



State of the Budget FY 2023-24

Lishaun Francis, Senior Director, Behavioral Health

Children Now

lfrancis@childrennow.org

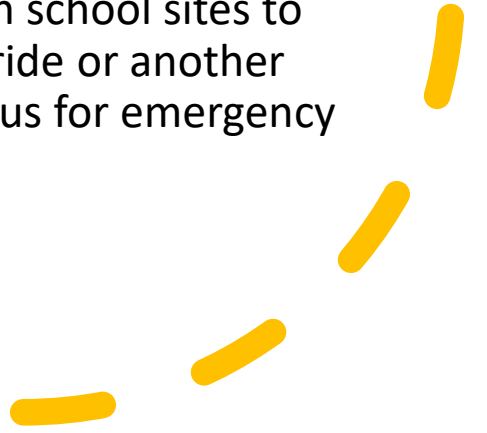


State Budget Experiences Shortfall

22.5 Billion deficit

- Delays in spending
- Children's programs largely untouched

Health

- Partial Public Health Workforce Reductions—The Budget reduces funding by \$49.8 million General Fund over four years
 - \$79 million for the Naloxone Distribution Project to increase distribution to first responders, law enforcement, community-based organizations, and county agencies.
 - \$10 million for fentanyl program grants to increase local efforts in education, testing, recovery, and support services to implement Chapter 783, Statutes of 2022 (AB 2365).
 - \$4 million to support innovative approaches to make fentanyl test strips and naloxone more widely available.
 - Reversing Opioid Overdoses—An increase of \$3.5 million ongoing Proposition 98 General Fund for all middle and high school sites to maintain at least two doses of naloxone hydrochloride or another medication to reverse an opioid overdose on campus for emergency aid.
- 


Updates!

Existing Funding for Schools (Mental Health)

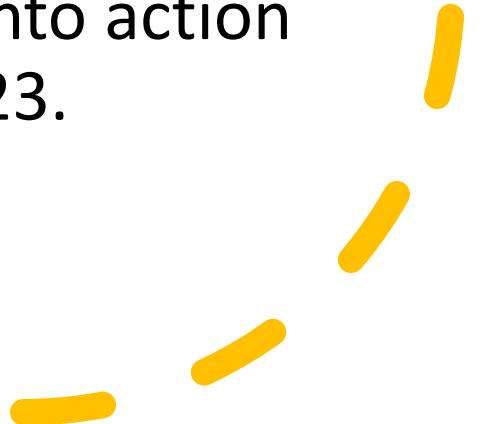
	MENTAL HEALTH STUDENT SERVICES PARTNERSHIP GRANT PROGRAM (MHSSA)	SCHOOL-LINKED PARTNERSHIP AND CAPACITY GRANTS*	STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)*	BEHAVIORAL HEALTH COACH WORKFORCE*	COMMUNITY SCHOOLS PARTNERSHIP PROGRAM (CSPP)	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM-CHILD & YOUTH, ROUND 4*
Overseeing Agency	Mental Health Services Oversight and Accountability Commission (MHSOAC)	Department of Health Care Services (DHCS)	Department of Health Care Services (DHCS)	Department of Health Care Access and Information (HCAI)	California Department of Education (CDE)	Department of Health Care Services (DHCS)
Overview	Funds support services that include, at a minimum, all of the following: a) services provided on school campuses, b) suicide prevention services, c) Drop-out prevention services, d) outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school, and e) placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.	Grants to support behavioral health services to students (age 0-25) provided by schools, behavioral health providers at or near a school site, school affiliated CBOs, or school-based health centers.	Incentive payment funding for Medi-Cal Managed Care Plans (MCPs) to build infrastructure, partnerships, and capacity statewide for school behavioral health services.	Expands behavioral health workforce to serve youth through the creation of the new Behavioral Health Coach role.	Provides funding for: a) expanding and sustaining existing community schools or networks of community schools, which may include direct grants to LEAs, b) coordinating and providing health, mental health, and pupil support services to pupils and families at community schools, c) providing training and support to LEA personnel to help develop best practices for integrating pupil supports.	Funds competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets that will expand program capacity for children and youth.
Funding Available	\$255 million ⁷	\$550 million (\$150 million for higher education) ⁸	\$389 million	\$360 million ⁹	\$3.9 billion ¹⁰	\$480.5 million ¹¹
Entities Eligible for Funding	County, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, including multi-county partnerships, in partnership with one or more school districts and at least one County Office of Education or charter school located within the county.	Local educational agencies (LEAs), institutions of higher education, childcare and preschool programs, health plans, CBOs, behavioral health providers, county behavioral health entities and tribal entities. ¹²	Medi-Cal managed care plans. ¹³	Department of Health Care Access and Innovation to build the Behavioral Health Coaches workforce.	District and county LEAs and schools with demonstrated need, as well as county behavioral health agencies, federal Head Start/Early Head Start programs, and childcare programs within public institutions of higher education that commit to operating in partnership with at least one qualifying LEA.	Counties, cities, tribal entities, non-profit organizations, for profit organizations, including school linked health facilities.
Target Population(s)	K-12 children and youth	Children and youth ages 0-25	TK-12 children and youth in public schools	Children and youth ages 0-25	School-aged children and youth and children in early child development and care programs	Ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth, and their families
Prohibited Expenses	Funding may be used to supplement, but not supplant, existing financial and resource commitments.	Pending RFP	Pending RFP	TBA	Supplanting existing services and funds; acquiring equipment for administrative or personal use; purchasing furniture (e.g., bookcases, chairs, desks, file cabinets, tables); purchasing or leasing facilities; remodeling facilities not directly related to accessibility to instruction or services. ¹⁴	Behavioral health services, furniture, and equipment

