

BHSA POPULATION-BASED PREVENTION

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**BEHAVIORAL
HEALTH
SERVICES**

MEETING OVERVIEW AND LOGISTICS



Meeting is being recorded for public record



Spanish and Vietnamese slide deck will be available on our website



Closed captioning available – click the button with ‘CC’



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Q&A function

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Role**

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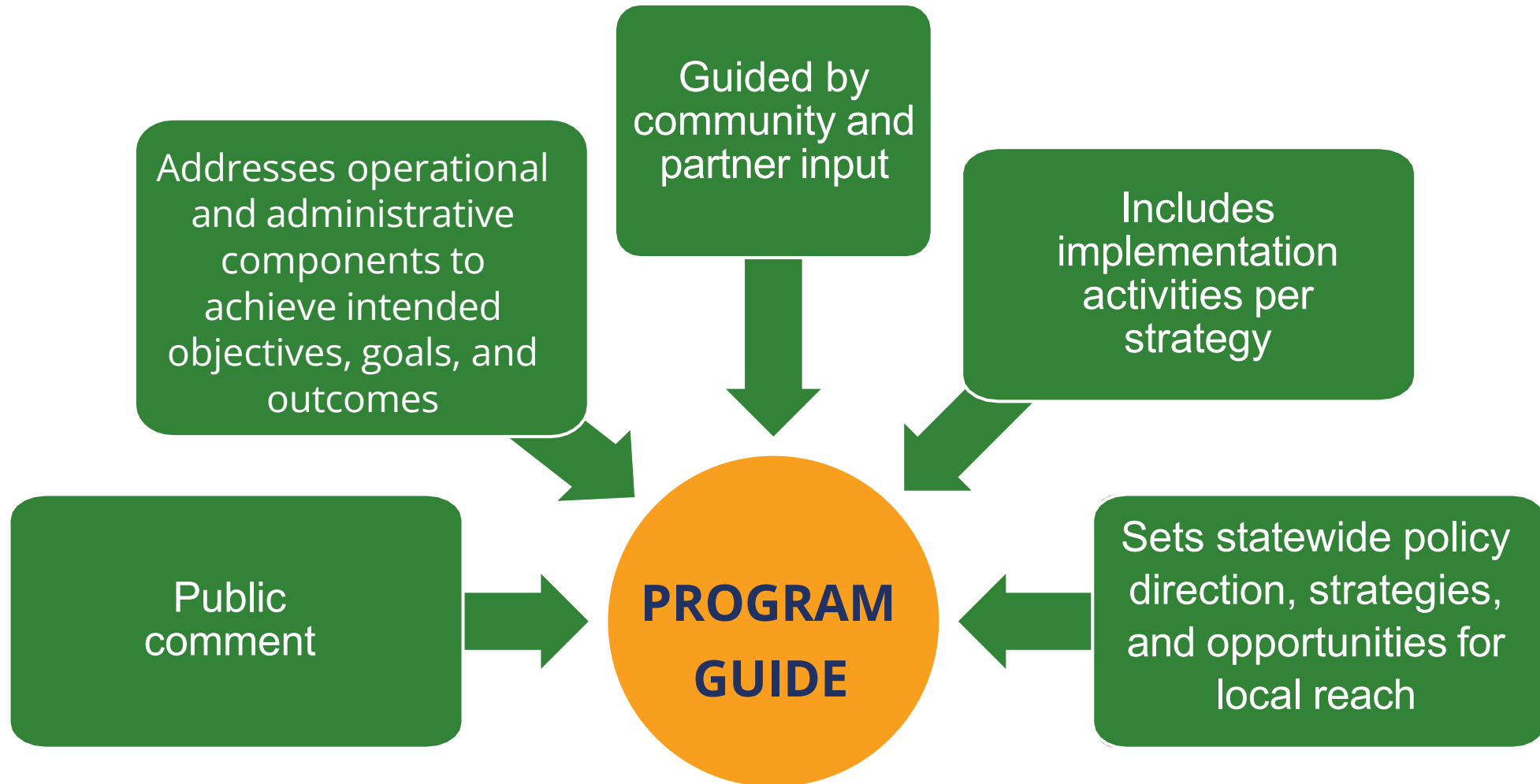
**Local Planning
Alignment**

