



Department of Health Care Services State Behavioral Health Prevention Plan Fact Sheet

Overview

The California Department of Health Care Services (DHCS) launched an initiative to create the state's first Behavioral Health Prevention Plan (BHPP) with the goal of preventing mental illness and substance use disorders. The BHPP will utilize concepts from the Substance Abuse and Mental Health Administration's (SAMHSA) Strategic Prevention Framework.ⁱ The purpose of the BHPP is to:

- Identify emerging trends in behavioral health prevention throughout California
- Develop a core set of statewide prevention priorities, goals, and objectives that will provide guidance to statewide efforts on a continuous improvement path
- Provide data that indicates effectiveness and uncovers opportunities to improve initiatives throughout the state
- Recognize opportunities for collaboration and partnerships across systems
- Support California's behavioral health prevention system by identifying and addressing specific needs with a comprehensive prevention plan
- Promote the use of evidence-based, evidence-informed, and best practices statewide, including recommending best practices that are culturally responsive and address local health disparities
- Support implementation that advances prevention science, including addressing equity issues by incorporating prevention strategies directed at the social determinants of health, risk and protective factors (both individual and community level), and Adverse Childhood Experiences (ACES)
- Relieve counties of their contractual requirement of producing a county SPP and instead focus on building capacity for continuous quality improvement
- Streamline process and evaluation data collection

Behavioral Health Problems Affecting California Communities

According to the America's Health Rankings 2021ⁱⁱ annual report, California is:



Ranked 28th

in the U.S. **for social and economic factors**, which contribute to a community's ability to make health choices, including substance use.



Ranked 49th

in the U.S. **for physical environment**, including housing and transit access, a social determinant of health that can contribute to substance use.



Ranked 13th

in the U.S. **for health outcomes**, a culmination of behavioral health, mortality, and physical health.

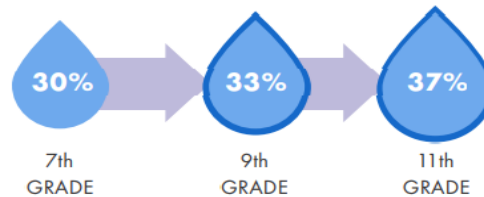
Key findings from the 2017-19 California Healthy Kids Surveyⁱⁱⁱ (CHKS) indicated worsening mental health among 7th, 9th and 11th graders.

- Chronic, debilitating sadness or hopelessness rose markedly in all grades to the highest levels in the past six years, to 30%, 33%, & 37%, reversing small improvements that occurred in 2015/17 among 7th, 9th, and 11th graders.
- Nearly one in five 11th graders had contemplated suicide in the past 12 months.



The CHKS reported pronounced increases in chronic sadness even before the pandemic:

- More than one in three students report chronic, debilitating sadness in every age group polled; and,
- Not only are students reporting more sadness over time, but more students are also reporting that they are chronically sad as they get older.



Additionally, the Mental Health Services Oversight and Accountability Commission (MHSOAC) reports that in 2019, a total of 48,720 completed suicides occurred across the state.^{iv}

For substance use, CHKS data shows alcohol and cannabis continue to be the most used substances by youth.



16% of 11th graders, 10% of 9th graders, and 4% of 7th graders **have used alcohol in the last 30 days.**



16% of 11th graders, 9% of 9th graders, and almost 4% of 7th graders **have used cannabis in the past 30 days.**



2% of 9th and 11th graders **have used Prescription drugs in the last 30 days.**

The BHPP will include a comprehensive needs assessment that identifies emerging trends in substance use and mental health issues and provides insights into high-needs service areas where problems are at their worst. Additionally, the BHPP will provide recommended best practices for addressing problems.