A large orange circle is positioned on the left side of the slide, partially cut off by the edge. The text 'CYBHI: School Linked Partnerships' is written in white, sans-serif font inside this circle.

CYBHI: School Linked Partnerships

- In 2023, DHCS will award \$550 million in one-time grants to strengthen school-linked behavioral health services
 - to support institutional readiness for the statewide all-payer fee schedule by providing resources to schools for expanding provider capacity, developing critical partnerships and building the necessary infrastructure.
- 
- A series of four short, thick yellow dashes are arranged in a curved, upward-sloping line in the bottom right corner of the slide.

CYBHI: SBHIP

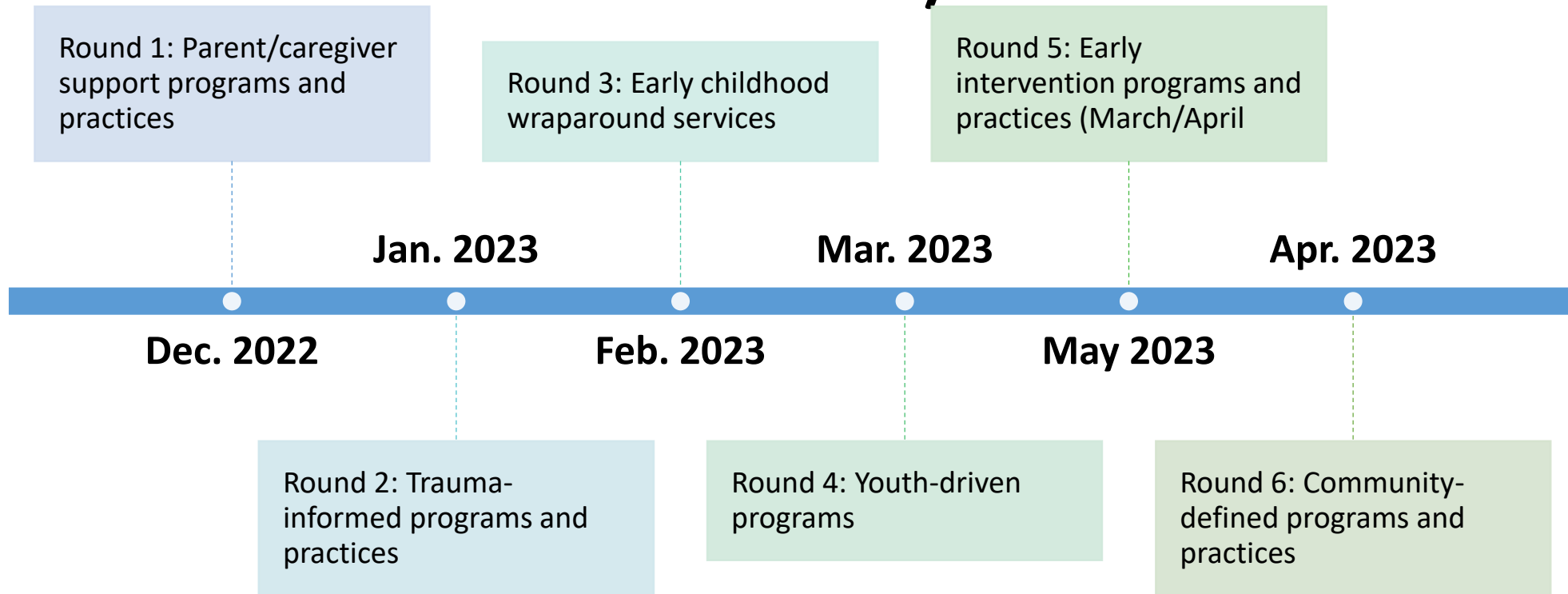
- In the first six months of 2023, DHCS will review the individual needs assessments (NA) submitted by MCPs and their collaboration partners.
 - DHCS is evaluating 145 project plans, crafted by MCPs as a direct result of the NA findings
 - MCPs and their collaboration partners will begin putting the interventions into action during the first six months of 2023.
- 

