



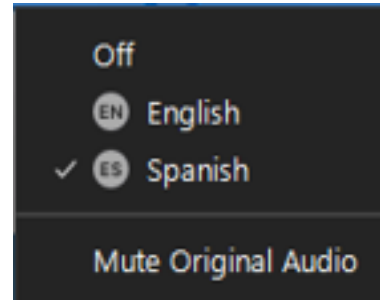
# Phase 2: BHSA Population- Based Prevention Program Guide

November 13, 2025



# Language Interpretation through Zoom / Interpretación de Idiomas en Zoom

- **Spanish Interpretation is being provided.**
- If attendees joining us today would like to listen to today's presentation in Spanish, please go to the Interpretation icon in your Meeting/Webinar controls
  - You will then see the Language Channels
  - Select Spanish
  - (Optional) Mute Original Audio to listen to the Interpreted Language only.
- **Note:** In order to use the Language Interpretation feature, attendees must download the Zoom application on their desktop, smartphone, or tablet.
- Technical or language interpretation assistance email: [k.george@csus.edu](mailto:k.george@csus.edu)



- **Tendremos servicio de interpretación en español.**
- Si algún asistente desea escuchar esta presentación en español, busque en su pantalla este ícono de interpretación (Interpretación)
  - Ahora verá los Canales de Idiomas
  - Haga clic en español (Spanish)
  - (opcional) para escuchar solo en español, haga clic en Silenciar Audio Original (Mute Original Audio)
- **Observación:** Para usar la función de Interpretación de idioma, los participantes tienen que descargar la aplicación de Zoom en su desktop (escritorio), teléfono inteligente, o tableta.
- Para ayuda técnica o de interpretación de idioma, envíe un mensaje a: [k.george@csus.edu](mailto:k.george@csus.edu)

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Esta sesión está siendo grabada. Al unirse a este seminario web, acepta ser grabado.**

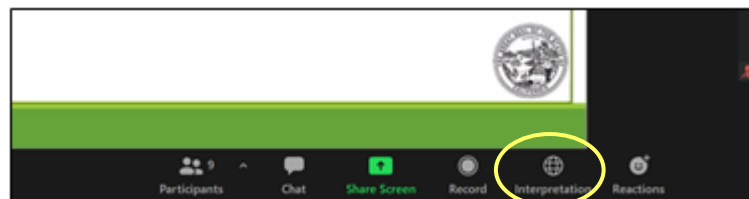
# Language Selection

## Seleccionar idioma preferida

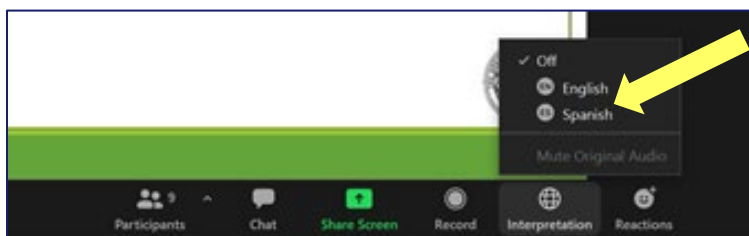
### Desktop Instructions

#### Instrucciones de computadora

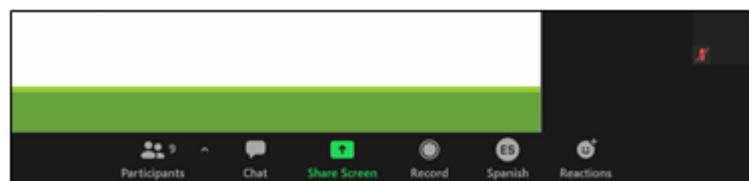
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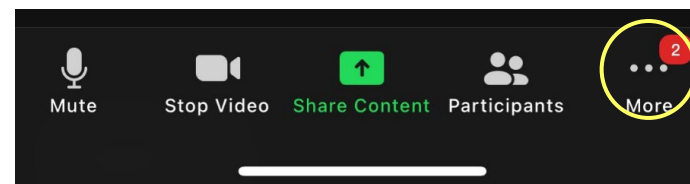
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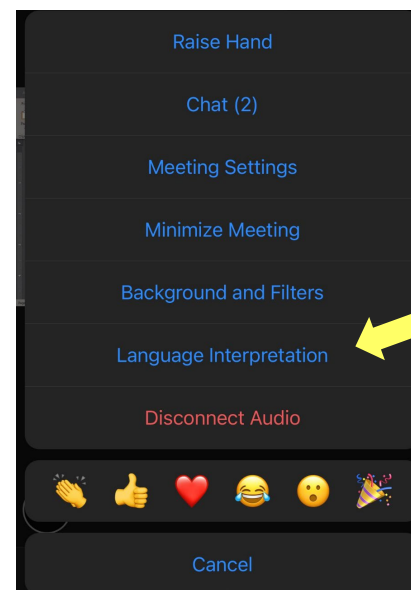
### Smartphone Instructions

