



California  
Children's  
Trust

# REIMAGINING CHILD WELL BEING IN CALIFORNIA: POLICY, ADVOCACY, AND SYSTEMS CHANGE IN CALIFORNIA'S CHILD SERVING SYSTEMS

The Power of Community: Shaping Youth Mental Health and Suicide  
Prevention Convening: 9/24/2021



## HOW COLLABORATIVE ACTION IS BUILDING A MOVEMENT TO REIMAGINE CHILDRENS MENTAL IN CALIFORNIA:

**20 MINUTES TO COVER....**

- The Crisis is Real: Origin Story of the Trust
- MediCal By The Numbers: Growing Eligibility and Access Challenges Persist
- A Framework for Solution
- An Unprecedented Reform Landscape
- What We Are Excited About and What's Next



## THERE IS A CRISIS IN YOUNG PEOPLE'S MENTAL HEALTH

Consider the facts before COVID-19:



**Increase in inpatient visits for suicide, suicidal ideation, and self injury**  
for children ages 1-17 years old, and 151% increase for children ages 10-14



**Increase in mental health hospital days**  
for children between 2006 and 2014



**Increase in the rate of self-reported mental health needs**  
since 2005



**California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges**

# THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

*Many receive the wrong services at the wrong time...in restrictive or punitive settings.*

81%

81% of children on medicaid are **children of color**.

2X

The **suicide rate for black children**, ages 5-12, is 2x that of their white peers.

70%

70% of youth in California's **juvenile justice system have unmet behavioral health needs**, and youth of color are dramatically over-represented.

**Making Healing Centered Systems a reality isn't simply a matter of tweaking access or programs...**

**It requires acknowledgment of how racism and poverty impact the social and emotional health of children...and how the medical model has harmed communities of color**



# IMPACT OF COVID: What we feared is coming to pass...

ED  
VISITS

Beginning in April 2020, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October

24/31%

Compared with 2019, the proportion of mental health related visits for children aged 5 to 11 and 12 to 17 years increased approximately 24% and 31% respectively

25%

One in four young adults between the ages of 18 and 24 say they've considered suicide because of the pandemic, according to new CDC data that paints a big picture of the nations mental health during the crisis



## RADY CHILDREN'S HOSPITAL IN SAN DIEGO:

Between FY2011 and FY2019,  
annual behavioral health volume  
has increased

**1746%**

From 163 visits to 3,009 visits in 8  
years

Comparatively, total Emergency  
Department visits has grown 23%  
during this same time period

# THE MEDICAL MODEL ISN'T THE ANSWER

- Approximately 75% of mental illness manifests between the ages of 10 and 24. Since adolescents have the lowest rate of primary care utilization of any demographic group, it makes early warning signs difficult to detect.
- Provider shortages at the PCP and mental health practitioner level compound the challenge.
- Diagnosis-driven models are only appropriate for some children. Mental health must be reimagined and infused with contextual understanding of the SDOH and ACES.

## How did we get here?

We have no common framework for defining and understanding behavioral health among and between public systems and clinical care providers.

Our public systems are deeply fragmented and under-resourced. Commercial payers have not effectively partnered with child-serving systems.

A lack of clarity over whether youth mental health care is an essential benefit or a public utility prevents commercial payers from fully engaging.

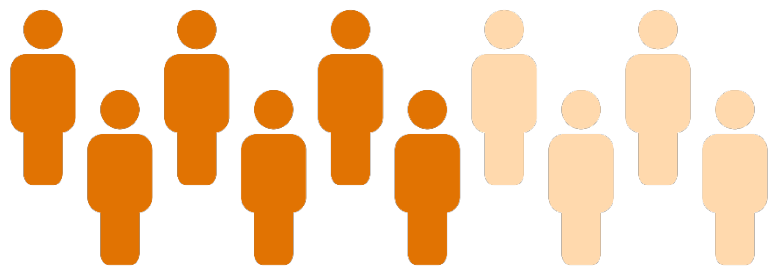
Our definition of medical necessity is outdated and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.

The field is young. Many clinical modalities with widespread application are less than 20 years old.





