

**STATE OF CALIFORNIA  
Budget Change Proposal - Cover Sheet**

<b>Fiscal Year</b> 2022-23	<b>Business Unit</b> 0530	<b>Department</b> California Health and Human Services Agency	<b>Priority No.</b> 2
<b>Budget Request Name</b> 0530-058-BCP-2022-MR		<b>Program</b> 0280 – California Health and Human Services	<b>Subprogram</b>

**Budget Request Description**

Urgent Needs and Emergent Issues in Children's Behavioral Health

**Budget Request Summary**

CalHHS requests \$250,000,000 General Fund one-time funding available over three years for addressing urgent needs and emergent issues in behavioral health for children and youth age 25 and younger in the following areas:

1. Youth Suicide Reporting and Crisis Response Pilot Program (\$50,000,000)
2. Wellness and Resilience Building Supports for Children, Youth, and Parents (\$85,000,000)
3. Video Series to Provide Parents with Resources and Skills to Support their Children's Mental Health (\$15,000,000)
4. Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention (\$75,000,000)
5. Support for Culturally Diverse Future Behavioral Health Workers (\$25,000,000)

<b>Requires Legislation</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Code Section(s) to be Added/Amended/Repealed</b>	
<b>Does this BCP contain information technology (IT) components?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	<b>Department CIO</b>	<b>Date</b>

**For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.**

**Project No.    Project Approval Document:    Approval Date:**

**If proposal affects another department, does other department concur with proposal?**     Yes     No

<b>Prepared By</b> Melissa Stafford Jones	<b>Date</b> 5/16/2022	<b>Reviewed By</b> Brendan McCarthy	<b>Date</b> 5/16/2022
<b>Department Director</b> N/A	<b>Date</b>	<b>Agency Secretary</b> Marko Mijic for Mark Ghaly, MD, MPH	<b>Date</b> 5/16/2022

**Department of Finance Use Only**

**Additional Review:**     Capital Outlay     ITCU     FSCU     OSAE     Dept. of Technology

<b>PPBA</b> Kia cha	<b>Date submitted to the Legislature</b> 5/16/2022
------------------------	---

## **A. Budget Request Summary**

CalHHS requests \$250,000,000 General Fund (GF) one-time funding available over three years for addressing urgent needs and emergent issues in behavioral health for children and youth ages 25 and younger in the following areas:

1. Youth Suicide Reporting and Crisis Response Pilot Program (\$50,000,000)
2. Wellness and Resilience Building Supports for Children, Youth, and Parents (\$85,000,000)
3. Video Series to Provide Parents with Resources and Skills to Support their Children's Mental Health (\$15,000,000)
4. Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention (\$75,000,000)
5. Support for Culturally Diverse Future Behavioral Health Workers (\$25,000,000)

The specific elements of this initiative are proposed to be undertaken by the California Department of Public Health (CDPH), the Department of Health Care Services (DHCS) and the Department of Health Care Access and Information (HCAI), with overall coordination from CalHHS.

## **B. Background/History**

The stress, trauma, and social isolation caused by the COVID-19 Pandemic intensified an already existing mental health crisis among children and youth, particularly for youth of color, low-income communities, LGBTQ+ youth, and other vulnerable groups. Equally concerning is the increase in youth suicide rates over the last decade. Mental health is now the leading cause of hospitalization for children under 18 in California, and half of all lifetime cases of diagnosable mental illnesses begin by age 14 and three fourths of all lifetime cases of diagnosable mental illness begin by age 25.

A recent study shows that 40 percent of transgender individuals have attempted suicide, with suicide risk being highest in transgender youth. The suicide rate for Black youth in California doubled between 2014 and 2020. A recent survey of students found that about one-third of 7th and 9th graders and almost half of 11th graders experienced chronic sadness, and 14 percent of California 7th graders and 15 percent of 9th and 11th graders considered suicide.

