

A monthly digest of information and resources on California's efforts to transform the Medi-Cal program

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FOCUS ON CalAIM

**A monthly digest of information and resources on
California's efforts to transform the Medi-Cal program**

January 31, 2022

CalAIM is officially a go! After months of review, the Biden Administration approved California's CalAIM waiver requests in late December, allowing the state to move forward with its multi-year plan to expand pathways to whole-person care for millions of Californians in and out of traditional health care settings.

This month's digest has more detail on the Biden Administration actions, how Governor Newsom's proposed CalAIM budget proposes to jumpstart implementation, and a new poll highlighting why Californians think these changes are important.

Also, [DHCS recently released an assessment \(PDF\)](#) of on California's behavioral health system, as well as posted for public comment their proposed [strategy](#) for improving quality and health equity in Medi-Cal. Both are a big deal, and we'll be focusing more on them in next month's digest.

Highlights

Biden Administration Approves CalAIM Waivers

California has received [approval from the Centers for Medicare & Medicaid Services \(CMS\)](#) to move ahead with a wave of programs that address the health and social needs of the state's 14 million Medi-Cal beneficiaries and offer significant federal funds to support early CalAIM implementation.

Governor's Budget Proposal Expands Coverage, Care Enhancements

"We're reforming our Medi-Cal system. Reforming payments. Reforming our entire approach." Those were the governor's words as he introduced the major investments in CalAIM in [his budget proposal](#), which also removes remaining barriers to Medi-Cal enrollment, based on immigration status.

CHCF Poll Shows How Fragmented System, Housing Concerns Impact Health

A [new CHCF poll](#) shows that too many Californians, especially those with low incomes, struggle to access the care they need and that housing concerns are growing — with major implications for health.

Federal Government Approves CalAIM Waivers

Federal Government Approves CalAIM Waivers

The Biden Administration threw its weight behind CalAIM in December with a wholehearted endorsement of California's Medi-Cal reforms — and also directed several major new pots of funding to the state to support implementation. "CalAIM will advance health equity in California and strengthen the health care safety net," CMS Administrator Chiquita Brooks-LaSure said in December. "We appreciate the strong partnership with California to create pathways for people with Medi-Cal to more easily access equitable, comprehensive care."

Other noteworthy outcomes of the waiver approval include:

- **New funds for capacity-building:** The Biden Administration has set aside \$1.4 billion to help California build community infrastructure and capacity to implement CalAIM; funds that can be used to bring the promising approaches from the prior waiver to scale statewide. It will also provide support for one of the state's priorities: supporting Medi-Cal beneficiaries who are transitioning from incarceration. CMS also extended conditional approval of \$3 billion to support the state's [Home- and Community-Based Spending Plan](#), which includes 28 initiatives across multiple departments that support CalAIM directly or align with its goals.
- **Support for innovative programs:** CMS has also sustained California's expansion of access to substance use treatment, adding a first-in-the-nation pilot of [contingency management](#), an evidence-based treatment for stimulant addiction. The waiver also continues critical value-based, safety-net payments to ensure care for the uninsured, which are tied to achieving equity goals for the first time.
- **Areas to watch:** CMS has not yet confirmed support for a few elements of California's waiver request. Notably, they are still considering approval of Medi-Cal coverage of services and supports for the incarcerated prior to release. The state is also still seeking approval to expand addiction treatment services provided by Traditional Healers and Natural Helpers, along with additional funding for California's Designated State Health Programs. California also intends to submit an addendum to its waiver later this fall that would enable federal funds to be used for mental health services provided in residential treatment settings with more than 16 beds, building on a waiver already approved for residential substance use services.

>> *Read the full CMS statement approving the state's CalAIM waiver [here](#). DHCS has updated its website with the latest on Enhanced Care Management, Community Supports, and other CalAIM programs [here](#).*

Governor's Budget Proposal Expands Coverage, Care Enhancements

Governor Newsom took two major steps toward CalAIM implementation in his January budget proposal — asking the legislature to significantly increase the CalAIM budget (from \$1.2 billion last year to \$2.8 billion this year) and removing remaining barriers to Med-Cal based on immigration status. The move to close outstanding coverage gaps [would help more than 700,000 Californians](#) who are currently left out of the system.

“For those who say, what [is California] doing about reforming their health system?” Governor Newsom said during his budget presentation. “This is what we’re doing. We’re reforming our Medi-Cal system. Reforming payments. Reforming our entire approach.” Calling CalAIM a “first-in-the-nation” effort to provide “true whole person care,” the governor once again confirmed his long-term vision for the program, noting that this year’s budget proposal was only “year two of this multi-year commitment.”

Among the highlights of the administration’s 2022-23 budget proposal:

- **\$1.3 billion in funding over five years** to support the development of Enhanced Care Management and Community Supports
- **\$561 million total funds over five years** to support implementation of CalAIM’s justice-involved initiatives, highlighting the importance of pre-release services and supports, which are still pending CMS negotiations
- **\$4.6 billion** in funding for the state’s [Home- and Community-Based Spending Plan](#), including \$1.3 billion for a housing and homelessness incentive program that allows managed care plans to work with homeless services providers and counties to house older adults and people with disabilities
- **\$1.5 billion over next two years** in the general fund for behavioral health bridge housing
- **\$1.4 billion over five years** for a new benefit providing mobile response services for crises related to mental health and substance use disorders

>> *Read the full DHCS budget summary with details on CalAIM proposals [here](#). Watch Governor Newsom’s budget presentation [here](#). (Health proposals begin at the 39:50 mark.)*

CHCF Poll Shows How Fragmented System, Housing Concerns Impact Health

More than four in 10 Californians who sought care report waiting longer than they thought was reasonable to get a physical health appointment (44%) and mental health appointment (49%), according to a newly released annual poll conducted by CHCF. In addition, 45% of Californians seeking mental health care had difficulty finding a provider who accepted their insurance. Californians with lower incomes had a more difficult time finding a physical health provider who accepted their insurance compared to those with higher incomes (30% compared to 12%).

When they do get care, more than a quarter (26%) of Californians with low incomes report having to have a test repeated. And they are increasingly aware of the relationship between health care and social services on health outcomes, with growing numbers viewing affordable housing, in particular, as an urgent statewide health concern.