## AND ALTHOUGH ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED....



**Almost 6 million of California's 10 million children** are now covered by Medi-Cal and the EPSDT entitlement

(a 30% increase over last five years)



Less than 5% get access to any care,  
and only 3% are in ongoing care.





# DRAMATIC UNDER-INVESTMENT IN CHILDREN

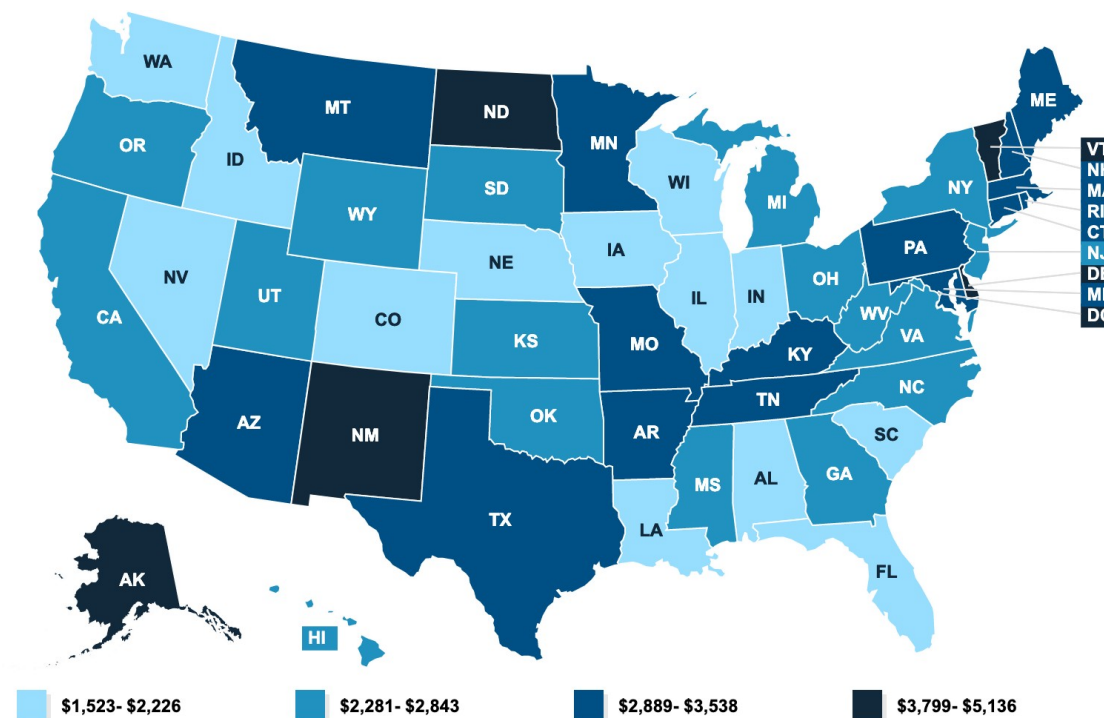
California is in the bottom 1/3 nationally for health spending at \$2,500 per child enrollee.

Children represent **42% of enrollees** but only **14% of all expenditures**.

California ranks **48<sup>th</sup> in the nation of** in access to care for children.

California operates the largest MediCal Program in the nation—**April 2019 Audit exposed** significant underperformance under the EPSDT Mandate and Bright Futures Guidelines.

