CDPH
California Department of Public Health

MENTAL HEALTH FOR ALL

Prop 1 – Behavioral Health Transformation: Prevention Strategies – Expert Advisory Panel

December 11, 2024

Welcome & Meeting Guidelines

California State University, Sacramento

Virtual Meeting Guidelines

- Thank you for joining us today for the Expert Advisory Panel Meeting on Population-Based Prevention Strategies for Behavioral Health!
- This meeting is being recorded and the recording will be posted on the CDPH website
- American Sign Language - To enable ASL interpretation, click the interpretation icon or "More" (three dots) to select ASL, and a resizable interpreter window will appear, which you can turn off via the same icon.
- Closed captioning is provided – Select show/hide

Virtual Meeting Guidelines: Public Participation

CDPH is committed to robust public engagement.

- **We have 5 ways for the public to participate:**
  - **Meeting chat:** please post comments in the chat. Throughout the panels, we will post reflective questions and we encourage you to answer
  - **Q&A:** Please post questions for panelists and CDPH in the Q&A and use the upvote feature
  - **Reflection Questions and Polls:** We will share reflection questions via chat for input and also launch a Zoom poll at the end of the meeting.
  - **Post Meeting survey:** You will receive an email from Zoom with a survey

Virtual Meeting Guidelines: Public Participation

- **30 Minutes Public Comment:** Following the presentations and advisory panel discussion, we will facilitate responses to select questions from the Q&A and then transition to verbal comments and questions. Members of the public can use the hand raise to get into queue to ask questions or share your thoughts.

- **What we will do with the information shared today**
  - Staff will collect, collate, synthesize all of your feedback
  - The team will strive to ensure comments are heard and seen

Context & Framing

Dr. Tomás J. Aragón, CDPH Director and State Public Health Officer

Julie Nagasako, Deputy Director of the Office of Policy and Planning

Joyce Dorado, UC Berkeley (UCB) Healthy Environments and Response to Trauma in Schools (HEARTS)

Stephanie Guinosso, UC Berkeley (UCB) Healthy Environments and Response to Trauma in Schools (HEARTS)

Agenda Overview

1. Welcome and Introductions (10 min)
2. Discussion of CDPH Approach to Population-Based Prevention (25 min)
3. Discussion of Population-based Primary Prevention Strategies (80 min)
4. Updates and Next Steps (5 min)
5. Public Comment (30 min)
6. Adjourn

Goals and purpose for today's Expert Advisory Panel Discussion

- This panel is being convened to explore and share insight to continue to refine and prioritize policy, systems, and environmental (PSE) change strategies that support behavioral health and upstream prevention.
- This input will build upon prior meetings and webinars to provide additional input from the panelists and the public on the developing areas of focus and strategies and is an important contribution to the landscape analysis.
- Today's discussion will continue to inform guidance CDPH is developing for its BHSA population-based prevention strategy. This guidance will be shared in 2025 with opportunities for further public comment.
- Note: The role of the panel is specific to this phase of the process, concluding in December.

Expert Advisory Panel Members

- **Ruben Cantu**, Director, Prevention Institute's Safety and Wellbeing Team
- **Colleen Chawla**, MPA, Director, Alameda County Health Care Services Agency, CHEAC
- **Elia De La Cruz Toledo He**, Ph.D., MPA, Senior Research Associate, Loyola Marymount University
- **Kanwarpal Dhaliwal**, MPH, Co-founder and Associate Director, RYSE Youth Center
- **Ken Epstein**, Ph.D., LCSW, Principal Associate, P.R.E.P. for Change
- **Lia Fernald**, Ph.D., M.B.A., Professor, School of Public Health, UC Berkeley
- **Lisa Fortuna**, M.D., M.P.H., Chair of the Department of Psychiatry and Neuroscience, UC Riverside School of Medicine

Expert Advisory Panel Members

- **Lishaun Francis**, MPP, Senior Director of Behavioral Health, Children Now
- **Amy Green,** Ph.D., Director of Research, HopeLab
- **Bonnie Halpern-Felsher**, Ph.D., Professor, Stanford Pediatrics
- **Susan Holt**, LMFT, Director, Fresno County Department of Behavioral Health
- **Antonette (Toni) Navarro**, LMFT, Director, Santa Barbara County Behavioral Health Wellness
- **Susan DeMarois**, Director, California Department of Aging
- **Angela Vázquez**, MSW, Policy Director, The Children's Partnership
- **Christine Wu**, MD, MPH, Napa County Health Officer, CCLHO