## **C. State Level Consideration**

The COVID-19 pandemic has intensified already swelling children's behavioral health issues. Addressing these needs is vital to California's recovery and consistent with the state's priorities to improve behavioral health for all Californians. The time is ripe for urgent action.

The most glaring behavioral health challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent. These investments align with the state's commitment and ongoing efforts to improve health equity.

The significant investment of one-time funds through the Children and Youth Behavioral Health Initiative (CYBHI) will have a meaningful impact on outcomes for children and youth in the long-term. However, as the components of the CYBHI continue to be developed and implemented, there is an urgent and immediate need to continue to invest in efforts address children's behavioral health. Through this proposal, CalHHS will invest additional resources in targeted efforts to address urgent and emergent issues in children and youth behavioral health. These proposals are consistent with and complementary of the investments in the Children and Youth Behavioral Health Initiative.

## D. Justification

### 1. Youth Suicide Reporting and Crisis Response Pilot Program (\$50,000,000)

Of the \$250 million, \$50 million is for CDPH to support the equivalent of 9 positions and develop and implement a three-year Youth Suicide Reporting and Crisis Response Pilot Program. The pilot program will be implemented in at least four counties/regions with increased rates of youth suicide overall, or among youth disproportionately impacted by suicide (e.g., LGBTQ+, Native American, black, Hispanic) and/or youth at high risk for suicide. The pilot program will develop and test a model(s) for making youth suicide and attempted suicide a CDPH reportable event and rapidly and comprehensively responding to reported youth suicide deaths and attempted suicides by providing crisis services and follow-up support in school and community settings to impacted, family, friends, educators, and others in the community.

#### *Reporting*

An essential element of the pilot program will be timely identification and reporting of suicide and attempted suicide among youth age 25 and younger. Reporting of these events will enable the follow-up measures described below. In addition, data on these events will inform prevention measures and support, including tailored outreach to groups at increased risk. The CDPH Center for Infectious Diseases' expertise with infectious disease reporting systems will be leveraged to inform the proposed reporting system. The following steps will be taken to establish reporting and to utilize existing data systems for outreach:

1. Making suicide and attempted suicide among youth reportable conditions. CDPH will work with the selected local health departments to establish local requirements for reporting. Local health officers have the authority to establish locally reportable conditions in addition to those conditions that must be reported statewide. In the future, if the program is expanded, a statewide reporting requirement can be considered.
2. CalREDIE: Modify the CalREDIE disease reporting system to accept reports of youth suicide and suicide attempts. CalREDIE is currently used for reporting of infectious and non-infectious conditions by health care providers and can be enhanced to accept reports of youth suicide and suicide attempts for this program.
  - a. Establish a process to upload data from death certificates into the CalREDIE system. Electronic data on completed suicides will be exported from the electronic death registration system and uploaded into CalREDIE to enhance case reports from health care providers.
  - b. Train health care providers on the use of CalREDIE. CalREDIE has a module that allows health care providers to directly enter data into the system. CDPH will provide training on how to use this system to health care providers most likely to care for youth who have attempted suicide, such as emergency department staff. This training can be coordinated with education on youth suicide and the suicide prevention resources described below.
3. CalCONNECT: Modify the CalCONNECT case management system to add youth suicide attempts as a new condition. CalCONNECT was developed to enable in-depth case management and follow up of COVID-19 cases and exposed contacts. It is currently used by 54 of 61 local health departments in California. The tools developed for outreach and support for COVID-19 cases will be very useful for local health department staff to engage with and support persons following a suicide attempt.
  - a. Modify the CalCONNECT Shared Portal for Outbreak Tracking (SPOT) system to facilitate reporting of youth suicides and suicide attempts as well as other school-based impacts related to suicide. The SPOT system was developed to enable reporting of COVID-19 cases, outbreaks, and impacts by schools and other community partner organizations. This information could supplement reporting of suicide attempts by health care providers.

In addition, SPOT could also collect information on related impacts at schools following a suicide in a student.

