



**California
Children's
Trust**

Reimagining Behavioral Health
for California's Children and Families

The Role of Schools in Reform

February 13th, 2019



California's children's behavioral health system is underperforming.



There has been a **50% increase** in *mental health hospital days* for children between 2006 and 2014



Inpatient visits for *suicide, ideation, and self-injury* increased **104%** for children 1 to 17 years between 2006 and 2011



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



Most children get **no support**, and many receive the
wrong kind, **too late**.



Confronting Child + Family Behavioral Health Needs

Old Model



Covered Diagnosis



Patient defined by *Pathology*

Care defined as *Clinical*



Since 2011

There has been a 20% increase in the number of eligible children and a concurrent 9% decrease in the rate of children receiving services

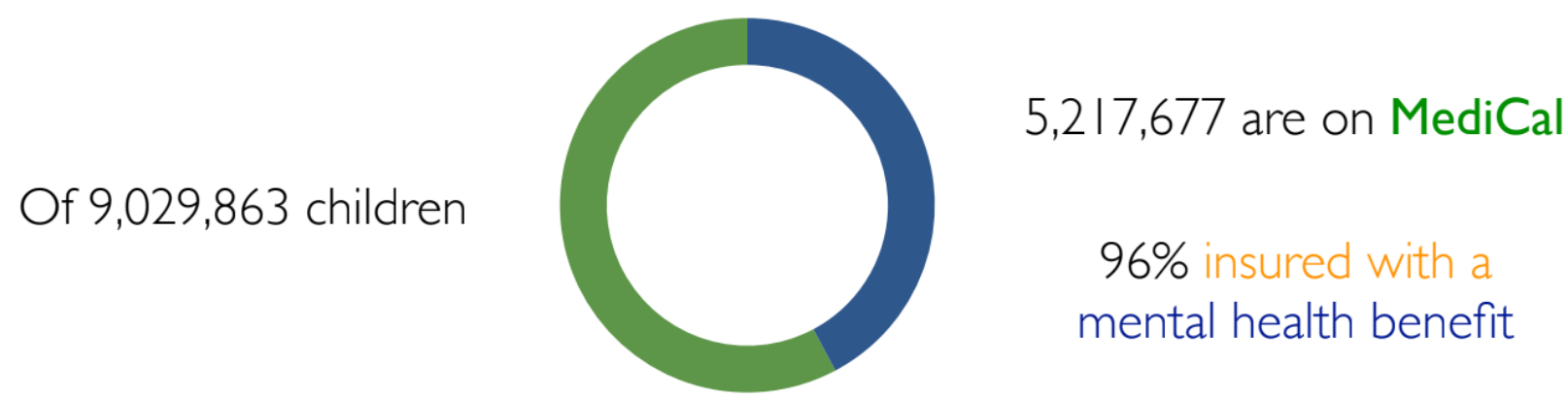
For those receiving services, there was a 20% increase in crisis services utilization

Overall, the “Access” Rate has declined from an already low 4.5%, to 4.1%

Confronting Child + Family Behavioral Health Needs

New Model

The *same* benefit that covers vaccines, covers mental health access...



It is an *entitlement*, called
Early Periodic Screening Diagnosis and Treatment

THE MEDICAL MODEL ISN'T THE ANSWER: WHY SCHOOLS MATTER SO MUCH

- **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. Early identification and intervention is essential to any recovery framework.**



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.