CYBHI: All Payer Fee Schedule

- DHCS and DMHC conducted initial listening sessions in Spring 2022
- Convened a public workgroup in Fall 2022 to engage partners across sectors in dialogue about the policy and operational considerations for implementing the statewide fee schedule.



Projected Funding CYBHI: EBP/CDEP



2024 Ballot Initiative

Governor's Proposal:

- Bond Proposal (\$3-5 billion)
- MHSA Reform



Governor's Proposal on MHSA Reform

MHSA-Current FY 2022-23

Component	Amount*
Community Services and Supports, incl. FSPs	2,802.6
Prevention and Early Intervention (total)	700.6 (357.0 for 0-25 yo).
Innovation	184.4
State Directed Purposes	194.1
Total	3,881.7

Gov Proposal Estimate (if FY 2022-23)

Component	Amount*
Full-Service Partnerships	1,358.5
Community Services and Supports, PEI, Innovation, Capital Supports, Workforce, Technology	1,358.5
Housing and Res. Settings (New!)	1,164.5
State Directed Purposes	unk
Total	3,881.7

*in millions

Current MHSA	Governor’s Proposal
MHSA requires 20 percent of expenditures be spent on PEI.	35% for other services category, including Community Services and Supports (non FSP), Prevention and Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve.
MHSA requires 51% of PEI be spent on 0-25 yo population.	Subject to community process.
76 percent required to be spent on community supports and services.	35% of MHSA to be used for FSPs, remaining CSPP rolled into remaining category.
Housing allowed but underinvested in due to lack of FFP.	30% for housing and enhanced care in residential settings for individuals with serious mental illness/serious emotional disturbance and/or substance use disorder. Rental subsidies, operating subsidies, and non-federal share for Medi-Cal covered services, including clinically enriched housing. Funding could be used for full spectrum of housing services and supports,
Excludes SUD population (as a single issue).	Broaden the target population to include those with debilitating substance use disorders
MHSOAC is a separate entity, governed by Gubernatorial appointed Commissioners.	Restructure role of the Mental Health Services Oversight Accountability Commission. Moves MHSOAC under CA HHS, commission would be advisory and ED would be a Gubernatorial appointee.
Services and supports on the continuum offered.	Focus on the most vulnerable: Children and youth with serious emotional disturbance or SUD, who are experiencing homelessness, are involved or at risk of being justice-involved, meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative or are in or transitioning out of the child welfare system
Clear language about non- supplantation, though in practice counties encouraged to draw down FFP.	Encourages counties to use services that draw down FFP

Resources

- Projected Funding, CDE:
<https://www.cde.ca.gov/fg/fo/pf/>
- DHCS, EBP Grants:
<https://www.dhcs.ca.gov/CYBHI/Pages/EBP-CDEP-Grants.aspx>

Questions?

Lishaun Francis, lfrancis@childrennow.org



The L.A. Trust School Health Policy Roundtable



**The Los Angeles Trust
for Children's Health**

Putting the care in student healthcare

This is The L.A. Trust

Mission

Bridging health and education to achieve student wellness

Vision

A world where every student is healthy and successful

Our programs support L.A. Unified's 20 Wellness Centers and the broader movement for student wellness in L.A. County

- Student Advisory Boards
- Oral health initiative
- Data xChange
- Policy advocacy
- Research
- Convening collective impact groups and communities of practice



**The Los Angeles Trust
for Children's Health**

The L.A. Trust School Health Policy Roundtable

Backbone organization: The L.A. Trust for Children's Health

32 Organizations

60+ Members

3 Youth Leaders

Mission

Advance collaborative policy solutions that help LA County schools unlock students' full potential by building integrated, youth-centered systems of support for whole child, school, and community wellbeing.