- b. Train local health department and community organization outreach workers on the use of CalCONNECT. CDPH has developed a virtual training academy in partnership with UC San Francisco and UC Los Angeles. This system can be used to provide training to staff who will be engaged in outreach efforts. The trainings can include techniques on how to engage with youth and families in the midst of a crisis.
  - c. Enable data access to project data analysts and provision data to them. The CalREDIE and CalCONNECT data distribution portal(s) can be configured to enable data access to CDPH staff who are conducting analysis and reporting of data for the project.
4. Provide funds to local health departments for provider outreach. Funding would be provided to local health departments to encourage provider reporting and to support making youth suicide and suicide attempts locally reportable. Also, CDPH is in the process of expanding use of BioSense in California. BioSense is a real-time Emergency Department reporting system that collect aggregate information about the frequency of different conditions. As part of this project, CDPH may explore the use of BioSense to quantify suicide attempts. The reporting component of the pilot program is allocated approximately \$15 million.

#### *Increase Rapid and Comprehensive Response to Youth Suicide and Attempted Suicide*

CDPH's Office of Suicide Prevention (OSP) within the Center for Healthy Communities (CHC) will develop and test approaches and models, building on existing local models, for providing prevention and wrap-around crisis response services and follow-up support in school and community settings, including processes for the reportable event to trigger triage, screening, and resource connections at the local level for youth, family, schools, and the community. The pilots would provide a range of crisis response services and supports for suicides and suicide attempts of youth up to age 25 and study which services are most needed and effective.

Crisis response services may include:

- Partnerships between public health, schools, and school-based health centers to assess student needs, identify high-risk youth, and facilitate planning and implementation of prevention and crisis responses.
- Leveraging the local contact tracing framework typically used by local public health jurisdictions to address infectious disease spread to reach people impacted by a youth suicide or suicide attempt.
- Increasing access to family support/bereavement programs, including culturally relevant approaches to healing.
- Implementation of peer – led support/counseling groups.
- Increasing use of hotlines and tele-mental health services.
- Outreach to prevent subsequent suicide attempts among youth following a suicide event and to encourage help-seeking behaviors by impacted youth.
- Increasing parent/teacher awareness of the signs of suicide risk in impacted youth and steps to take.

CDPH will provide pilot funding to Local Health Departments (LHDs). LHDs may issue grants to Behavioral Health Departments (BHDs), tribal organizations, and/or Community-Based Organizations (CBOs) in California to increase their capacity to integrate and embed crisis response and supports into schools and communities following a youth suicide. If it is determined to be more efficient, CDPH may fund partner organizations directly. Grantees would conduct a needs assessment and develop a plan, including partnerships with schools, for what services/supports are available and those that may be needed to prevent and respond to suicide deaths and suicide attempts, as appropriate. Grantees could provide funding to other local entities to provide youth-informed school-based and community-based prevention, crisis response and access to supports following a youth suicide and any subsequent suicide attempt. This could involve School-Based Health Centers, school-districts, CBOs with crisis

response expertise (e.g., youth-serving, faith-based) that would connect/navigate youth and families to services.

This pilot program will complement the ongoing efforts of the CYBHI, particularly the campaign being implemented by the CDPH Office of Health Equity to raise awareness and behavioral health literacy, the DHCS development of the virtual services platform, and the DHCS school-linked behavioral health partnerships and capacity grant program. The proposed program will promote the transition from the National Suicide Prevention Lifeline (1-800-273-TALK) to "988", and be coordinated with CDPH's proposed Youth Suicide Prevention Grants and Outreach Project. Additionally, OSP will work collaboratively with the California Department of Education (CDE) to coordinate with CDE's Office of School-Based Health Programs and Student Mental Health Policy Workgroup to complement CDE's ongoing suicide prevention and response efforts. The rapid response component of the pilot program is allocated approximately \$35 million.