1.5 million
residents

5 SELPAs

14 school districts

Thirteen 9-1-1
receiving centers

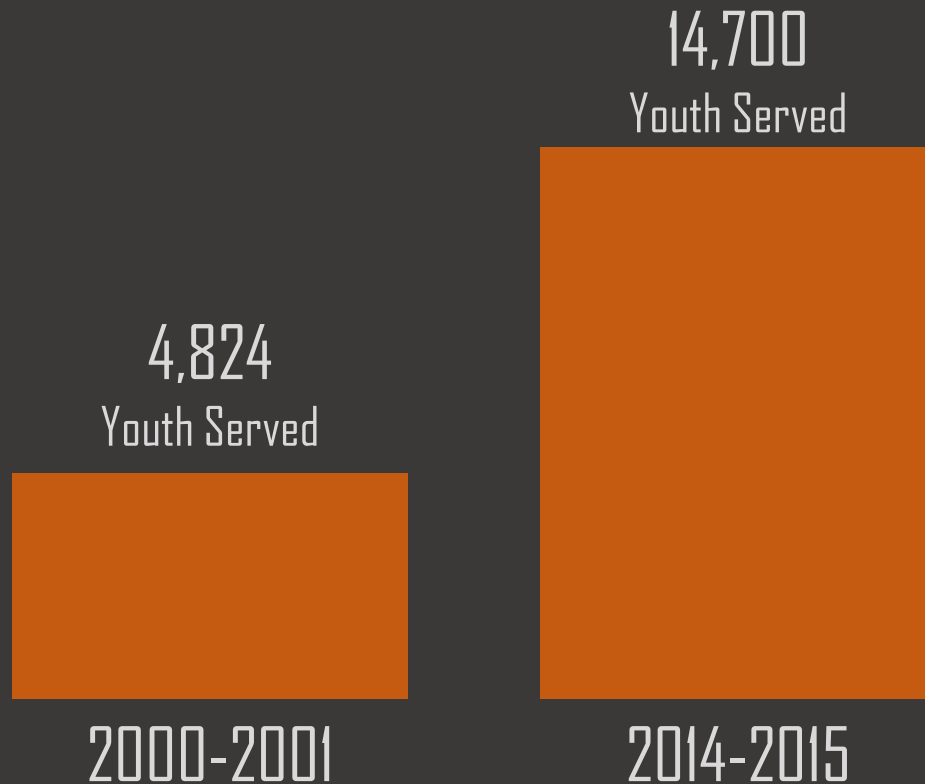
22 Hospitals

2,000 children in out-of-home care