Current Behavioral Health Prevention Landscape

To promote community wellness and prevent behavioral health conditions in individuals across California, DHCS currently disperses and monitors funds to support mental health and substance use disorder (SUD) prevention programs. These programs are largely supported by the following funding:

Federal Substance Abuse Prevention and Treatment Block Grant (SABG) Funds

U.S.C. Title 42, Section 300x-22(a) requires the State to spend a minimum of 20 percent of the total SABG Award on primary prevention services. Beginning State Fiscal Year 2021-22, California implemented a policy increasing the minimum set aside for prevention to 25 percent. These funds are allocated to all 58 counties. Counties are currently required to prepare a strategic plan based on the SPF and enter data for all SABG-funded services that work towards achieving their county plan. Allowable strategies include information dissemination, education, alternative activities such as youth leadership and mentoring, community-based processes and environmental strategies such as systems and policy change, and problem identification and referral services.

Federal Discretionary Funds for Substance Use Prevention

SAMHSA provides funding directly to states, counties, and other organizations, depending on fund requirements. These are separate from the SABG funds and provide funding directly to local community coalitions through the Sober Truth on Preventing Underage Drinking Act (STOP ACT) and Drug Free Communities (DFC) grants to address community problems.

California Youth Education, Prevention, Early Intervention and Treatment Account

Proposition 64 requires sixty percent of revenue collected through the California Cannabis Tax Fund to support youth programs to educate and prevent harm from SUD. Funding is provided to the California Department of Social Services for childcare vouchers, the California Department of Public Health for data surveillance and public education, the California Natural Resources Agency for community access grants, and community-based and tribal organizations are eligible for funding through the Elevate Youth California (EYC) grant process.

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI)

Californians passed Prop 63 MHSA in 2004 to expand and transform California's behavioral health system to better serve individuals and their families with, or at risk of, serious mental illness. PEI funds under this act are administered by DHCS with technical assistance; and oversight and accountability are provided by the MHSAOAC. Funds are provided directly to counties to plan for and implement PEI services.

Funding Type	Funding Amount	Year
SABG	\$57,848,095	2020/2021
SAMHSA Discretionary Prevention Funds	\$11,377,936 ^v	2021
Proposition 64	\$108,976,000 ^{vi}	2020/2021
MHSA PEI funds	\$452,400,000 ^{vii}	2020/2021
TOTAL	\$572,753,936	

Expanding the Prevention Workforce

According to the Prevention Institute and SAMHSA, the opportunity for prevention touches many different sectors. An intentional multi-sector approach allows local government agencies and community-based organizations with differing mandates to promote wellbeing simultaneously with their other organizational priorities. Prevention partners from different sectors bring valuable skills and strengths-based on:

- What types of jobs do they have (for example, expertise in outreach, education, or policy change)
- Where they work in the prevention continuum (in a coalition, in a clinical setting, etc.)
- Which populations do they work with
- Which risk and protective factors their job prioritizes

Prevention Touch Points

Prevention has multiple intersections across the continuum of care for both mental health and substance use disorder. For example, there is an opportunity to engage the children and families of persons in treatment through prevention interventions that create resilience for children and strengthen the family. The visual below represents the multiple touchpoints for prevention implementation.



DHCS expanded upon Hawkins-Catalano Risk and Protective Factor theory, identifying additional environmental factors that affect community well-being. Over the years, research has identified common risk factors that contribute to SUD and mental illness across multiple domains of a person’s life, including environmental factors and individual development. These common risk factors can occur individually or together.

- Individual genetics - including brain development and DNA sequencing
- Environmental influences – chronic stress, trauma, adverse childhood experiences (ACES)^{viii} and lack of environmental protectors (safe neighborhoods for play and exercise, green spaces, food security, family and friendship connections, and housing security)

Common Risk Factors^{ix}	Substance Use Disorders	Depression and Anxiety
Individual		
Early, persistent antisocial behavior	x	x
Constitutional factors	x	x
Family		
Family history of substance use disorders and/or mental illness	x	x
Family management problems	x	x
Family conflict	x	x
School		
Academic failure beginning in late elementary school	x	x
Community		
Housing Insecurity	x	x
Unsafe Neighborhoods	x	x
History of trauma	x	x

