral health support for California's children and youth. These calls, published in the [Youth at the Center Report](#) in January 2023, were never meant to sit on a shelf. They were meant to guide us, to hold us accountable, and to remind us whose voices should shape this work.

The people who shared their experiences in 2022 did so with both skepticism and hope. Many had been failed by systems that promised change but delivered more of the same. And yet, they showed up—taking a chance that this time might be different.

This report is our opportunity to honor their willingness to engage by telling the truth about how far we've come and how far we still have to go.

## About This Progress Report

The Children and Youth Behavioral Health Initiative (CYBHI) represents an unprecedented commitment of more than \$4 billion to transform services for California’s children, youth, and families. The effort includes partnerships with well over 1,600 California organizations, who are conducting more than 2,000 activities to strengthen behavioral health supports across the state. This report focuses on how CYBHI workstreams, campaigns, and initiatives align with the 12 Calls-to-Action, highlighting both progress made and opportunities that remain.

This is not a formal evaluation of CYBHI. It is a qualitative review of activities (from January 2023 through December 2025) and a community-informed reflection on whether the vision expressed in 2022 is taking shape in ways that young people and families can feel.

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*“We’re not just sharing our stories anymore.  
We’re writing the next chapter.”*

**–Youth Advocate**

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**Throughout this report, we have honored each community partner’s preference regarding attribution. Some chose to have their name or organization included alongside their quotes, while others requested anonymity. We believe it is essential to ask community members how they want their voices represented, recognizing that attribution is not just a formatting choice but a matter of trust, safety, and respect.**

## What This Report Can—and Cannot—Do

Several important considerations shape how this report should be read:

The full impact of the CYBHI will unfold over time as communities engage with and help shape these resources. This report captures a moment within a longer journey.

The examples featured here are illustrative, not exhaustive. Many valuable efforts are underway beyond what could be highlighted in these pages.

Finally, the comprehensive vision expressed in the 12 Calls-to-Action extends beyond what any single initiative—including CYBHI—can accomplish alone. Building a behavioral health

ecosystem that truly supports young people requires collective action across multiple levels of government agencies, tribal entities, community organizations, schools, families, and systems of care.

## Looking Forward

By returning to the original 12 Calls-to-Action in this report, we have a consistent lens for understanding where CYBHI has made meaningful strides and where work remains. Rather than a checklist, it acknowledges that transformation unfolds across many dimensions and at different paces.

This assessment is as much about the path ahead as it is about the ground already covered. By being honest about both progress and gaps, we can focus our collective efforts on what matters most: a behavioral health system with youth at the center.

*More information on the programs and initiatives referenced throughout this report can be found in the “Appendices” section.*



# 12 CALLS TO ACTION

FOR A REIMAGINED BEHAVIORAL HEALTH ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES ACROSS CALIFORNIA

## SHIFT THINKING



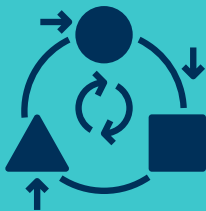
- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not “empowerment.”
- Rethink treatment: what it looks like and who provides it.

## REIMAGINE SERVICES



- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

## TRANSFORM SYSTEMS



- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.



# SHIFT THINKING



# 1. Addressing stigma is a foundational first step.

## The Original Vision

In 2022, young people named stigma as a barrier that often showed up closest to home. While peers might openly discuss anxiety or depression, family members—particularly those from older generations—sometimes struggled to understand or accept mental health challenges. This wasn't a failure of care; it was often the result of adults who had never been given the space or resources to address their own struggles, frequently because they were focused on meeting basic needs.

Young people were clear: reducing stigma wasn't the end goal. It was part of a larger culture shift—one that would normalize rest, healing, therapy, peer support, and community care for everyone, not just those in crisis.

## Progress to Date

CYBHI has invested in multiple public awareness campaigns designed to shift how Californians think and talk about mental health, including: The Live Beyond ACEs Campaign, the Never a Bother Youth Suicide Prevention Media Campaign, the Positive Parenting Thriving Kids Video Series, and the Take Space to Pause Campaign.

These campaigns share a common goal: to normalize conversations about mental, emotional, and behavioral health while highlighting diverse communities' culturally-based approaches. Together, these campaigns have generated nearly 5 billion impressions, meaning the messages were displayed or delivered nearly 5 billion times across media platforms, creating broad visibility and reach.

Feedback from community listening sessions, organized by independent CYBHI evaluators at Mathematica, suggests the campaigns are reaching young people. Youth across multiple sessions were familiar with the Never a Bother campaign and described its content as relatable, friendly, and engaging. Social media continues to be a powerful space where young people find reassurance, particularly when influencers and campaign voices openly share their own mental health experiences.

At the same time, listening sessions confirmed that intergenerational stigma continues to be a real barrier. Some youth shared that their parents can unintentionally make it harder for them to seek care, not because they don't want to provide support, but because discomfort or misunderstanding about mental health services can discourage youth from reaching out for support. This echoes what youth said in 2022: supporting caregivers isn't separate from supporting young people. It's essential to it.

CYBHI campaigns have begun addressing this directly by creating resources specifically for parents and caregivers. The Live Beyond campaign includes a dedicated Parents & Caregivers section that explains how Adverse Childhood Experiences (ACEs) affect

families across generations, offers concrete strategies for creating safe and nurturing environments, and connects caregivers to resources like BrightLife Kids. A RAND study found that in the campaign's first ten months, ACEs awareness increased by more than 50 percent among California parents compared to pre-campaign levels—an encouraging sign that information is reaching families. The Never a Bother campaign similarly includes a “Youth in My Care” page offering age-specific guidance on talking with children about mental health and suicide, practical strategies for staying connected, and the core message that young people should know they can “bother” the adults in their lives anytime they need support.

These resources represent meaningful progress—and CYFN partners note that more is needed. Campaigns can raise awareness and provide tools, but shifting deeply rooted family dynamics around mental health requires sustained engagement, particularly in communities where stigma has been reinforced across generations. The next phase of this work will benefit from deeper investment in reaching caregivers where they already are, through trusted community messengers and culturally grounded approaches.

Beyond campaigns, CYBHI has invested in expanding the network of people who can normalize mental health conversations. Funding for youth community centers and parenting programs through Evidence-Based Programs grants is helping create environments where open dialogue about mental health can take root—not just between young people and providers, but within families themselves.

## Community Perspectives

Members of the CYFN commend the significant progress made in addressing stigma. These efforts have been a useful resource for promoting help-seeking behaviors and normalizing conversations, particularly among youth and caregivers.

Importantly, CYBHI has invested in deepening community involvement beyond statewide messaging. The Never a Bother campaign combines media efforts with grants to 33 community-based organizations and tribal entities across California. Managed through The Center at Sierra Health Foundation, these local partners translate the campaign into culturally resonant conversations—organizing youth-driven experiences, tabling at community events, creating youth-led videos, and ensuring messages reach young people where they are. Similarly, the Take Space to Pause campaign awarded funding to 28 community-based and tribal organizations to develop local-level campaigns addressing stigma reduction and behavioral health literacy, with particular focus on underserved communities in rural and urban areas.

These partnerships represent meaningful progress in moving beyond top-down messaging toward community-driven approaches. CYFN members believe further progress could be achieved by continuing to deepen the involvement of people with lived experience—not just as participants in local programming, but as architects of campaign strategy and content at every level. Their belief is that this deeper inclusion would enhance trust and further encourage help-seeking, particularly in communities where skepticism of government-led initiatives runs deep.

## Looking Forward

The foundation is being built. Campaigns are reaching young people, and early signs suggest the message that mental health matters is beginning to resonate. The next chapter of this work will benefit from deepening the involvement of those with lived experience—not just as audiences for these campaigns, but as their architects. When young people and families see themselves reflected in the messengers, there is a greater opportunity for trust to grow—and with trust, a greater willingness to seek help.

*“Even in supportive families, stigma shows up in subtle ways like being told to stop anxiety medication or to ‘just exercise.’ I remember a senior advisor from the ACEs Aware Community Councils pointing out that if I had a heart condition, no one would suggest going off medication. That moment made it clear how deeply mental health is still treated differently from physical health. CYBHI helps challenge this stigma by affirming that mental health is health and that seeking treatment, including medication, is a valid and necessary part of healing.”*

*—ACEs Aware Youth and Young Adult Council Member/Live Beyond Campaign  
Young Adult Advisor*

*“Communities have been and are hungry to shift thinking to better serve and be served. CYBHI has supported work in this area.”*

*—CYFN partner*

*“Identify additional opportunities to connect with diverse youth leaders who can contribute to stigma reduction campaigns and share lived experiences to enhance these efforts.”*

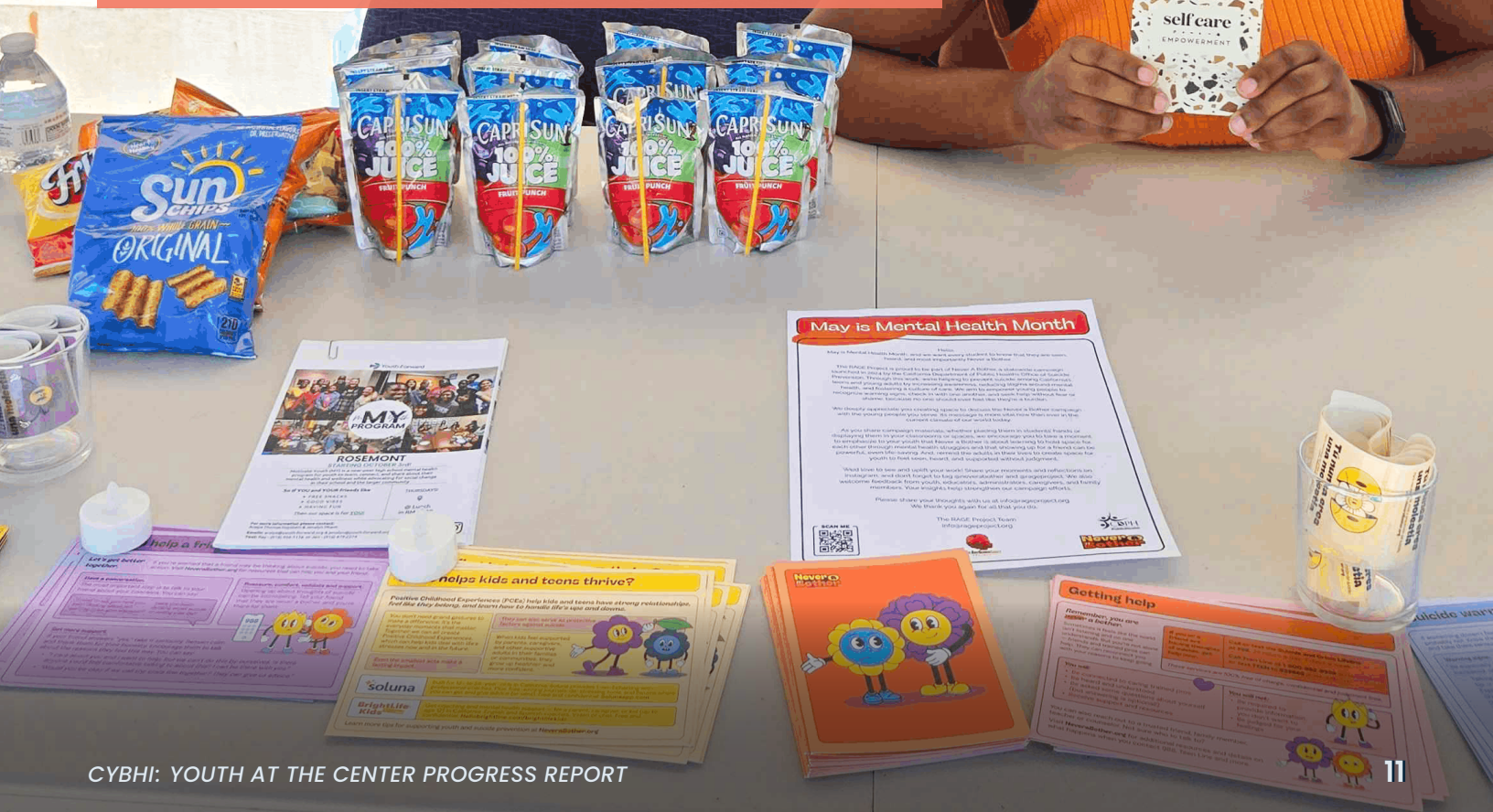
*—CYFN partner*

*“CYBHI has been very intentional about addressing stigma consistently through their community partnerships and messaging.”*

*—CYFN partner*

“Growing up, there was a lot of stigma around mental health in general, and that’s really what kept me from learning about mental health resources, even though I really needed them as someone who experienced thoughts of suicide. I feel like if I would have been able to talk about that with my mom or my family, then I would’ve been able to get the resources I needed. The Rainbow Pride Youth Alliance and the Never a Bother campaign are helping youth talk more openly about mental health and helping their family better understand the value of supports like therapy. After all, the toughest conversations are the ones we need the most.”