In fact, this year's survey found more than a third of Californians with low incomes (37%) are now "very" or "somewhat" worried that they may themselves experience homelessness. More than three quarters (78%) say a lack of affordable housing impacts a person's physical or mental health "a lot" or "some." Meanwhile, last year's CHCF poll found two-thirds of Californians (67%) lacked confidence that government agencies in health, housing, and other social services work together to help people experiencing homelessness.

CalAIM is poised to change that, with DHCS estimating that [95,000 people with complex needs](#) will receive coordinated whole person care through the new Enhanced Care Management benefit in 2022. Previous pilots have demonstrated the efficacy of this approach, with [LA County seeing a 71% reduction in hospital readmissions and 24% reduction in emergency department visits](#) for people who were experiencing homelessness and received recuperative care with integrated mental health services. These new pathways for people with complex needs — combined with a renewed focus on equity, quality, and access across the Medi-Cal system — respond to the needs voiced by Californians as 2022 kicks off.

>> *Read the [full CHCF poll findings](#). It was conducted September 27, 2021, through November 17, 2021, capturing Californians' views on health care affordability, housing and homelessness, health access issues, and COVID-19.*

>> *Read more about Californians' attitudes about health and housing, and what they mean for CalAIM.*

Other CalAIM Articles and Resources We Recommend

- [Mattresses and Mold Removal: Medi-Cal to offer unconventional treatments to asthma patients](#) (California Healthline)
- [Medical Respite: A place of hope and healing takes shape in Alameda](#) (CHCF Blog)
- [How California's Whole Person Care pilot program met the challenges of the pandemic](#) (UCLA)
- [No way out: How the poor get stranded in California nursing homes](#) (CalMatters)
- [Community Health Workers and the Health Care Delivery System](#) (ITUP)
- [Provider Toolkit for Enhanced Care Management \(PDF\)](#) (Aurrera Health)
- [How-To Guide: Building partnerships between health care organizations and community-based organizations](#) (Health Begins)

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California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, February 2022

Reminders:

[Hybrid Meeting Guide](#) - Ensure that everyone can hear and be heard!
[Annual Reports](#) - Please share your annual reports w/CALBHB/C - cal@calbhbc.com

In this Issue:

[Grants/Funding](#)

[Issue Briefs](#)

[Meetings](#)

[Reports & Webinars](#)

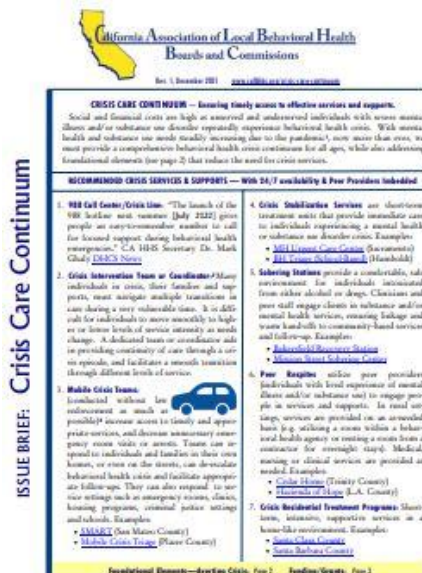
[Resources](#)

CALBHB/C Nominations

Interested in a two-year position on CALBHB/C's 15-member Governing Board? Please complete the short nomination application by March 1st.

[Application Link](#)

CALBHB/C Issue Briefs



[Board & Care \(ARF or RCFE\)](#)

[Children & Youth:](#)

[Integrated School-Based BH
Transitional Age Youth \(TAY\)](#)

[Crisis Care Continuum](#)

[Criminal Justice](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Transitional Age Youth](#)

[Suicide Prevention](#)

Full listing of issues (30+) at: www.calbhbc.org/newsissues Questions: cal@calbhbc.com

Grants/Funding

COVID

[COVID-19 Mitigation Project](#) for public and private nonprofit organizations for Behavioral Health Systems: up to \$100,000 each to support COVID-19 testing education and access, expand COVID-19 response services, and support the maintenance of healthy environments for behavioral health treatment and recovery service providers. Deadline 2/11/22

Crisis Care & Infrastructure

[Joint RFAs - BH Continuum Infrastructure Program \(BHCIP\) & Community Care Expansion \(CCE\) Program](#) - Opens 2/15/22
[Informational Webinar](#): 2/10, 10:30 am

BHCIP: Construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

CCE: For acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities.

[BHCIP County and Tribal Planning Grant](#): to support BH facility planning efforts. Up to \$150,000 for behavioral health county agencies and tribal entities. Grant. Deadline 2/28/22

[Investing ARPA Funds in Behavioral Health Crisis Response](#): NACo February 22, 12 pm

Housing/Homelessness

[Adult & Senior Residential Care Facilities: Community Care Expansion \(CCE\)](#): \$805 million for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities. App opens 2/15
[Informational Webinar](#): 2/10, 10:30 am

[HomeKey Round 2](#) applications are due by Monday, May 2 at 11:59 p.m.

[Homeless Housing, Assistance and Prevention \(HHAP\) Grant Program](#) Round 3 Applications due by June 30, 2022.

Substance Use Disorder

[For Rural Counties](#): Awards of up to \$500,000 to increase access to prevention, treatment and recovery services. Eligible applicants: public or private, non-profit or for-profit entities. See fact sheet on U.S.. HHS investments to strengthen rural health. Deadline Tuesday, April 19, 2022 at 8:59 PM PST.

[Harm Reduction Grant Program](#). Deadline February 7, 2022. Up to \$9,750,000 per year or \$29,250,000 over three years; 25 awards of up to \$400,000 per award per year. Eligible applicants are states, local, tribal, and territorial governments; non-profit community based organizations; and primary and behavioral health organizations. Support community-based overdose prevention programs, syringe services programs, and other harm reduction services and enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases. SAMHSA

[Contingency Management Pilot](#) to expand access to evidence-based treatment for stimulant use disorder, DHCS will pilot Medi-Cal coverage of CM in select DMC-ODS counties. Application deadline: February 15.

Workforce

[Mentored Internship Program](#): Funding for nonprofits and county-operated behavioral health providers for developing and implementing an in-house mentored internship program. Deadline Friday, February 18, 2022, 5:00 p.m. (PST).