#### Instrucciones para teléfono inteligente

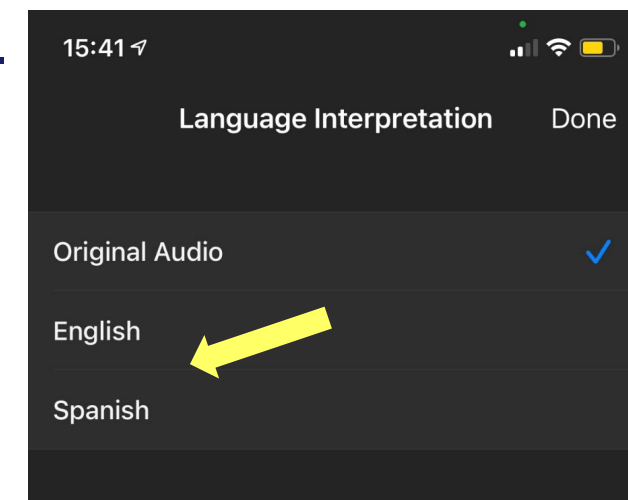
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# Meeting Overview and Logistics

- **Meeting is being recorded** for public record
- **American Sign Language + Spanish interpretation** available
- **Closed captioning available** – click the button with ‘CC’
- **Stay muted when not speaking** – unmute only when commenting
- **Use chat for additional comments** – all chat comments will be recorded and shared with CDPH
- Q&A function
- **60 minutes** allocated for public comment period after CDPH’s presentation

# Agenda

- 1 Welcome and Logistics – 10 minutes**
- 2 Phase 2 Guide Overview – 23 minutes**
- 3 Funding and Investments – 22 minutes**
- 4 Public Comment – 60 minutes**
- 5 Next Steps – 5 minutes**