—Neptune (them/they) Youth Fellow, S.P.E.A.K program, Rainbow Pride Youth Alliance



BHS ASD

## 2. Culture is Healing

### The Original Vision

In 2022, young people, families, and communities spoke with one voice on this point: culture is not simply a lens through which to deliver mental health services. Culture is treatment. It provides a sense of shared identity, context for lived experiences, and a grounding in purpose and belonging that clinical approaches alone cannot achieve.

Cultural gatherings, healing circles, storytelling, dance, smudging, and connection with elders—these practices link young people to a historically rooted, holistic understanding of health. They create opportunities to build safe, meaningful relationships across generations. For Native American and Indigenous communities, healing is inseparable from connection to traditional homelands. Without that connection, full well-being remains out of reach.

The call was clear: any reimagined behavioral health system must treat cultural healing practices not as supplementary, but as foundational.

### Progress to Date

CYBHI has taken meaningful steps to weave cultural healing into the fabric of youth mental health support, and this investment shows up across multiple initiatives. Tribal partners have received dedicated support through the Behavioral Health Continuum Infrastructure Program. Culturally-grounded organizations have been funded through multiple rounds of Evidence-Based Programs (EBP) and Community-Defined Evidence Practices (CDEP) grants awarded to organizations scaling practices with demonstrated effectiveness, racial equity impact, and sustainability.

A particularly powerful expression of this commitment is the Children and Youth Behavioral Health Initiative–Community Alliances for Local Impact (CYBHI CALI) campaigns, administered through the Public Health Institute’s Center for Wellness and Nutrition. Through this funding, 28 community-based and tribal organizations are designing youth-centered, culturally and linguistically appropriate mental health campaigns that do more than address stigma—they acknowledge and celebrate culture as a source of strength and healing. These campaigns are youth-centered and co-created, representing five priority populations: African American/Black, Native American, Asian and Pacific Islander, Latino, and LGBTQ+ communities, with special consideration for transition-age youth, youth with disabilities, and those involved in foster care or the justice system. As part of the broader Take Space to Pause campaign—which invites young people to recognize their breaking points and build personalized strategies for emotional wellness—the CALI campaigns ground that message in the languages, traditions, and lived experiences of specific communities.

The results are already taking shape across the state. In San Diego, the Refugee Communities Coalition launched the African, Middle Eastern, and Asian (AMEA) Youth United for Health Campaign, engaging youth and families from refugee backgrounds—

including those from Afghanistan, Burma, the Democratic Republic of the Congo, Ethiopia, Eritrea, Iraq, Palestine, Somalia, South Sudan, and Syria—who have experienced grief, trauma, and displacement. Youth participants co-design and lead multilingual, community-informed public education materials that build behavioral health literacy and reduce stigma in over 18 languages. In partnership with the CYFN, the Live Beyond campaign worked with Native youth to Indigenize and culturally adapt materials for Native communities throughout California—redesigning stickers with Native imagery, adding songs by Native artists to the campaign’s Spotify playlist, including books by Native authors, and developing custom stress-busters featuring traditional healing methods like herbalism. These materials have been shared at Native events across the state and have garnered interest beyond California as a demonstration project for culturally adapted campaigns. Through the Youth Suicide Prevention CBO/Tribal Partner Outreach Grants, 33 community-based organizations and tribal partners received funding to coordinate youth-centered suicide prevention activities that integrate culturally grounded approaches, with organizations like Sierra Native Alliance co-creating materials that showcase Indigenous healing practices as part of prevention efforts.

This cultural investment also runs through CYBHI’s workforce and service delivery infrastructure. The Certified Wellness Coach program recruits directly from the communities coaches will serve, supported by scholarships and community college partnerships that include dedicated cultural competency training. Peer-to-peer support programs have expanded, connecting young people with others who share their cultural experiences. The Virtual Services Platform now offers coaching in multiple languages, and Cal-MAP (the California Child and Adolescent Mental Health Access Portal) works to keep children connected with primary care providers who are more likely to share their language and community background. In Merced County, Behavioral Health and Recovery Services partnered with the Youth Leadership Institute to open the Healing Generation Garden—a youth-driven wellness drop-in center offering mental health, education, and employment services designed to reduce stigma in communities of color and normalize conversations about mental health.

## Community Perspectives

Members of the Children, Youth and Family Network acknowledge that including diverse voices in campaigns and initiatives represents real progress. They also emphasize that systemic transformation will require sustained investment—from CYBHI and beyond. They envision a system where cultural programs receive ongoing funding, where all mental health professionals are deeply trained in cultural competency, and where traditional healing practices are valued equally alongside clinical approaches.

*“I’m really appreciative of [Rainbow Pride Youth Alliance] because they’ve given me, and a couple other Indigenous fellows within my program, the opportunity to create videos and talk about our two-spirit identities and our experiences as Indigenous people within the queer community: the stigma and how it all affects our mental health. I’m so appreciative of that. I honestly didn’t expect it.”*

*—Carmen (she/her, he/him), Youth Fellow, Rainbow Pride Youth Alliance*



*“CYBHI has done an amazing job helping people within the community address stigma/treatment and prioritizing cultural healing.”*

*—CYFN partner*

*“Explore additional opportunities for youth leaders and community members to engage with and learn from these culturally relevant practices to further expand their reach and impact.”*

—CYFN partner

*“CYBHI has done a great job in promoting western behavioral health approaches; however, have we truly addressed the goals of reimagining and expanding services under the behavioral health system?”*

—CYFN partner

*“Culture today praises wealth over merit, and youth desire to be loved, feel worthy of love, be excellent in their pursuits, and have confidence in knowing their value. This is what I am seeing and so much more.”*

—CYFN partner

## Looking Forward

Healing looks different for every community and every culture. By directly funding organizations that serve their communities in culturally appropriate ways, CYBHI has taken an important step toward honoring that truth. The Indigenization of the Live Beyond campaign—developed in partnership with Native youth—offers a model for how state-level initiatives can be adapted to resonate locally without losing their reach. The next phase of this work will require continued investment in cultural competency across the workforce, ongoing funding for community-based cultural programs, and a willingness to value traditional healing practices as equal partners to clinical care. When culture is treated as central to healing—not as an afterthought—young people can access the sense of belonging, identity, and purpose that supports lasting well-being.



### 3. Youth and communities want self-determination—not “empowerment”

#### The Original Vision

In 2022, young people, parents, and community leaders were unequivocal: they want self-determination, not “empowerment” handed down from above. As one participant put it, “Those who are at the center of the problem are also closest to the solution.”

Young people described a behavioral health system in which they could make their own decisions and freely choose the path to healing that was right for them. Parents expressed the same desire—to have a meaningful role in determining what support their children received, rather than having those decisions dictated by funding sources or policy.

Communities called for collaborative decision-making and access to resources for community-identified solutions. They expressed frustration with “recreating the wheel” and with gatekeeping that directed funding to programs developed by outsiders rather than sustaining the people already doing the work. The message was direct: people are tired of being asked what they need, only to watch funding flow to outside solutions instead of community-led efforts.

#### Progress to Date

At its core, self-determination means young people can choose how they receive support, where they access it, and who provides it. CYBHI has worked to expand those choices—creating multiple entry points into care, funding peer support programs, and investing in a more diverse workforce so young people have a better chance of finding providers who understand their experiences. The vision is that a young person in need can find support on their own terms: at school, online, at a community center, through a peer, or with a clinician who shares their background.

Youth involvement in designing campaigns and programs is one expression of this commitment. Youth Fellows and youth advisory groups have actively shaped major initiatives, including the Never a Bother, Live Beyond, and Take Space to Pause campaigns. Feedback from recent community listening sessions suggests these efforts are resonating: across multiple sessions, young people were familiar with the Never a Bother campaign and described its content as relatable, friendly, and engaging. Similarly, a midway evaluation of the Take Space to Pause campaign, conducted by Sentient Research four months after its November 2024 launch, surveyed over 1,500 California youth ages 13–17 and found that nearly half were already aware of the campaign—with the strongest recognition among the communities it was most intentionally designed to reach, including system-impacted youth, Native American/Alaska Native youth, Black/African American youth, and LGBTQ+ youth.

Youth involvement extends beyond campaigns. The allcove™ youth wellness centers were designed with direct input from youth advisory groups who influenced everything from the physical space to the services offered. Digital platforms like Soluna and BrightLife Kids were developed with input from youth and caregivers. The DHCS Peer-to-Peer 16 Support Program takes youth self-determination from concept to action by empowering young people to support one another.

The CYFN was developed specifically to deepen meaningful, authentic youth and family engagement within CYBHI's work. From the outset, the California Health and Human Services Agency (CalHHS) prioritized centering organizations that serve groups most impacted by behavioral health challenges and who face the greatest structural barriers to accessing services. The Network includes representation from each of California's five Behavioral Health regions and the five priority populations identified by the California Reducing Disparities Project, with additional consideration for parents and families, transition-age youth, systems-involved youth, youth with disabilities, unhoused youth and families, and rural and low-income communities.

The Live Beyond ACEs Campaign exemplifies self-determination in practice. Designed in partnership with youth and young adults with lived experience, the campaign provides science-backed healing resources for and from young adults who have experienced Adverse Childhood Experiences. The "Start Healing" page offers information alongside tips to mitigate impact—allowing young people to choose the path to healing that works for them.

The Youth Co-Lab, a partnership with the California Department of Public Health (CDPH) Office of Health Equity, brings together youth and youth leaders to co-design a two-year campaign driving mental health awareness and social change. The Co-Lab provides a mechanism by which the voices, needs, and ideas of California's youth are integrated into all aspects of the campaign.

Yet community listening sessions also reveal how far the work still has to go. When young people have searched for services beyond school, they report difficulty finding the right provider match—and some have gone without therapy as a result. In some cases, youth described parents as barriers to accessing support; when parents speak with providers first, young people feel their own concerns get overshadowed. These experiences underscore that self-determination isn't just about co-designing programs at the state level: it's about whether young people feel like equal partners in their own care when they walk through the door.

As many programs continue to grow, most community members have not yet experienced these efforts in their day-to-day lives. Their response is cautiously optimistic.

## Community Perspectives

CYFN partners acknowledge CYBHI's commitment to centering youth voices in planning processes and increasing channels of support. They also remind us that true self-determination requires going even further. The real test of CYBHI's impact will be whether young people find not only more services, but services that respect their wisdom about their own needs and support them in choosing their own path to wellness.

This is achieved in part by having more choices that are co-designed by youth, but the deeper work is ensuring that young people are welcomed as equal partners in their healing journey wherever they reach out for support. One approach is increasing the number of providers who have not only professional expertise but lived experience that maps closely with the young people they serve. CYBHI's efforts to expand peer-to-peer services and fund local community organizations resonate strongly with the CYFN. Community members also stressed the importance of expanding training opportunities for other professionals working with young people—including physicians, teachers, and counselors—and considering how young people with lived experience might play a role in that training.

## Looking Forward

The structures for youth involvement are being built. Youth Fellows, advisory groups, and the CYFN have created channels for young people to shape campaigns and programs at the design stage. The next chapter will test whether that involvement translates into everyday experiences—whether young people seeking help feel heard, respected, and trusted to know what they need.

