California Children's Trust

REIMAGINING OUR MENTAL HEALTH SYSTEM TO ACHIEVE EQUITY AND HEALING FOR CHILDREN AND FAMILIES

Overview and Call-to-Action

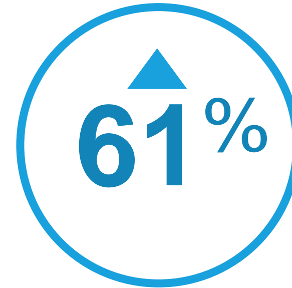
January 2020

THERE IS A CRISIS IN CHILDREN'S MENTAL HEALTH

Consider the facts

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

EVERYONE PAYS A HIGH PRICE

We have a fiscal and moral imperative to address the crisis

$11.6 BILLION

$11.6 billion was **spent on hospital visits** for mental health between 2006 and 2011

Mental health and substance use disorders are the leading causes of disease burden in the U.S.

37%

37% of students with **mental illness age 14 and older, dropout of school**—the highest dropout rate of any disability group

Untreated behavioral health needs can lead to lifelong challenges in social and emotional development, academic achievement, and physical health

THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

They receive the wrong services at the wrong time

81%

81% of children on medicaid are **black or brown**.

2X

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

70%

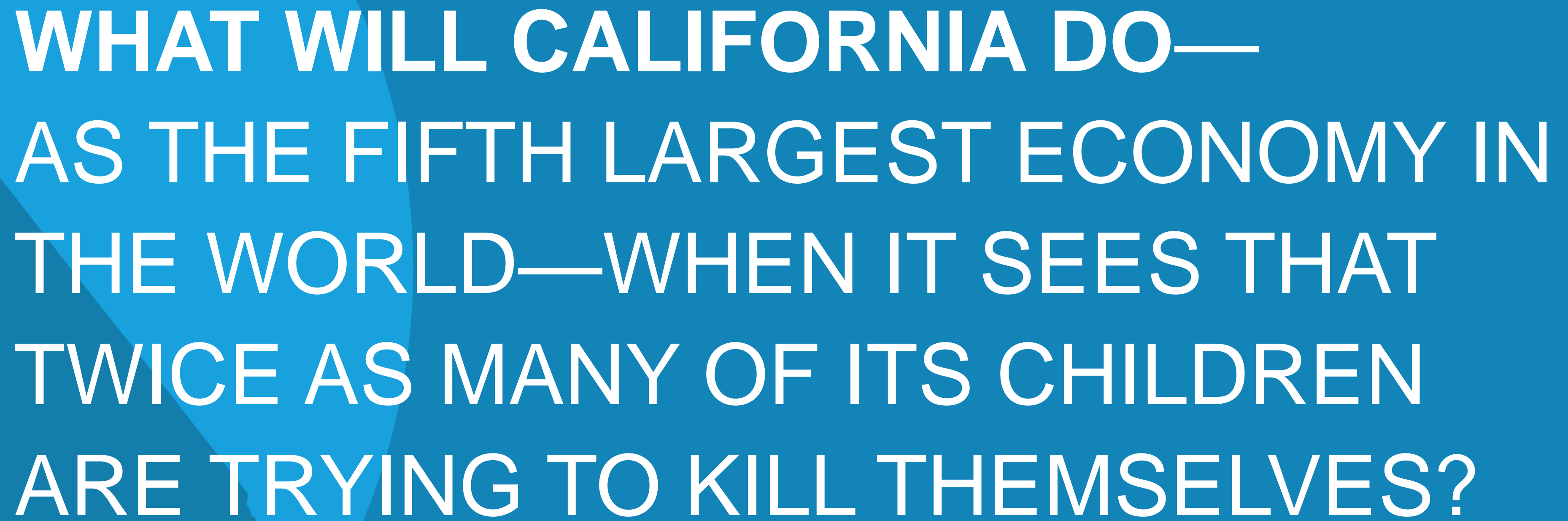
70% **of youth in California's juvenile justice system have unmet behavioral health needs**, and youth of color are over-represented in the system.

Addressing disproportionality in the mental health system is not just a matter of tweaking access or programs, it is a matter of rooting out racist infrastructure.

WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY

Public opinion and policymaker agendas are aligned

- **Political will**: New administration has stated focus on children's well-being.
- **Community support**: Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs.
- **Economic rationale**:
  - Economic imperative is aligned with social justice imperative.
  - Funding for children's mental health has increased at the federal, state and local levels since 2010.
  - Mental health revenues are growing, for example, an 80% increase in 2011 realignment subaccount.


WHAT WILL CALIFORNIA DO—
AS THE FIFTH LARGEST ECONOMY IN THE WORLD—WHEN IT SEES THAT TWICE AS MANY OF ITS CHILDREN ARE TRYING TO KILL THEMSELVES?

CALIFORNIA CHILDREN'S TRUST IS DRIVING THE REFORM

- **Transforming the mental health system:** We are a coalition-supported initiative to reimagine how California defines, finances, administers and delivers children's mental health supports and services.

- **With a focus on equity + justice:** We frame our approach to state and county finance reform with a clear and open acknowledgement of the ways existing child-serving systems have underserved, excluded, and in some cases harmed populations of children and families.

Expand Access and Participation

Equity + Justice

Maximize Funding

Reinvent Systems

Every child in California has a fair and intergenerational opportunity to attain their full health and developmental potential, free from discrimination.

FOUR KEY CHALLENGES TO REALIZE THIS VISION

1

Root Causes

addressing societal inequities and structural racism

2

The Access Gap

eligibility has increased, but access has declined

3

A Broken Model

the current medical model does not address the crisis

4

Fragmented Child-Serving Systems

children get their services from multiple systems that have little connection or accountability

1

Root Causes

THE IMPACT OF INDIVIDUAL AND STRUCTURAL ADVERSITY

ADVERSE CHILDHOOD EXPERIENCES

Maternal Depression

Emotional & Sexual Abuse

Substance Abuse

Domestic Violence

Physical & Emotional Neglect

Divorce

Mental Illness

Incarceration

Homelessness

ADVERSE COMMUNITY ENVIRONMENTS

Poverty

Discrimination

Community Disruption

Violence

Poor Housing Quality & Affordability

Lack of Opportunity,
Economic Mobility & Social Capital

1 **Root Causes**

STRUCTURAL ADVERSITY: POVERTY

2 in 10

2 in 10 **Californians live in poverty**

1 in 2

1 in 2 children **live in or near poverty**

California has one of the **highest poverty rates** under the supplemental poverty measure

70%

70% of children **born into poverty never get out**

26 YRS

It now takes until age 26 for family sustaining employment—**extending adolescence**

California Budget & Policy Center. Sept 2018.

1 Root Causes

STRUCTURAL ADVERSITY: ISOLATION

Adverse environments build emotional and physical barriers to the connection people need to heal and thrive.

Geographic

Social

Cultural

1 **Root Causes**

SOCIAL MEDIA AND NEWS CYCLES COMPOUND THE PROBLEM

Adversity, poverty, inequality, racism and isolation are all compounded by the reality of **modern digital communication**; social media and the news cycle.

Adolescents who spend **more than three hours a day on social media** are more likely to report high levels of internalizing behaviors, e.g. fearfulness and social withdrawal, compared to adolescents who do not use social media at all.

The #1 pre-determinate of human intelligence is **safety**. With technology, kids have easy and constant access to threatening and stressful information with no adult buffer.

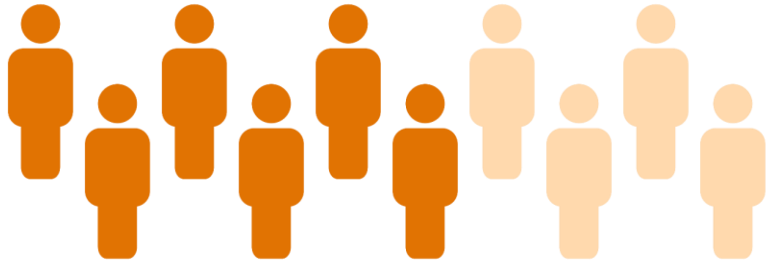
1 Root Causes

WHAT DOES THIS MEAN?

