THIS BILL

AB 898 would help advance health equity and improve the children’s behavioral health system in California.

THE ISSUE

Research demonstrates that poverty, early childhood adversity, and social isolation contribute to short- and long-term behavioral health consequences across the life course. In California, nearly half of all children live in or near poverty and more than 60% of California children have experienced at least one adverse childhood event. Under Medi-Cal, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit entitles low-income children to receive developmental and other necessary screenings and health and mental health services to address conditions that impede healthy development. Estimates suggest that 22% of low-income children have a behavioral health disorder that negatively impacts their health and wellbeing. These estimates do not include children whose behavioral health needs don’t meet strict diagnostic criteria, which may be more common among certain populations of low-income children. Nevertheless, less than 5% of eligible youth in California receive a single mental health service under Medicaid, and fewer than 3% receive ongoing clinical treatment.

Untreated behavioral health needs can lead to lifelong challenges in social and emotional development, academic achievement, and physical health. Given that early childhood is a critical window for brain and emotional development and that 50% of all chronic mental health problems begin by age 14 and 75% by age 25, childhood and adolescence is a critical time for identifying and addressing behavioral health needs before more costly and restrictive interventions are required. Unfortunately, existing financing and administrative burdens contribute to a children’s behavioral health system that is fragmented and ill-equipped to comprehensively offer the support children, youth, and families deserve to achieve social, emotional, and developmental health and well-being.

SOLUTION

AB 898 would direct the Health and Human Services Agency to convene the Children’s Behavioral Health Action Team, comprised of a broad representation of stakeholders engaged in child-serving systems. The Action Team would be charged with reporting findings and recommendations by March 30, 2021, including, but not limited to, strategies to maximize federal, state, and local funding for EPSDT; addressing gaps in access to behavioral health supports for children; and exploring alternative contracting and payment arrangements that improve access to coordinated and integrated care for children and youth.

The bill would also require the Action Team to submit a final implementation plan by September 20, 2021. The implementation plan would strategies to address the Action Team’s findings and recommendations, as well as any additional legislative action, State Plan Amendments or federal waivers, or any further appropriation needed from the legislature to advance health equity and promote healthy development for children.

SUPPORT

California Children’s Trust (Sponsor)

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