BHSA POPULATION-BASED PREVENTION: OVERVIEW OF CDPH PLAN



**BEHAVIORAL
HEALTH
SERVICES**

BHSA POPULATION-BASED PREVENTION PROGRAM GUIDE

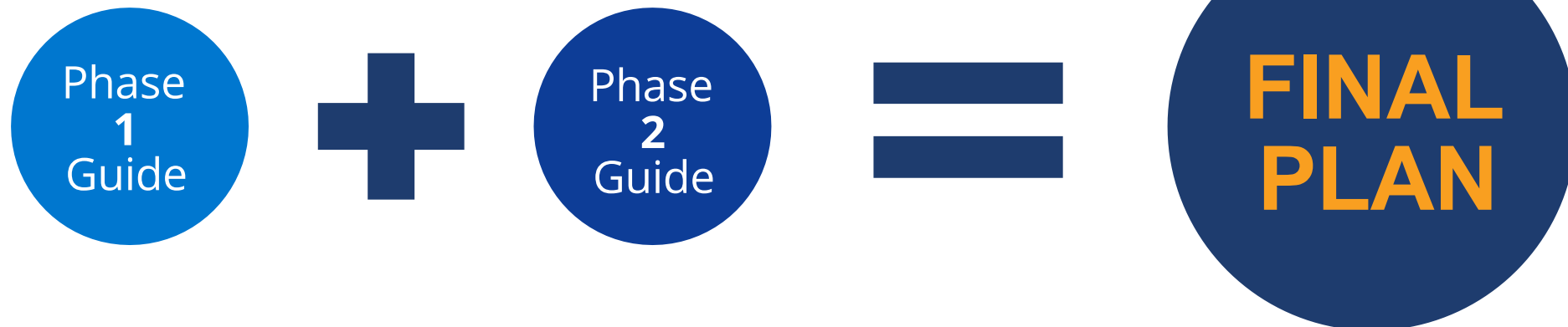


BHSA POPULATION-BASED PREVENTION FINAL PLAN

July 1, 2026 - June 30, 2029

3-year County Integrated Planning effort to facilitate cross systems collaboration and coordinated and complementary approaches

1. Further clarify details on implementation of the Statewide Population-Based Prevention Program
2. Integrate evaluation findings
3. Address emerging needs and issues



BHSA FUNDING BREAKDOWN - PREVENTION

10% of total funding allocated for statewide investments.
Of this amount:

4%

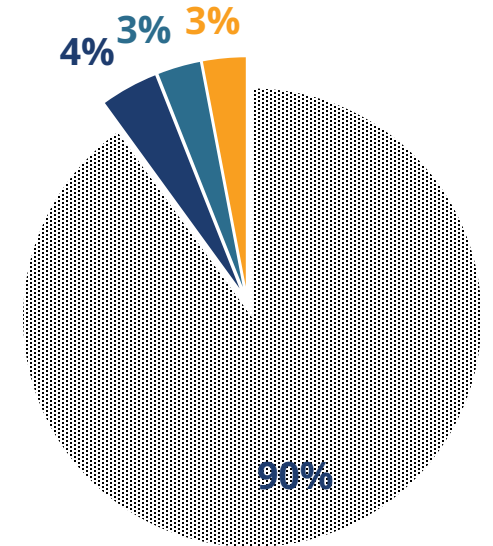
Prevention

The California Department of Public Health (CDPH) will administer statewide prevention services to reduce the risk of people developing mental health conditions or SUDs.



At least **51%** of Population-Based Prevention funds must be used for populations who are **25 years old or younger**

10% Statewide Investments



BHSA POPULATION-BASED PREVENTION- 4%

Population-based prevention programs must:

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

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

A CLOSER LOOK AT LOCAL PREVENTION GAPS

Due to Prop 1 and the transition to BHSA the County had to restructure the system of care which resulted in the loss of local prevention and early intervention (PEI) programming that was primarily prevention-only focused.