Medicaid Spending per Child  
FY 2014

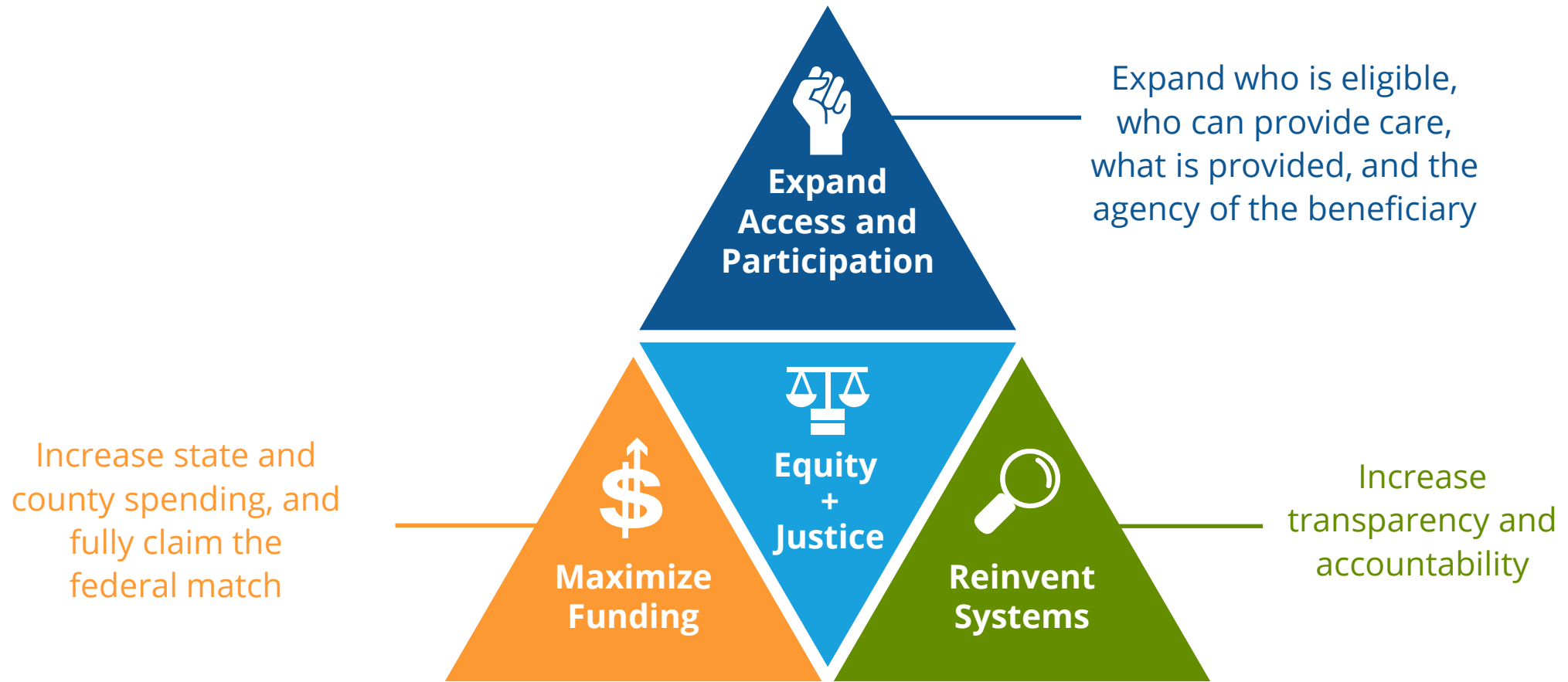






# A Framework for Solution

# THIS IS THE TRUST'S FRAMEWORK FOR SOLUTIONS



# SYSTEMS CHANGE IN PRACTICE:

*Federal, state, and local systems leaders are increasingly active—the essential elements of reform are:*

- **Remove Diagnosis Requirement Across All Payors**
- **Centering the Impact of Race and Class**
- **Expanded Provider Classes (shifting of agency and power)**
- **Integrated (non-pathologizing) support in pediatric primary care**
- **New Benefit Implementation (Family Therapy and Dyadic Benefits)**
- **Centering Schools (YBHI and Community Schools Act)**
- **Payment Reform and Revenue Maximization (get the federal match)**
- **Build Capacity at State and Local Level (training and support)**

**Reimagining behavioral health as a support for healthy development (not a response to pathology!) grounded in the principles and practice of social justice and a belief in the wisdom and intelligence of impacted communities.**



[@CAChildrenTrust](https://www.cachildrenstrust.org)  
[www.cachildrenstrust.org](https://www.cachildrenstrust.org)



# WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS

Public opinion and policymaker agendas are aligned



**Political Will:** New administration has a stated focus on children's well-being and has expressed interest and willingness to engage.



**Community Support:** Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs and that unaddressed mental health issues are among the most important issues facing Californians.



**Emerging Consensus and Consciousness:** Of the impact of adversity, structural racism, and the pandemic on the social and emotional health of children.