[National Rural Recruitment and Retention Network](#) (3RNet) Recruit and retain health professionals in rural and underserved areas

[SAMHSA Forecasted Grants for 2022](#)

Meetings (State/National)

CA Health & Human Services

Behavioral Health Task Force Meetings

Mar 8, 2022 10:00 AM
Jun 14, 2022 10:00 AM
Sep 13, 2022 10:00 AM
Dec 13, 2022 10:00 AM

CA Behavioral Health Planning Council

Performance Outcomes: 4/29, 2 pm - 5 pm

Executive: April 20, 8:30 am -10:15 am

Patients' Rights Committee: 4/20, 10:30 am

Reducing Disparities: 4/20, 10:30 am

Children & Youth: 4/20, 10:30 am - 12 pm

Workforce and Education: 4/20, 1:30pm

Legislation: 4/20, 1:30 pm - 5 pm

Housing and Homelessness: 4/21, 8:30 am

Systems and Medicaid: 4/21, 8:30 am

General Session: April 21, 1:30 pm - 5 pm

General Session: April 22, 8:30 am-12 pm

CA Department of Health Care Services

Behavioral Health Stakeholder Advisory

Committee Meeting: Approved CalAIM Waivers and Post-Award Forum February 17, 9:30 am - 1:30 pm. [Please register in advance.](#)

CalAIM BH Workgroup: Goal: provide updates on CalAIM implementation progress.

Workgroup members are invited to provide feedback. [Please register in advance.](#) May 4, 2022, at 10:00 a.m

Mental Health America

Mapping the Mental Health of Our Communities, Mental Health America, February 16, 2022, 10 am PT

Mental Health Services Oversight & Accountability Commission (MHSOAC)

Cultural & Linguistic Competency [2/10](#)

Full Commission Meetings: [2/24 & 3/24](#)

Resources for Boards/Commissions

[Best Practices Handbook](#)

[Brown Act Guide](#)

[Public Emergency Allowances](#)

[Conduct](#)

[Cultural Relevance](#)

[Hybrid Meetings](#)

[Member Orientation](#)

[Mental Health Services Act](#)

- Role of MHB/C
- Fiscal
- [Community Program Planning](#)

[News/Issues](#)

[Performance Outcome Data](#)

[Templates/Sample Docs](#)

- Annual Reports
- Recommendations
- Recruitment
- Site Visits *And More!*

[Welfare & Institutions Code](#)

Bylaw Requirements

- Duties
- Expenses
- Membership Criteria
- MHSOAC Community Planning

[Training: Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training: Presentations/Recordings](#)

- Chair Training
- Performance Data & Fiscal Info
- Mental Health Board
- MHSOAC Community Program Planning
- Unconscious Bias

Reports & Webinars - By Topic

Children & Youth

[New law on mental health curriculum goes into effect](#), EdSource

[School Mental Health 101: A Primer for Medi-Cal Managed Care Plans \(PDF\)](#), National Center for Youth Law & CA Children's Trust [Related Webinar](#)

[Commentary: What CA can do to improve children's mental health](#), CA Little Hoover Commission [Full Report](#)

[School Work: Harnessing CA's Once in a Generation Opportunity on Youth Behavioral Health Summit](#), CA Alliance Recording

[ANGST: Building Resilience](#), a film based on a mental health support program, endorsed by educators, psychiatrists, and mental health advocates. The film includes Olympic swimmer Michael Phelps, who spoke of his own challenges with anxiety. The program will be provided to all California public middle and high schools during the 2021-2022 academic year.

[Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health](#), American Academy of Pediatrics

[U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic](#), U.S. Health & Human Services

Criminal Justice

["Bridging the Gaps" Virtual Roundtables and Fact Sheet](#), Kennedy-Satcher Center for Mental Health Equity

[Behavioral Health Equity and Incarceration](#)

Tuesday, 2/15, 8 am - 9:30 am PST

[Trauma-Informed Systems for Justice-Involved Populations](#)

3/15, 8 am - 9:30 am PST

[Re-Entry Programs and Reducing Recidivism](#)

– 4/19, 8 am - 9:30 am

[Housing Access and Environmental Support Systems](#) – Tuesday, 5/17, 8 am - 9:30 am

Crisis Care

[Investing ARPA Funds in Behavioral Health Crisis Response](#), NACo February 22, 12 pm

[Peer Respite](#) - CAMHPRO Town Hall, February 23, 2022, 5 - 6:30 pm

[CalHope Connect](#) statewide resources in English and Spanish, includes chat and peer support.

Culture, Race, Ethnicity

[NCAPPS Shorts: Culture and Person-Centered Practices Series of short videos](#), National Center on Advancing Person-Centered Practices and Systems

[Access for Everyone: A Toolkit for Addressing Health Equity and Racial Justice within Integrated Care Settings](#), The National Council for Mental Wellbeing

[Learning About California's Community Health Worker State Plan Amendment](#), CA Health Care Foundation Recording

[Finding Common Ground on Mental Health Podcast](#), Patrick Kennedy and Kevin Dedner

Continuum of Care

[Assessing the Continuum of Care for Behavioral Health Services in California - Data, Stakeholder Perspectives, and Implications](#) Report, DHCS

Housing/Homelessness

[Supportive Housing Models That Work](#)

SAMHSA, Three Events, all at 11:30 am

- Overview of Supportive Housing and Recovery Housing Models, 2/24
- Housing-focused Engagement and Supporting Staff, 3/23
- Promoting Racial Equity in Supportive and/or Recovery Housing Programs, 4/27

Peer Provider Programs

[CAMHPRO Peer Provider Project](#) SB 803 Update Training, February 16, 1 pm - 3 pm

[Moving Toward Diverse Leadership in the Peer Community](#), February 8, 9 and 10 Virtual Event

CalMHSA Advisory Council Meetings (All 1 - 4 pm Feb 11, 25, Mar 11, 25, Apr 8, 22). [webinar links and agendas](#) are found at the bottom of CalMHSA's webpage).