## **2. Wellness and Resilience Building Supports for Children, Youth, and Parents (\$85,000,000)**

Many young people have been negatively impacted by the trauma, stress and social isolation of the pandemic. Supporting children and youth to rebuild connection and regain a sense of belonging is critical to their wellbeing now and in their future. Community schools partner with education, county, and nonprofit entities to provide instruction, with a strong focus on community, family, and student engagement to meet students' health, academic, and social emotional needs. To support these connections, \$85,000,000 General Fund (GF) one-time funding available for encumbrance and expenditure until June 30, 2024, is to support DHCS grants to schools, cities, counties, tribes and/or community-based organizations for wellness and build resilience of children and youth age 25 and younger as well as parents. The grants will support the following activities:

### **o Wellbeing and Mindfulness Programs**

- Evidence shows that mindfulness practices can improve attention, self-control, emotional resilience, memory, and improve the classroom environment to support learning. This funding will support programs, provided in K-12 school or community-based settings, that teach wellness and mindfulness practices to teachers and students and support schools and community-based programs to incorporate wellness and mindfulness programs on a regular basis into the school day, before and after school activities, summer school, and community-based settings. These programs support the community schools model by providing integrated student supports to meet academic, physical, social emotional and mental health needs, as well as expanded and enriched learning opportunities.
- Support students and schools to form on campus clubs for mental health and mindfulness, such as National Alliance on Mental Illness on Campus, Bring Change to Mind High School, and Mindfulness Clubs.

### **o Parent Support and Training Programs**

- Expand community-based parent support and training programs that build knowledge and capacity of parents to address their children's behavioral health needs, including evidence-based programs such as Triple P, Know the Signs, and Mental Health First Aid Training.

## **3. Parent Information Resources, Supports, and Training Video Series (\$15,000,000)**

Parents and families play a critical role in the mental health of children by helping to provide the safe, stable, and nurturing environments and relationships young people need to thrive. Providing information to parents that increases their knowledge and capacity to support their children's social and emotional wellbeing is an important part of a whole child, whole family approach to child and youth behavioral health.

Parents do not always have easy access to information on child and youth development and its relationship to behavioral health at different ages and stages of development, support for developing their own skills and their child's skills for wellbeing and resilience, and information on how to know when a behavioral issue may be a concern and what steps they can take.

Of the \$250 million, \$15 million one-time is to support DHCS to contract with an outside vendor to develop and make available video series to build upon the work already done to provide videos to educators. Under this proposal, a series of videos would be developed and disseminated with families as its primary audience. The video series would be stratified for different ages and stages of child and youth development and culturally relevant, including reflecting the diversity of California and its families. It would be free, publicly available, in a length and mobile format easily accessible to parents and could be utilized and distributed online as well as through a range of programs that provide supports to parents and families.

In addition to providing parents with information about child and youth social and emotional development and mental health topics, the video series would provide practical information and tools to help parents increase their own and their child's wellbeing and resilience, provide information on helping to build healthy relationships with their children and support their children in building healthy social relationships, and provide information to support parents in recognizing, understanding and addressing emerging mental health challenges their children may be facing.

The California Healthy Minds, Thriving Kids Project currently provides a video series primarily aimed at educators to help kids develop critical mental health and coping skills.

This proposal would build on and expand the resources already available to parents and care givers, to ensure that resources are available to all California families.

#### **4. Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention (\$75,000,000)**

Today's children and youth live significant parts of their lives in digital spaces and on social media platforms, and research suggests that there can be both beneficial and harmful impacts, as highlighted in the recent U.S. Surgeon General's Advisory on Youth Mental Health. Further research, evaluation, and design planning, particularly of emergent technologies, is critical so that approaches are built into evolving technologies that support and protect the health and wellbeing of young people engaging in it.

Building on California's global leadership role in technology, the state will develop a forward-looking strategy to maximize the positive impact of technology and digital spaces on the wellbeing of children and youth, and minimize the harm these technologies can sometimes cause, with a focus on emergent technologies and the evolution of social media platforms and digital spaces. This will build upon the work being done to develop a digital platform under the CYBHI and will allow the state to evaluate whether there are emerging technologies that can and should be incorporated into the CYBHI.

