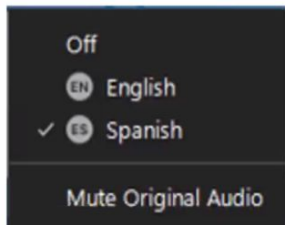
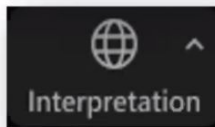


Language Interpretation through Zoom / Interpretación de Idiomas en Zoom

- 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



- 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

This session is being recorded. By entering this zoom meeting/webinar you are agreeing to being recorded.

Esta sesión está siendo grabada.



From Ashley Huggins to everyone



Al ingresar al webinar web, acepta ser grabado.

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**



From Christopher Diamond to everyone

Christopher Diamond, Shasta County Health and Human Services Stand Against Stigma program.

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

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



BHSA Population-Based Prevention Final Plan

Period

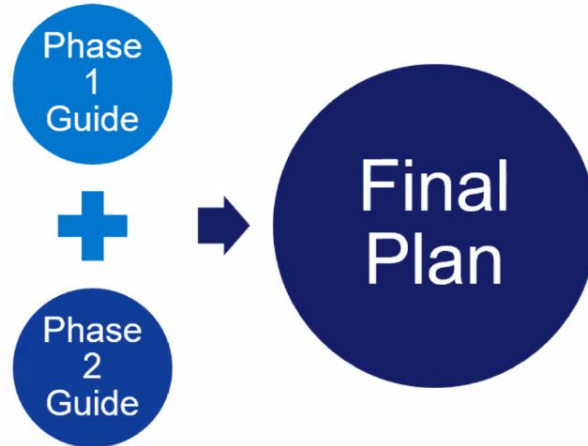
July 1, 2026, - June 30, 2029

Alignment

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

Future Updates

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

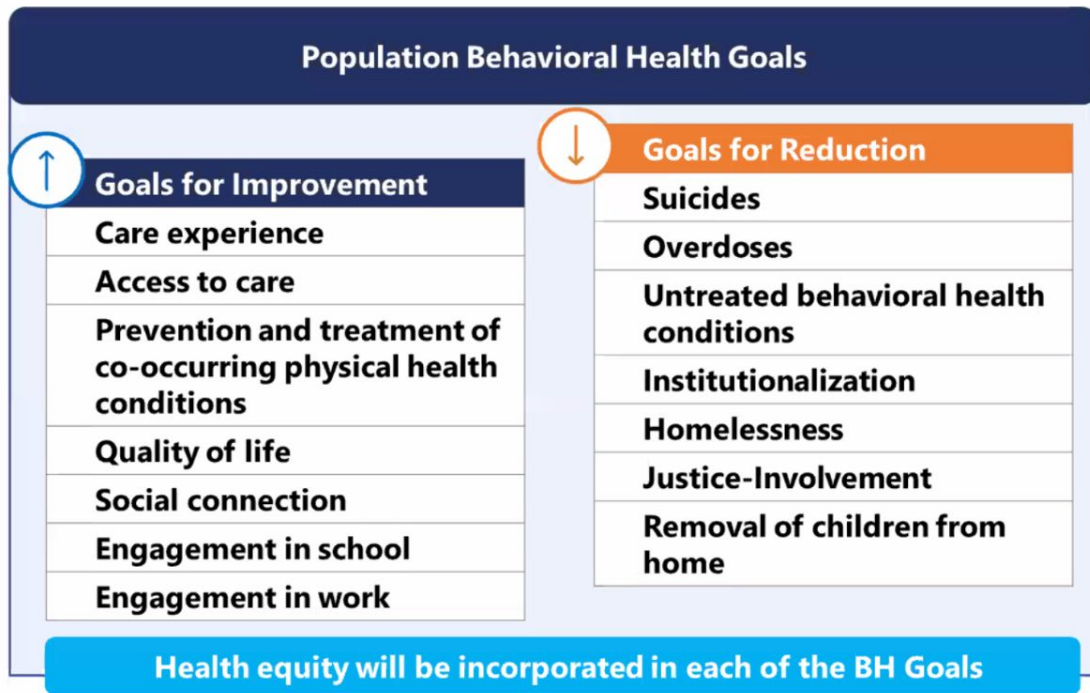


Priority Populations for Strategic Investment

- 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



Statewide Awareness Campaigns

Leverage Existing Assets

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

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

Suicide Prevention Month Toolkit



September 2024



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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



From Jeff Farber to everyone



In developing statewide campaigns,
will CDPH review best practice

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

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 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