[Peer Respite](#) - CAMHPRO Town Hall, February 23, 2022

[Peer Certification Principles for Implementation](#), CA Alliance, NAMI CA, CASRA

Substance Use

[15-minute survey](#) about barriers to getting in-network mental health and addiction treatment. It's confidential, and available in English or Spanish. Respond on your own behalf or on behalf of someone you know who has needed care, such as a family member, friend, or a patient. NORC / University of Chicago

[Supporting Telehealth and Technology-Assisted Services for People Who Use Drugs](#): The National Council

[Harm Reduction and Saving Lives Podcast](#). Learn about the prevalence of overdose and overdose deaths in the U.S. and a new program initiated by the CDC and administered by the National Council.

[DMC-ODS waiver evaluation reports](#) External Quality Review Organization (EQRO) review of Drug Medi-Cal Organized Delivery System (DMC-ODS) in counties regarding access, timely access, and quality of care.

Telehealth

[Behavioral health and telemedicine: What's in store for 2022](#), Healthcare IT News

Trauma-Informed Care

[ACES \(Adverse Childhood Experiences\) Aware](#) Trainings and Grantee Spotlight (including Tri-City Mental Health and Kings County Dept of Public Health). (Scroll down on [ACES](#) page for recording and slide deck).

Evaluate Us!

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues as detailed in our [Annual Report](#). We invite you to evaluate us by taking a few minutes to complete: [Evaluate CALBHB/C](#).

Report to Us!

Let us know your top issues and/or resource needs: [Report to CALBHB/C](#)

Contact Us!

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Follow CALBHB/C: www.twitter.com/CALBHBC www.facebook.com/CALBHBC

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental and behavioral health boards & commissions.

California to bring in \$2.3 billion for drug treatment services as cities sign off on oxycontin settlement

Sacramento Bee

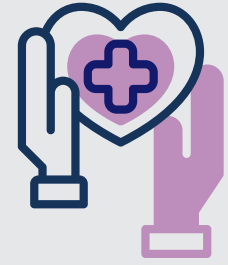
The lion's share of California cities and counties have signed off on a national settlement with four major pharmaceutical players to resolve allegations that they fueled the opioid crisis, Attorney General Rob Bonta announced Wednesday, and that deal will award roughly \$2.34 billion to state and local governments. Read more at: <https://www.sacbee.com/news/local/health-and-medicine/article257749408.html#storylink=cpy>

"recurrent crises are more appropriately regarded as a failure in the partnership to achieved the desired outcomes of care ... and signal a need for a fresh and careful reappraisal of approaches." SAMHSA, 2009

Elizabeth R. Stone, MA

Peer Voice

to Ventura County's Behavioral Health Advisory Board



The Behavioral Health Response and Rescue Project

The COVID-19 pandemic has intensified behavioral health needs across the state, creating new barriers for people with mental illness and substance use disorders and increasing the prevalence of these conditions. In response, the California Department of Health Care Services (DHCS) is implementing the Behavioral Health Response and Rescue Project (BHRRP) to increase access to behavioral health care for all Californians.

BHRRP is funded by supplements to the [Substance Abuse Prevention and Treatment Block Grant](#) (SABG) and the [Community Mental Health Services Block Grant](#) (MHBG) awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Funding was made available to SAMHSA through passage of the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act.

PROJECT GOALS

- 1 Expand access to behavioral health care** in California through investments in the workforce, mobile crisis care, recovery services, and preventative care.
- 2 Advance health equity** across the behavioral health care system by targeting the needs of the most vulnerable communities, including those in crisis and experiencing first episode psychosis.
- 3 Inform policy decisions** through research and data analysis on the behavioral health workforce, the behavioral health continuum of care, and the overall effectiveness of BHRRP programs.



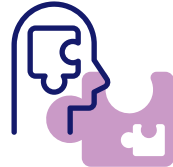
To learn more, visit the [BHRRP website](#) or email BHRRP@dhcs.ca.gov.

The Behavioral Health Response and Rescue Project

BHRRP will support the full continuum of behavioral health care needs:

PREVENTION

DHCS is supporting a variety of prevention programs through BHRRP, including the Statewide Friday Night Live Youth Prevention Program, suicide prevention services, a Statewide Prevention Plan for California counties, and an evidence-based prevention registry.



INTERVENTION AND TREATMENT

BHRRP aims to expand the behavioral health workforce by continuing support for peer-run programs and the peer workforce. BHRRP will also fund training sessions for counties to develop treatment programs for first episode psychosis and provide telehealth equipment for patients in need.



CRISIS

DHCS has implemented the Crisis Care Mobile Units (CCMU) Program to support behavioral health mobile crisis and non-crisis services, and will provide behavioral health crisis intervention training and programs for first responders through the Behavioral Health Justice Intervention Services Project.



RECOVERY

DHCS is using BHRRP funds to support and expand recovery services for mental health and substance use disorders. DHCS is working with community stakeholders to appropriately define recovery services programs and determine the best use of grant funds for these services across the state.



Table 1: BHRRP Statewide Focus Areas		
Project Name / Focus Area	Description	End Date
Behavioral Health Workforce Development Project	Expand the behavioral health workforce through funding opportunities available to counties, city behavioral health agencies, and providers.	September 2025
Telehealth Infrastructure	Support the purchase of provider telehealth equipment in health care facilities.	March 2023
Recovery Services	Fund a statewide needs assessment on recovery services currently available within the state, expansion efforts, and direct service provision.	September 2025
Crisis Care Mobile Units Program	Launch a new Crisis Care Mobile Units program, prioritizing services for individuals 25 and younger, to support counties and regions to respond to urgent crises.	September 2025
Behavioral Health Justice Intervention Services	Support behavioral health crisis intervention training and programs for law enforcement and other first responders.	March 2023
Statewide First Episode Psychosis (FEP)	Host learning collaborative training sessions for evidence-based FEP program models.	September 2025
Suicide Prevention Hotline	Provide suicide prevention services to California residents. Services include warm lines, online chat interventions, survivor support groups, grief counseling, and more.	March 2023
Naloxone Distribution	Continue to supply free naloxone to communities after federal opioid funds expire in September 2022.	September 2025
Project Atlas	Build California's provider network into the ATLAS system, which helps individuals locate treatment providers that adhere to evidence-based protocols.	March 2023
Statewide Friday Night Live (FNL)	Expand the existing FNL program to increase county participation in the program.	September 2025
Statewide Evidence-Based Registry	Fund a registry to serve as a comprehensive repository of replicable primary prevention programs, practices, and strategies.	September 2025
Statewide Prevention Plan	Complete a Statewide Prevention Plan that will support counties in their strategic planning efforts.	March 2023
Mental Health Continuum Analysis	Research gaps within the mental health continuum of care to inform state policy.	March 2023
CalAIM Transformation Training for Leadership and Statewide Documentation Training	Implement CalAIM Transformation Training for Leadership and Statewide Documentation Training Tools for providers to standardize training on developing manuals and videos.	September 2025
Short-term Residential Therapeutic Programs (STRTPs)	Provide technical assistance for STRTPs.	September 2025