The following strategies **will be** addressed through a funding allocation that will be directed to Orange County Public Health who is expected to partner with County Behavioral Health and a required local suicide prevention coalition

**Suicide Prevention
Coalition/Committee**

**Countywide Suicide
Prevention Plan**

The following are programs or prevention approaches that were previously funded using local Mental Health Services Act PEI funding that **may** be eligible for CDPH population-based prevention funding

Parent Education Services

**Early Childhood Education &
Mental Health Consultation Ages
0- 5 yrs**

**Population Prevention
Warmline**

**Population Prevention
Services**

**Veteran Behavioral Health
Peer Support (peer element)**

BHSA POPULATION-BASED PREVENTION: REGIONAL APPROACH



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BHSA POPULATION-BASED PREVENTION: COUNTY OF ORANGE ROLE



**BEHAVIORAL
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LOCAL HEALTH JURISDICTION ROLE - \$12M STATEWIDE

1. Act as Local Prevention Coordinators and convene local prevention coalition

Identify opportunities for integration and coordination of resources and efforts to reduce duplication, identify continued gaps, and where additional stakeholder work can be leveraged to achieve maximum impact:

- County behavioral health department representative
- Medi-Cal Managed Care Plans serving the jurisdiction
- Tribes in the jurisdiction
- Funded CBO entities providing BHSA Prevention services in the jurisdiction across the lifespan
- Local Areas on Aging
- Local Education Partners and others that serve children and families
- County Veteran Services Officers or their designee

CDPH will be providing training and technical assistance on coalition building

CDPH will also be contracting with an entity to provide regional level strategies Technical Assistance

LOCAL HEALTH JURISDICTIONS – \$12M STATEWIDE

2. Develop or Update Local Suicide Prevention Plans

- Conduct suicide fatality reviews to understand the impact of suicide in their jurisdiction
- Develop data-driven and data informed strategies, in coordination with the convened stakeholders

[Orange County
Community Suicide
Prevention Initiative](#)

Focused Set of Strategies

| Prevention Strategy (examples) | Example |
|--|---|
| Lethal means safety and harm reduction | <ul style="list-style-type: none">• Naloxone distribution• <u>Gun Shop Project</u> |
| Social and cultural connections | <ul style="list-style-type: none">• Senior volunteer and mentorship |
| Social-emotional learning and emotional regulation, resilience, and stronger school-based relationships | <ul style="list-style-type: none">• <u>Sources of Strength</u> in elementary schools,• Youth development and empowerment |
| Behavioral health awareness and Identification and Engagement Trainings | <ul style="list-style-type: none">• <u>Mental Health First Aid Training</u> and <u>teen Mental Health First Aid</u>• <u>safeTALK</u>• <u>QPR (Question, Persuade, Refer) Suicide Prevention Training</u>• <u>Safe Spaces</u> |
| Stigma and discrimination reduction | <ul style="list-style-type: none">• <u>Peers Helping Peers</u> |

LOCAL HEALTH JURISDICTIONS – \$12M STATEWIDE

3. Integrate coalition and any BHSA Prevention Planning into the Community Health Assessment (CHA) / Community Health Improvement Process (CHIP) by 2028/29



Integrate local behavioral health data, needs and assets identified



Engage the community on other BH related priorities



Incorporate resources

BHSA POPULATION-BASED PREVENTION: **A GUIDE**



**BEHAVIORAL
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PRIORITY POPULATIONS FOR STRATEGIC INVESTMENT

- Black, Indigenous, and other people of color
- Children, youth, and families
- Immigrant and refugee populations
- LGBTQIA+ populations
- Older adults
- Tribes
- Veterans

Note: the list above is represented in alphabetical order and should not be viewed as levels of prioritization.

ALIGNMENT WITH THE 14 STATEWIDE BEHAVIORAL HEALTH GOALS

Population Behavioral Health Goals



Goals for Improvement

Care experience

Access to care

Prevention and treatment of co-occurring physical health conditions

Quality of life

Social connection

Engagement in school

Engagement in work



Goals for Reduction

Suicides

Overdoses

Untreated behavioral health conditions

Institutionalization

Homelessness

Justice-Involvement

Removal of children from home

Health equity will be incorporated in each of the BH Goals

BUILDS ON EXISTING EXPERTISE IN CDPH

Office of Suicide Prevention (OSP): Coordinates statewide suicide and self-harm prevention efforts (established by AB 2112).

Office of School Health: Partners with state and local education and health organizations.

Substance and Addiction Prevention Branch (SAPB) & Overdose Prevention Initiative: Reduces harms related to substance use.

Violence Prevention Initiative (VPI): Works to reduce violence and promote safer communities.