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



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



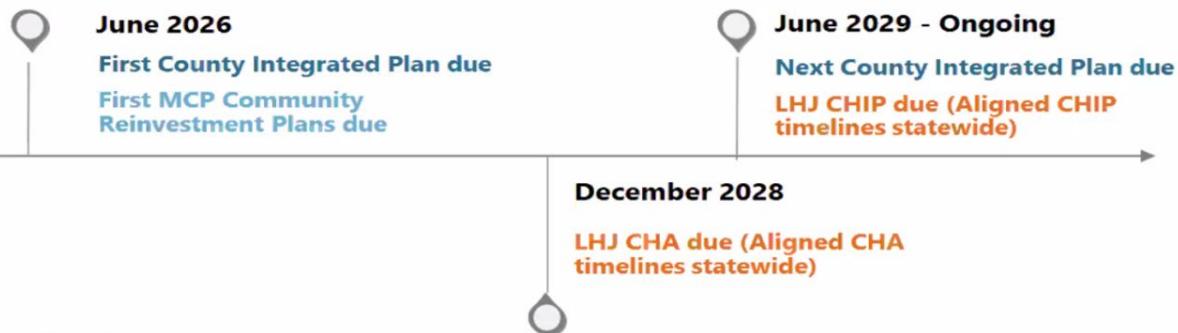
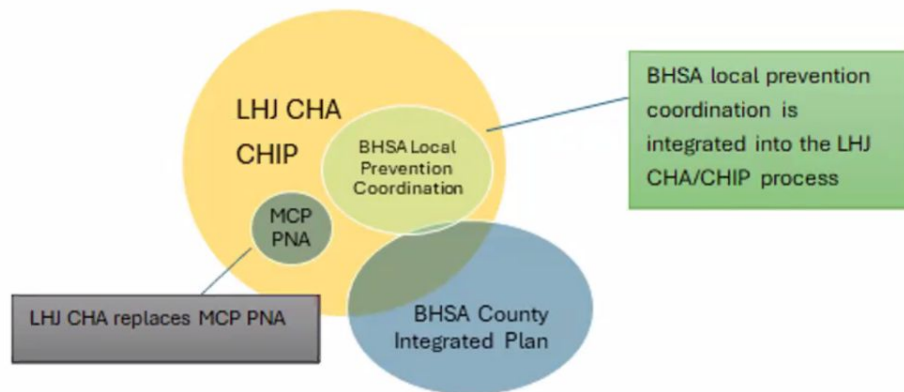
From eba laye to everyone

ACEs do not include the very



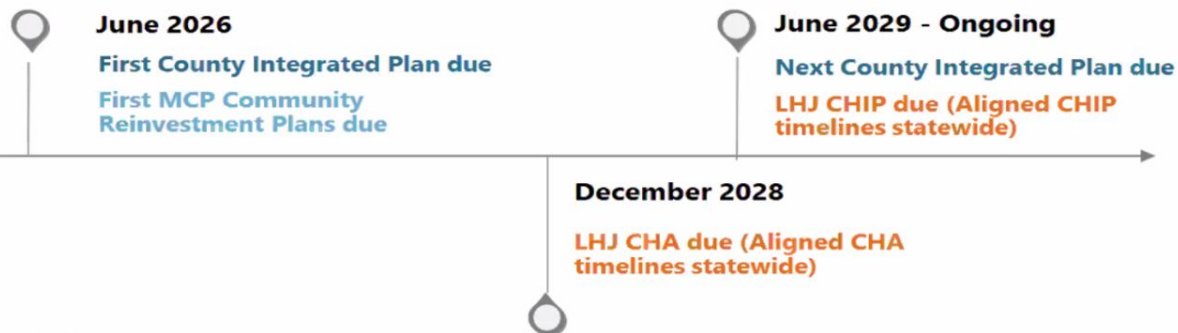
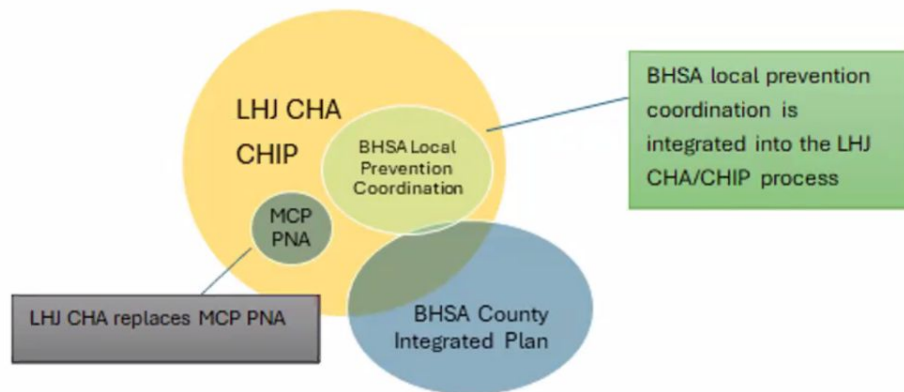
Alignment with other Local Planning Processes

- 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



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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**