*“What CYBHI has done differently is recognize that young people don't need to be ‘empowered’ by systems; we need systems to step back and respect our power. The power has always been with us. Youth and families aren't just sources of input: we are experts in what healing looks like in our own lives and communities. CYBHI shows what's possible when youth mental health systems are built with us instead of for us.”*

*—ACEs Aware Youth and Young Adult Council Member/Live Beyond Campaign Young Adult Advisor*

*“Being part of the CYBHI CYF Network has been a genuinely positive experience. It has connected our organization with like-minded partners who share a commitment to improving the lives of children, youth, and families. The network's collaboration and shared expertise have strengthened our work and expanded our impact. Meaningful progress has already been made through a comprehensive “whole child” approach that supports children's mental health and overall well-being. Thank you for creating a space where collaboration and innovation thrive.”*

*—CYFN partner*

Self-determination cannot live only in planning processes. It must show up in the moment a young person asks for support: whether they can choose their provider, whether their voice takes priority over a parent's in their own care, and whether the system meets them where they are rather than where it assumes they should be. When young people experience that kind of respect consistently, the vision of self-determination will have moved from principle to practice.

***“People in community with each other know exactly what their needs are and the measures that can be taken to meet them. So many outsiders leading the intervention do not land because ultimately, they’re not a part of the community. They are there to address something and then they leave, which can feel very transactional; as opposed to actual community members that belong to that community and that experience. This is the same with how youth feel, too. We are aware of the struggles we face and how this mental health crisis is affecting us and our peers, and any intervention that needs teeth absolutely needs that voice, approval, and direction, first and foremost. There’s no need to open the door for miscommunications by not speaking and listening to youth first and directly. Self-determination is the fruit of empowerment!”***

**— Youth Co-Lab Member**

***“Youth and communities want self-determination, not empowerment, and having our projects prioritize self-determination by creating spaces where youth can take leadership in their own healing and cultural revitalization... resonates with this call for self-determination over externally imposed empowerment.”***

**—CYFN partner**

***“Being part of the Children, Youth, and Family Network (CYFN) has affirmed that statewide change is most effective when youth and community partners are involved in every stage. CYBHI has shown true collaboration through their commitment to lived experience, youth leadership, and community-centered initiatives. By emphasizing healing, accountability, and culturally responsive mental health support, they have created a space where youth feel acknowledged and empowered. We are grateful for The Social Changery for seeing the need for our organization to be part of sharing youth voices and advancing solutions that uplift the health and well-being of our communities.”***

**—CYFN partner**

## 4. Rethink treatment: what it looks like and who provides it.

### The Original Vision

In 2022, when asked to imagine a new behavioral health system, young people and families envisioned something fundamentally different from what exists today. They talked about rebuilding the system with community at the forefront—physical spaces that feel safe and welcoming, and an expanded definition of who can provide support.

Young people wanted more access to therapists and counselors, but they also wanted support that doesn't look like traditional mental health treatment. Youth favored peer-to-peer and mentoring models. Parents found it helpful to receive behavioral health information from their natural support systems—family members, pastors, and other trusted community figures.

The call was to broaden our definition of treatment: where it's delivered, and who provides it. Young people and parents described a system rooted in local community, accessible, culturally responsive, and inclusive of multiple healing modalities offered by many kinds of people, including peers and lay people. They wanted more resources, more providers, more culturally rooted healing, and more ways to access support: on and off campus, community-based, virtual, one-on-one, and group-based.

### Progress to Date

CYBHI has invested in transforming both who provides behavioral health support and where young people can find it. The vision is an ecosystem that recognizes healing can come through many hands—trained peers, community leaders, healthcare professionals—all working together.

The Certified Wellness Coach program represents a significant step in this direction. California created a new state certification to expand its behavioral health workforce—not only by recruiting new coaches into schools and community-based organizations, but also by recognizing and credentialing people already doing this work in their communities. By linking these trusted community members to the healthcare system, the certification allows them to provide services financed by that system: wellness promotion and education, screening, care coordination, individual and group support, and crisis referral. As of this writing, over 4,100 Wellness Coaches have been certified across the state, with 613 scholarships awarded to support their training. These coaches are recruited from the communities they serve, speak the languages of the young people they support, and work in places that are convenient and familiar.

Peer Support Specialists represent another critical component of this workforce transformation. Young people in the original listening sessions expressed strong preference for receiving support from people who had lived through similar experiences—

not just professionals who had studied them. CYBHI has invested in expanding peer support through multiple initiatives, including the High School Peer-to-Peer efforts and Peer Personnel Training, which create pathways for young people with lived experience to become part of the healing workforce themselves. (For more on peer support and representative workforce development, see Call to Action 9: Build a Representative Workforce.)

CYBHI is also bringing services into the spaces where young people already are. The Cal-MAP program connects pediatricians and school health centers with behavioral health professionals. The CYBHI Fee Schedule Program establishes reliable funding from health insurers so schools can sustainably offer mental health services. Programs like the Positive Parenting Program, scaled through Evidence-Based Programs grants, recognize parents as part of the treatment picture.

Feedback from community listening sessions, organized by independent CYBHI evaluators at Mathematica, confirms that school-based services have become a visible entry point to care. In one session, participants described the benefits of school wellness centers—particularly when they provide holistic support like food, clothing, and transportation alongside mental health resources. In another session, young people described using school wellness centers as spaces to reset or find quiet time.

At the same time, listening sessions revealed ongoing challenges. Youth in some sessions noted that school wellness spaces don't always feel personal, and the space sometimes feels more suited to students who are socializing or studying than those who need genuine respite. Participants across sessions described school-based services as helpful entry points but noted that most people don't know where to go beyond school when they need more support.

When young people have sought services outside of school, they've encountered barriers. High turnover among school counselors makes it more challenging to get consistent support and school sessions can feel rushed compared to one-on-one therapy from external organizations, which participants described as more personal and comfortable. Rural participants face particular challenges: distance to providers and inconsistent communication from therapists make it difficult to get to and maintain appointments. Youth in multiple sessions mentioned long county waitlists and the need to travel to other areas for services.

These experiences underscore that expanding where treatment happens is only part of the equation. The quality, consistency, and accessibility of that care matter just as much.

## Community Perspectives

CYFN partners were supportive of the significant investments made at both statewide and local levels—recognizing that community programs are often the first places young people turn for help. Their caution is that these efforts must be sustained and strengthened over time.

## Looking Forward

The behavioral health workforce is expanding, and support is reaching young people in more places than before. As of March 2026, more than 4,100 certified Wellness Coaches are working in schools and communities across California—helping to address gaps that leave students struggling to find someone to talk to.

But expanding access is not the same as ensuring quality. The next phase of this work must attend to what young people are experiencing once they walk through the door: whether school-based services feel personal or rushed, whether counselors stay long enough to build trust, and whether rural communities can access consistent care without traveling long distances. When treatment is truly rethought—not just where it happens, but how it feels to receive it—young people will find the kind of support they described in 2022: accessible, culturally responsive, and rooted in community.

***“I appreciate the push against the clinical gatekeeping that happens when we talk about mental health. Meaning that there is this big fear of non-licensed people being part of the continuum of care and support. I think CYBHI challenged this in a major way.”***

**—CYFN partner**

***“I believe that all the different resources and projects, including ACEs Aware and Wellness Coaches, are very beneficial and strongly aligned with this goal through increasing knowledge and access to various methods of caring for mental health.”***

**—CYFN partner**

***“We are often left out of the conversation in favor of other urban metropolises, such as San Francisco or Los Angeles, but the concentration on the Central Valley and mountain community provides us with the opportunity to provide insight and feedback from marginalized communities in more rural communities within the state. Additionally, the resources provided to us are invaluable in being able to support our youth who often lack mental and behavioral health supports in their local communities. With this partnership, it allows us to mobilize in ways that trickle down from one youth to others, and make an impact within the LGBTQ+ communities in our areas and ecosystems.”***

**—CYFN partner**



# REIMAGINE SERVICES



## 5. Help must be available before it's a crisis.

### The Original Vision

In 2022, youth and families described a system that only showed up when things had already fallen apart. They had nowhere to go for mental health support unless it was an emergency. Parents who tried to find services proactively were told their child didn't qualify because the issue "wasn't bad enough." When care was available, it was often too costly or came with lengthy waitlists.

Many young people knew about crisis lines but believed those were only for people experiencing thoughts of suicide. Those who had used warm lines—intended for issues that hadn't yet become crises—found it helpful to have someone listen and provide a referral, but insufficient to meet their full needs. People wanted different types of care: phone support, apps, online help, or in-person services.

The call was clear: care must meet people where they are—whatever level of distress they're experiencing, when they can meet, in a format they can access.

### Progress to Date

CYBHI has invested in creating multiple pathways for young people to access help early, before struggles become crises.

Prevention-focused efforts are reaching young people in schools. The CalHOPE Schools Initiative and the Student Behavioral Health Incentive Program (SBHIP) provide support that strengthens emotional well-being before challenges become overwhelming. The CalHOPE Social-Emotional Learning initiative builds resilience through coordinated approaches, with leaders from all 58 county offices of education participating. Teachers and caregivers—often the first to notice when young people are struggling—are receiving their own support through Mindfulness, Resilience, and Well-being programs.

Digital tools have significantly expanded access. The Soluna App has connected over 150,000 youth—one in 42 eligible youth across California—with immediate, free coaching support, while 350,000 children are enrolled in BrightLife Kids. Both BrightLife Kids and Soluna are fully available in English and Spanish and provide telephone-based language support for 17 other languages. This is helping families and young people from diverse communities access support in a language that meets their needs. Innovative tools developed with the Child Mind Institute—including Mirror, which provides a private journaling space for teens—are expanding options for how young people can engage with their emotional well-being.

DHCS awarded \$56 million to 54 organizations across 34 counties to expand access to early childhood mental health and wellness services, with a specific focus on children and youth who are Black, Indigenous, and People of Color and/or LGBTQIA+. Programs

like Family Spirit—an evidence-based home visiting program developed for and with Indigenous communities—optimize local cultural assets and resources. An additional \$150 million was awarded to 262 organizations to support wellness and build resilience among children, youth, and young adults. These programs seek to increase early intervention, mitigate the effects of Adverse Childhood Experiences, expand youth drop-in centers, provide safe spaces, and reduce health disparities. The allcove™ youth drop-in centers, designed by and for youth with ongoing participation from youth advisory groups, welcome young people ages 12–25 with mild to moderate needs and offer services spanning mental health, physical health, substance use support, peer support, family support, and education and employment assistance.

Early indicators suggest these investments are gaining traction, though the full impact remains to be seen. In community listening sessions, participants mentioned the benefits of school-based wellness centers—particularly when they provide holistic resources like food, clothing, and transportation alongside mental health support. In other sessions, participants were aware of new wellness centers and behavioral health organizations being built in their community as part of the state’s behavioral health investment, with young people reporting they learned about wellness centers from flyers displayed at school. School-based services are increasingly recognized as an entry point to care.

Awareness of digital tools is growing but uneven, which is expected for platforms that are still relatively new. Across several listening sessions, some participants were aware of Soluna and had tried the app while awareness of other CYBHI-affiliated tools like Mirror and BrightLife Kids was more limited. Some participants raised questions about privacy and data security—a concern worth acknowledging and addressing directly. Both Soluna and BrightLife Kids are required to adhere to strict state and federal privacy and confidentiality requirements. Soluna is designed so that users don’t need to share their name and can explore the app anonymously; all messages are pre-screened for appropriateness by trained professionals before being posted, and users cannot directly message one another. Guardians, schools, employers, and doctors cannot see user activity on the platform, and information is not shared without consent except in situations involving safety.

BrightLife Kids follows HIPAA protections and uses encrypted connections, secure passwords, and partnerships only with technology platforms that meet rigorous privacy standards. Both platforms employ trained behavioral health professionals who monitor for safety risks, with licensed clinicians on standby to intervene if needed. Data sharing for research purposes is entirely opt-in. In other words, these platforms were built with young people’s privacy concerns in mind—but the listening session feedback suggests that communicating these protections clearly and proactively to users remains an important ongoing effort.

Some participants also noted that app-based tools in general can feel too structured—promoting the idea that users should feel “okay” all the time or follow a set emotional path. When their feelings didn’t match that guidance, some described feeling worse rather than better. Several shared that interacting with an app can sometimes feel

impersonal or scripted, underscoring that while digital tools can be helpful, they cannot replace real human connection. This feedback highlights an important design insight: effective tools should normalize the full range of emotions and complement, not substitute, trusted relationships and meaningful support.

Beyond the first entry point, navigation challenges persist. When young people have searched for services outside school settings, they've encountered difficulty finding the right provider match, causing some to go without therapy even though they want care. Youth in multiple sessions mentioned long county waitlists and the need to travel to other areas for services. Rural participants face particular challenges getting to and maintaining appointments due to distance and inconsistent communication from providers.