Prop 1 / BHSA Overview of Requirements

- Statutory requirements mandate that a minimum of 4 percent of the total funds be administered by CDPH for **population-based** prevention programs designed to reduce prevalence of mental health and substance use disorders.
- **Total funds are estimated to be around $120-$140M annually depending on revenue.**
- A significant portion of these funds, 51 percent, will be reserved for programs addressing behavioral health prevention for populations who are 25 years or younger.

Prop 1 / BHSA Overview of Requirements

- SB 326 outlines that these programs should encompass evidence-based practices or promising community defined evidence practices and meet one of the following:
  1. Benefit the entire population of the state, county, or particular community;
  2. Serve identified populations at elevated risk for a mental health or substance use disorder;
  3. Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders;
  4. Serve populations disproportionately impacted by systemic racism and discrimination; and
  5. **Prevent suicide, self-harm, or overdose.**

Prop 1 / BHSA Overview (continued)

- **Implementation of all population-based prevention programs may be statewide or in a community setting**.
- Funding should also be used to strengthen population-based strategies and not be used for early intervention, diagnostic services, or treatment for individuals or supplant funding for services or supports provided by current initiatives.
- SB 326 also stipulates school-based prevention supports and programs and early childhood population-based prevention programs (for the 0-5 population) shall be provided in a range of settings. School-based prevention supports and programs can be at a school site or arranged for by a school on a schoolwide or classroom bases and shall not provide service and supports for individuals.

Prop 1 / BHSA Overview (continued)

- CDPH will collaborate with the Department of Health Care Services (DHCS) and the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) on implementation of the overall BHSA initiative.

2024 Planning Recap

- **Landscape Analysis**
  - Review existing efforts, assessment, literature, evidence, key informant interviews, listening sessions to inform the identification of prevention strategies. Audiences include state and local programs, youth, community and academic partners.

- **Review of MHSA Plans**
  - Review of Prevention and Early Intervention (PEI) Programs to ground planning in awareness of existing MHSA prevention activities.

2024 Planning Recap

- **Engagement activities to obtain input**
  - Behavioral Health Task Force (Oct-Nov)
  - Meetings and listening sessions with various audiences (ongoing)
    - E.g., CalHHS, DHCS, HCAI, MHSOAC, behavioral health departments and LHJs (CBHDA, CHEAC/CCLHO), coalitions of CBOs and advocates
  - **Expert Advisory Panel (Dec 11, 2024) - Today!**

Themes from ongoing engagement

Populations Experiencing High Risk:

- Underserved communities
- Older adults
- People with disabilities
- Smaller populations
- Rural communities
- Intersectionality
- Place-based lens

Process:

- Involving community voices
- Transparency
- Intentional alignment, leveraging existing initiatives and lessons learned
- State and local roles

Themes from ongoing engagement

Approaches:

- Culturally and linguistically responsive
- Importance of Community Defined Evidence-based Practices
- Support those who support youth (adults, caregivers, educators, clergy)
- Positive framing
- Address stigma early
- Addressing ableism and bullying
- Mentorship and peer-to-peer models
- Educational campaigns
- Harm reduction incorporating all substances
- Social emotional learning and restorative justice
- Non-traumatizing strategies

State and Local Roles

We anticipate that there will be both state and local roles in the implementation of population-based prevention strategies under BHSA.

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

State and Local Roles

Examples of potential contributions at each level and partnership include:

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

Considerations for informing decision making about Prop 1 / BHSA population prevention funding and strategies

- Opportunities for alignment and collective impact
- Focus on advancing equity
- Learnings from existing behavioral health initiatives and strategies
- Important roles that state and local partners play for greatest impact
- Findings from evidence and data related to impact and disparities

Considerations for informing decision making about Prop 1 / BHSA population prevention funding and strategies