**Unprecedented Investment:** California's approved FY 21-22 budget allocated more than 15 billion to support children's social and emotional welfare.

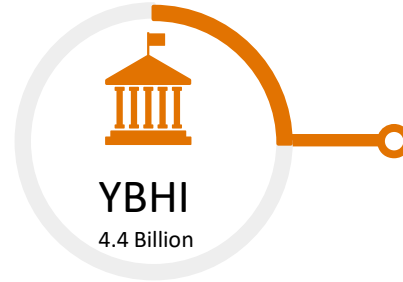
## TO TAKE ADVANTAGE OF THIS MOMENT IN TIME WE MUST:

- Embrace the critical need to reform our financing and delivery models so that they are healing and relationship centered.
- Adopt a concurrent but aligned paradigm shift across child serving systems, with particular focus on the role of MediCall
- Use a significant investment of one time funds to build sustainable programs and supports

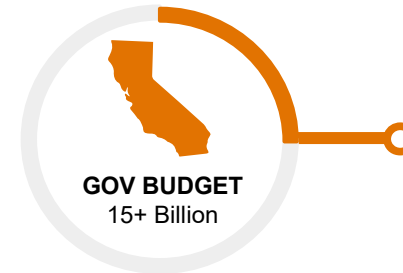


UNPRECEDENTED INVESTMENT  
IS COMING:

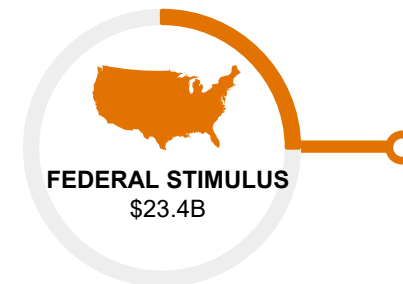
# FUNDING OPPORTUNITIES FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH:



- Managed Care Plans (\$400 million)
- Competitive Grants Program (\$550 Million)
- MHSA SSA funding (\$250 million)
- Workforce including BH Coaches (\$800 Million)
- BH Virtual Platform: (\$750 Million)
- Expanding Evidence Based Programs (429 Million)



- Expanded Learning Opportunity Grant Program (4.6 Billion)
- Expanded Learning Program (1 Billion Ongoing, 753 Million One Time)
- Learning Loss Mitigation (5.3 Billion)
- Community School Partnership Grant Program (\$3B)
- Educator Effectiveness Grant (1.5B)
- HCSB/Special Ed/Other....(1.5 Billion))



- ESSER I (CARES Act) - \$1.6 billion
- ESSER II (CRRSA Act) - \$6.7 billion
- ESSER III (ARP Act) - \$15.1 billion

# \$4.4 Billion Youth BH Initiative Centers Schools and Pediatric Primary Care:

- 01** Behavioral Health Service Virtual Platform: DHCS, \$749.7 M
- 02** School-Linked Behavioral Health Services: DHCS/DMHC, \$550M
- 03** Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs: Agency/DHCS, \$429M
- 04** Building Continuum of Care Infrastructure: DHCS, \$310M
- 05** Plan Offered Behavioral Health Services: DHCS, \$800M
- 06** School Behavioral Health Counselor + Behavioral Health Coach Workforce: OSHPD, \$352M
- 07** Broad Behavioral Health Workforce Capacity: OSHPD, \$448M
- 08** Pediatric, Primary Care And Other Healthcare Providers: DHCS, \$50M
- 09** Comprehensive And Culturally And Linguistically Proficient Public Education And Change Campaign: CDPH + OSG, \$100M
- 10** Oversight, Coordination, Convening, And Evaluation: DHCS, \$70M



**IT'S A LOT...IT'S MESSY AND MANY DETAILS REMAIN TO  
BE WORKED OUT.**

**THERE ARE MAJOR IMPLEMENTATION  
ISSUES/QUESTIONS**

**AND IT REPRESENTS THE SINGLE LARGEST INVESTMENT  
IN CHILDREN'S SOCIAL AND EMOTIONAL HEALTH IN OUR  
STATE'S HISTORY**