Of the \$250 million, \$75 million one-time is to support DHCS to develop a strategy to leverage new and emerging technologies, artificial intelligence, and advances in social medial platforms and digital spaces to protect and support the behavioral health of children and youth and reduce potential harms. The focus will be on new technological applications and increasingly sophisticated tools that can improve access to needed supports and services through online platforms such as the CYBHI.

The potential of digital strategies will continue to grow and evolve, and California seeks to identify, shape, and tap into these yet to be fully developed possibilities to harness emerging technologies to meet the behavioral health needs of California's children and youth.

Areas to be researched include the integration of biometrics, augmented reality, and virtual reality; the use of digital clinical decision support tools based on established guidelines; and the development of digital supports that increase efficient and effective delivery of self-guided therapies, while also augmenting

clinician-delivered interventions, with a particular focus on assessment and intervention at-home and in primary care settings, including interventions that support parents and the family.

## **5. Support for Culturally Diverse Future Behavioral Health Workers (\$25,000,000)**

Of the \$250 million, \$25 million one-time, for HCAI to contract with an outside vendor to establish an Early Talents program to attract and support high school students in considering professional careers in behavioral health. These funds would be available for expenditure until June 30, 2028 to allow HCAI to take a multi-year approach to developing the future behavioral health workforce. In California and nationally, we do not have a sufficient number of culturally diverse behavioral health professionals to meet the needs of the population. Increasing the pipeline of culturally diverse high school students entering behavioral health professions is critical to improving access to needed services and supports for children, youth, and families. The vendor would be selected on the basis of their expertise and focus on emergent technologies, which provides a unique opportunity to attract youth to consider and explore careers in behavioral health.

## **E. Outcomes and Accountability**

### **1. Youth Suicide Reporting and Crisis Response Pilot Program**

Outcome measures will be developed, with an equity lens, and may include:

- Increases in capacity to prevent and respond to suicide deaths.
- Increases/strengthened school and community plans for prevention and rapid and comprehensive response to suicide deaths.
- Increases in utilization of crisis support services.
- Increases in engagement and collaboration/coordination among local partners in prevention and response efforts.
- Increases in help-seeking behaviors among youth.

CDPH OSP will award contracts to: a youth-focused organization to facilitate and support authentic engagement of youth for input into the project; an organization with expertise in the provision of crisis services to provide technical assistance and training to grant recipients and their partners; and a contract or Interagency Agreement with a University to evaluate the project and produce a final report that assesses project's impact and makes recommendations on the feasibility of replicating, sustaining, and expanding the pilot activities.

### **2. Wellness and Resilience Building Supports for Children, Youth, and Parents**

Provide grant awards to wellbeing and mindfulness programs along with parent support and training programs.

### **3. Video Series to Provide Parents with Resources and Skills to Support their Children's Mental Health**

Outcome metrics will include:

- Number of visits to the content hub
- Number of videos streamed and downloaded
- User evaluations

### **4. Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention**

An annual report on emerging technologies researched and analyzed, next generation applications and approaches explored and developed, anticipated impacts to improve positive mental health and reduce potential harms of some technologies, and opportunities for incorporation into the CYBHI will be provided.

## 5. Support for Culturally Diverse Future Behavioral Health Workers

Accountability metrics will include:

- Number of high school students in the program including key demographic information
- Student participation by various program components
- Participant evaluations of the program
- Number of students indicating plans to pursue behavioral health careers

## F. Analysis of All Feasible Alternatives

**Option 1:** Approve the request for \$158 million in 2022-23, \$58 million in 2023-24, and \$34 million in 2024-25, and corresponding provisional language, to help address urgent needs and emergent issues in behavioral health for children and youth age 25 and younger.