Table 2: BHRRP County Projects

Project Name	Description	End Date
Discretionary	Provide flexible funding for county behavioral health services.	June 2025
Recovery Housing Support	Support recovery housing services. Funded organizations will provide recovery residence, transitional housing, and residential treatment to facilitate continued engagement in SUD treatment and related recovery support services.	December 2022
Prevention Set-Aside	Prevention activity menu options, including Friday Night Live programs; school-based SUD education programs; and awareness and education campaigns.	June 2025
FNL County Set-Aside	Provide supplemental FNL funds to counties to support widespread implementation of the FNL program.	June 2025
Perinatal Set-Aside	Perinatal-specific treatment and recovery services to perform activities to include screening and assessment, treatment planning, referrals, interim services, case management, and strengthening the relationships between patients and their OB/GYNs.	December 2022
Youth and Adolescent Treatment Set-Aside	Address the needs of youth aged 12 through 20, and their families. Eligible activities include screening and assessment; diagnosis; placement; treatment; planning; youth development approaches to treatment; family interventions and support systems; structured recovery related activities, and alcohol and drug testing.	December 2022
First Episode Psychosis Set-Aside	Expand programming to support appropriate evidence-based programs for individuals with first episode psychosis.	June 2025
Crisis Stabilization Services	Existing crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment; and fund expansion of crisis stabilization facilities and outreach.	December 2022
Early Intervention Services	Perform mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training.	December 2022
General Crisis Services	Funding directed to support evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances.	June 2025



Recent Advances and Adaptations in Serving Ventura County Youth



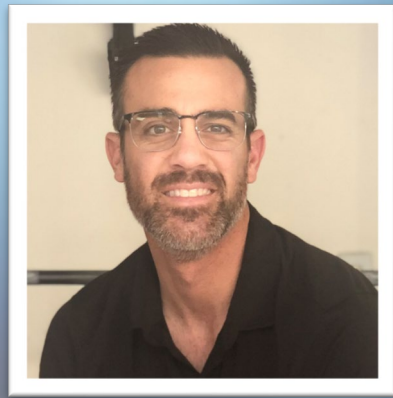
VENTURA COUNTY
OFFICE OF EDUCATION

Dr. César Morales, County Superintendent of Schools

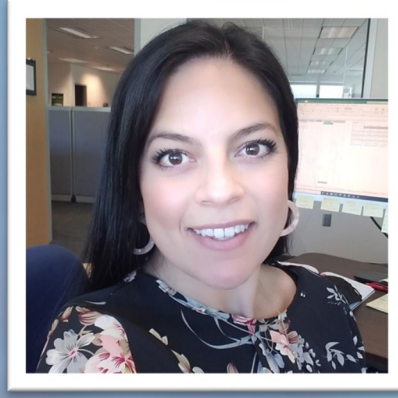
Team Members



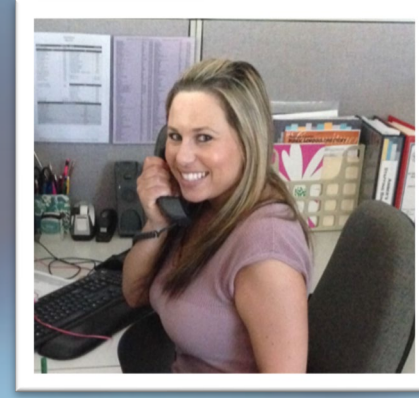
Chris Ridge, Director
CRidge@vcoe.org



Jason Claros
Coordinator
JClaros@vcoe.org



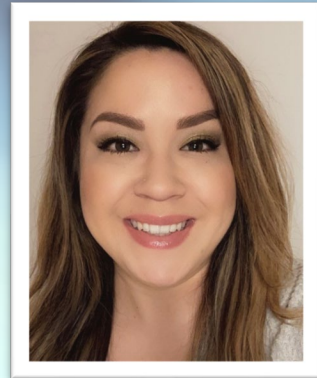
Suzanne Weist
Coordinator
SWeist@vcoe.org



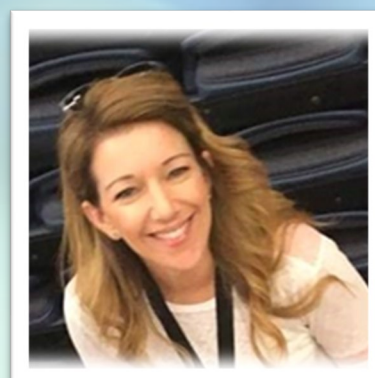
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Operations Specialist
AMacias@vcoe.org



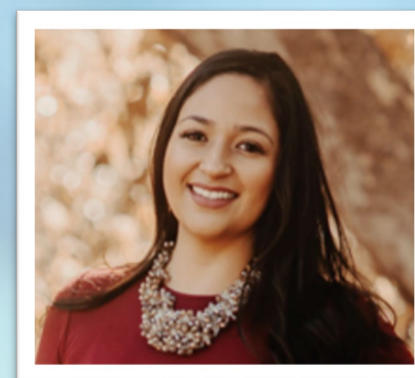
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Operations Specialist
GTeran@vcoe.org



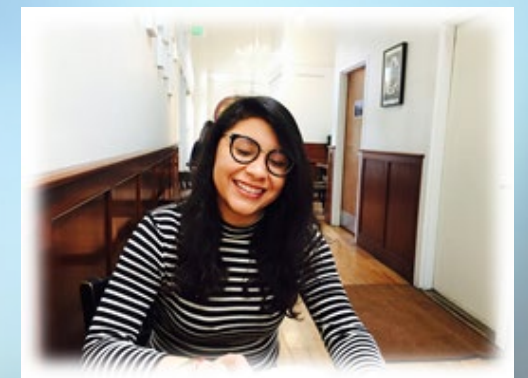
Luisa Arechiga
Administrative
Assistant II
LArechiga@vcoe.org