These experiences point to a pattern that extends beyond any single platform or program: digital tools and school-based services are expanding the number of doors into the system, but what young people encounter once they walk through those doors—provider availability, cultural match, geographic access, and continuity of care—remains the deeper challenge. Closing that gap will require sustained investment not just in front-end access, but in the workforce, infrastructure, and community-based supports that make it possible for young people to stay connected to care over time.

*"It's a place that anyone can come to—it's a welcoming space—I think people can feel safe there."*

*—Mia, Member of Allcove allcove™ San Juan Capistrano's Youth Advisory Group*

*"With isolation a growing concern, people need people. Soluna must be advertised like other state initiatives, like Never a Bother and Live Beyond."*

*—CYFN partner*



## Community Perspectives

CYFN partners recognize the significant expansion of early intervention resources while noting that more work is needed to ensure all youth can access support before reaching crisis.

*“As someone grounded in public health, I believe deeply that help should be available long before a young person reaches a crisis point. Prevention means recognizing that there is always a moment to intervene—a conversation, a pause, a trusted support—before things become too late. CYBHI reflects this public health approach by investing in early, accessible mental health support that meets young people where they are, rather than waiting until their pain escalates into an emergency.”*

—Youth Co-Lab member

*“More data is needed to assess whether all youth have timely access to these resources before a crisis hits. Though access to mental health services is being worked to be more simple and less overwhelming, barriers still exist for families with language or technological barriers.”*

—CYFN partner

*“California continues to recognize the value of investing in proven early childhood mental health supports in our communities and the immense impact it has on healthy social and emotional development of children and youth.”*

—Avo Makdessian, Executive Director of First 5 Association California

## Looking Forward

The infrastructure for early intervention is expanding—and they go far beyond just one type of service. Across CYBHI’s network of more than 1,600 partners, the vast majority are providing in-person support: school-based programs building resilience before challenges emerge, drop-in centers creating welcoming spaces for youth with mild to moderate needs, and community-based organizations delivering culturally-grounded services in the places where young people already are. Digital platforms like Soluna and BrightLife Kids complement this in-person foundation by extending reach to young people who might not otherwise access services—particularly in rural areas or for youth who prefer the privacy of a virtual first step. Together, these efforts are creating a continuum of early intervention options designed to meet young people where they are, both literally and figuratively.

Sustainability is being built into the design from the start. Evidence-Based Program (EBP) grantees funded through DHCS are receiving guidance on how the services launched through their grants can also be billed to Medi-Cal, creating pathways for continued funding beyond the initial CYBHI investment. This kind of structural planning is critical to ensuring that the early intervention infrastructure being built today does not disappear when grant cycles end.

Still, challenges remain. Technology comes with limitations—at a time when schools are limiting cell phone use and mental health experts identify screen time as contributing to youth mental health challenges, digital tools must remain part of a broader strategy rather than a stand-in for human connection. Rural communities continue to face internet connectivity barriers, and young people themselves have called for more in-person support. Waitlists and provider shortages still leave some young people without care, even when they are actively seeking it. And the gap between resource availability and resource awareness persists—early intervention can only work if young people and families know where to find support before they reach the point of crisis.

## 6. Make places for youth to belong, create, and connect to the outdoors.

### The Original Vision

In 2022, young people and their families called for physical spaces that are safe and beautiful—spaces full of connection and joy. They envisioned places in community centers, schools, and parks that would be open late, on weekends, and during school holidays. These spaces would be filled with mentors, peer relationships, and opportunities for youth to express themselves: to tell stories, dance, write, play music, plant a garden, build relationships, gain skills, and simply be.

Parents wanted safe areas where their children and teens could connect with other young people and trusted adults. For parents of young children, extended hours supportive of working families and single-parent households were described as essential and often overlooked.

Connection to outdoor spaces—both undeveloped nature and green urban areas—was raised repeatedly as having a direct impact on mental health. Many young people cited socioeconomic barriers as a dividing line between peers who regularly accessed beaches, state parks, and well-designed urban spaces, and those who could not. Whether indoors or outside, youth envisioned coming together for activities that support mental health and healing—art, music, dance, and other forms of creative expression.

### Progress to Date

While extensive creation of outdoor spaces extends beyond CYBHI's direct scope, the initiative has surfaced the importance of connection to the natural world and made significant investments in community spaces and programs that support belonging and connection.

Organizations like Gateway Mountain Center, supported through CYBHI funding, connect youth with the outdoors as part of mental health support—recognizing that for many

young people, nature is essential to healing. The Live Beyond campaign has emphasized that connecting with nature may look different for everyone. Youth content on the campaign explicitly discusses how cultural backgrounds shape relationships with outdoor spaces, helping young people find what works best for them personally.

Programs funded through the Youth Suicide Prevention Outreach and Media campaign are creating spaces for connection and creative expression. Jail Guitar Doors, one of 33 community-based organizations and Tribal Partners funded through this initiative, works to improve youth mental health for Black/African American and Latine/Hispanic youth in Los Angeles County. The organization provides musical instruments and rehabilitative workshops to help incarcerated individuals develop life skills—creating welcoming spaces where anyone can find community.

Recent community listening sessions suggest that awareness of new spaces is growing. In one session, participants were aware of new wellness centers and behavioral health organizations being built in their community as part of the state’s mental health push. Participants in two sessions mentioned learning about wellness centers from flyers displayed at school.

Yet the feedback also reveals that creating spaces is only the beginning—what matters equally is how those spaces feel to the young people who use them. In one session, youth noted that while they appreciated having a designated area to decompress, the environment didn’t always allow for the kind of unstructured connection and creative expression that young people called for in 2022. CYBHI has made significant investments in physical and virtual spaces for youth wellness, and many of these are designed with exactly this kind of intentionality. The youth feedback points not to a failure of investment, but to an ongoing design challenge: ensuring that as these spaces are being created, they continue to be shaped by the young people who use them and remain places for storytelling, music, relationship-building, and creative expression—not just service delivery.

## Community Perspectives

CYFN partners recognize the investments being made while raising questions about reach and accessibility—particularly for youth in rural areas or marginalized communities who may not yet be experiencing these new spaces.

## Looking Forward

Significant investments are flowing into community spaces, and young people are beginning to see new wellness centers and programs take shape in their communities. The infrastructure for belonging is being built.

The next phase of this work must focus on whether these spaces truly reflect what young people asked for: environments that feel safe and personal, that support creative expression and connection, and that are accessible to those who have historically been excluded. Young people need more spaces in more neighborhoods—and we need to hear directly from youth whether these new environments meet their vision.

Connection to the outdoors remains an area where more work is needed. For many young people, access to nature is still determined by socioeconomic status. Ensuring that all youth—regardless of where they live—can experience the healing power of outdoor spaces will require continued attention and creative approaches that meet young people where they are.

*“Consider holding collaborative sessions with youth leaders to evaluate the success of these models and explore opportunities to adapt or pivot strategies to address gaps effectively. Creating space for these collaborative evaluations would ensure ongoing adaptability and engagement from diverse networks across California.”*

—CYFN Partner

*“CYBHI has created valuable spaces for youth to connect and engage, but it’s unclear if these spaces are reaching the most vulnerable populations who may reside in more rural or less accessible geographic areas. This may require a need for observation and insight into how effectively these opportunities are being promoted to marginalized and/or disconnected youth.”*

—CYFN partner



## 7. Take care of adults so they can take care of young people.

### The Original Vision

In 2022, young people named something that often goes unspoken: they know when the adults in their lives are not okay. Youth expressed concern that sharing their own struggles—including thoughts of suicide—would add stress to parents and caregivers who were already overwhelmed. Some were reluctant to access school counselors who were visibly struggling, not wanting to add to their burdens.

Communities, families, and young people all reflected that the system cannot meet the needs of a young person without also addressing intergenerational trauma. Parents need support not only for day-to-day stressors, but also to heal from their own experiences and interrupt the transmission of trauma across generations. First-generation immigrant youth, who often serve as healthcare navigators for their families, carry particular weight. Supporting young people means making sure the adults in their lives get the support and resources they need.

### Progress to Date

CYBHI has invested in strengthening the adults who surround young people—parents, caregivers, and the professionals who work with them daily. This matters because young people are paying attention to how the adults in their lives are doing.

This instinct to protect the adults around them, even at the cost of their own well-being, is exactly what CYBHI's Never a Bother campaign was designed to address. Co-created with more than 400 young Californians, the campaign validates what youth are feeling—that fear of being a burden is real—while reinforcing that they are never a bother when reaching out for help, and that the adults in their lives want to be there for them before, during, and after a crisis. But the campaign's message can only land if it's true—if the adults on the receiving end are themselves supported enough to show up. That is why investing in adult well-being is not separate from investing in youth behavioral health. It is a precondition for it.

Through Evidence-Based and Community-Defined Evidence Practices grants, \$33 million was awarded to 67 organizations focused on parent and caregiver support programs over an 18-month period. This funding supports research-backed models like Positive Parenting Practices, Incredible Years, Healthy Steps, and Parent-Child Interaction Therapy, alongside culturally responsive programs like Effective Black Parenting and Positive Indian Parenting. By investing in both structured, evidence-based approaches and community-driven models, the initiative strives to ensure parents have access to relevant and effective resources. Recognizing that families often need to heal together, enhanced Medi-Cal Benefits now include Dyadic Services, allowing parents and children to receive mental health support as a unit. Resources like the Positive Parenting video series, BrightLife Kids, and the Live Beyond campaign provide tools for adults to address

their own well-being while supporting young people. The Live Beyond campaign explicitly acknowledges that for families to truly thrive, parents must have space and support to heal from their own experiences—breaking cycles of intergenerational challenges and creating a more resilient future for their children.

Early childhood programs play a crucial role in this ecosystem. First 5 programs and organizations serving children ages 0–5 equip parents and caregivers with foundational tools and knowledge to be their child’s first teacher while also caring for themselves. Healthy Families America is among 54 organizations that received part of a \$56 million investment to expand early childhood mental health services across 34 California counties. Healthy Families America provides evidence-based home visiting for pregnant people and families with young children—strengthening parent-child relationships, promoting healthy development, and enhancing family functioning by reducing risk and building protective factors.

School staff—often the first point of contact for young people seeking help—are also receiving support. Mindfulness, Resilience, and Well-being Grants and the Safe Spaces: Trauma-Informed Training for Education and Early Care Settings initiative aim to build educator resilience and enhance their capacity to support students.

Recent community listening sessions underscore why this investment matters. In one session, youth described how parental attitudes toward mental health directly shape their own willingness to seek help. When adults in their lives carry unaddressed stigma or discomfort, young people absorb that message—and may avoid reaching out even when they need support. This reinforces what communities said in 2022: healing cannot happen in isolation. When parents and caregivers get the resources they need, young people feel freer to ask for help themselves.