ALAMEDA COUNTY

EPSDT EXPANSION TO SERVE MORE YOUTH

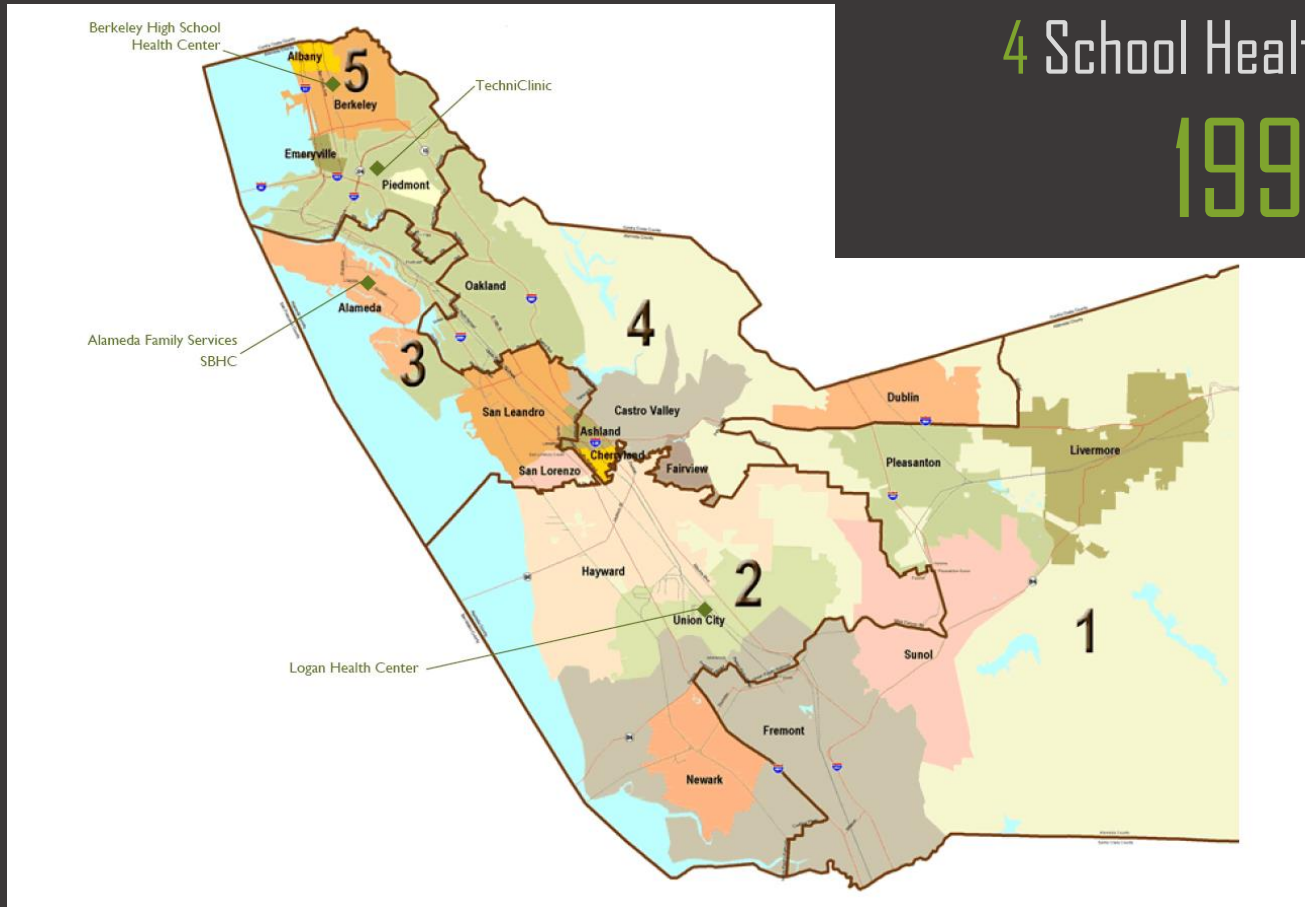


Source: Alameda County BHCS Children's System of Care