Vision

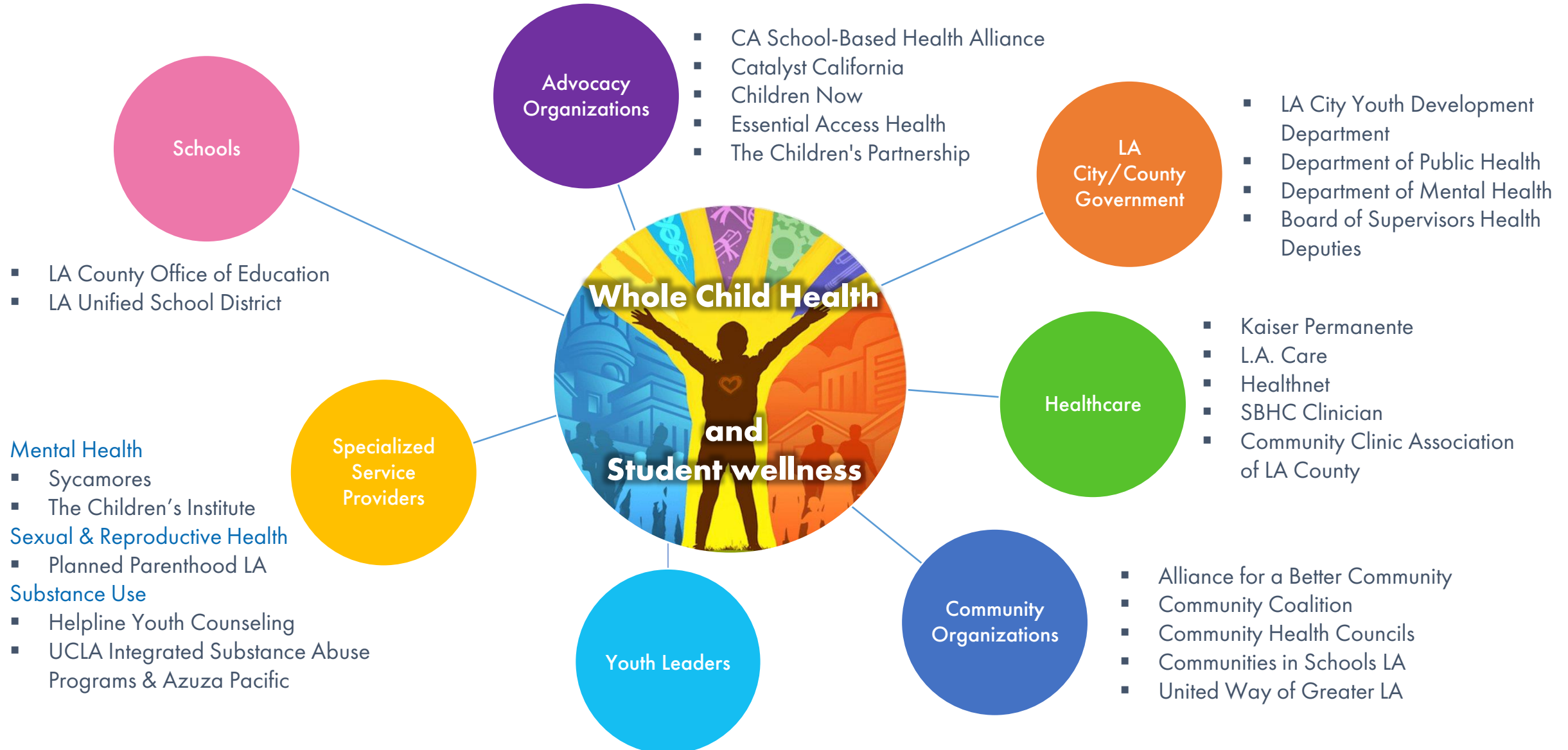
LA County students thrive in schools that welcome and engage the entire school community in opportunities to achieve wellbeing.