***“Everything we do as humans centers around relationships. Yet relationships don’t always come easy... being able to utilize strategies that bring out the essence of our most basic human need—the ability to relate to others in a positive way—is life-changing for adults and children.”***

***—Kathleen Strader, National Director,  
Healthy Families America***

***“Facilitate discussions with contracted organizations and community members to identify additional ways to strengthen family engagement models and share best practices.”***

***—CYFN Partner***

## Community Perspectives

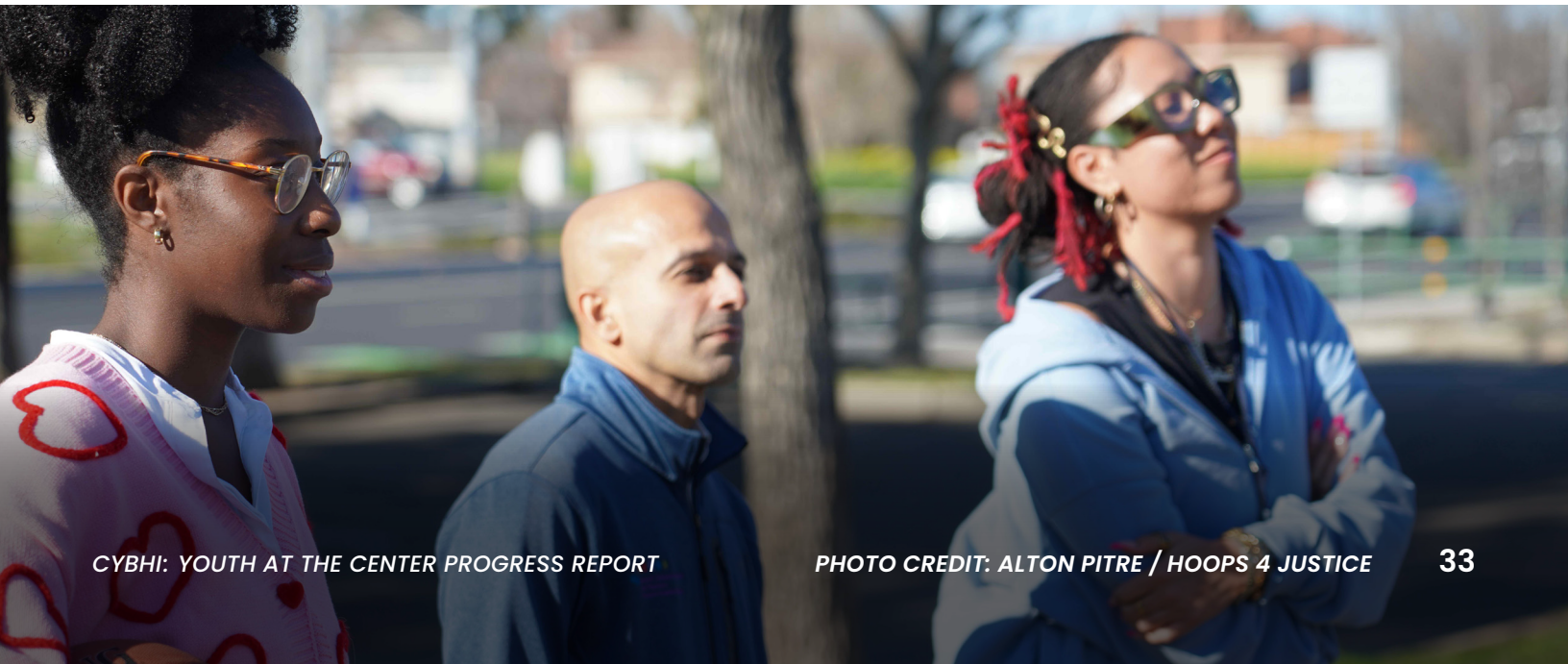
While these initiatives show promise, their true impact remains to be seen. Communities remind us that supporting adults isn't just about providing services—it's about creating sustainable ways for families to heal together and break cycles of intergenerational trauma.

## Looking Forward

The groundwork for family-centered healing is being put in place. Investments in parenting programs, parent-child services, and educator wellness recognize that young people do not exist in isolation—their well-being is intertwined with the well-being of the adults who care for them.

But family-centered approaches must also reckon with what families are up against. Behavioral health concerns are not personal failures. They are human responses to overwhelming experiences, unmet needs, or systemic pressures. Poverty, housing instability, food insecurity, community violence, discrimination, and the cumulative weight of systemic inequity create the chronic stress environments in which mental health challenges take hold. A behavioral health system that treats symptoms without acknowledging these root stressors will always be playing catch-up. CYBHI's investments in community-based infrastructure, culturally grounded programming, and peer support begin to move upstream—but the next phase of this work must continue strengthening the connection between behavioral health services and the social and economic conditions that shape whether families can access and sustain healing in the first place.

The next phase must also ensure that family-facing programs reach those who need them most and are sustained over time, while continuing to build pathways for intergenerational healing—not just addressing individual stress, but creating opportunities for families to process trauma together. When adults are supported in their own healing, they become more available to the young people in their lives. And when young people see the adults around them getting help, they learn that asking for support is not a burden—it's a strength.



## 8. Create a mental health system everyone can navigate, even when struggling.

### The Original Vision

In 2022, young people and families described exhaustion with trying to find what was available to them. Complicated, disconnected systems added burden precisely when people were least equipped to handle it. Those who were hurting needed systems that worked for them—not systems that required endless phone calls and referrals just to find the right level of care.

The referral loop was a common experience: call one number, get another number, repeat. Youth and families wanted more entry points where they could receive support in early stages of distress, and one-stop locations that could meet their needs at whatever level they were at. They wanted to reach out from many outlets—schools, community organizations, traditional care settings—and have those systems actually work together.

The call was for a system that alleviates burdens during times of difficulty, rather than adding to them.

### Progress to Date

While addressing all underlying problems in system navigation extends beyond any single initiative, CYBHI has taken notable steps to increase entry points, enhance navigation tools, and integrate previously siloed systems.

The California Child and Adolescent Mental Health Access Portal (Cal-MAP) is designed to increase timely access to mental health care throughout California's communities, with particular focus on underserved and rural areas. Virtual services like Soluna and BrightLife Kids expand access not only to coaching and peer support but also serve as additional doors into the behavioral health system—offering searchable directories and live care navigation to connect users with health plans, school-based services, and community organizations that can provide clinical care and coordination. BrightLife Kids, serving children ages 0–12 and their caregivers, provides personalized video sessions with diverse coaches, secure chats, and on-demand resources, regardless of insurance coverage. The platform is designed to get children the right care right away—whether that means coaching or a higher level of support.

Notably, 47% of Soluna's coaches are Certified Peer Support Specialists—people whose lived experience with behavioral health challenges is not incidental to the role but central to it. This reflects a broader CYBHI investment in peer support as a distinct and essential layer of the behavioral health system. Through CYBHI funding, more than 10,000 peer support specialists have been recruited, trained, and placed in organizations across California via HCAI's Peer Personnel Training and Placement Program. Peers step into the spaces where people fall through the cracks—helping them access housing, employment

resources, benefits assistance, reentry supports, and more. Their lived experience becomes a source of expertise that traditional providers may not have. Peers don't just understand an individual's recovery; they understand the systems wrapped around that recovery.

Beyond virtual tools and peer support, CYBHI workstreams have expanded entry points throughout the places where children and families already are: in schools through Certified Wellness Coaches, the Fee Schedule Program, the Student Behavioral Health Incentive Program (SBHIP), and School-Linked Partnership and Capacity Grants; in primary care through Cal-MAP and Dyadic Services; in community settings through drop-in centers and youth-driven programs; and at home through parent support resources.

Several innovative approaches are working to connect systems that have historically operated in isolation. The Fee Schedule Program represents a first-in-nation effort to reconfigure how schools and health plans collaborate, building on SBHIP's work connecting managed care plans with schools. School-Linked Capacity Grants strengthen the infrastructure needed to support that integration, and the Transforming Together initiative is a dedicated investment to align county-level systems so that families don't have to navigate fragmented bureaucracies on their own.

Recent community listening sessions reveal that awareness of school-based services is relatively strong—but navigation challenges persist beyond that first entry point. Youth typically learn about mental health apps through social media platforms like YouTube and Instagram, or through television ads, suggesting that how resources are promoted matters as much as whether they exist. And while digital platforms offer promising entry points, translating initial interest into sustained engagement remains a challenge. Young people may download an app or explore a resource once, but converting that first touchpoint into ongoing support requires more than technology alone—it requires the kind of human connection, follow-up, and trust that peer support specialists and community-based navigators are uniquely positioned to provide.



## Community Perspectives

This progress is promising, but it is still early. New solutions take time to move from introduction to awareness to actual use, and behavioral health needs are cyclical. Families typically have to reach a point where they feel ready to seek support before they engage with services. It is only through that experience that they can assess whether the system feels accessible and responsive. In the meantime, CYFN partners emphasize that human connection remains essential to effective navigation.

*“Platforms like BrightLife Kids and Soluna are cool in theory, and youth have a positive reaction to them at first, but no one we follow up with has been consistently using this app or its features. They are saying to meet them where they’re at and invest in resources they’re already using and trying to use. Including peer support specialists could be a more effective resource to give that human connection and encourage youth to utilize available resources consistently.”*

—CYFN Partner

*“I often feel like a failure as a parent. BrightLife Kids has been giving me hope that it can get better.”*

—BrightLife Kids Parent

*“Yes, we have addressed creating a mental health system everyone can navigate by advocating for mental health equity and pushing for system-wide reform, especially focusing on systemic barriers for Native youth. It reflects efforts made to make mental health systems more accessible and culturally responsive.”*

—CYFN partner

*“The other day my child said, ‘Dad, I had an anxious moment this morning, and I remembered what Jordan (BrightLife Kids Coach) told me, and I said it to myself 3 times, and the day was great.’”*

—BrightLife Kids Parent

## Looking Forward

Entry points to the behavioral health system are multiplying. Schools, primary care offices, virtual platforms, home-based resources, and community-based settings now offer pathways that didn’t exist before. Investments in drop-in centers and youth-driven programs are creating new front doors to care in the places where young people already spend time, lowering the threshold for seeking support. Efforts to integrate siloed systems—connecting schools with health plans, aligning county-level services, and linking community-based organizations to the healthcare financing infrastructure—represent structural changes that could make navigation genuinely easier over time.

But the test of a navigable system is not how many doors exist. It's whether someone in distress can find their way through one of them without being passed from number to number, without hitting dead ends, and without giving up. Young people are clear that technology alone won't solve this. Human connection, including peer support specialists, trusted adults, and navigators who can walk alongside someone through the system, remains essential to turning entry points into actual care. The next phase of this work must measure not just whether services are available, but whether people in need can find and use them when it matters most.

*"People with lived experience know ... [how] to get at the heart of what's really going on with you in a way that is respectful, in a way that's not intimidating, and in a way that has just a different type of compassion."*

—Marshea Pratt, Vice President of Workforce and Community Engagement for NAMI California, an organization offering peer support

*"When I knew I needed to seek mental health services, and I finally was able to open up to my doctor about it, [but] my referral was lost somehow by the system. Months went by, and nothing. It wasn't until I followed up where they apologized for never getting back to my referral and admitted that there was an error on their part. When Black male queer youth already have to go through so much stigma to even seek help, the last thing they need is any resistance and a system that asks more of you in your lowest times of difficulty."*

—Youth Co-Lab Member





# TRANSFORM SYSTEMS



## 9. Build a representative workforce.

### The Original Vision

In 2022, young people were unequivocal: they want mental health support from someone who looks like them, talks like them, and understands their identities and their story. They don't want to do the emotional labor of constantly explaining themselves or their experiences. Shared culture or ethnicity was a starting place, but what youth described went deeper—they wanted providers who understood experiences of racism, discrimination, and trauma firsthand. The consequences of mismatched providers ranged from ineffectiveness to real harm. One LGBTQ+ student described receiving solutions that didn't fit who they were as a person.

Communities called for more than diverse providers—they called for a representative workforce that includes people with lived experience of mental health challenges and trauma. And they noted that bringing more people with these experiences into the field will not be sustainable unless the behavioral health ecosystem itself becomes a supportive and healing environment for those who work within it.

### Progress to Date

The Department of Health Care Access and Information (HCAI)—leading several of CYBHI's workstreams—has implemented a broad array of workforce investments aimed at expanding and diversifying the behavioral health provider workforce. These programs support training, pipeline development, and scholarship and loan repayment—prioritizing applicants who are underrepresented in behavioral health professions.

The HCAI CBO Workforce Grant Program plays a critical role not just in developing the behavioral health workforce, but in sustaining it. For smaller, community-based organizations, the funding has helped retain staff who serve immigrant families and communities where trust is essential. Workforce stability allows providers to build lasting relationships with the individuals they serve, ensuring continuity of care and helping community members feel safe when seeking support. In this way, the program strengthens not only organizational capacity but also the trust and connection that are foundational to effective behavioral health services.

Two state certifications are creating career pathways that did not previously exist in California's behavioral health system—and both are designed to bring people with lived experience and community connection into formal, funded roles. The Certified Wellness Coach program is building a new non-clinical profession for people with associate or bachelor's degrees who want to support the behavioral health needs of children and youth. Wellness Coaches provide prevention-oriented services—wellness promotion, screening, care coordination, individual and group support, and crisis referral—in schools and community-based organizations. Critically, the Wellness Coach role was designed not only to recruit new professionals, but to recognize and credential people already doing this work in their communities—linking them to the healthcare system so that their services can be financed by it.