### Pros:

- Supports piloting of new approaches to address the urgent issue of youth suicide and increases the state's capacity to track and provide crisis response supports.
- Provide critical resources to schools, after-school programs and community-based organizations to support students in K-12 or community-based settings.
- Support children and youth to rebuild connection and regain a sense of belonging that is critical to their well-being.
- Provide additional resources and supports to children, youth and parents/caregivers to build resilience and well-being.
- Creates an opportunity to leverage emerging technologies into next generation applications and approaches that support positive mental health and mitigate potential harms of technology for children and youth.
- Supports building the pipeline of high school students to create a diverse behavioral health workforce more reflective of California's population.

### Cons:

- Increases GF spending.

**Option 2:** Deny request.

### Pros:

- Will not increase GF spending.

### Cons:

- Fails to support critical investments to address urgent needs and emergent issues in behavioral health for children and youth age 25 and younger.
- Fails to support wellness grants, and parent training.
- Fails to provide critical resources to schools, after-school programs and community-based organizations to support students in K-12 or community-based settings.
- Fails to support children and youth to rebuild connection and regain a sense of belonging that is critical to their wellbeing.
- Does not provide resources and supports to children, youth and parents/caregivers to build resilience and well-being.

- Does not provide an opportunity to leverage emerging technologies into next generation applications and approaches that support positive mental health and mitigate potential harms of technology for children and youth.
- Does not support building the pipeline of high school students to create a more diverse behavioral health workforce.

## G. Implementation Plan

### 1. Youth Suicide Reporting and Crisis Response Pilot Program

Of the \$50 million to support CDPH, \$4.8 million in 2022-23, 2023-24, and 2024-25 would support the equivalent of 9 positions. CDPH will administratively establish these resources. The positions and duties include:

- Health Program Manager II (HPM II) (1.0 FTE): To direct and oversee all elements of the pilot program and supervise project staff; oversee contract development and procurement processes, proposal reviews, award and negotiation of contracts, contract and project monitoring, and evaluation processes; be responsible for fiscal management; and advise on program and policy implications.
- Health Program Specialist II (HPS II) (1.0 FTE): To lead programmatic elements of the pilot project; facilitate the process for obtaining input from youth; oversee the planning and implementation of the grantee program; and monitor the performance of the selected contractors and grantees.
- Health Program Specialist I (HPS I) (1.0 FTE): To assist with the provision of technical assistance to media campaign contractor, conduct ongoing program assessments, meeting planning and facilitation, and report writing. This position will be housed within the Office of Health Equity (OHE) to support the partnership and collaboration with IVPB on this project.
- Research Scientist II (RS II) (Soc/Behav) (1.0 FTE): To develop and oversee the data aspects evaluation of the pilot and oversee the evaluation contract; provide technical assistance to grantees, confirm appropriate collection of data, analyze data and provide applicable reports, and facilitate dissemination of relevant information.
- Associate Governmental Program Analyst (AGPA) (1.0 FTE): To provide administrative support; prepare and process contract documents, including work plans, budgets, and amendments as needed; develop contracts and interagency agreements; review and process invoices and monitor reimbursement process.
- Research Scientist III (RS III) (Epidemiology) (1.0 FTE): To manage the design and development of the CalCONNECT system modifications in consultation with the CHC pilot project coordinator, LHJ users, and other key stakeholders; to verify that system infrastructure is developed for collection of necessary data variables; and to oversee the modification of outreach tools that are customized for project.
- Research Scientist II (RSII) (Epidemiology) (1.0 FTE): To lead work to onboard new program to utilize CalREDIE for reporting, leading project management, requirements gathering, user support, outreach efforts, and LHJ user training.
- Research Scientist I (RSI) Epidemiology (1.0 FTE): To support work to onboard new program to utilize CalREDIE for reporting, supporting project management, requirements gather, user support, outreach efforts, and LHJ training.

- Information Systems Technology Specialist II (ITSII) (1.0 FTE): To support the data integration between CalREDIE and CalCONNECT.