# CDPH BHSA Population- Based Prevention Program

## Overview

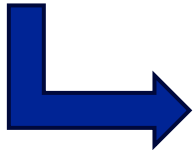
# BHSA Funding Breakdown- Prevention

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

## Prevention

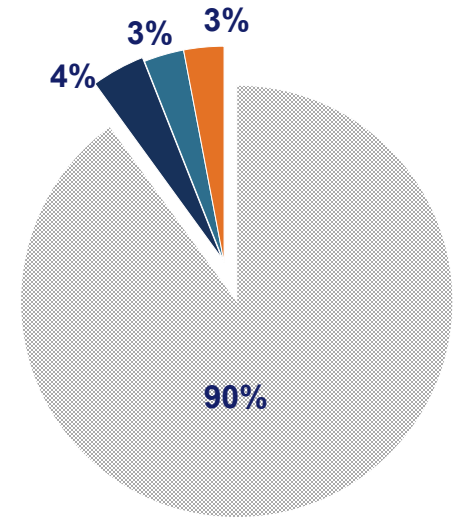
4%

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



# **CDPH BHSA Population- Based Prevention Program**

## **Phase 2 Guide Overview**

# Behavioral Health Services Act (BHSA) Population-Based Prevention Program Guide

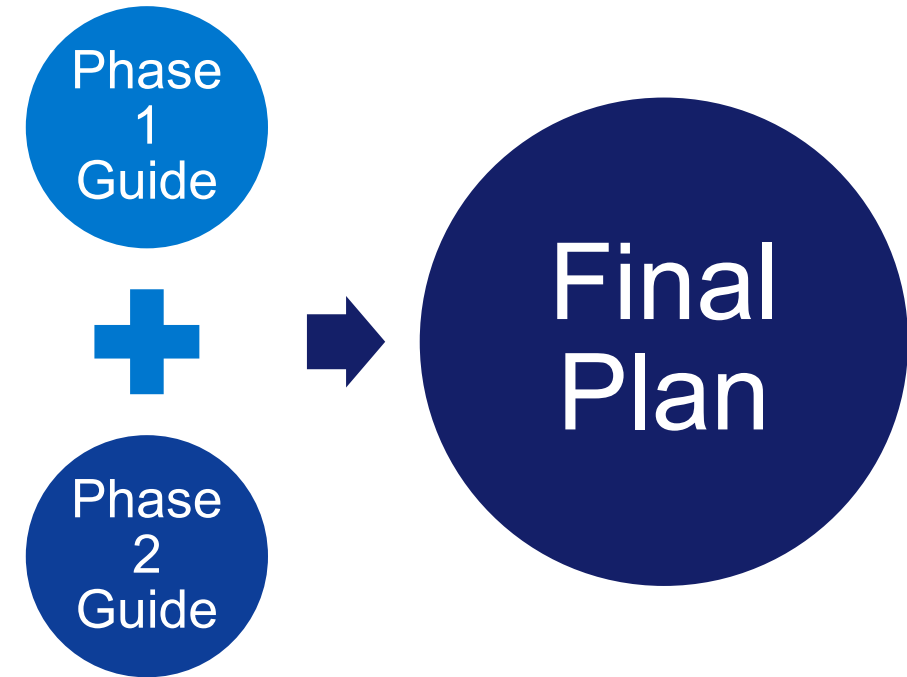