Alongside the Wellness Coach program, HCAI's Peer Personnel Training and Placement Program is projected to recruit, train, certify, and place over 10,000 new peer support specialists in the behavioral health system. This program prioritizes young people ages 18–25 with lived experience as behavioral health consumers, family members, or caregivers, placing them in designated peer positions across the public mental health system. With the establishment of the Medi-Cal Peer Support Specialist certification, peer services are now eligible for reimbursement through Medi-Cal—an important step forward in building more sustainable funding pathways for peer support. Peer personnel duties include leading recovery groups, building community and relationships, sharing resources, and advocating for people in recovery. Together, the Wellness Coach and Certified Peer Specialist pathways represent a fundamental rethinking of who belongs in the behavioral health workforce—and both are grounded in the principle that cultural proximity and lived experience are not merely nice-to-have qualities, but core professional competencies.

The Youth Mental Health Academy (YMHA) exemplifies the longer-term pipeline approach. A 14-month, community-based career development program for high school students, YMHA offers mentorship, paid project-based learning, and paid internships in the mental health field—specifically targeting students in marginalized communities. HCAI awarded \$25 million to the Child Mind Institute to support the early career development of 2,500 culturally diverse California high school students with an interest in behavioral health careers.

Significant efforts are also underway to equip non-behavioral health professionals who work with children and youth daily. Safe Spaces: Trauma-Informed Training for Education and Early Care Settings provides free online training to help early care providers, TK–12 educators, and school personnel recognize and respond to trauma and stress in children, with emphasis on culturally-responsive and healing-centered approaches. As of January 2026, more than 10,400 Safe Spaces trainings have been completed. Additional programs—including the CBO Behavioral Health Workforce Grant Program, the Substance Use Disorder/Justice System-Involved Youth Training Program, and Mindfulness, Resilience, and Well-being Support Grants—are broadening the scope of who can provide behavioral health support across communities.

Recent community listening sessions underscore why this investment matters. When asked whether services feel welcoming and supportive of their background, culture, or identity, young people consistently returned to the question of who is providing care. Youth described how finding a provider who truly understands their experience remains difficult—and when the match isn't right, some choose to go without services rather than endure the exhaustion of being misunderstood. The workforce pipeline being built today will determine whether the next generation of young people can find providers who see them fully.

## Community Perspectives

Community members applaud the expansion of both the number and types of providers, and specific efforts to increase community representation in behavioral health professions. They note, however, that more work remains in creating pathways to all levels of the field—including leadership roles—and in expanding reimbursement for services provided by peer support specialists, which will require sustained efforts beyond CYBHI.

*“I think is equally important to gather the input and the approach towards obtaining mental wellness from a diverse group of communities that differ by gender, racial and ethnic and sexual identities because the realm of mental health and well-being is not a one-size-fits-all, and accounting for diversity will bring about alternative solutions that are more suitable for communities that have been overlooked by frameworks that have been outlined by white supremacist in colonial practices.”*

—CYFN Partner

*“By creating the Certified Wellness Coach (CWC) profession, CYBHI is building a workforce that truly reflects the communities it serves. As someone who immigrated to the U.S. and had to navigate depression and therapy in a language I wasn’t fluent in, I know how isolating it can be when you can’t fully express yourself or feel culturally understood. Having someone from my own community who spoke my language and understood my context would have changed my healing journey. The CWC model recognizes that representation, lived experience, and cultural connection are not ‘nice to have,’ but essential to meaningful mental health support for young people.”*

—Youth Co-Lab member

*“I believe real change comes when the systems which serve our youth are reflective of the communities impacted. Representation is not only important, but necessary to address systemic inequalities and oppression. I feel that one valuable CYBHI investment has been the certified wellness coach opportunities to work alongside school-based staff, clinicians and social workers, and increase access by building capacity for youth to better access mental health support. I believe this role strengthens the ecosystem of care by providing an opportunity for skilled and experienced professionals outside of traditional social workers, clinicians and therapists.”*

—CYFN Partner

*“When you have stability with your staff, families are getting better care. And also, when you have stability with your staff, access to care improves. Right now, we don’t have positions open, which means programs can accept referrals right away. When staff stay, it allows us to meet the needs of families more quickly and consistently.”*

—Teddie Valenzuela, LCSW, Vice President at Amanecer Community Counseling Service, a recipient of the HCAI CBO Workforce Grant.

## Looking Forward

The workforce pipeline is expanding. Young people from marginalized communities are entering career pathways in behavioral health. Educators and youth-serving professionals are receiving trauma-informed training. New roles like Wellness Coaches and peer support specialists are creating space for people with lived experience to provide support.

The scale of this investment is significant. CYBHI has supported roughly 70,000 individuals on the professional behavioral health journey—a remarkable figure given that California’s current behavioral health workforce is estimated at about 100,000. This strategy operates on multiple timelines simultaneously. Approximately 35,000 of those supported are young people exploring behavioral health as a career—students in the Youth Mental Health Academy, Earn and Learn participants, and others at early stages of discovery. They represent the long-term vision: a future workforce that reflects the diversity of the communities it serves. But CYBHI recognized that communities cannot wait years for that pipeline to produce credentialed providers. The other 35,000 are professionals who are ready to go now—individuals already in or entering the field who are receiving loan repayment assistance, retention bonuses, and other incentive packages designed to keep them practicing, especially in underserved communities.

This dual approach matters because building a representative workforce is not just about recruitment. Community-based organizations have been clear that retention is where the vision lives or dies. The young people entering career exploration today will not be fully credentialed providers for years. In the meantime, the field must ensure that people from underrepresented communities who are already doing this work find workplaces that support their own well-being and create genuine pathways to leadership. A representative workforce cannot be built if the ecosystem continues to burn out the very people it seeks to recruit. When young people can consistently find providers who understand their identities without explanation, who share their experiences, and who hold power within the system, the vision of a representative workforce will have moved from aspiration to reality.



## 10. Decriminalize mental health—including substance use.

### The Original Vision

In 2022, communities called for a behavioral health ecosystem disentangled from policing, prisons, and carceral systems. They envisioned a world where young people in crisis receive support rather than punishment—where investments flow to positive school climates, restorative justice, and health professionals responding to mental health emergencies instead of law enforcement.

Fear of system involvement shaped whether families sought help at all. Parents were afraid to ask for support if they perceived risk that child protective services would be called. Young people who had experienced sexual assault were reluctant to seek mental health support because they feared mandated reports or having their mental health become part of court proceedings. Youth with substance use challenges avoided help because they feared losing housing or facing school discipline.

Parents described a lack of “middle ground” services—being turned away because issues “weren’t bad enough,” then facing psychiatric holds when crises escalated. The experience of security guards, law enforcement responding to mental health calls at home, and losing the ability to make healthcare decisions left lasting trauma. Many said they would not access emergency services again.

### Progress to Date

CYBHI has begun building infrastructure to shift how systems respond when young people are struggling—moving toward support rather than punishment.

In schools, CYBHI is partnering with the California Department of Education to develop behavioral health referral protocols designed to be used instead of disciplinary actions. When a student’s behavior stems from a mental health or substance use challenge, the goal is connection to care rather than suspension or expulsion. This reflects what communities asked for in 2022: positive school climates where young people receive help rather than penalties.

When crises do occur, new models are emerging to ensure the response centers on healing rather than enforcement. The Youth Suicide Prevention and Response Network (YSPRN), overseen by the California Department of Public Health, is working in 10 pilot counties to develop coordinated, community-based responses to youth suicide—including alternatives to law enforcement intervention. San Joaquin County’s Project FOCUS shows what this can look like in practice: when an emergency call involves a child, first responders notify the school, service providers receive expedited communication, and a coordinated support team mobilizes. The response becomes about care, not control.

Substance use—an area where fear of consequences often prevents young people from seeking help—is receiving dedicated attention. The Substance Use Disorder/Justice

System-Involved Youth (SUD/JSIY) Training Program awarded \$9 million to train youth-serving professionals in behavioral health literacy, including the Open Doors program launched in early 2025 with a focus on harm-reduction strategies. The Substance Use Disorder Earn and Learn Grant Program invested \$23 million in organizations offering education and paid experience for students earning Substance Use Disorder certificates. These efforts begin to address the stigma and punitive responses that keep young people from asking for help with substance use challenges.

For youth already involved in justice systems, CYBHI is investing in pathways out—not deeper in. With \$10 million in support from CYBHI, The Justice Serving Network, supported by the Sierra Health Foundation, creates opportunities for these young people to become part of the healing workforce themselves, transforming their lived experience of the system into expertise that can help others.

## Community Perspectives

CYFN partners acknowledge progress in promoting trauma-informed practices but emphasize that much more is needed. They point to vital work happening in communities to address substance use—work that often goes unrecognized due to stigma surrounding both substance use in general and harm reduction specifically.

Partners have expressed that reimagining the behavioral health ecosystem means more than focusing on mental health alone—it must include promoting substance use prevention and support. Expanding these discussions could help reduce stigma, encourage help-seeking, and transform understanding of the connection between substance use and mental health.

## Looking Forward

True decriminalization requires strong policy changes, but it doesn't stop there; it also means reimagining how we support young people in crisis, moving from punishment to healing.

The investments underway address pieces of this vision: training programs that center harm reduction, coordinated crisis responses that don't default to law enforcement, and pathways for justice-involved youth to become part of the healing workforce themselves.

*“People come into the program feeling a lot of shame about their past. But very quickly, they realize: you can work, you can have a job, and you can still be somebody with lived experience. In fact, you can use that lived experience to help other people at the same time.”*

*– Jessica Miller, Director of Training at SHARE!, a peer-run nonprofit in Los Angeles*

But the deeper transformation communities called for—a world where parents aren't afraid to seek help, where young people don't fear losing housing or facing discipline for asking for support, where the biggest building in town is a family center rather than a jail—remains aspirational.

This work extends well beyond what any single initiative can accomplish. It requires sustained commitment across systems: education, child welfare, juvenile justice, healthcare, and community-based organizations working in concert. The fear that keeps families from seeking help is built on generations of experience with systems that responded to vulnerability with punishment. Rebuilding that trust will take time, consistency, and demonstrated commitment to keeping young people out of carceral systems when what they need is care.

*“I remember the first time I learned why we say ‘died by suicide’ instead of ‘committed suicide,’ how language rooted in criminalization deepens shame and keeps people from seeking help. Mental health challenges and substance use are not crimes; they are health issues shaped by trauma, inequity, and unmet needs. CYBHI advances a critical shift by decriminalizing mental health and substance use, moving us away from punishment and toward care, compassion, and early support that truly saves lives.”*

— ACEs Aware Youth and Young Adult Council Member/Live Beyond Campaign Young Adult Advisor

*“You are more than the worst thing you have done and you are far more than the worst thing that’s happened to you. Just because of the environment that we came up in doesn’t mean that we’re always going to be subject to something that’s unhealthy and traumatic. I am at the point now where I am living beyond, you know, what I went through and I am working with people every day, young people, helping them get their second chance.”*

— Josue (Swey) Pineda, Young Adult Advisor, ACEs Aware and Live Beyond ACEs Campaign

*“The Youth Opioid Response (YOR) CA program has been working at saving lives (distributing naloxone), harm reduction (test strips, etc.), and increasing youth access to medically assisted treatment (MAT).”*

—CYFN Partner



## 11. Unacknowledged harm gets in the way of hope and trust.

### The Original Vision

In 2022, young people named a truth that is often avoided: the mental health system has not just failed to meet the needs of some children and youth—too often, it has caused harm.

Without acknowledgement and repair, young people expressed an inability to feel hope about the possibility of real change, or willingness to engage with services or programs at all. Why would they trust a system that has hurt them, or hurt people like them, if that harm has never been named?

But reparative practices go beyond good listening. Youth want adults who will act on what they learn—alleviating the stress, overwhelm, and fatigue that youth feel. The first step to rebuilding trust and rekindling hope is for leaders to listen, acknowledge impacts, and take responsibility.

### Progress to Date

CYBHI has taken meaningful steps to name harm and model a different kind of leadership, one grounded in transparency about what systems have gotten wrong.

From the earliest listening sessions, CYBHI leadership took care to acknowledge the unintended harm perpetuated by behavioral health systems. Representatives stood before communities and explicitly recognized that systems created within white-dominant culture aren't trusted or inclusive. During these engagements, CYBHI representatives acknowledged that current systems are not equitable and do not produce equitable outcomes for children and youth; that not every recommendation can be adopted and implemented; that mistakes will be made in both process and program implementation; and that a learning approach with ongoing community engagement is essential.