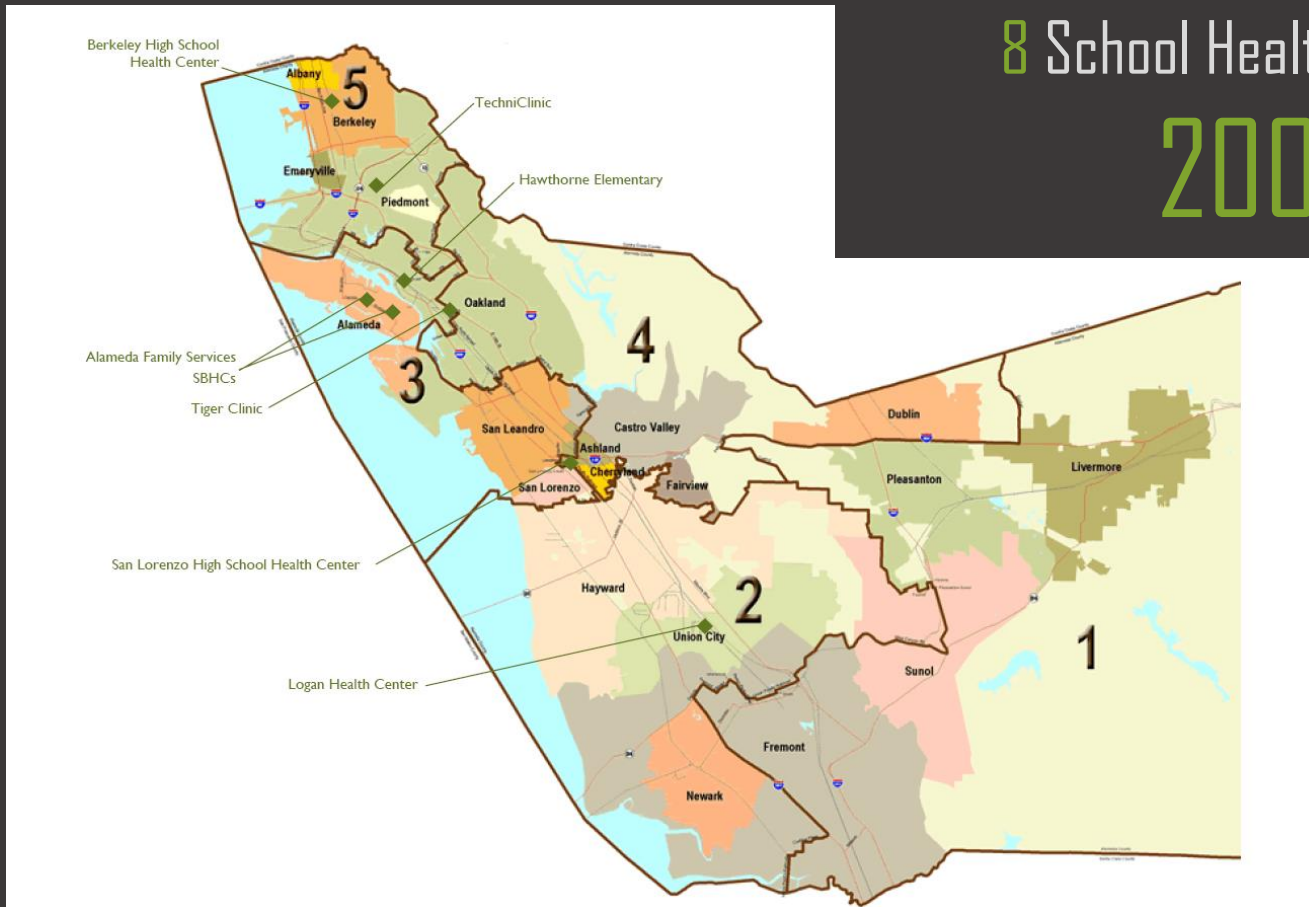
Alameda County

4 School Health Centers

1996



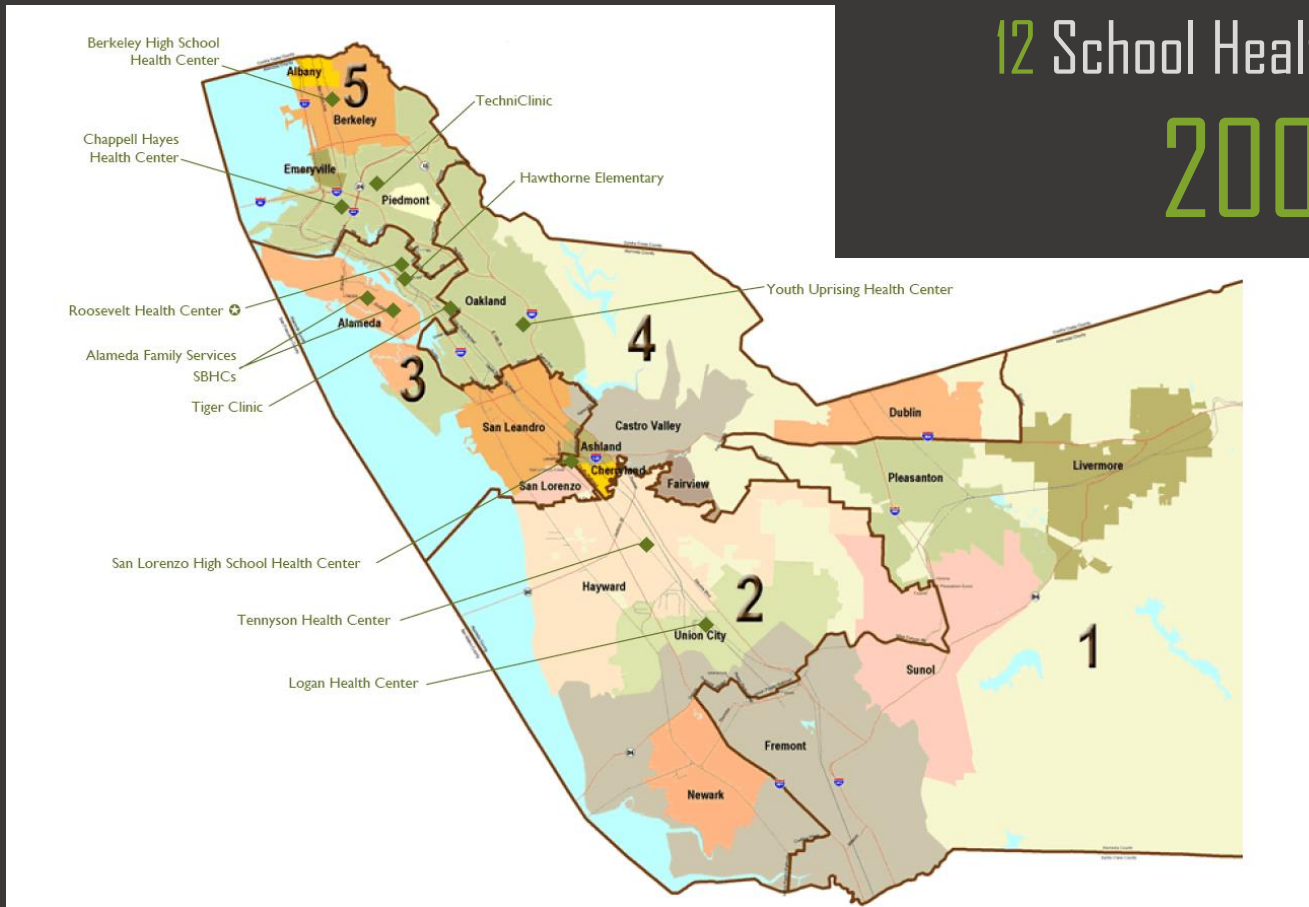
Alameda County 8 School Health Centers 2000