**The Los Angeles Trust
for Children's Health**

The Roundtable network

Backbone organization: The L.A. Trust for Children's Health



Moment of transformative opportunity for school health



K-12
State & federal COVID relief

\$33.5 Billion



California
Children
and Youth
Behavioral
Health Initiative

\$4.4 Billion

CA Community Schools Partnership Program



\$4 Billion

Family First Prevention Services Program



CA VISION FOR PREVENTION

AB 2083: Children and Youth System of Care







\$4.4 Billion (ongoing)



Early childhood initiatives

Seizing the Opportunity for Collective Impact

We collaborate to ensure transformative investments in school health go toward building integrated, youth-centered systems of care.



**The Los Angeles Trust
for Children's Health**

2022-24 Policy goals

Goal #1 Expand peer-to-peer	Goal #2 Community Schools implementation	Goal #3 CYBHI implementation
Expand peer-to-peer programs for behavioral health support in schools across LA County.	Enable LA County schools to establish integrated systems of support for whole child wellbeing through CA Community Schools Partnership Program implementation.	Advocate strategic implementation of the Children & Youth Behavioral Health Initiative to establish integrated, youth-driven systems of care in schools across LA county.

Goal #1

Expand school-based peer-to-peer (P2P) programs for behavioral health support across LA County.

We ❤️ peer-to-peer because...

1. Young people are asking for it!
2. Enhances protective factors and resiliency
3. Culturally responsive and adaptable model
4. Mitigates the provider shortage (resource light)
5. Creates workforce pipeline for youth

Opportunities

- Leverage recent one-time investments to start new P2P programs
- Embed P2P in LA's emerging Community Schools
- Designate P2P facilitation and support as duties of BH Coach (CYBHI)
- Establish P2P as beginning of pipeline to health careers (CTE, dual enrollment);
- and explore workforce dollars as sustainable funding source



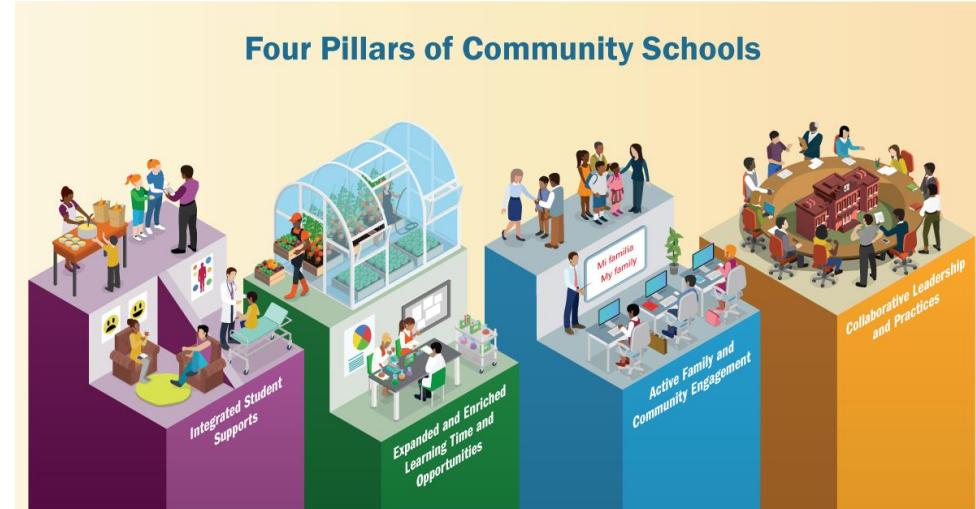
**The Los Angeles Trust
for Children's Health**

Goal #2

Enable LA County schools to establish integrated systems of support for whole child wellbeing through implementation of the CA Community Schools Partnership Program ([CCSPP](#)).

California invested \$4.1 billion to grow Community Schools

- Nearly \$105 million granted to LA County schools in 2022 (round 1)
- Integrated Student Supports pillar ensures student access to health care
- All 4 pillars work together to support whole child wellbeing



Opportunities

- The L.A. Trust partnering with LACOE to serve as CCSPP Regional TA Center (5-year contract)
- Advocate county-level progress towards an integrated ecosystem of supports for whole child wellbeing
- Strengthen relationships between trusted community-based organizations and schools
- Grow movement for healing-centered schools through communities of practice
- Enhance data collection and evaluation to advance equity

Goal #3

Advocate strategic implementation of the Children & Youth Behavioral Health Initiative to establish integrated, youth-driven systems of care in schools across LA county.

