

A Note:

Please use the enclosed information as a guide, as you encourage your local and state leaders to have the best outcomes for children and youth. This packet is not meant to be exhaustive, but instead an opportunity to demystify engagement on such a crucial issue.

Questions to ask state leaders about Proposition 1

1. How will CDPH ensure the Prevention dollars reach the different communities and populations that are experiencing disparities in behavioral health access and outcomes in each region of the state?
 - a. How will CDPH ensure the requirement is met to allocate 51% of these funds for children and youth 0 - 25?
 2. Will the state be able to pivot on its reporting requirements if counties determine these metrics aren't serving their population?
 3. How will CDPH ensure that local communities have access to resources for upstream prevention programs with group- or population-level interventions, such as classrooms, neighborhoods, or marginalized communities and identities?
 4. How will HCAI ensure workforce efforts are sufficiently meeting the needs of a child and youth-serving workforce?
 5. What accountability mechanisms is DHCS planning to put in place for the county Integrated Plans? In addition to requirements for budget and outcomes transparency, what other tools is the state planning to use to ensure county compliance with the children-specific aspects of the BHSA?
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Questions to ask county leaders about Proposition 1

1. How is the county ACTING NOW to implement early intervention behavioral health services for children?
2. How is the county working with the state to implement prevention services for children?
3. What is the county plan to prioritize services for children, youth, and families in Full Service Partnerships?
4. What is the county plan to prioritize services for children, youth, and families in Housing?
5. What types of early intervention services is the county planning to invest in for children and youth?
 - a. What types of EI services is the county planning to invest in for youth who do not yet have a diagnosis but who have mental health needs based on community or individual risk factors?
6. How is the county planning to address the behavioral health needs of infants and toddlers?
 - a. Specifically, for those who have experienced Adverse Childhood Experiences, racism, or community trauma, or whose parents/caretakers may have unmet behavioral health or health related social needs?
7. What is the county's plan for inviting, documenting, and incorporating public feedback into its BHSA Integrated Plan?



Who's Who of Decision Makers: State & County Leaders

<u>State Leaders</u>	<u>County Leaders</u>
<p>CalHHS: Oversees departments and state entities that support California's most vulnerable, with the goal of creating a Healthy California for All.</p>	<p>County Board of Supervisors – best perspective on your county's approach to local engagement, data, funding, and decision-making processes for the current (2023-2026) and future (2026-) county Behavioral Health Services Plan; can serve as a connection to the local Behavioral Health Director and other key public leaders. Some county boards of supervisors have office staff who serve as county policy leads for specific issues or populations. These can include health and human services, education, or children's services.</p>
<p>DHCS: Provides Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use disorder services, and long-term services and supports. Email address: BHTinfo@dchs.ca.gov (primarily for those programs under the DHCS purview)</p>	<p>County Chief Administrative/Executive Officer – best overall perspective of and access to potential county funding and budget related questions.</p>
<p>HCD: Helps to provide stable, safe homes affordable to veterans, seniors, young families, farm workers, tribes, people with disabilities, and individuals and families experiencing homelessness.</p>	<p>County Behavioral Health Director – recommended for specific questions about implementation of local behavioral health programs and services; can make connections to behavioral health providers and other stakeholders/advocates.</p>
<p>CDPH: Oversees public health in California and responsible for the prevention dollars of Proposition 1.</p>	<p>County Chief Administrative/Executive Officer – best overall perspective of and access to potential county funding and budget related questions.</p>
<p>MHSOAC: The soon-to-be BHSOAC, this department will be responsible for gathering input from diverse communities on how dollars should be allocated and will likely have some influence on the implementation and accountability guidance received by counties.</p>	<p>County Behavioral Health Director – recommended for specific questions about implementation of local behavioral health programs and services (e.g., successes and challenge); can make connections to behavioral health providers and other stakeholders/advocates.</p>
<p>HCAI: Expands equitable access to health care for all Californians, ensuring every community has the health workforce it needs, safe and reliable health care facilities, and health information.</p>	



<p style="text-align: center;">Key Components of the Behavioral Health Services Act related to children and youth</p>	<p style="text-align: center;">Welfare and Institutions Code</p>
<p>Counties must spend 51% of their early intervention dollars on children and youth, under the age of 25.</p>	<p>WIC Section 5892</p>
<p>The California Department of Public Health must provide population-based mental health and substance use disorder prevention programs, with 51 percent set aside for children and youth under the age of 25.</p>	<p>WIC Section 5892</p>
<p>While not required, dollars for the new housing component can be used to support children, youth, and families.</p>	<p>WIC Section 5830 and youth are defined in WIC Section 5892</p>
<p>Counties can use early intervention dollars for youth who do not have a diagnosis.</p>	<p>WIC Section 5840 and in alignment with the Cal-AIM reforms to Medi-Cal</p>
<p>Children ages 0-5 are listed as a priority population,</p>	<p>WIC Section 5840 WIC Section 5892</p>
<p>Full-Service Partnerships must contain high fidelity wraparound for children and youth, which will be allowed to be billable as a specialty mental health service.</p>	<p>WIC Section 5887</p>
<p>There are requirements for young people and community organizations to be meaningful participants in the BHSA planning processes. Especially those from underserved communities.</p>	<p>WIC Section 5848 and Assembly Bill 289 (Holden)</p>



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Build your local team of children's champions

These entities may or may not be aware of or involved in county behavioral health, Mental Health Services Act, or BHSA conversations. Still, as county entities, they can be important messengers and have significant informal influence on county decisionmakers if armed with the right information (see resources above).

County Office of Education (COE) - the Superintendent of the COE typically oversees services for certain subpopulations of students with unique needs, such as foster youth, homeless youth, and some early learning and special education programs. Local school districts have program and budget processes that are independent from COEs and other county agencies. There are some school districts across the state that have received county contracts to provide MHSA (now, BHSA) programming to students, however these are individual county decisions and not explicitly required by law. School district superintendents and elected school board leaders will benefit from being engaged in county BHSA stakeholder processes along with other community and children's service leaders.

First 5 County Agencies- Many county First 5 Commissions fund services for children and their families and caretakers from prenatal-to-5. Your county First 5 will have a deeper understanding of the infant and early childhood mental health needs of children in your county.

Child Welfare Department - Child welfare agencies provide and coordinate child protective and foster care services for children and youth who have been abused or neglected or who are imminently at-risk. Because of the likelihood of complex trauma and the impacts of systemic racism and poverty for children, youth, and families involved with the child welfare system, child welfare departments and their contracted community partners can be important stakeholders to engage to understand the community needs for the county's marginalized families.

Local Community Based Agencies Serving Children and Youth – These organizations are rooted in the communities they are serving and are often the most knowledgeable in the landscape of resources, service delivery, and may be partnering with the county behavioral health departments on early intervention and prevention services.



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