Alameda County

12 School Health Centers

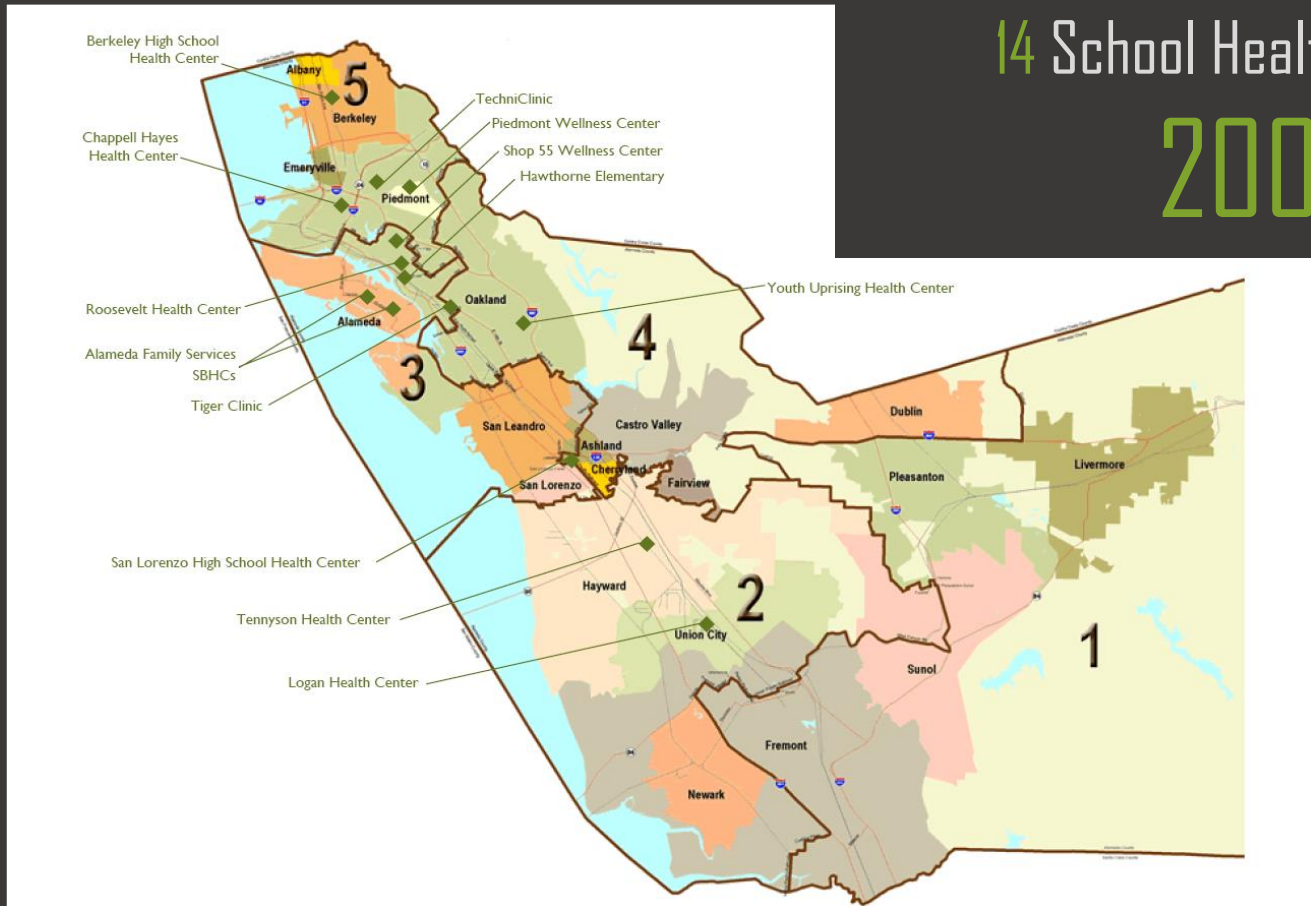
2004



Alameda County

14 School Health Centers

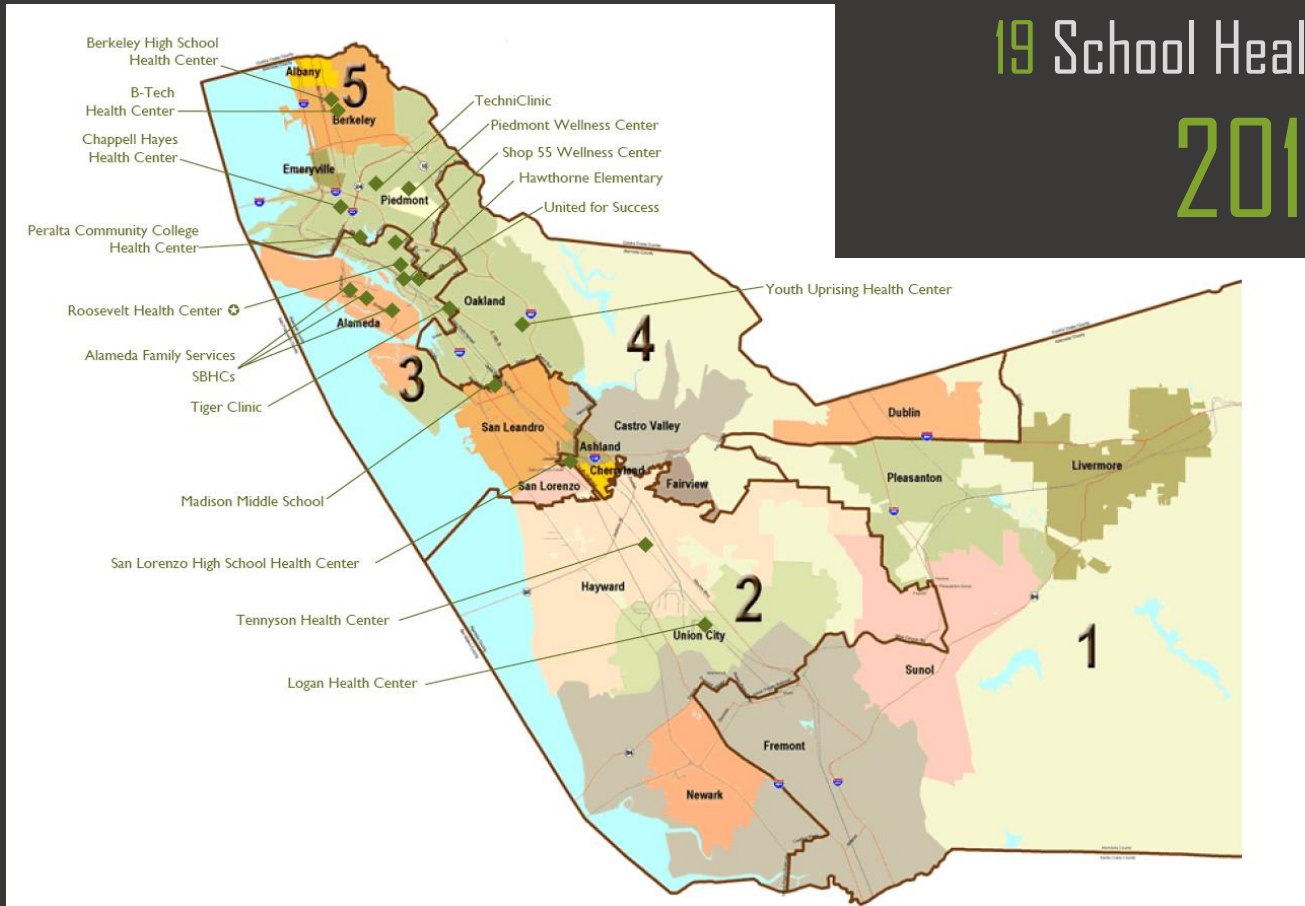
2008



Alameda County

19 School Health Centers

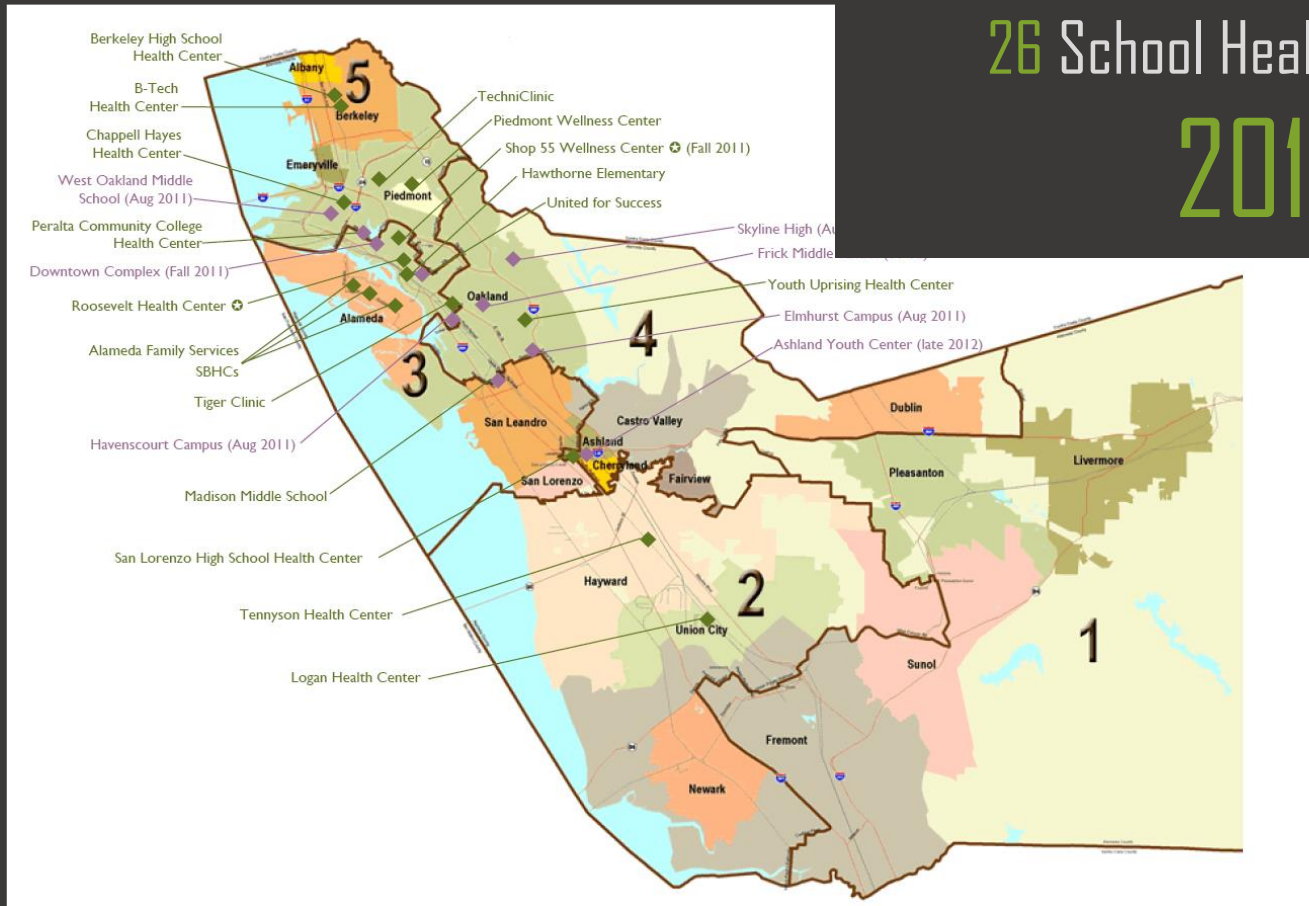
2010



Alameda County

26 School Health Centers

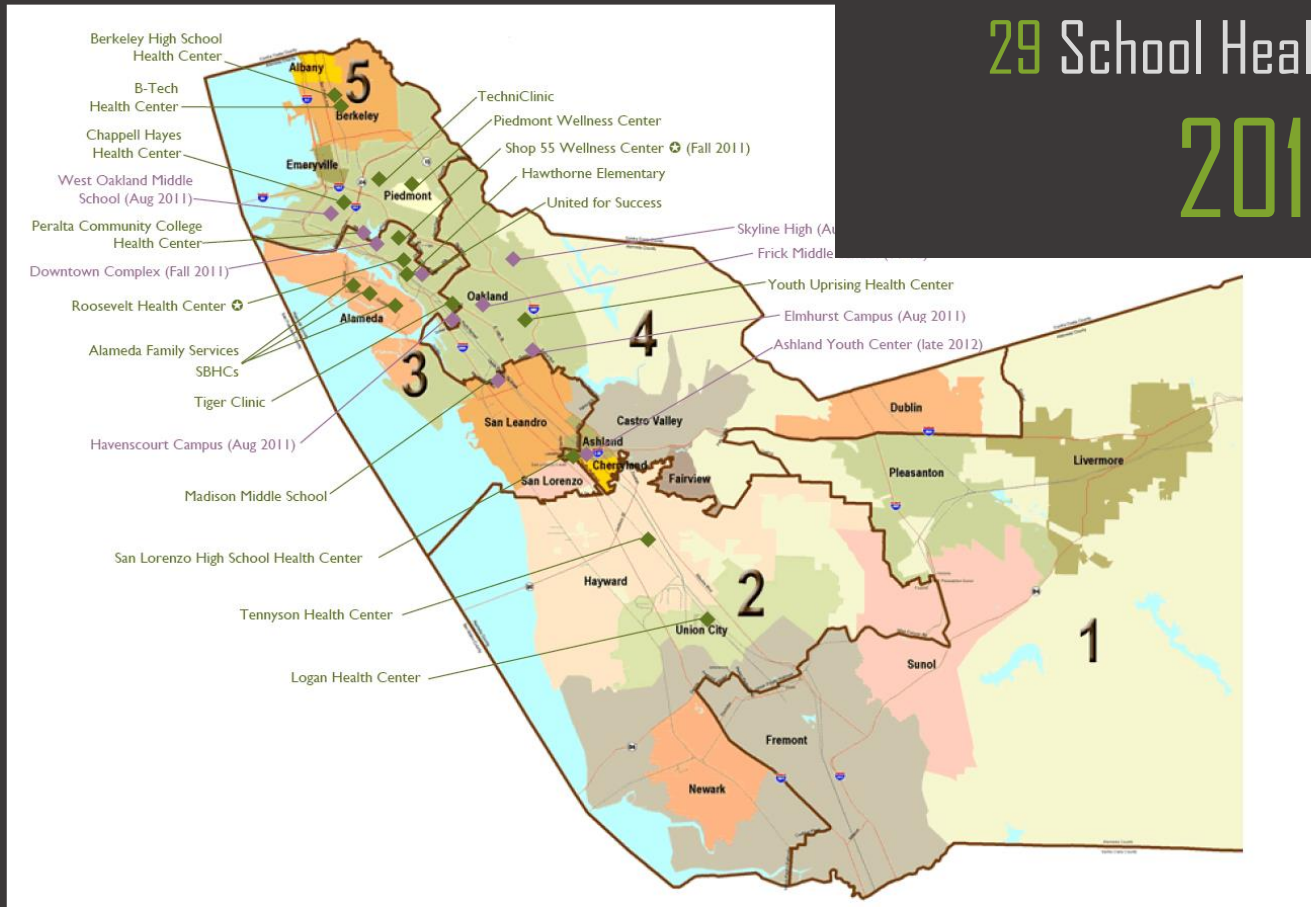
2012



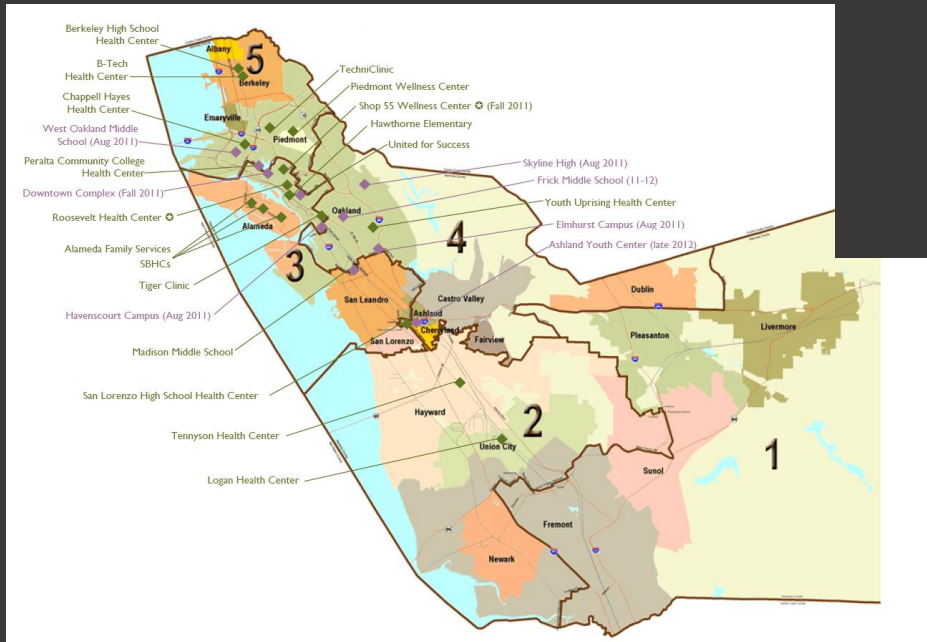
Alameda County

29 School Health Centers

2014



Alameda County 29 School Health Centers 2014



TODAY THERE ARE 200 SCHOOL BASED
BEHAVIORAL HEALTH PROGRAMS IN
ALAMEDA COUNTY



1

Maximize federal funding by leveraging existing revenues. There are currently billions in unspent state and county dollars that are eligible for federal matching funds. We can expand funding for children's services by billions without