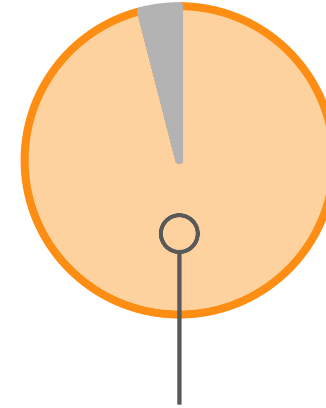
- We live within systems, structures, and cultural norms that **corrode human relationships**, fracture and scatter communities, degrade human connections, and threaten the human spirit.
- This **isolates children and families** outside of the relationships they rely on to thrive and results in developmental delay, decreased educational attainment, social and emotional stress and impairment, anxiety, depression, shame, and self-harm.
- Existing efforts, remedies, and **solutions are misaligned** with addressing this problem and its multitude of symptoms.

2 The Access Gap

ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED



6 million of California's 10 million children are covered by Medi-Cal and EPSDT entitlement (a 33% increase over last five years)



96% of California children are covered by a health plan with a **mental health benefit**

2 **The Access Gap**

BUT ACCESS TO MENTAL HEALTH SERVICES HAS DECLINED

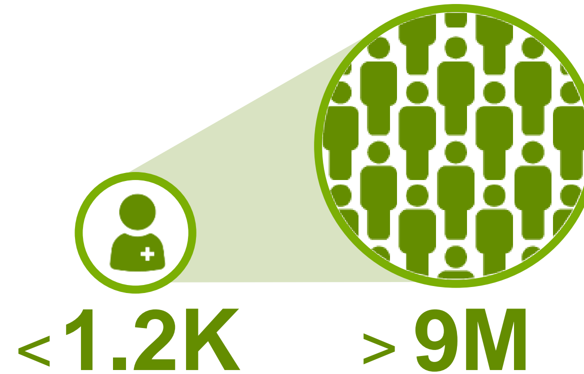
The access rate (one-time visit), has declined from 4.5% to 4.1%. For ongoing access (more than 5 visits), the rate is down to 3%

Those accessing care, are approaching the system **in crisis**

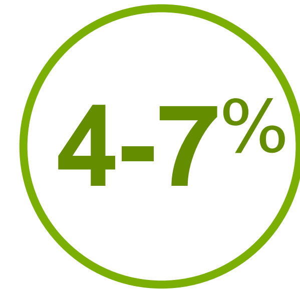
There has been a 20% increase in **crisis service utilization** since 2011

THE MODEL FALLS SHORT OF NEEDS

~75% of mental illness manifests between the ages of 10 and 24. Adolescents are less likely to go to the doctor, so early warning signs are missed



California has **fewer than 1,150 child and adolescent psychiatrists to serve more than 9 million children** in the state



Only about **4-7% of children require medical intervention by diagnosis**. 60-90% of kids should receive care without a diagnosis

3

A Broken Model

AND IT IS NOT EQUIPPED TO HANDLE THE CRISIS

- 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.