# BHSA Population-Based Prevention Final Plan

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



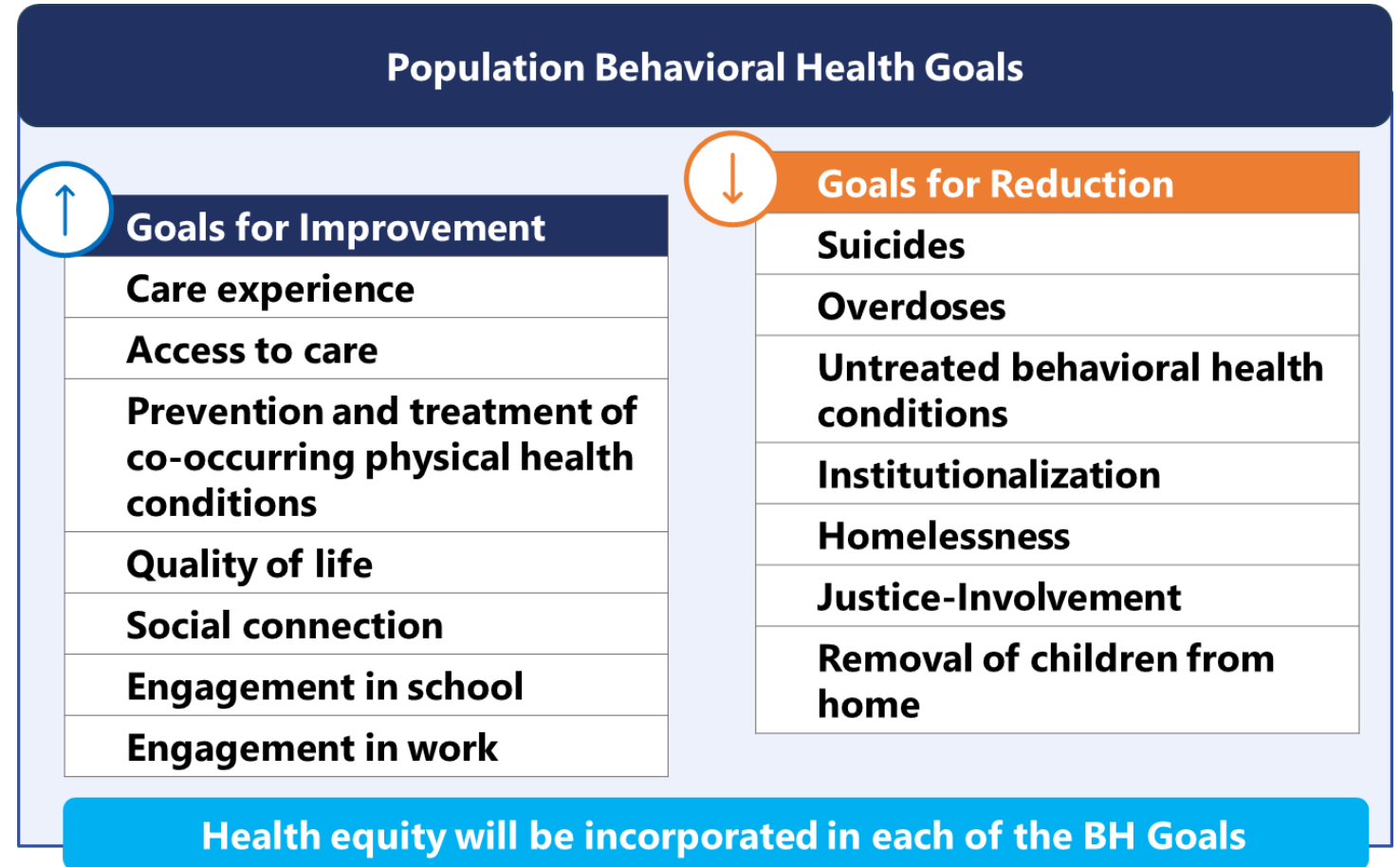


# Priority Populations for Strategic Investment

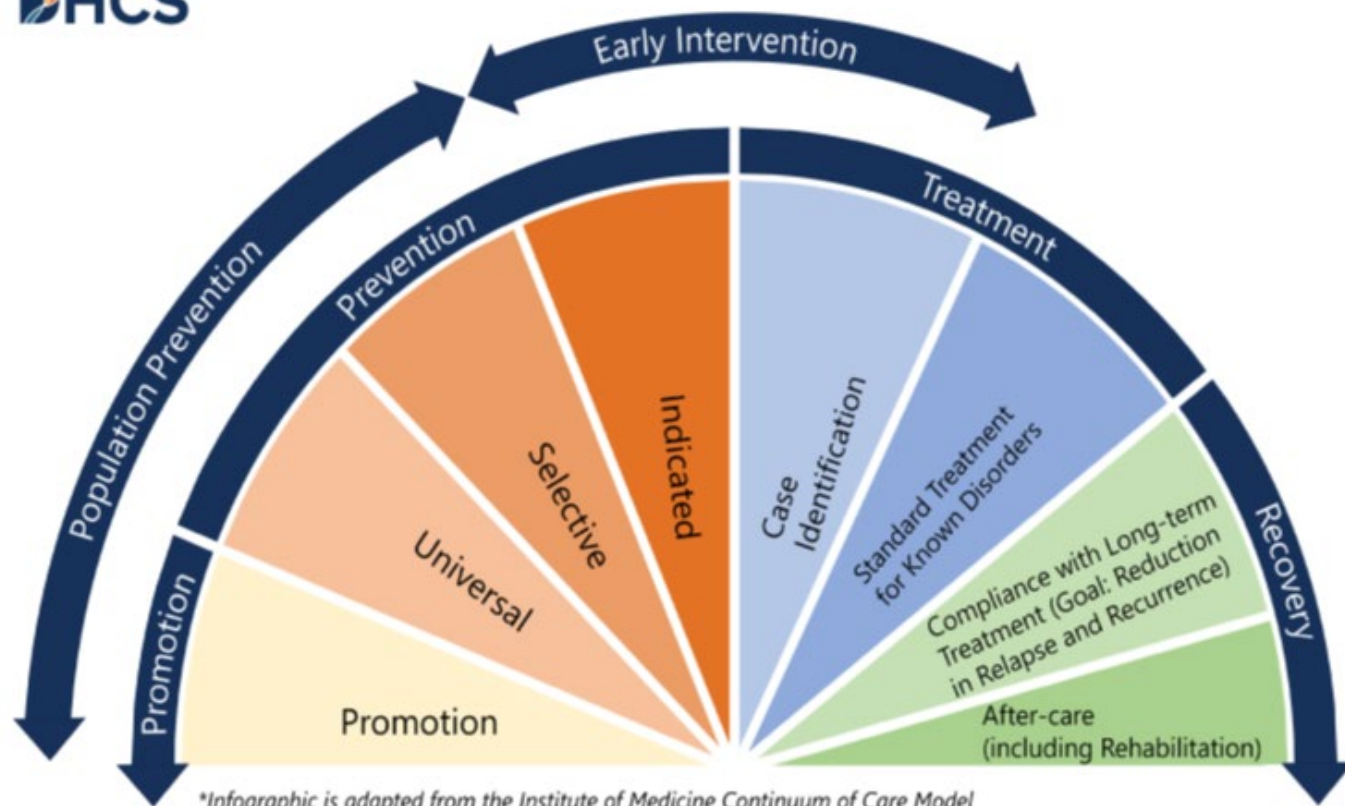
- Black, Indigenous, and other people of color
- Children, youth, and families
- Immigrant and refugee populations
- LGBTQIA+ populations
- Older adults
- Tribes
- Veterans