This transparency and vulnerability has been noted by community partners as significant—and divergent from past experiences with government leaders. It represents a first step toward the acknowledgment that young people called for in 2022.

The Never a Bother Youth Suicide Prevention Media Campaign embodies this commitment to centering communities that have experienced harm. The campaign focuses on youth who are American Indian/Alaskan Native, African American/Black, and Hispanic/Latine—populations selected because of having the highest suicide rates, counts, and increases between 2016 and 2021. The campaign applies an intersectional lens, recognizing the complexity of challenges faced by youth with overlapping identities: LGBTQ+ youth, those experiencing mental health conditions or substance use challenges,

and those impacted by the foster care system.

All aspects of the campaign have been co-created with youth. A Youth Advisory Board, with members compensated at the same rate as adult advisors, guides campaign decisions, acts as spokespeople during media interviews and conferences, and shapes content. Youth-serving community-based organizations and tribal entities across the state have received grants up to \$500,000 over two years to promote the campaign as trusted messengers within their communities. This approach reflects what young people asked for: not just acknowledgment, but action that shares power and resources with those who have been harmed.

CYFN partners remind us that harm is not only historical—it continues. One partner pointed to recent legislation permitting the forced removal of people experiencing homelessness from state lands and its detrimental impact on young people throughout the state. They noted that actions like these undermine hope and trust within communities, making genuine systemic change harder to achieve. Partners emphasized that addressing unacknowledged harm requires continual, intentional engagement, and recognition that policies outside of CYBHI’s direct control can affect progress made within it.

## Community Perspectives

While CYBHI cannot single-handedly eliminate systemic and structural violence, its willingness to name harm and commit to a learning approach represents a departure from past practice. Community partners have offered concrete suggestions for deepening this work: acknowledging past harms when adapting campaign materials or sharing content; developing practical toolkits so communities have readily available support during crises; engaging proactively with state-level decision-makers about how different initiatives can impact public mental health; and emulating models like the state’s Truth and Healing Council to address past harms through a mental health lens.

*“Healing begins when we rebuild systems that have caused harm, not just treat the symptoms they create.”*

—CYFN Partner

*“You can’t heal a community with tools built by the same systems that harmed it—real change requires rebuilding from the voices of those most impacted.”*


—CYFN Partner

## Looking Forward

Trust cannot be rebuilt in a single conversation or a single initiative. It requires sustained commitment; naming harm, taking responsibility, and demonstrating through action that things are changing.

CYBHI has modeled what transparent leadership can look like: standing before communities, acknowledging inequity, and committing to learn from mistakes. The co-creation approach of the Never a Bother campaign shows what it means to move beyond listening to sharing power. These are meaningful steps.

But young people will ultimately judge progress not by what leaders say, but by what they experience when they seek help. Do they encounter systems that see their full humanity? Do they find providers who understand their histories? Are they met with support rather than harm? The answers to these questions—lived out in countless individual encounters—will determine whether hope and trust can take root. Acknowledgment is the beginning. What comes next is what matters.



***“Recognizing historical harms within the mental health system is essential, and CYBHI should continue to prioritize transparency and accountability. Marginalized communities, especially people of color and LGBTQ+ youth, face ongoing barriers to accessing care that need urgent attention. It’s crucial that diversity translates into effective, culturally competent care, supported by ongoing retention strategies that reflect the needs of underrepresented communities.”***

***—CYFN Partner***

## 12. Take action to address systemic inequalities and oppression.

### The Original Vision

In 2022, communities across California named a truth that mental health conversations too often avoid: racism, white supremacy, settler colonialism, poverty, and other forms of systemic oppression aren't just barriers to treatment—they are root causes of mental health and substance use challenges.

Solutions that focus only on improving services without addressing these underlying conditions will always fall short. Communities called for more than acknowledgment of this history. They called for action—for systems to change in ways that share not only power but resources with marginalized communities. Real transformation, they said, requires confronting the ways systems perpetuate inequality, not just treating the symptoms that inequality produces.

### Progress to Date

CYBHI has worked to embed equity into the initiative's design, recognizing that improving access to services, while necessary, is not sufficient to address what communities named as root causes.

To equip organizations involved in CYBHI implementation with support to integrate equity throughout the initiative, the CYBHI Equity Working Group was convened to develop the CYBHI Equity Framework and Toolkit. This framework provides a shared rationale and foundation for embedding equity across all CYBHI activities. It includes reflection questions and resources organized around six pillars: Building Anti-Racist Multicultural Institutions and Systems; Intersectional Cultural Responsiveness; Healing-Centered Approach; Data-Guided and Inclusive of Community Experience; Training, Learning, and Capacity Building; and Targeted Universalism.

These pillars reflect what communities asked for: not surface-level diversity efforts, but structural approaches that examine how institutions operate and who holds power within them. The framework acknowledges that equity cannot be an add-on—it must be woven into how decisions are made, how funding flows, and how success is measured.

Across CYBHI workstreams, this commitment has shown up in concrete ways: expanding access to mental health services in underserved communities, centering youth and community voice in program design, funding culturally-responsive and community-defined practices, and offering trauma-informed training that names systemic harm. The prioritization of populations most impacted by behavioral health disparities, including youth from marginalized communities, reflects an intentional focus on those who have historically been failed by systems.

Yet CYFN partners consistently emphasize that true transformation requires looking

beyond services to the broader conditions young people face—that we cannot separate mental health from housing insecurity, from poverty, from police violence, from the daily experience of navigating systems not built for you. While addressing all systemic inequalities extends beyond what any single initiative can accomplish, CYBHI is uniquely positioned to connect sectors, build bridges, and foster the collaboration needed to address upstream causes rather than only downstream symptoms.

This work takes on new urgency at a moment when many institutions are retreating from commitments to diversity, equity, and inclusion. As federal policies shift and organizations step back from addressing systemic inequities, California faces a critical choice. Communities call us to move forward, not backward—to strengthen, not weaken, our commitment to confronting the root causes of youth mental health challenges.

## Community Perspectives

CYFN partners acknowledge progress while reminding us that equity frameworks only matter if they translate into changed experiences for young people navigating systems. The gap between stated commitments and lived reality remains wide for many.

## Looking Forward

The promise of CYBHI has always been to generate change that is more than the sum of its parts—to radically reimagine the behavioral health ecosystem for children and youth, with equity and justice embedded in concrete ways.

The Equity Framework and Toolkit provided a foundation. The prioritization of impacted communities in funding decisions reflects intention. But the test of whether CYBHI is taking action on systemic inequalities—not just acknowledging them—will be measured over years, not months. It will show up in whether disparities in access and outcomes narrow, whether resources flow to communities that have historically been denied them, and whether young people from marginalized backgrounds experience systems that feel fundamentally different from what came before.

No single initiative can dismantle systemic oppression. But CYBHI can be part of a larger movement—connecting sectors, modeling what equity-centered investment looks like, and demonstrating that California is willing to confront root causes rather than retreat from the work. At a moment when many are stepping back, the communities that raised their voices in 2022 are asking us to step forward. The choice we make will shape whether the next generation of young people inherits the same inequities, or something genuinely different.

## Conclusion

In 2022, more than 600 young people, families, and community members across California took a risk. They shared stories of pain and resilience, of systems that had failed them and visions of what healing could look like. They came, not necessarily because they trusted the process, but because the needs in their communities were too urgent to stay

silent. They asked for something different, a behavioral health ecosystem rooted in self-determination, cultural wisdom, and genuine partnership.

Four years later, the landscape is beginning to shift.

California has made an unprecedented commitment to youth mental health. Billions of dollars are flowing into communities. Statewide campaigns are changing how people talk about mental health, reaching young people through messages crafted by their peers. A new generation of Wellness Coaches, drawn from the communities they serve, is showing up in schools and neighborhoods across the state. Career pathways are opening for young people who want to become part of the healing workforce themselves. Culturally-grounded organizations are receiving direct investment to deliver support in ways that honor their communities' traditions and strengths.

The infrastructure for transformation is taking shape. Youth advisory boards are influencing major initiatives—not as token voices, but as compensated partners whose perspectives guide real decisions. Tribal communities are Indigenizing statewide campaigns to reflect their own healing practices. Virtual platforms and school-based services are creating new doorways into care. Efforts to integrate fragmented systems are underway, with schools and health plans beginning to work together in ways they never have before.

Perhaps most significantly, leadership has looked different. CYBHI representatives have stood before communities and acknowledged hard truths: that current systems are inequitable, that mistakes will be made, and that learning alongside communities is the only path forward. This willingness to name what has gone wrong, rather than defending what exists, has opened space for a different kind of partnership.

And yet, the young people who shared their experiences in late 2025 remind us that investment and intention are not the same as impact.

Digital tools are reaching hundreds of thousands, but not all young people find them useful or engaging. School wellness centers are becoming more visible, but support beyond schools remains difficult to find. The behavioral health workforce is growing, but young people still struggle to find providers who truly understand their identities and experiences. Parents are receiving more resources, but family dynamics continue to shape whether youth feel free to seek help. Rural communities remain underserved. Waitlists persist. The gap between what exists and what young people actually experience when they reach out for support has not yet closed.

Communities are not waiting for the state to solve these problems. They are already doing the work—running programs, mentoring young people, holding space for healing, advocating for change. They have always been doing this work, long before CYBHI existed, and regardless of what state initiatives come and go. What they are assessing is whether this particular investment will be different: whether it will strengthen what communities are already building rather than imposing outside solutions, whether resources will flow to the people closest to the need, whether the partnership that has begun will deepen or

fade.

They see the seeds being planted. They appreciate the shift in approach. But they know that campaigns and frameworks do not, on their own, heal anyone. What matters is whether a young person in crisis can find someone who sees them fully. Whether that crisis could have been prevented altogether. Whether a family navigating trauma can access support without fear. Whether communities not only inform programs but also lead them.

Some of what young people called for in 2022 reaches beyond any single initiative. Dismantling the connection between behavioral health and carceral systems. Confronting the root causes of mental health challenges—poverty, racism, housing instability, and generations of unaddressed harm. These are generational undertakings that require sustained commitment across every system that touches young lives.

But this is precisely why the 12 Calls-to-Action matter. They are not a checklist to complete. They are a compass, orienting us toward a vision of healing defined by those who know best what healing requires. As California continues this work through new initiatives and evolving partnerships, these calls must remain at the center of every conversation, every funding decision, every program design.

The current moment demands courage. At a time when commitments to equity are being questioned and rolled back elsewhere, California has an opportunity to demonstrate what it looks like to move forward rather than retreat. To invest in root causes rather than only symptoms. To trust communities with real power and resources. To build systems that respond to vulnerability with care rather than punishment.

The young people who spoke up in 2022 took a chance on this process—not because they knew it would be different, but because they hoped it might be. The only way to honor them is to keep showing up. To listen, learn, and follow through. To hold ourselves accountable—all of us, regardless of our roles in this ecosystem—to the vision young people articulated.

The foundation has been laid. What rises from it depends on whether we sustain the commitment, deepen the partnerships, and stay true to the voices that started this conversation.

A behavioral health system that truly puts youth at the center is not built in five years. But it can begin there. And it has.

The work continues.

## Appendix A – CYBHI Program/Campaign Glossary

The below provides a high-level overview of some of the various initiatives that were discussed in this report. For a full list of CYBHI’s strategic areas of focus and more, visit: [Strategic Areas – CYBHI](#)

### Behavioral Health Continuum Infrastructure Program

The children-and-youth-focused efforts of the Behavioral Health Continuum Infrastructure Program’s (BHCIP) aims to expand the continuum of behavioral health treatments and services for Californians ages 25 and under, including pregnant and postpartum women, their children, and transition-age youth and their families, by investing in infrastructure that fosters a spectrum of services—from wellness centers to crisis stabilization units. The program has funded 52 child- and youth-focused projects, including four led by tribal entities.

### Broad Behavioral Health Workforce Capacity

The CYBHI’s Broad Behavioral Health Workforce Capacity workstream includes 18 distinct subprograms with a shared goal of expanding the number of BH providers in California, with particular emphasis on engaging underserved communities. This workstream comprises programs awarding scholarships and loan repayments to individuals, as well as programs awarding grants to organizations.

### BrightLife Kids and Soluna

CYBHI supports two virtual platforms that provide free app and web-based behavioral health services and wellness supports for children, youth, and their families. BrightLife Kids serves children 0–12 and their parents or caregivers while Soluna serves youth ages 13–25. The platforms provide live coaching sessions, educational content, stress management tools, clinically validated assessments, care navigation services, peer community programs, and crisis protocols.