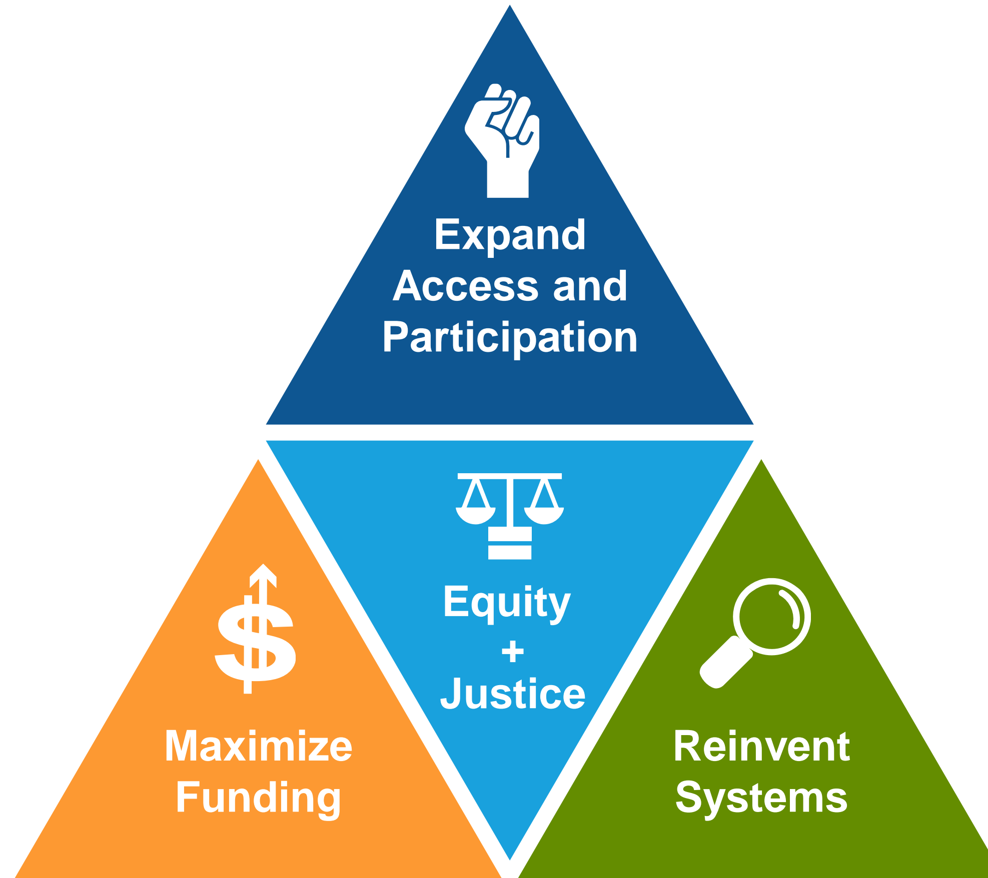
4

Fragmented Child-Serving Systems

GOOD NEWS

If we look at it differently, this complex child-serving system is both the problem AND the solution

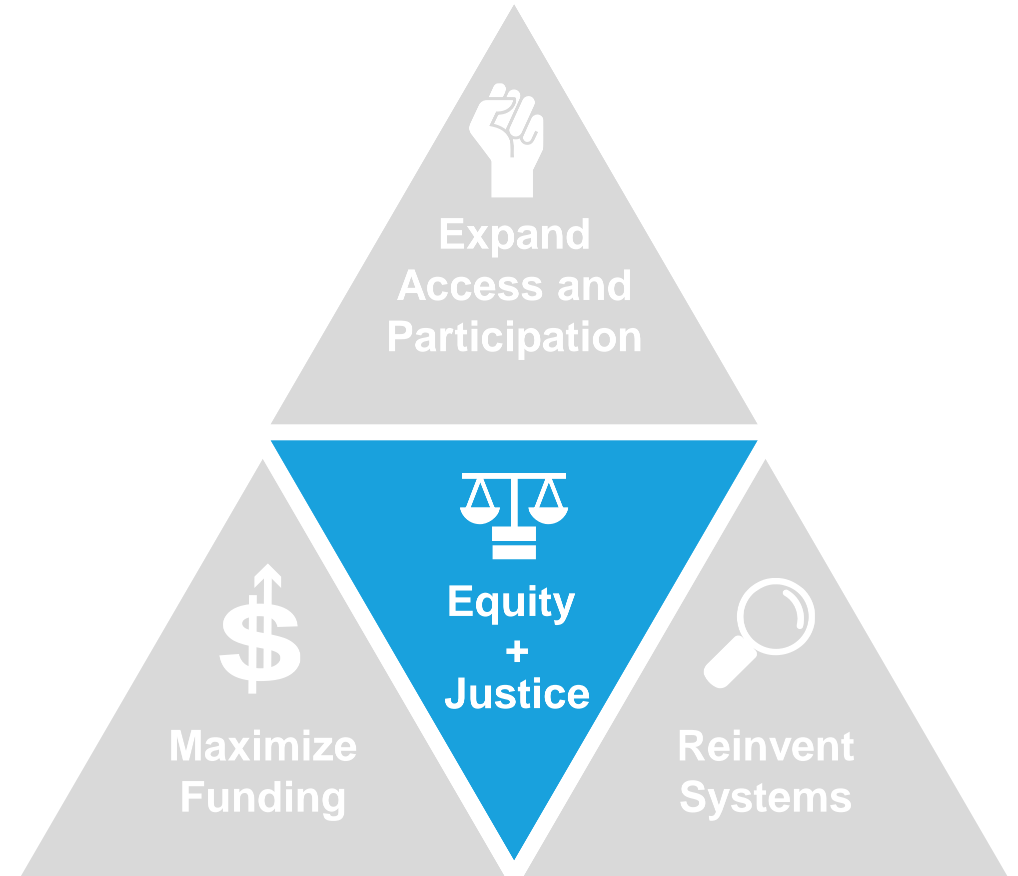
THE CALIFORNIA CHILDREN'S TRUST HAS THREE STRATEGIC PRIORITIES TO ADDRESS THESE CHALLENGES



THE STRATEGIES ARE CENTERED ON EQUITY + JUSTICE

Transformed behavioral health systems are not simply financed or administered differently, they are:

- anchored in new principles that acknowledge structural racism and poverty,
- informed by relationships to and with beneficiaries and
- designed as methods for accountability.