Estimated Cost allocations (for three-year pilot project):

<b>Resources</b>	
<b>Staffing Costs</b>	\$4,800,000
<b>Evaluation and Consultant Contracts</b>	\$3,000,000
<b>Grant Program</b>	\$28,061,600
<b>CalREDIE Contract Costs</b>	\$536,000
<b>CalCONNECT Contract Costs</b>	\$13,602,400
<b>Total State Operations Expenditures</b>	\$50,000,000

## **2. Wellness and Resilience Building Supports for Children, Youth, and Parents**

July 1, 2022 DHCS will begin developing, launching, and implementing the grant, and training efforts.

## **3. Video Series to Provide Parents with Resources and Skills to Support their Children’s Mental Health**

DHCS will build upon the California Healthy Minds, Thriving Kids Project to develop and distribute a video series aimed at parents in 2022-23.

## **4. Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention**

The following deliverables will be developed for DHCS to consider incorporating into the virtual services platform and other CYBHI workstreams to support use and application of emerging, next generation technologies to improve children and youth behavioral health:

- Development of a next generation suite of smartphone, web and digital tools for assessment and intervention.
- Knowledge hub containing webinars, manuals, and demonstrations tailored for various user groups for using the new, next generation digital supports.
- Background information providing the expert input, research, and evidence for the development of the new digital supports and initial assessments of effectiveness.
- Information regarding risks and benefits of emerging, next generation technologies for educational, clinical, and recreational purposes, as well as guidelines for healthy usage and the implementation of safeguards.

## **5. Support for Culturally Diverse Future Behavioral Health Workers**

Administered by HCAI, the program will identify and support the early career development of 2,500 culturally diverse high school students interested in behavioral health careers (including science, clinical, and communication). Program activities will include paid internships, mentoring, virtual networking and collaboration events with students and mentors, and stipends to support participation and program activities, such as job shadowing with research scientists, behavioral health clinicians, and journalists focusing on behavioral health. The experiences will allow youth to acquire new skills, develop their resumes/portfolios, explore educational opportunities for a career in behavioral health, and inspire future career development.

In order to address these urgent and emerging needs, CalHHS requests that contracts entered into under this preproposal be exempt from the Public Contract Code and the State Administrative Manual, and that they be exempt from approval by the Department of General Services prior to their execution.

In order to fully expend these funds, funds are requested with authority to expend over six years.

## **H. Supplemental Information**

Attachment I: Fiscal Details Sheet

Attachment II: Provisional Language

## **I. Recommendation**

CalHHS recommends Alternative 1.

**BCP Fiscal Detail Sheet**

BCP Title: Youth Behavioral Health

BR Name: 0530-058-BCP-2022-MR

**Budget Request Summary**

	CY	BY	FY22			
			BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	158,000	58,000	34,000	0	0
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Fund Summary</b>						
Fund Source - State Operations						
0001 - General Fund	0	158,000	58,000	34,000	0	0
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$0</b>
<b>Program Summary</b>						
Program Funding						
0280 - Secretary of California Health and Human Services	0	158,000	58,000	34,000	0	0
<b>Total All Programs</b>	<b>\$0</b>	<b>\$158,000</b>	<b>\$58,000</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$0</b>

Add the following provisions to Item 0530-001-0001:

5. Of the amount appropriated in this item, \$158,000,000 is available to support youth behavioral health. Contracts entered into or amended pursuant to this provision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the State Administrative Manual, and shall be exempt from the review or approval of any division of the State Department of General Services.

6. Of the amount appropriated in this item, \$133,000,000 shall be available for encumbrance or expenditure until June 30, 2025 for the Youth Suicide Reporting and Crisis Response Pilot Program, Wellness and Resilience Building Supports for Children, Youth, and Parents, Video Series to Provide Parents with Resources and Skills to Support their Children's Mental Health, and Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention.

7. Of the amount appropriated in this item, \$25,000,000 shall be available for encumbrance or expenditure until June 30, 2028 for Support for Culturally Diverse Future Behavioral Health Workers.