Tina Koonce
Project Specialist
TKoonce@vcoe.org



Maritza Martinez
Project Specialist
MMartinez@vcoe.org



Alejandra Valencia
Project Specialist
AValencia@vcoe.org

Programming

Physical Health

- Health Education
- Hearing Conservation
- Health Services Standards and Practices Committee (HSSPC)

Mental Health

- Prevention & Early Intervention (PEI)
- Wellness Centers

Behavioral Health

- Social and Emotional Learning
- Student Assistance Programs
- Substance Use Services
- Tobacco Use Prevention Education (TUPE)



Physical Health

Health Education



Support to districts for curriculum adoption



Support for implementation of the CA Health Framework



Support CA Healthy Youth Act (CHYA) implementation

California Health Education Standards



Hearing Conservation

Educational Audiology Services

Collaboration with school teams

School-based hearing screening and monitoring



You can't educate a student
who isn't healthy . . .



and you can't keep children healthy
who aren't educated!

Health Services Standards & Practices Committee (HSSPC)

Mission Statement: HSSPC will provide leadership on standards and best practices for quality health care services to support the lifelong educational achievement of students



Mental Health

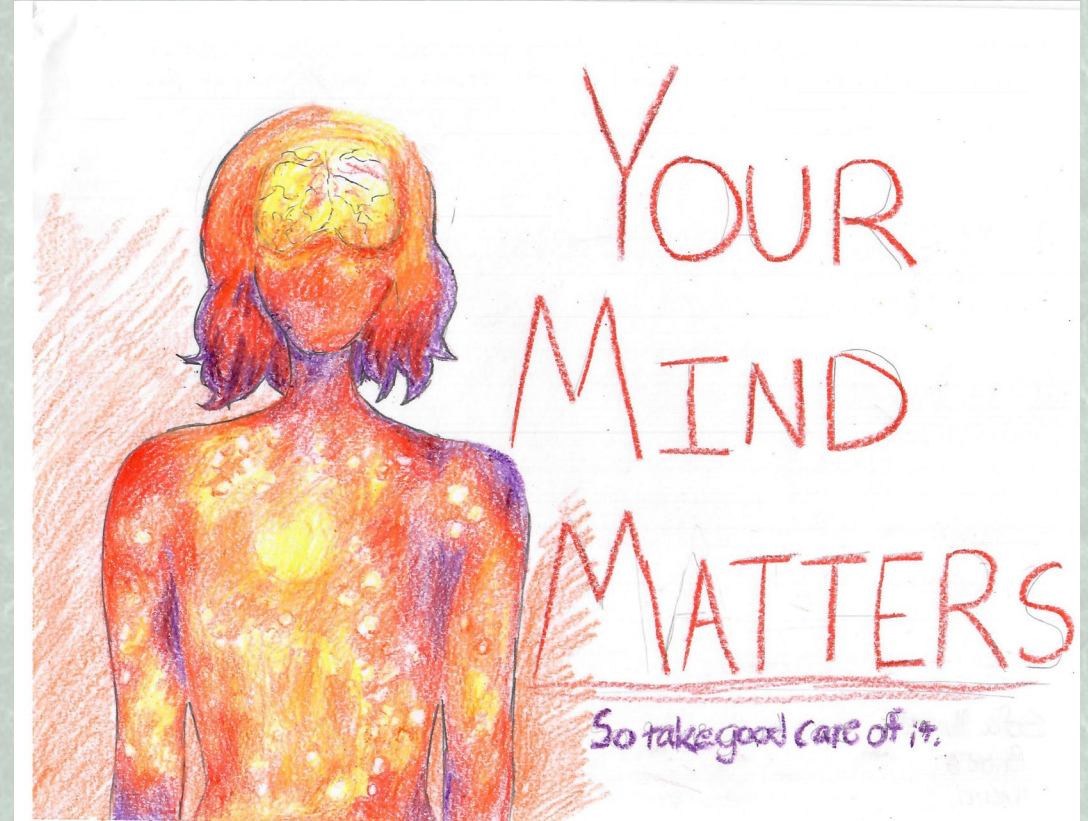
Prevention & Early Intervention (PEI)

PEI Goals:

- 1) Prevent mental illness from becoming severe and disabling
- 2) Improve timely access for underserved populations

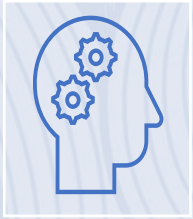
Strategies:

- Access and linkage to mental health services
- Improve timely access for underserved populations
- Provide early identification and intervention
- Reduction of stigma and discrimination
- Suicide prevention



Artwork provided by Ventura Unified School District Student

Wellness Centers



Designed to integrate
disparate services



Students receive
coordinated support
services



Behavioral Health



Educational “Alphabet” Soup

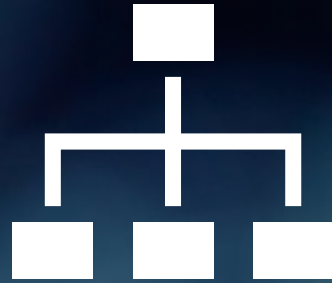


RJ, SEL, TIC

PBIS

MTSS

Student Assistance Programs



Brief Risk
Reduction
Intervention and
Interview Model
(BRRRIIM)



Developed by
Redleaf
Resources

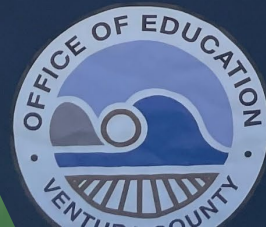


Open to all
Ventura County
school districts
at no cost

Substance Use Prevention: Youth Development

Training and technical assistance (youth & adults)

- Addiction 101
- Alcohol and Other Drugs: Addiction
- Alcohol and Other Drugs (Nurses & School staff)
- Prescription Drug Abuse
- Vaping Awareness and Manipulation
- Vaping Awareness (Parents & Community)
- Working with Elected Officials