Maximize Funding

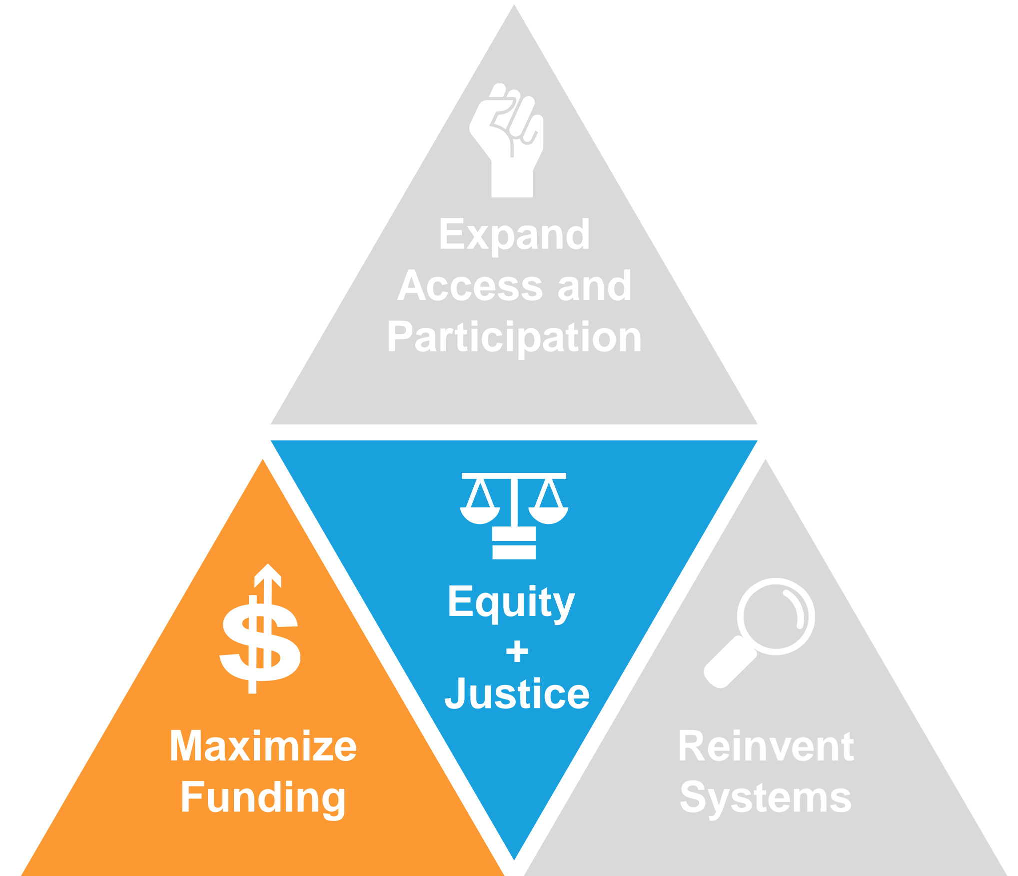
INCREASE STATE AND COUNTY SPENDING, AND FULLY CLAIM THE FEDERAL MATCH

How We Do It

- Reform state and local administrative practices
- Reform managed care

How We Center the Beneficiary Experience

Address California's historical underinvestment in children of color



Maximize Funding

FOLLOW MEDICAID DOLLARS TO FIND MONEY LEFT ON THE TABLE

Federal Government
Distributed through Federal departments with funding authorized by Congress