- **Overall Goal:** Improving key health outcomes by addressing risk and protective factors and underlying drivers of behavioral health and BHSA priorities:
  - Reduce the prevalence of mental health and substance use disorders and resulting conditions
  - Reduce stigma associated with seeking help for mental health challenges and substance use.
  - Focus efforts with populations disproportionately impacted by systemic racism and discrimination.
  - Prevent suicide, self-harm, or overdose

Public Health Approach to Behavioral Health

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

Public health efforts in behavioral health focus on promoting protective factors and reducing risk factors associated with adverse behavioral health outcomes, leveraging the following approaches:

Public Health Approach to Behavioral Health

- **Primary prevention**: emphasize proactive measures to prevent issues before they occur
- **Upstream**: focus on root cause drivers of health problems,
- **Life course**: recognize that intervening early in childhood can have far-reaching effects on health outcomes in adulthood
- **Socio-ecological lens**: consider the complex interplay of risk and protective factors at many levels including individual, community, societal and policy contexts
- **Health equity**: ensure that all people have full and equal access to opportunities that enable them to lead healthy lives
- **Trauma informed**: focused on collective healing and resilience and shift culture and systems to resist repetition and traumatization

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

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

- Socioeconomic disadvantage
- Early life adversity
- Migration
- Racial/ethnic discrimination
- Inequalities experienced by the LGBTQ+ community
- Sex-based inequalities

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

- Loneliness and social isolation
- Neighborhood socioeconomic disadvantage and inequality
- Social capital, fragmentation, and ethnic/cultural density
- Physical environment

Prevention and Early Intervention

CDPH and DHCS are working to identify distinctions related to prevention and early intervention (DHtogetherCS will lead early intervention). This is challenging because prevention and early intervention are highly interrelated.

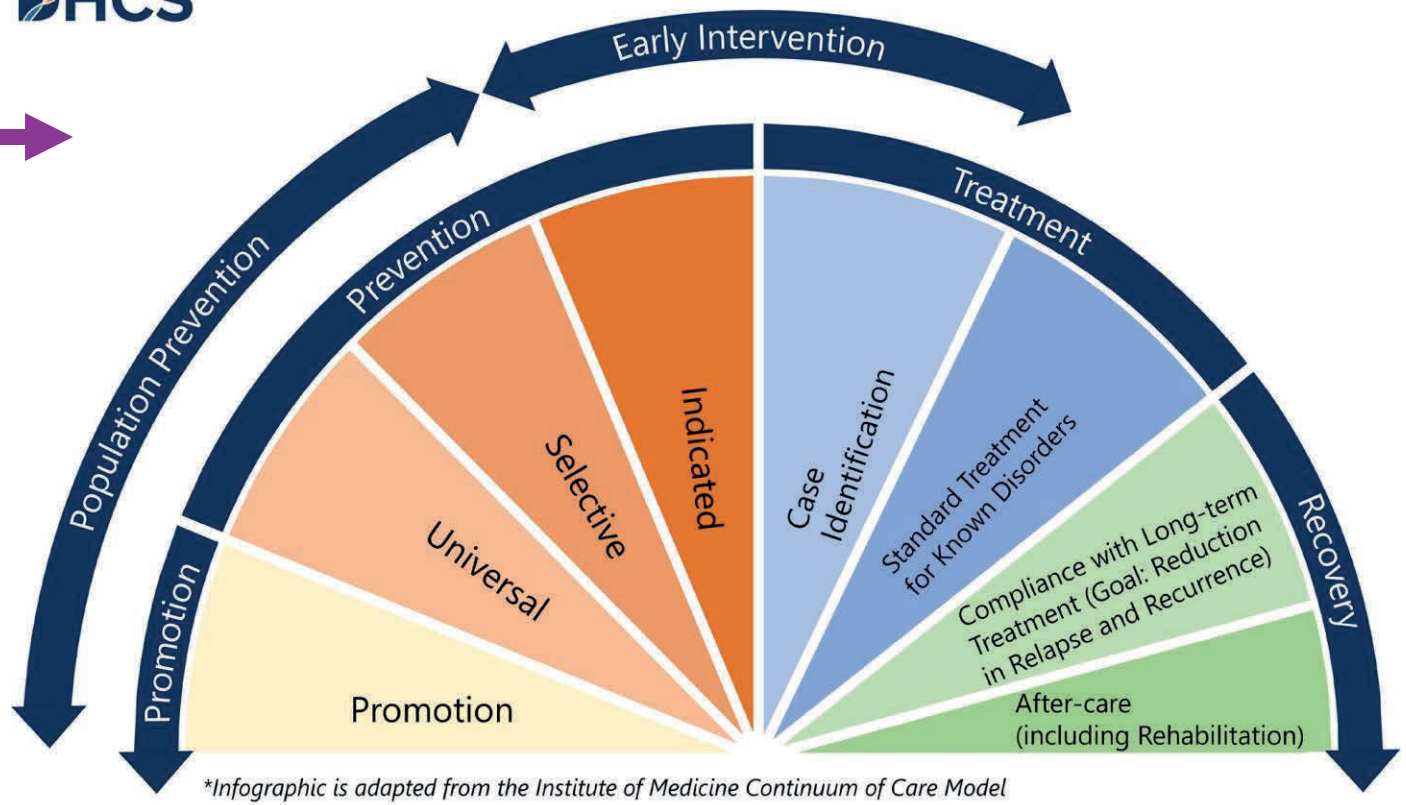
The Institute of Medicine's Continuum of Care Model describes several levels of prevention on a continuum with treatment and recovery.