Ventura County
Office of Education

Friday Night Live Standards of Practice



Safe
Environments



Opportunities for
Community
Engagement



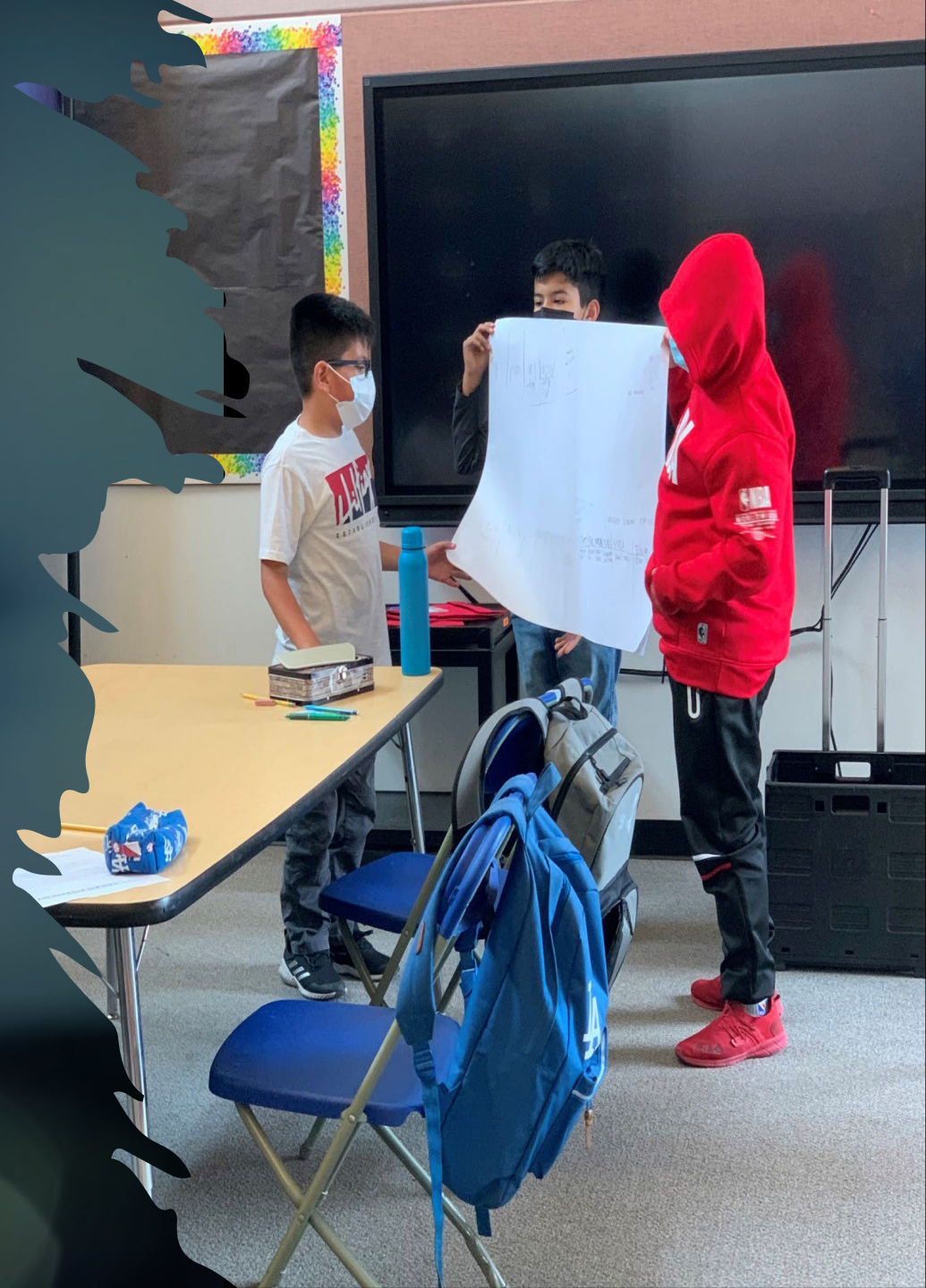
Leadership &
Advocacy
Opportunities



Caring
Relationships



Opportunities for
Skill Development



Tobacco Use Prevention Education (TUPE) - Student Services

The Ventura County TUPE program provides tobacco-specific:

- student instruction & curriculum,
- reinforcement activities,
- special events,
- intervention and
- cessation programs for students.

STUDENT SERVICES



Prevention.



Intervention



BRITE

Building Resilience & Inclusion
Through Engagement



FAMILY & COMMUNITY
ENGAGEMENT



Tobacco Use Prevention Education (TUPE) - Family and Community Engagement

The Ventura County TUPE program provides resources and information for parents and families about:

- Components of e-cigarettes,
- Prevalence of use among youth
- Harmful effects of vaping
- How to talk to your kids about vaping
- Chemicals found in vaping products
- Vaping cessation treatment(s)
- How to get involved

School and Community Partnerships

Ventura County
school districts

Ventura County
Behavioral
Health

Ventura County
Public Health

Mental Health
Services Oversight
and Accountability
Commission

LivingWorks

VCOE Special
Populations
Department

VCOE Early
Childhood
Programs

VCOE Special
Education
Department

Court &
community
schools

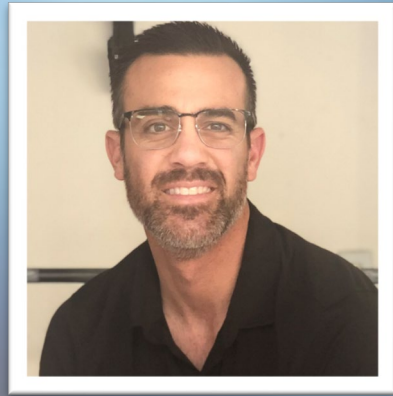
Public-service
agencies

Non-profit
partners

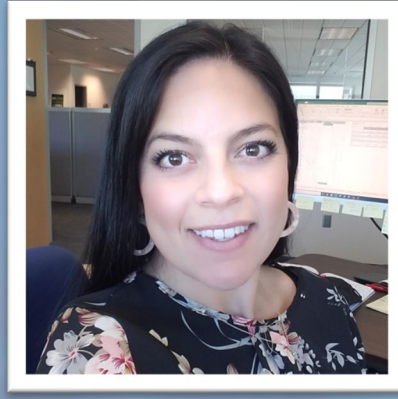
Thank you!!