State of CA
Acting as pass through, enhancer, or reconciler of funding

Health Plans (MCO)
CAPITATION

County Mental Health Dept's (MHP)
CPE

Dept. of Heath (LGA)
CPE

School Districts (LEAs/SELPAs)
CPE

Community Health Centers FQHC
PPS

Hospital UC/PH
IGT

Regional Center
CPE

Expand Access and Participation

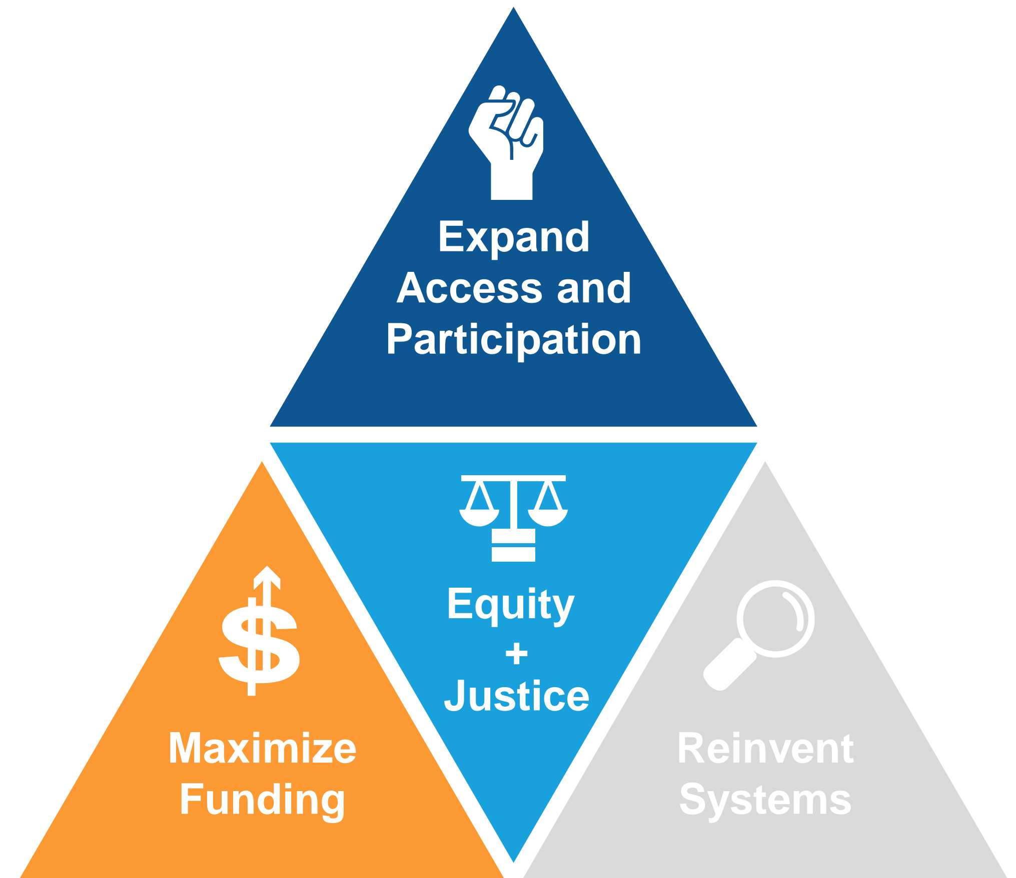
EXPAND WHO IS ELIGIBLE, WHO CAN PROVIDE CARE, WHAT IS PROVIDED, AND THE AGENCY OF THE BENEFICIARY

How We Do It

- Redefine medical necessity & provide services without diagnosis
- Expand peer-to-peer & social models
- Integrate CBOs in delivery

How We Center the Beneficiary Experience

- Ensure Access to care in CBO settings
- Ensure community beneficiaries take direct control
- Integrate non-traditional providers
- Remove diagnosis as a prerequisite
- Expand provider designations



Reinvent Systems

INCREASE TRANSPARENCY AND ACCOUNTABILITY

How We Do It

- Integrate data systems
- Mandate common assessment tools
- Define a common set of outcomes
- Collaborative financing models
- Ensure geographic equity

How We Center the Beneficiary Experience

Directly tie patient experience to outcome measures and reimbursement tools

THIS IS THE TRUST'S FRAMEWORK FOR SOLUTIONS

Expand Access and Participation

Expand who is eligible, who can provide care, what is provided, and the agency of the beneficiary

Equity + Justice

Maximize Funding

Increase state and county spending, and fully claim the
federal match

Reinvent Systems

Increase transparency and accountability

OUR CALL TO ACTION

Support statewide advocacy effort

Read and share our policy briefs

Join our Coalition

Become an ambassador for The Trust's Framework for Solutions