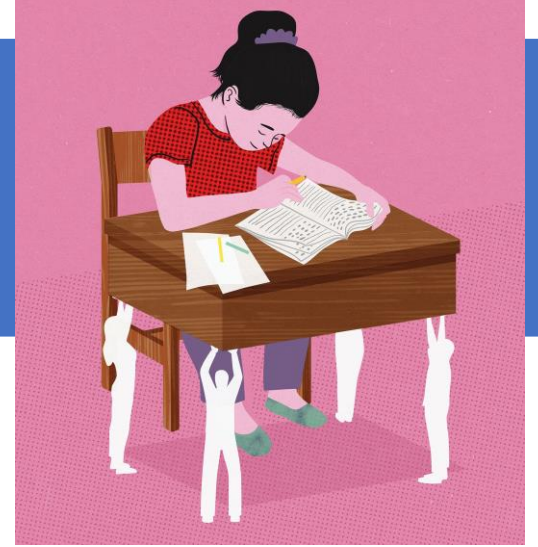
\$4.4 billion to transform youth-serving behavioral health systems

We're tracking 4 school-based workstreams:

- Student Behavioral Health Incentive Program (~\$125 million for LA County)
- School-linked Partnership & Capacity Grants (~\$150 million for LA County)
- Statewide School-linked Fee Schedule
- Wellness Coach

Opportunities

- Leverage diverse Roundtable expertise to develop & uplift [implementation recommendations](#)
- Rethink and redeploy existing resources to sustain one-time investments
- Facilitate partnerships between health plans and schools (potential partnership/capacity grant project!)
- Advocate county-level progress towards an integrated ecosystem of supports for whole child wellbeing



**The Los Angeles Trust
for Children's Health**

2022-2023 Action Plan

Goal #1 Peer-to-peer Expand peer-to-peer programs for behavioral health support in schools across LA County.	Goal #2 Community Schools Enable LA County schools to establish integrated systems of support for whole child wellbeing through CA Community Schools Partnership Program implementation.	Goal #3 CYBHI Advocate strategic implementation of the Children & Youth Behavioral Health Initiative to establish integrated, youth-driven systems of care in schools across LA county.
Shared objective (all 3 goals)		
Objective A By June 2023, work with one or multiple Supervisor offices to initiate formation of an inter-agency governance structure that facilitates coordination of school-based supports for whole child wellbeing.		
Objective 1 By November 2023, convene peer-to-peer program operators and student participants to learn about various models, establish shared definition and key elements. Objective 1.2 By January 2024, produce summary of convening takeaways as resource for schools. Objective 1.3 <i>TBD – revisit in Q2</i> <i>By 2024, convene and prepare group of student leaders to uplift the value of peer-to-peer within their school communities.</i>	Objective 2 (ongoing) Monitor CCSPP implementation for advocacy opportunities and advise R-TAC, as needed. Objective 2.2 <i>TBD – revisit in Q4</i> <i>Facilitate formation of a Community Schools Task Force to develop collaborative vision for scaling Community Schools countywide.</i>	Objective 3 COMPLETE By October 2022, develop recommendations for the School-linked Capacity Grants, All-payer Fee Schedule, and BH Coach workstreams and deliver to state agencies. Objective 3.2 By June 2023, articulate Roundtable recommendations through county-level budget advocacy for maximizing MHSA PEI spending on youth in schools.

Local implementation resources

Supporting California's Children Through a Whole Child Approach: A Field Guide for Creating Integrated, School-Based Systems of Care

https://www.wested.org/wp-content/uploads/2022/04/Integrated-Care-Field-Guide_ADA.pdf

CYBHI Working Paper: Youth at the Center

https://www.chhs.ca.gov/wp-content/uploads/2023/01/CYBHI-Youth-at-the-Center-Report.FINAL_.pdf

CYBHI Working Paper: California's Children & Youth Behavioral Health Ecosystem

<https://www.chhs.ca.gov/wp-content/uploads/2023/02/Ecosystem-Working-Paper--ADA.pdf>



If you share our priorities, please contact Gabby
to discuss potential collaborations.

Gabby Tilley, Senior Policy Manager
g.tilley@thelatruster.org

Follow us



@thelatrust