### California Child and Adolescent Mental Health Access Portal

Cal-MAP, administered by UCSF, provides remote and real-time consultation support for pediatric and primary care providers to connect with behavioral health clinical experts. The statewide platform is intended to improve the capacity of pediatric, primary care, and other health care providers by offering them access to learning opportunities via resources, tools, training, and additional support.

### CalHOPE Student Support Initiative

This DHCS workstream includes CalHOPE Student Support which provides training to teachers and school staff to offer effective counseling through social-emotional learning (SEL) environments and engages leaders from all 58 County Offices of Education (COEs) in statewide SEL Communities of Practice (CoP).

### CalHOPE School Initiative

This DHCS workstream includes the CalHOPE Schools Initiative program, which provides a range of additional resources to support educators, caregivers, and youth. Materials include the SEL curriculum (teacher guides, classroom materials); resource pages; forums for educators, parents, and youth; and mini professional development modules.

### **CalHOPE Social Emotional Learning (SEL) Community Practice**

The CalHOPE SEL Community of Practice is helping enable California's schools to be leaders in supporting proactive and early intervention as we collectively respond to the social, emotional, and mental health needs of students, families, and educators. Through a unique partnership with California Department of Health Services, Sacramento County Office of Education (SCOE), Orange County Department of Education (OCDE), University of California, Berkeley, and FEMA, California front-line educators are preparing to do the unprecedented task of bringing children back into learning after widespread trauma and isolation. Supported by strong partnership and leveraging California's existing support network, leaders from all 58 county offices of education (COE) are participating in a statewide SEL Community of Practice (CoP), which aims to build their capacity to be capacity-builders for SEL.

### **Certified Wellness Coaches**

The Certified Wellness Coach is a new profession established to increase California's overall BH workforce capacity through wellness promotion, screening, and crisis referral. To support this new profession, this workstream includes (1) a scholarship program that supports students pursuing a certificate in exchange for a 12-month service obligation at a qualified site and (2) an employer grant effort that aims to support educational institutions and school-linked behavioral health agencies in employing Wellness Coaches, particularly in the year before the position is eligible for Medi-Cal reimbursement.

### **The Community-Based Organization Behavioral Health Workforce Grant Program**

This program makes four-year grant funding available to CBOs. These grants can be used to fund activities supporting BH personnel recruitment and retention, including providing loan repayments, scholarships, and stipends to paid and volunteer CBO BH staff.

### **Enhanced Medi-Cal Benefits Dyadic Services**

This workstream is responsible for implementing dyadic care services as a covered benefit under Medi-Cal. The benefit combines behavioral health treatment with pediatric care, primarily for children 0–5, to simultaneously support children and their caregivers by covering services including behavioral health well-child visits, navigation and follow-up for referrals, psychoeducation, family training and counseling, and specified mental and behavioral health screenings for caregivers.

### **Justice System Involved Youth and Substance Use Disorder Behavioral Health Training**

The justice system involved youth behavioral health pipeline distributes grants to organizations to support system-involved and economically, environmentally, or educationally disadvantaged youth in pursuing behavioral health careers by providing a comprehensive range of supports. Grant funding can be used to provide income and rent support, academic enrichment, career development, mentorship, and advising to students with current or recent system involvement.

### **Live Beyond**

The Live Beyond campaign aims to increase awareness and understanding of Adverse Childhood Experiences (ACEs), toxic stress, and their potential impacts and provide

science-based, healing centered resources for all Californians. The campaign's primary audience is youth and young adults, and its secondary audience is parents or caregivers who have experienced one or more ACEs.

### **Never a Bother Youth Suicide Prevention Media Campaign**

The youth suicide prevention campaign—titled Never a Bother— is a multilingual marketing, education, and outreach campaign that includes a website, social media, content and resource creation opportunities, advertising, and partnership marketing. It was developed and implemented in close collaboration with 34 youth-serving community-based organizations and tribal partners in partnership with the Center at Sierra Health Foundation.

### **Next Generation Digital Therapeutics**

Under this workstream, the Child Mind Institute is developing three different tools designed to improve how behavioral health services and supports are delivered: (1) a multimodal journaling app; (2) an augmented reality-enhanced behavioral activation game; and (3) a platform for developing, testing, and administering behavioral health assessments, interventions, and educational resources.

### **Peer Personnel Training and Placement Program**

This grant opportunity supports peer personnel training programs that meet training requirements under the Medi-Cal Peer Support Specialist Certification Program and successfully place trained individuals in peer personnel positions. Peer personnel may be individuals with lived experience as mental or behavioral health services consumers, family members, or caregivers.

### **Positive Parenting, Thriving Kids**

Parent Support Video Series is a collection of approximately 20 videos designed to provide parents with practical, evidence-based skills and strategies to support their children's behavioral health. The videos cover a variety of topics ranging from self-care and parent-child relationships to family and community stress. They are available in both English and Spanish and are accompanied by print resources.

### **Mindfulness, Resilience, and Well-being Supports for Children, Youth, and Parents Grants**

This workstream will distribute \$65 million among California's 58 COEs to promote local wellness, mindfulness, resilience, and well-being programs that support teachers and students in TK-12 schools. It also offers California schools free access to a survey tool that provides real-time, actionable information about students' well-being and training and courses for educators on supporting students' social and emotional well-being.

### **Safe Spaces**

Safe Spaces is a free training designed to help early care providers, TK-12 educators, and other school personnel recognize and respond to trauma and stress in children. Participants who complete the training will have a greater awareness of the impact of stress and trauma on health, development, and learning and have the tools and strategies to respond with trauma-informed principles while creating safe and supportive learning environments.

### **Scaling Evidence-Based and Community-Defined Practices**

Under this workstream, DHCS will distribute an estimated \$429 million in grants to organizations seeking to scale evidence-based practices (EBPs) or community-defined evidence practices (CDEPs) that improve youth behavioral health based on robust evidence for effectiveness, impact on racial equity, and sustainability.

### **Scholarships and Loan Repayment Programs**

The SLRP provides loan repayment support to licensed care providers for a 2-year service obligation in federally designated California Health Professional Shortage Areas. Eligible providers include primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse midwives, pharmacists, and behavioral health providers.

### **Social Work Education Capacity Expansion**

The SWECE grant opportunity provides educational institutions with funding to create or expand social work (MSW or bachelor's) programs. In addition to expanding training slots, these funds can be used to recruit culturally and linguistically diverse students and modify curriculum or augment efforts to prepare providers to work with unserved and underserved children and youth, in alignment with SWECE guiding principles.

### **Statewide Multi-Payer School-Linked Fee Schedule**

This workstream provides a transparent fee-for-service model of behavioral health coverage and reimbursement for outpatient mental health or substance use disorder services to students 25 years of age or younger at or near a school site by qualified categories of BH personnel. It will also develop and maintain a school-linked statewide provider network of behavioral health counselors.

### **Student Behavioral Health Incentive Program (SBHIP)**

SBHIP is a program intended to address behavioral health access barriers for Medi-Cal students through targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

### **Substance Use Disorder Earn and Learn Grant Program**

This program establishes a 3-year agreement with grantee organizations to provide education and paid job experience for students earning their California SUD certification. Funded programs support the development of a culturally competent and diverse SUD workforce by providing stipends, training, mentorship, and internship placement support to SUD students.

### **Take Space to Pause Campaign**

The California Department of Public Health's Office of Health Equity (OHE) has launched the Take Space to Pause campaign to address the youth mental health crisis. The initiative aims to tackle self-stigma around mental health and promote help-seeking actions amongst teens across California. The campaign includes a new tool that helps teens design a customized "plan to pause" and provides technical assistance for local-level grantees and Tribal organizations across California.

### [Youth Mental Health Academy](#)

The Youth Mental Health Academy (YMHA) is a 14-month, community-based career development program for high school students. To promote equity and representation in the behavioral health workforce, YMHA provides mentorship, paid project-based learning, and paid internships to high school students from marginalized communities who are interested in pursuing behavioral health careers.

### [Youth Peer-to-Peer Support Program](#)

Through this program, CYBHI will award \$8 million in grants to eight schools across diverse Californian communities to initiate peer-to-peer support programs. These pilot programs, which focus on grades 9–12, will help establish and standardize best practices for peer-to-peer mental and behavioral health support systems within the school environment.

### [Youth Suicide Prevention CBO and Tribal Partner Outreach Grants](#)

To complement the Never a Bother Youth Suicide Prevention Media Campaign, youth-serving community-based organizations (CBOs) and tribal entities across the State were awarded grants up to \$500,000 per recipient over a 2-year period to:

- Engage youth in a co-creation process for all aspects of the Media Campaign.
- Promote the Campaign as trusted messengers within populations disproportionately impacted by youth suicide.
- Implement community-level evidence-based suicide prevention strategies (as described in, but not limited to, the CDC’s Preventing Suicide Technical Package), which will amplify and build upon campaign messages.

Visit The Center’s Youth Suicide Prevention Campaign webpage for a list of funded organizations and project descriptions.

## **Appendix B – Reports**

[The California Healthy Kids Survey](#) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency. It enables schools and communities to collect and analyze data regarding local youth health risks and behaviors, school connectedness, school climate, protective factors, and school violence.

[Evaluation Reports Library \(Evaluation Hub\)](#) is your hub for research, insights, and data that track the progress of California’s Children and Youth Behavioral Health Initiative (CYBHI).

[Evaluation of Live Beyond](#) reports on the Live Beyond campaign, a public awareness initiative to address Adverse Childhood Experiences and Toxic Stress in California sponsored by the California Office of the Surgeon General.

[Take Space to Pause \(TSTP\) Campaign: Midway Evaluation Results](#) evaluates the Take Space to Pause (TSTP) campaign’s impact on youth mental health awareness and

engagement in California.

[Mathematica’s CYBHI County Case Studies](#) examines how counties are reimagining behavioral health for kids and families, highlighting local needs, resources, and progress in implementing the state’s \$4B Children and Youth Behavioral Health Initiative as of late fall 2024.

[Mathematica’s CYBHI Cross-County Insights Report](#) assesses local implementation of CYBHI workstreams across California counties.

[Mathematica’s CYBHI Evaluation Interim Report](#) focuses on the design and early implementation progress of the CYBHI from its launch in July 2021 to July 2024.

[Mathematica’s CYBHI Evaluation: Objectives Analysis Chartbook, 2013 to 2023](#) provides an overview of trends regarding the behavioral health of children and youth in California.

[Youth at the Center Report](#) highlights what children, youth, families, and community members want in a reimagined behavioral health ecosystem. The report is foundational to the CYBHI’s efforts to ensure that their voices, needs, and lived experiences continue to guide every phase of our work.

## Appendix C – Methods

This report documents progress on the 12 Calls-to-Action of the Children and Youth Behavioral Health Initiative (CYBHI) since its statewide launch in 2022. While this report does not constitute a formal evaluation, it provides a comprehensive summary of implementation efforts and early outcomes based on data collected over a two-year period (January 2023 through December 2025). Data was gathered from the Children, Youth, and Family Network (CYFN), which at the time of writing this report consisted of 22 partner organizations representing diverse regions and populations across the state.

Multiple data collection methods were used to inform this report, including surveys and a series of in-person and virtual meetings with CYFN partners. Qualitative data was primarily drawn from monthly partnership meetings, during which CYFN organizations shared experiences, challenges, and observations related to CYBHI implementation. This qualitative data was systematically reviewed through a thematic analysis, allowing for the identification of overarching themes aligned with each of the 12 Calls-to-Action. Individual quotes were then selected to illustrate key findings and provide contextual depth.

In addition, survey questions aligned with the Calls-to-Action were embedded in CYFN quarterly reporting forms. These surveys captured partners’ perspectives on both progress and barriers, further strengthening the qualitative findings. Together, these mixed data sources offer a statewide snapshot of CYBHI progress to date on the 12 Calls-to-Action and reflect the collective insights of CYFN partner organizations engaged in advancing the Initiative’s goals.

All content was reviewed to ensure accuracy and alignment with community input. Generative AI technology was used as an editing tool to assist with organizing content and refining voice and grammar.

## **Appendix D – Guiding Practices for Meaningful Community Engagement**

## **Appendix E – Community Member’s Guide to Behavioral Health in California**