***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



# Alignment across the Behavioral Health System



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

# Builds on existing expertise in CDPH

- The existing expertise of the [Office of Suicide Prevention \(OSP\)](#), established by [AB 2112](#), to serve as the designated state entity responsible for coordinating and aligning statewide suicide and self-harm prevention efforts
- The [Office of School Health](#) which partners with education and health organizations at the state and local levels
- The [Substance and Addiction Prevention Branch \(SAPB\)](#) and the [Overdose Prevention Initiative](#) which aims to reduce individual, social, and environmental harms caused by substance-related and addictive disorders through research-driven prevention, education, and treatment in California.
- The Violence Prevention Initiative (VPI) which aims to reduce violence and create safer and healthier communities. [The California Public Health Roadmap for Firearm Violence Prevention Report](#) was released in August 2025.
- The Office of Health Equity and the groundbreaking [California Reducing Disparities Project](#), which created a statewide policy initiative to identify solutions for historically unserved, underserved, and inappropriately served communities.
- Public health experience and expertise in areas of data and evaluation



# Office of Social and Behavioral Health

- Provides 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





# **CDPH BHSA Population- Based Prevention Program**

## **Phase 2 Guide- Program Components**

# BHSA Population-Based Prevention Program Components

## Statewide Policy Initiatives

Developing statewide policy platforms

## Focused Statewide Behavioral Health Prevention Strategies

Strategies to prevent suicide, self-harm and overdose

## Statewide Awareness Campaigns

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

## Prevention Training and Technical Assistance

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

## Community Engagement and Coalition Building

Community events and listening sessions to elevate prevention best practices

## Data and Evaluation

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

# Statewide Policy Initiatives

- Emerging behavioral health issues
- Novel and emerging substance use or behavioral health threats
- Research, evaluation and policy recommendations

For example:

- AB 1282 ( impacts of social media on youth)
- SB 243 (chatbot safeguards)
- Subhead

# Statewide Prevention Strategies

## Leverage existing plans and initiatives

- Striving for Zero: California's Strategic Plan for Suicide Prevention 2020 - 2025;
- Violence Prevention Initiative and Roadmap
- Overdose Prevention Initiative
- Building California's Comprehensive 988-Crisis System: A Strategic Blueprint.
- Master Plan on Aging
- Substance Abuse and Mental Health Resources Administration

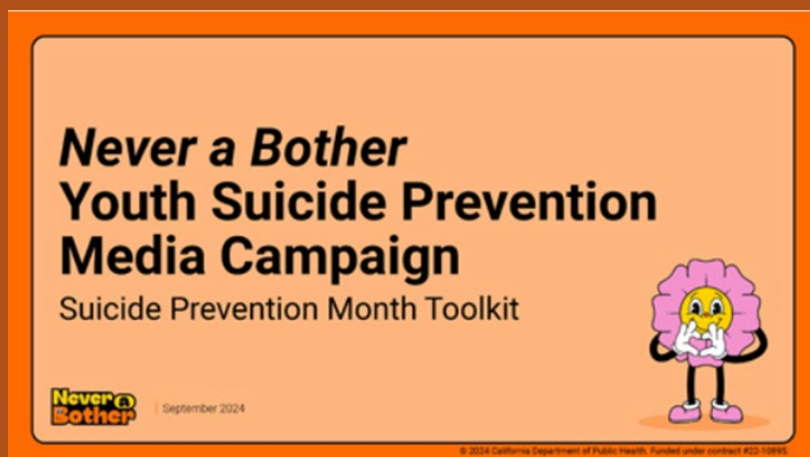
## Examples include:

- Lethal means safety & harm reduction
- Cultural & social connections
- Social emotional learning
- Stigma and discrimination reduction
- Policy, systems & environmental change
- Early childhood and parenting support
- Community-defined Evidence Based Practices