Studies have also identified shared protective factors that have been shown to prevent substance use and mental health conditions. Protective factors have a cumulative effect across multiple behavioral health issues like risk factors. For example, individuals with multiple protective factors are at reduced risk of substance use and mental health issues.^x

Common Protective Factors^{xi}	Substance Use Disorders	Depression and Anxiety
Individual		
Early detection and treatment of mental illness and/or substance use	x	x
Family		
Strong family connections	x	x
Strong peer connections	x	x
Community		
Strong community connections	x	x
Access to safe neighborhoods for play and exercise	x	x
High quality, accessible and affordable treatment services	x	x

Behavioral health prevention approaches play a critical role in this BHPP by addressing the risks and protective factors, ACES, and social drivers of health that can either lead to or prevent (SUD) and mental illness. The BHPP will include a focus on system solutions to population problems – such as environmental policies to promote mental wellness – as well as individual prevention activities to address behavioral health challenges before they become clinical conditions. In addition, the BHPP will leverage existing resources, recommend evidence-based prevention strategies, and improve overall health outcomes.

Cross-Sector Partnerships and Stakeholder Feedback

The prevention efforts of DHCS do not happen in isolation, and the prevention efforts at the local level weave together resources beyond those distributed by the Department. As part of the BHPP process, DHCS will engage various stakeholders, including national, state, and local prevention organizations and champions. DHCS will convene listening sessions with youth, families, and tribal organizations and conduct stakeholder forums and individual interviews with California entities with a stake in behavioral health prevention. DHCS will also continue to foster its long-standing interagency partnerships and seek to cultivate new partnerships.

Utilizing this collaborative approach, DHCS would identify ways to create a synergized and efficient statewide prevention system that efficiently addresses service and population disparities and effective ways to meet the widespread need for prevention services across California. The BHPP is scheduled to be published in June 2023.

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- ⁱ A Guide to SAMHSA’s Strategic Prevention Framework June 2019. Retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>
- ⁱⁱ America’s Health Rankings 2021 Annual Report. Retrieved from <https://www.americashealthrankings.org/>.
- ⁱⁱⁱ Austin, G., Hanson, T., Zhang, G., & Zheng, C. (2020). School climate and student engagement and well-being in California, 2017/19. Results of the Seventeenth Biennial State California Healthy Kids Survey, Grades 7, 9, and 11. WestEd.
- ^{iv} Mental Health Services Oversight & Accountability Commission (MHSOAC) Suicide Incidence and Rate Dashboard, Retrieved from <https://mhsoac.ca.gov/transparency-suite/suicide-incidence-and-rate/>
- ^v SAMHSA California Discretionary Funding Fiscal Year 2020. Retrieved from <https://www.samhsa.gov/grants-awards-by-state/CA/2021>.
- ^{vi} Elevate Youth 2020 Report. <https://elevateyouthca.org/wp-content/uploads/2021/01/Elevate.Youth .CA .Annual.Report.2020.pdf>
- ^{vii} DHCS Mental Health Services Act Expenditure Report – Governor’s Budget Fiscal Year 2020-21. Retrieved from <https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA-ExpenditureReport-FY2020-22.pdf>.
- ^{viii} NIDA. 2021, April 13. Part 1: The Connection Between Substance Use Disorders and Mental Illness. Retrieved from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness> on 2022, January 16.
- ^{ix} J. David Hawkins, Ph.D. Using the Advances of Prevention Science to Promote Digital Citizenship. Social Development Research Group. University of Washington, School of Social Work. www.digcitinstitute.com/uploads/4/1/8/4/4184069/hawkins_digital_citizenship_utah.pdf (Page 6).
- ^x SAMHSA. Risk and Protective Factors. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>.
- ^{xi} Hiltz, Katy, MPH, Greene, Marion S., MPH, PhD9(c), 2018. Mental Health, Substance Misuse, and Suicide: Shared Risk and Protective Factors. Center for Health Policy, Indiana State University Richard M. Fairbanks School of Public Health.