Office of Health Equity: Leads statewide efforts to address inequities in historically underserved communities.

STATE OFFICE OF SOCIAL AND BEHAVIORAL HEALTH

- Provides a coordinated and centralized approach
- Ensures leadership, alignment, and oversight
- Creates efficiencies in planning, development and delivery
- Promotes behavioral health as a public health priority in California



BHSA POPULATION-BASED PREVENTION: PROGRAM COMPONENTS



**BEHAVIORAL
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POPULATION-BASED PREVENTION PROGRAMMING

Statewide Policy Initiatives (\$1.4M – Year 1)

Developing statewide policy platforms

Focused Statewide Behavioral Health Prevention Strategies (\$6.2M – Year 1)

Strategies to prevent suicide, self-harm and overdose

Statewide Awareness Campaigns (\$40.7M – Year 1)

Promoting social connection, norms change, help-seeking, and stigma reduction to prevent suicide, self-harm, overdose and SUD

Prevention Training and Technical Assistance (\$2.6M – Year 1)

Universal and selective school-based prevention and wellness education, including SEL and behavioral health literacy learning collaboratives

Community Engagement and Coalition Building (\$1.4M – Year 1)

Community events and listening sessions to elevate prevention best practices

Data and Evaluation (\$7.1M – Year 1)

Data collection and visualization, particularly from marginalized communities, to strengthen prevention strategies and inform ongoing work

**BHSA POPULATION-BASED
PREVENTION:
FUNDING TO MOBILIZE LOCAL
REACH OF STATEWIDE
STRATEGIES AND POLICY**



**BEHAVIORAL
HEALTH
SERVICES**

FUNDING TO MOBILIZE LOCAL REACH



Infrastructure Investment

Supports strong coordination across all behavioral health partners and expansion of prevention services

Cross-cutting efforts

Creates synergy, enhanced coordination and effectiveness of multiple local level efforts

Systems change

Opportunities to increase multisector collaboration, alignment and integration of BHSA funding with other funding sources, and access to and coordination of care

FUNDING AVAILABLE FOR LOCAL REACH OF STATEWIDE STRATEGIES AND POLICY

Community-Based Organizations and Tribes* (\$30 million in Year 1 / \$40 million in Year 2)

| |
|---|
| Community-defined Evidence Based Practices (\$10M) |
| Trusted Messenger Grants (\$5M) |
| 988 and Behavioral Health Crisis (\$10M) – Year 2 |
| Regional Policy Research & Development (\$5M) |
| Regional approaches for implementation of Focused Set of Strategies (\$10M) |

* CDPH will be using a fiscal intermediary for this procurement and dissemination of funds

Training and Technical Assistance (\$7.5 million annually)

| | |
|-------------------------------|-----------------------|
| Older Adult Behavioral Health | Veteran populations |
| 988 Crisis Services | Regional approaches |
| Tribal Engagement | Immigrant Populations |
| CDEP Technical Assistance | |
| Train-the-trainer models | |

All funded entities will be required to participate in LHJ led coalition


**Tribes as referenced throughout the Guide include Federally recognized Indian Tribes, Urban Indian Organization/Urban Indian Health Programs and Indian Health Clinics/Tribal Health Clinics*



COMMUNITY-DEFINED EVIDENCE BASED PRACTICES GRANT PROGRAM (\$10M)

Eligibility: CBOs and Tribes

Purpose:


- 
- Scale and uplift community-defined, culturally responsive practices across the state
 - Reduce behavioral health disparities among historically unserved, underserved, and inappropriately served populations
 - Improve access to behavioral health prevention and resiliency – especially for those that have traditionally been disproportionately impacted by systemic racism and discrimination



TRUSTED MESSENGER CAMPAIGN GRANT PROGRAM (\$5M)

Eligibility: CBOs and Tribes

Purpose:


- Bridge communication gaps in public health
 - Foster empathy, understanding, and respect for health information
 - Improve health outcomes in communities with disparities
- 



988 AND SUICIDE CRISIS LIFELINE OUTREACH CAMPAIGN GRANT PROGRAM (\$10M)

Eligibility: CBOs and Tribes

Purpose:


- 
- Identify knowledge, attitudes, beliefs, and perceptions about accessing crisis services
 - Explore barriers and motivators to accessing crisis services
 - Inform culturally relevant messaging to encourage 988 usage
 - Help tailor state 988 campaign messaging to align with the local 988 and crisis-support infrastructure
 - Support local, expanded dissemination of 988 campaign messaging and promotion of associated crisis supports



REGIONAL POLICY RESEARCH AND DEVELOPMENT (\$5M)

Eligibility: CBOs and Tribes

Purpose:


- 
- Develop community-defined policy recommendations that acknowledge and recognize the impacts of social determinants on behavioral health, with a focus on stigma and discrimination reduction, promotion of mental well-being and resilience
 - Improve measurement of Policy, System and Environmental indicators in advancing BHSA statewide goals
 - Provide real world, practical steps for implementation



REGIONAL IMPLEMENTATION OF FOCUSED STRATEGIES (\$10M)

Eligibility: CBOs and Tribes

Purpose:

- Acknowledge the key differences and similarities in the regions across the state
 - Provide an opportunity to tailor efforts unique to the demographics of that region
 - Allow for strategic and effective use of resources and expertise that may allow for economies of scale
 - Promote peer learning and spread of best practices
- 



TRAINING AND TECHNICAL ASSISTANCE GRANTS (\$7.5M)

Eligibility: CBOs, educational institutions, Tribes, and other non-profit entities

Purpose:

- To support statewide training and technical assistance in specialized areas and unique populations, including:
 - Older Adults
 - Veterans
 - LGBTQ+
 - Immigrant Populations
 - Tribes
 - 988 Crisis Services
 - Regional approaches

FUNDING TO MOBILIZE LOCAL REACH OF STATEWIDE STRATEGIES AND POLICY

Tribal Grants (\$6M annually)

Dedicated funding (5%) from total BHSA allocation (\$6M)

To specifically address the persistent socio-economic disparities faced by Native American communities

CDPH has conducted formal Tribal consultations to inform this process.

Local Health Jurisdictions (\$12M annually)

Act as Local Prevention Coordinators and convene local prevention stakeholders

Lead development/update of local suicide plans

Integration of local behavioral health data, needs and assets into LHJ led Community Health Assessment and Community Health Improvement Plans

TRIBAL GRANT PROGRAM

Eligibility: Federally recognized Tribes, Indian Health Clinics, and Urban Indian Organizations

Purpose:

- Acknowledges and formalizes the government-to-government relationship and Tribal sovereignty
- Provides access to crucial resources that have long been denied or limited
- Allow for tailored strategies to address behavioral health inequities among Tribal communities