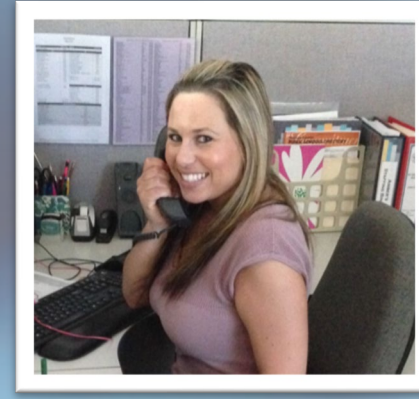
Chris Ridge, Director
CRidge@vcoe.org



Jason Claros
Coordinator
JClaros@vcoe.org



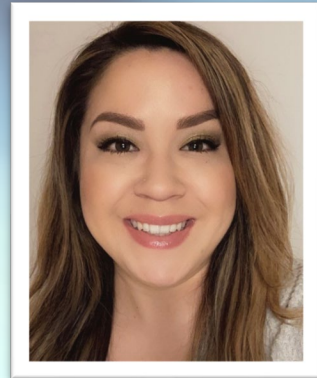
Suzanne Weist
Coordinator
SWeist@vcoe.org



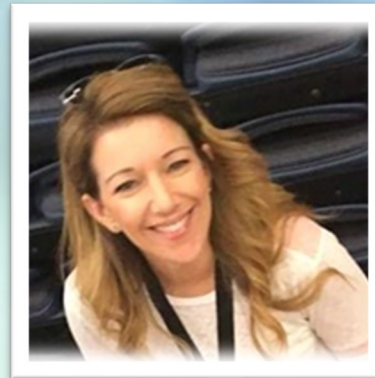
Amber Macias
Operations Specialist
AMacias@vcoe.org



Gabe Teran
Operations Specialist
GTeran@vcoe.org



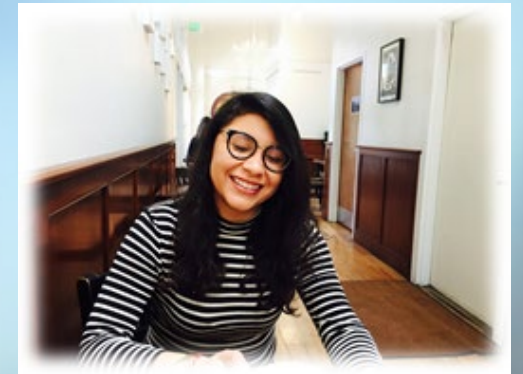
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ALL SERVICES ARE AVAILABLE REMOTELY DURING THE COVID 19 PANDEMIC

The Independent Living Resource Center is a disability advocacy and services non-profit organization located in Ventura County. We offer free services to individuals with all disabilities of all ages including, but not limited to:

- Assistive Technology
- Housing
- SSI/SSDI and Unemployment Benefits Counseling/
Application Assistance
- Personal Assistance
- Independent Living Skills Training
- Peer Support
- Advocacy
- Public Safety Power Shutoff (PSPS) Preparedness
- Emergency Preparedness and Disaster Response
Planning
- Free Personal Protective Equipment (PPE) Available!

To access services, contact us:
702 County Square Drive #105
Ventura, CA 93003
Phone: (805) 650-5993
Video Phone: (805) 284 9050
<https://www.ilrc-trico.org>

ALZHEIMER'S DISEASE & RELATED DEMENTIAS (**ARRD**) PROGRAM

WHO?

People with **Intellectual or Developmental Disability (I/DD)**
and **Traumatic Brain Injuries**

WHAT?

Caregiver Respite,
Community Resources,
Connections, and more!

WHY?

People with I/DD are at a higher risk for early-onset **ARRD**.
This program supports community-based living for
people living with I/DD living with or at risk of **ARRD**.



Contact our Focused Population Case Manager for more
information!

Emily Bridges

ebridges@ilrc-trico.org

phone: (805) 650-5993 Ext. 203



Channel Islands Social Services

(805) 384-0983

www.IslandSocialServices.org

ILRC Respite



Mission Statement & History

Channel Islands Social Services (CISS) is dedicated to providing collaborative services & supports that are reflective of individual needs and strengthen families. We do this by providing quality in-home respite care and independent living services to Ventura County families.

- Founded in 2004 as a local provider for Ventura County families needing respite services
- Award winning family operated organization
- Highly involved in the community through participation in local events and groups
- Dedicated to working collaboratively with families, Regional Center, and Ventura County Human Services



What is Important to Us

- Individualized Care
- Facilitating long-term, supportive relationships between families and caregivers
- Open and timely communication
- Hiring people who are experienced and respected
- Being an essential partner of the planning team

ILRC Respite Care Program

Our respite care program is aimed at providing individualized support to caregivers and their loved one in order to take a short break and time for themselves.

For caregivers this can include:

- ❖ Self-care activities
- ❖ Running errands
- ❖ Spending time with friends and/or other family members
- ❖ Attending personal appointments

With a referral from the Independent Living Resource Center (ILRC) CISS provides respite within an approved **90-day period**. The number of hours authorized for respite depends on the result of the ILRC caregiver survey and may be renewed at the end of each period based on need. Families who qualify for services must also meet the ILRC program eligibility requirements

- Individual with an Intellectual or Developmental Disability (I/DD) and Traumatic Brain Injury
- Individual lives with a caregiver

How do we sign up?

1. Speak with Emily at the ILRC and complete the required survey/assessment during the initial intake appointment. ILRC then informs CISS of the new referral.
2. CISS then connects with you so you can get to know us. We will send you our Welcome Family Packet, to give you more details on how to get services started.
3. Return our simple family packet to give us information about your loved one, and how we can best support your family! We will then find a Respite Caregiver who is available and fits your needs.
4. When we refer the Respite Caregiver to you, you can then set up dates and times to receive support directly with them.

1. For an assessment or referral, contact

Emily Bridges, MPH, CHES

Focused Population Case Manager
Independent Living Resource Center
(805) 650-5993 ext. 203

ebridges@ilrc-trico.org

2. For more information about CISS respite program please contact

Jocelyn Lugo

Family Support Assistant
(805) 384-0983 ext. 873

jlugo@islandsocialservices.org

Edith Wysinger, MS

Program Director
(805) 384-0983 ext. 852

edith@islandsocialservices.org