# Statewide Awareness Campaigns

## Leverage Existing Assets

- Never a Bother
- Take Space to Pause
  - Live Beyond
- Facts Fight Fentanyl



## Develop New Campaigns

**Suicide & Self-Harm** – to promote public education on suicide and self-harm and reduce stigma around seeking help

**988 & BH Crisis Services** – to increase awareness and trust of 988 and other behavioral health crisis services

**Substance Use Disorder Prevention** – to raise awareness about substance use disorder, dispel stigma and misconceptions

# Training and Technical Assistance

- Strategies that promote Positive Childhood Experiences and development of stable and nurturing relationships and environments for the maternal, child and adolescent health populations, including 0-5 populations
- Behavioral Health Literacy Curriculum – to increase knowledge and skills related to mental and behavioral well-being
- Trauma-responsive practices for early learning and care and school staff to promote PCEs, improve school climate, and mitigate the impact of adverse childhood experiences (ACEs)

CDPH will also be working with statewide entities that can deliver unique technical assistance to support behavioral health prevention in priority populations, including older adults and veterans .

## Community Engagement and Coalition Building

- BHSA Population-Based Prevention Implementation Workgroup – to inform CDPH BHSA statewide program planning, elevate and understand local emerging issues, act as a solution-oriented workgroup
- CDEP Advisory Committee
- Youth and Family Engagement Network

## Data and Evaluation

- Robust monitoring and evaluation of population-based prevention activities to assess statewide impact
- Aligned system of metrics
- Utilizing data through the lens of health equity to identify racial, ethnic, age, gender, and other demographic disparities and inform disparity reduction efforts.
- Data disaggregation to capture disparities across race, ethnicity, language and sexual orientation

# **CDPH BHSA Population- Based Prevention Program**

**Funding to mobilize local  
reach of Statewide  
Strategies and Policy**



# 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 to mobilize Local Reach of Statewide Strategies and Policy

## Community-Based Organizations and Tribes\*

- Community-defined Evidence Based Practices
- Trusted Messenger Grants
- 988 and Behavioral Health Crisis
- Regional Policy Research & Development
- Regional approaches for implementation of Focused Set of Strategies