** Tribal Consultations will inform this process to ensure accessibility and inclusivity*

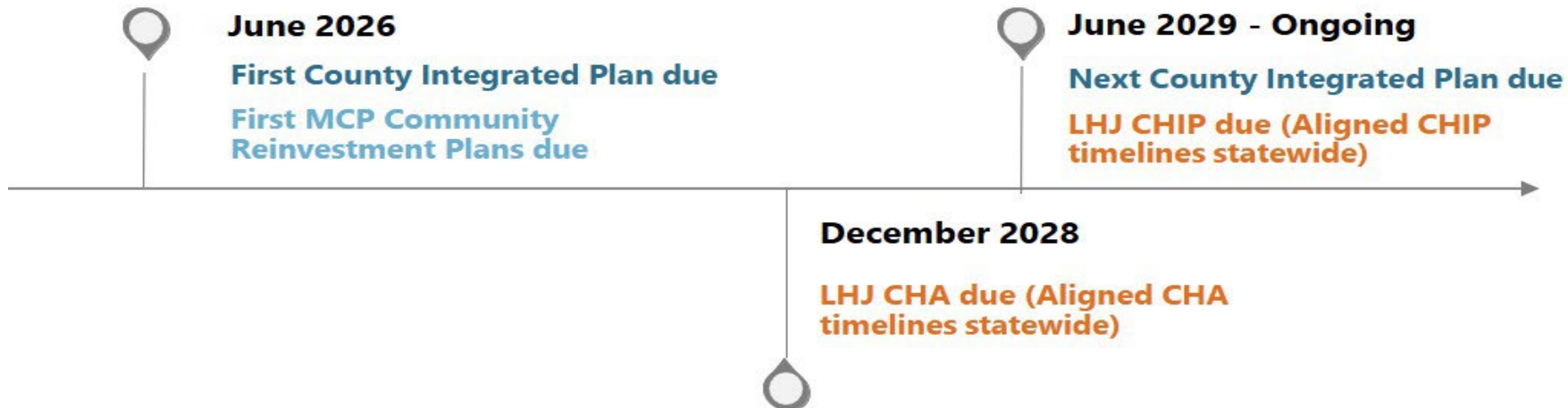
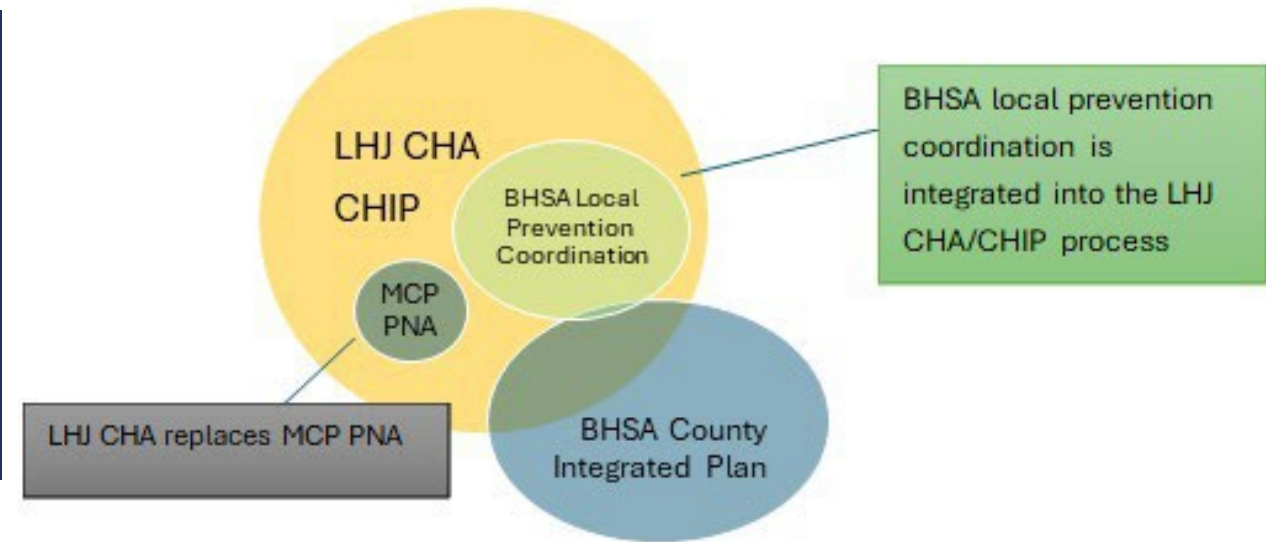
BHSA POPULATION-BASED PREVENTION: ALIGNMENT WITH LOCAL PLANNING EFFORTS



**BEHAVIORAL
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ALIGNMENT WITH OTHER LOCAL PLANNING PROCESSES

- Vision for Alignment - BHSa integration into LHJ-led Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes
- Standardized across California starting in 2028



ALIGNMENT WITH OTHER LOCAL PUBLIC AND BEHAVIORAL HEALTH PLANNING PROCESSES

JUNE 2026

LHJs begin

local coordination
efforts for BHSA
Prevention Activities

**First Local BH
Integrated Plan Due**

**JUNE 2029
ONGOING**

LHJ CHIP Due
(which includes local
BHSA Coordination
efforts)

**Next Integrated
Plan Due**

DECEMBER 2028

LHJ CHA Due
(which includes assessment
of BH needs in their
community)

Q/A



**BEHAVIORAL
HEALTH
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GUIDELINES FOR RESPECTFUL ENGAGEMENT

| Equity | Respect | Stay Focused | Stigma | New Ideas | Active Listening |
|---|--|-------------------------------------|---------------------------|--|---|
| Engage in an equitable and inclusive manner | Respect other people's comments and opinions and time allocated for each comment | Stay focused on the topic presented | Reduce stigma in language | Welcome new ideas and think innovatively | Honor each speaker's time and perspective |

NEXT STEPS



**BEHAVIORAL
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**PLEASE SCAN EACH QR CODE TO
COMPLETE BOTH SURVEYS**



**Demographic
Survey**

&



**Satisfaction
Survey**

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THANK YOU!