Prevention and Early Intervention

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

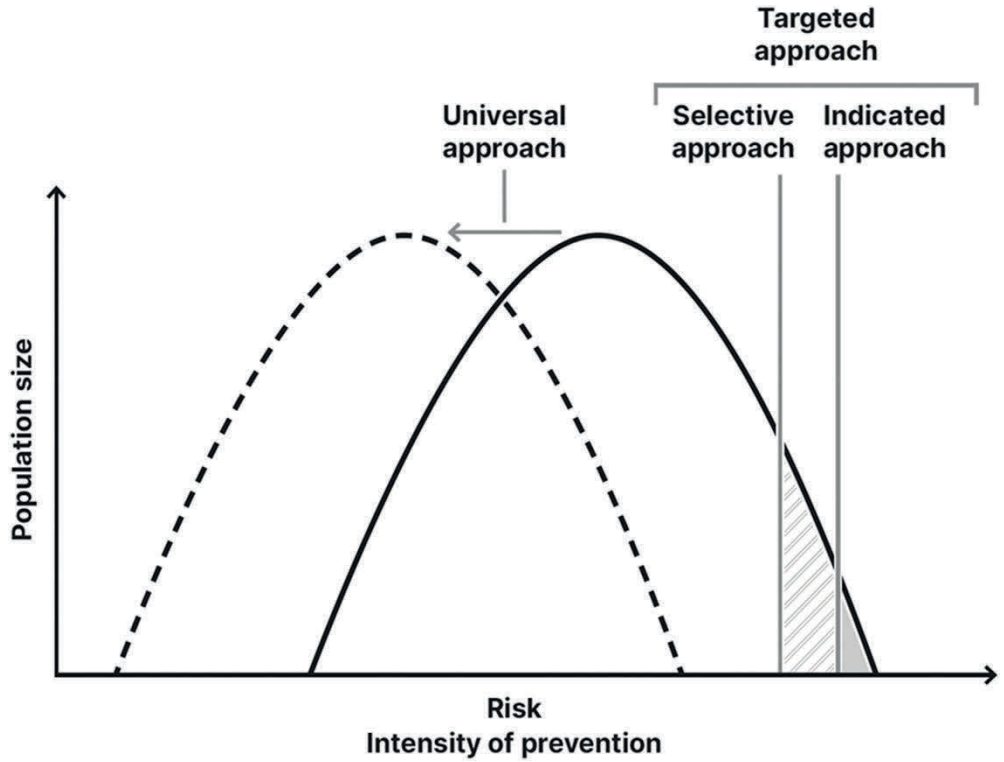
Focus can include the population as a whole, as well as specific groups experiencing higher risk.

Our goal is for all audiences to have clarity on how these terms will be used in the context of Prop 1/ BHSA.