## Training and Technical Assistance

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

# Community- Defined Evidence Based Practices Grant Program

- **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

- **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

- **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

- **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

- **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

- **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*

# Local Health Jurisdiction Role

## Act as Conveners

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

## 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

## Vision for Alignment

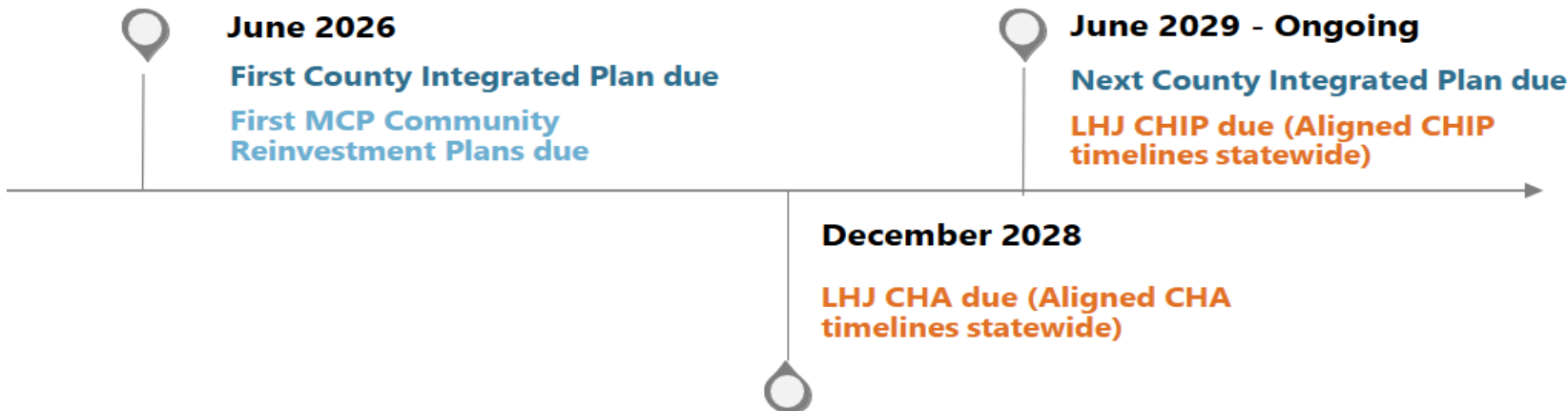
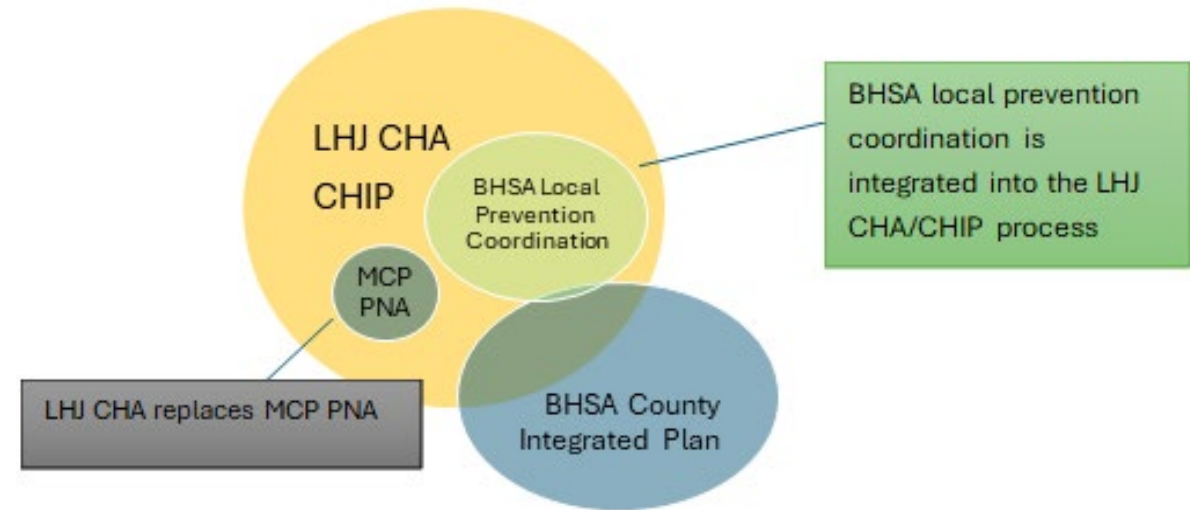
Integrate local behavioral health data, needs and assets identified as part of the convenings into the LHJ led Community Health Assessment / Community Health Improvement process by 2028 / 2029

# **CDPH BHSA Population- Based Prevention Program**

## **Alignment with Local Planning Efforts**

# 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 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)**

# Public Comment


# Guidelines for Respectful Engagement

- **Equity:** 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
- **Active listening:** Honor each speaker's time and perspective



# Options for Public Comment

## During the webinar

- Verbally: Use the raise hand  feature
  - **2-minute time limit** to allow as many people to speak as possible
- Phone participants
  - Press **\*9** to raise hand
  - Press **\*6** to mute/unmute

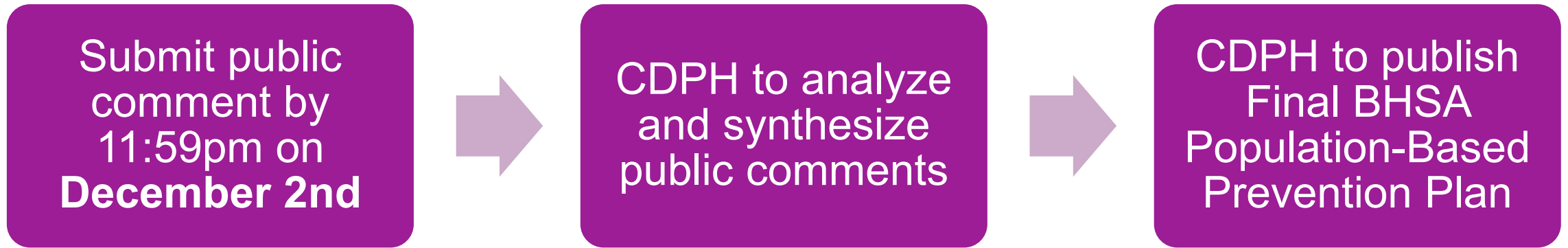
You will be called on in the order in which hands were raised.

## After the webinar

- Share feedback in writing via [Microsoft Forms](#) by at 11:59 PM on **Tuesday, December 2, 2025**

# Next Steps

# Next Steps



If you have additional questions, please reach out to [BHSAinfo@cdph.ca.gov](mailto:BHSAinfo@cdph.ca.gov)