new state investment and can invest our existing state dollars in more effective ways. We see multiple pathways to better leverage the state funding provided to counties, finance federal entitlements, and incentivize counties to increase their investment of additional local resources to access federal financial participation.

2

Broaden access to services that children and youth need while enhancing quality, integration, and accountability for outcomes across child-serving systems. We can evolve our fragmented pathology driven mental health system into a unified approach that provides a foundation for resilience and healthy development by taking actions such as adopting anti-racism and poverty reduction goals and strategies; increasing the inclusion of children and families with lived experience in the design, delivery, and evaluation of behavioral health programs and strategies; developing plans to meet the obligations of the Federal Mental Health Parity Law; and encouraging consistent implementation of SB1287 (Hernandez), which clarifies the broad definition of medical necessity so that all children who need supports can access them.

3

Transform how we purchase services for children. We can create systems that pay for outcomes and are accountable to the experiences of children and families if we explore possibilities such as unifying child-serving departments by adopting a standard set of child well-being indicators, piloting collaborations that transform procurement practices, and implementing strategies to pay for value (meaningful outcomes) rather than volume (units of service).

We have new science and emerging practices that demonstrate the **promise** of behavioral health

AND

There is striking **evidence** of a crisis

AND

The Economic Imperative is aligned with the **social justice** imperative.

AND

There is a way to finance **broad reform**

WHY NOW?

- Growing consensus that current design and outcomes are unacceptable
- Growing revenues (MHSA AND REALIGNMENT) in the context of the EPSDT Entitlement.
- Federal waiver opportunities
- National movement towards integration
- New science and learning that highlights the promise of behavioral health
- New state administration
- Need for Family Systems Models
- Workforce Scarcity as Opportunity
- Lessons Learned—in California and across the nation



The Crisis is Real

So is the Opportunity



California
Children's
Trust

Join us...

<https://cachildrenstrust.org/>