Universal, Selected, & Indicated Primary Prevention

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



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

Targeted Universalism

Examples of applying the lens of targeted universalism in behavioral health

Universal goals:

- Making effective prevention strategies available and accessible to ALL communities and population groups in California
- Statewide strategy, universal promotion and prevention

Focused efforts:

- Address the context of specific groups to obtain a universal goal
- Focused supports for specific groups (i.e., selective prevention)

See: https://belonging.berkeley.edu/targeted-universalism

Targeted Universalism

Examples of applying the lens of targeted universalism in behavioral health

For example:

- Preventing suicide and overdose among all youth
  - Because of structural oppression, certain populations experience higher risk of suicide (e.g., BIPOC, 2SLGBTQIA+, immigrant, rural, and justice-involved populations)
  - A targeted universalism approach focuses specific supports addressing the unique cultural and place-based contexts of these groups with higher risk to prevent suicide and overdose

See: https://belonging.berkeley.edu/targeted-universalism

Addressing Risk Factors

What is CDPH Trying to Prevent?

- Prevent overdose and suicide by addressing risk factors including unhealthy use of products or harmful exposures

- Foster hope, connection, purpose and meaning

** Public health is working collectively and alongside other agencies and sectors to address these risk factors and prevent and reduce the impact of behavioral health challenges.*

Addressing Risk Factors

- **Adversity**
  - Early life, community, and society
  - Polarization
  - Structural oppression, dehumanization
  - Conflict, violence and disasters
- **Behavioral harms**
  - Gamblinwg (e.g., online sports betting)
- **Chemical harms**
  - Alcohol, tobacco (e-cigs)
  - Opiates (e.g., fentanyl), stimulants (e.g., methamphetamines)
  - High-potency cannabis
- **Digital harms**
  - Social media, smartphones, etc.
  - Algorithms, artificial intelligence
  - Dis- and misinformation

Trauma-Informed Principles for Promoting Wellness and Resilience

Integration across Prevention Efforts & Systems

San Francisco Department of Public Health, Trauma Informed System Initiative (2014)

Discussion on Framing

Landscape Scan

Stephanie Guinosso (she/her)

Joyce Dorado (she/her)

UC Berkeley, Healthy Environments and Response to Trauma in Schools (HEARTS)

Landscape Scan Process

Emerging Focal Areas

Before…	*After…*
Fostering Social Connection	Social Connection and Belonging
Addressing Adversity and Harms	Mental Health & Well-Being Awareness & Development
Upstream Drivers	Upstream Structural Supports

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

Emerging Focal Areas for Prevention

Mental Health & Well-being Awareness & Development

Upstream Structural Supports (to protect against adversity and other harms)

Social Connection & Belonging

Hope
Purpose
Connection
Meaning

Promotion of protective factors

Prevention of risk factors

Adversity
Behavioral
Chemical
Digital

Stress
Anxiety
Depression
Self harm

Overdose
Suicide

Categories of Primary Prevention Strategies *(Examples Not Exhaustive)*

Perinatal, early childhood, caregiver, & family programming – e.g., mental health consultation, home visiting
Behavioral health awareness, identification, and engagement trainings for community – e.g., Mental Health First Aid
High school & peer-to-peer support programs – e.g., mental health promotion, suicide prevention, digital literacy
Universal and targeted school-based prevention and wellness education programs – e.g., social-emotional learning
Restorative justice and harm reduction approaches that minimize punitive responses and prioritize connection
Opportunities for volunteerism, civic engagement, youth mentorship, and youth leadership

Categories of Primary Prevention Strategies *(Examples Not Exhaustive)*

Community-defined evidence-based practices (CDEPs) and culturally-based healing practices
Wellness and Drop-In Centers – for LGBTQ+ communities, youth, transitional age youth, and adults
Programs to enhance skills and strategies for violence prevention – e.g., preventing self-harm and family violence
Workforce well-being programs/initiatives for workers (e.g., educators) so adults can show up fully
Reimagine/design physical built environment to foster well-being and connection – e.g., intergenerational spaces
Build social infrastructure among key institutions that centers relationships – e.g., school connectedness

Categories of Primary Prevention Strategies *(Examples Not Exhaustive)*

Public education and awareness campaigns – e.g., anti-stigma, overdose prevention, social interaction/engagement
Regulations/guidance to ensure safety protections and limit exposure to potential harms – e.g., digital, chemical
Policy and systems strategies to address adversity and hardship that contribute to toxic stress

Note: These categories are the resulting synthesis of a range of inputs to the landscape analysis work, including literature review, key informant interviews, partner and community meetings, existing local programs, comment letters submitted to CDPH, and strategies shared by youth.

Facilitated Discussion with Panel

- What do these strategies mean for the stakeholder groups you represent? What is missing from this list?
- What do we know about what works and for whom?

Panelists will have approximately 5 minutes each to respond to discussion questions. Our goal is to hear from every panelist.

For the public, please note that we will be launching reflective questions in the chat to get your feedback on the topics being discussed. You may also continue to note your questions in the Q&A and any comments in the chat or wait to share verbally during the Public Comment period.

BHSA Planning – What's next?

Upcoming milestones

2025-26 Prop 1 BHSA Prevention Guidance Timeline - preview

- Early 2025 – Initial Guidance
  - Population-based Prevention definition
  - BHSA focus for prevention activities – shared strategy and priorities
- Spring 2025 – Updated Guidance
  - Operational model, implementation partners and funding structure, state and local roles
- Spring 2026 – Final Implementation Guidance
  - Mobilizing for funding and implementation

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

2025-26 Prop 1 BHSA Prevention Guidance Timeline – preview

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

2025-26 Prop 1 BHSA Prevention Additional Planning Efforts - preview

To prepare for implementation, CDPH will also be conducting the following:

- (Tentative) Fall/Winter 2025:
  - CDPH will be facilitating advance actions to support timely operationalization of the BHSA funding for July 1, 2026 (develop grant/funding process, ramp up state staffing, provide technical assistance and capacity building, etc.)

- (Tentative) Early 2026:
  - CDPH anticipates releasing requirements to execute any grant/funding agreements with a July 1, 2026 start date for funded entities (with some possibility of execution of agreements throughout August/September).

Public Comment

Questions and Feedback

We welcome your input on CDPH's approach to BHSA population-based prevention.

- Strategies: What other considerations regarding these strategies should inform ongoing population-based prevention planning?
- Engagement: How can CDPH best engage with you? Please share any other audiences that CDPH should engage with.
- Overall Feedback: What other feedback would you like to share with us?
- We will facilitate responses to select questions from the Q&A received throughout the presentation and then transition to verbal public comment.
- Please raise your hand to speak. Each speaker will be allotted 2 minutes.

Closing & Adjourn

Engagement Opportunities for All

- All-Comer Webinars (schedule to be announced in 2025, roughly quarterly)
- Share your feedback with us at BHSAinfo@cdph.ca.gov.
- Visit our CDPH Transforming Behavioral Health webpage to stay up to date on:
  - Post-meeting materials, including our recent discussion with the Behavioral Health Task Force November 13, 2024, BHTF - CDPH Meeting Slides
  - Other engagement opportunities
  - Join our CDPH BHSA distribution list to receive updates on CDPH's BHSA-related planning and engagement.

Engagement Opportunities for All

- For more information on California's Behavioral Health Transformation:
  - Visit mentalhealth.ca.gov.
  - Visit the DHCS Behavioral Health Transformation Stakeholder Engagement webpage.
  - Visit HCAI's Prop 1 webpage.
  - Read about HCD's Homekey+ program.
- **CDPH welcomes other ideas for continued community engagement based on best practices while also leveraging existing venues.**

Engagement Opportunities

Listening sessions

Intentional Listening Sessions (to gather community voices and perspectives)

These listening sessions (planned for Jan - Mar 2025) will serve as an opportunity to bring forth voices and perspectives that may otherwise remain unheard and will serve as an opportunity for the community to co-design solutions and strategies to improve behavioral health for all Californians.

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

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

Other Next Steps

- Please share additional feedback via the **Microsoft Forms survey** by December 31st, 2025
- Thank you!

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

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

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

Other Ways to Get Connected on Prop 1/BH Transformation

State of California Mental health for all » Visit Mental health for all

Behavioral Health Services Act Resources

- » Visit DHCS's BHT Website
- » Sign up for DHCS's BHT newsletter
- » Visit CDPH's BHT Website
- » Sign up for CDPH's BHSA newsletter
- » Visit HCAI's BHT Website

Behavioral Health Bond Funding Resources

- » Visit BCSH's Homekey+ website
- » Visit HCD's Homekey+ website
- » Visit DHCS's Bond BHCIP Website