

Secretary Mark Ghaly
1501 W. Capitol Avenue
Sacramento, CA 95814

Acting Director Richard Figueroa
California State Capitol
Sacramento, CA 95814

RE: CalAIM INITIATIVE

Dear Acting Director Figueroa, Secretary Ghaly, and CalAIM Workgroup Members:

The above organizations write to provide comments on the California Advancing and Innovating Medi-Cal (CalAIM) initiative which seeks to improve the quality of life and health outcomes of Californians by implementing broad reforms across Medi-Cal programs.

While we support Medi-Cal reform and the state's move toward whole-person care, no conversation about children's health or behavioral health is complete without schools, educators, and early learning and care providers at the table. Youth from ages 5 to 18 spend nearly half of their waking hours at school. During this time, teachers and school administrators act as parentis in locus which often entails meeting children's physical and mental health needs. Districts-of-residence are legally liable for ensuring that children with special needs can access a free and appropriate education, a duty which frequently requires school staff to act as both educator and health care provider. Yet, for some reason the state has chosen to exclude schools from important conversations about proposed health and behavioral health reforms. **We urge the Administration to increase its communication and outreach regarding CalAIM to schools, appoint school administrators, parents, teachers, and staff to CalAIM workgroups, and ensure that education stakeholders have adequate representation in all forums where major reforms to youth mental and physical health are being considered.**

Current CalAIM proposals fail to address the youth mental health crisis manifesting in California schools. Since 2005, there has been a 30% increase in youth suicide rates, including a 200% increase among girls 10-14. Suicide is now the second leading cause of death for youth ages 10 to 24.¹ One in five California high school students considered suicide in the last 12 months.² That this epidemic continues to grow is no surprise given that the Centers for Disease control estimates that 13% to 20% experience a mental disorder annually,³ yet only 4.1% of Medi-Cal eligible youth in California receive mental health services.⁴ The current mental health delivery systems are clearly not reaching California's children and they will continue to fail to do so until the state implements a whole-person care strategy that includes schools. **We urge the Administration to adopt a research-based whole-child behavioral health delivery system that reflects the fact that youth are 21 times more likely to receive mental health services if they are provided on a school campus.**⁵

Local Education Agencies (LEAs) and county behavioral health departments are experiencing the same claiming and billing issues, but CalAIM fails to address issues with the LEA Billing Option Program (LEA BOP). Both LEAs and county behavioral health departments are struggling with the certified public expenditure claiming model, audits and documentation requirements, and diagnosis prerequisites. CalAIM proposes solutions to all of these concerns for county behavioral health departments, but leaves schools and students in the same broken system that has led many schools to drop out of LEA BOP in the last decade. In 2016-17, only half of California LEAs drew down any federal funding for the health and mental health services they provided. Of those that did draw down federal dollars, most schools submitted claims for only a fraction of the eligible activities they performed. By applying CalAIM reforms that simplify the claiming process to LEA BOP, we believe California could draw down up to \$2 billion in federal funds without incurring any additional state costs. **We request that the Administration extend the reforms proposed in CalAIM to LEA BOP and to adopt a delivery system that allows schools to maximize their investments in student health services.**

¹ Centers for Disease Control and Prevention. Suicide rising across the US. www.cdc.gov/vitalsigns/suicide/index.html

² USC, New Study of California High Schools Finds Significant Correlation Between School Attributes and Suicide Ideation Among Students, <https://dworakpeck.usc.edu/>

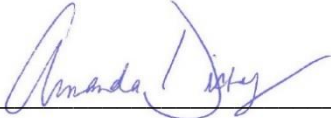
³ Centers for Disease Control and Prevention. What are Childhood Mental Disorders? www.cdc.gov/childrensmentalhealth/basics.html

⁴ Department of Health Care Services. Performance Outcomes and System Reports and Measures. March 2018. www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

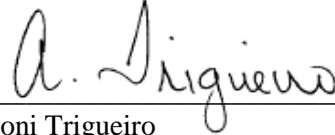
⁵ Journal of Adolescent Health, 2003. Vol. 32, No. 6, <https://www.apa.org/monitor/2009/01/school-clinics>

We urge the Administration to schedule a meeting with the signatories of this letter to further discuss CalAIM and the need to include schools and educators providers in Medi-Cal reform conversations. Our point of contact is Amanda Dickey who can be reached at adickey@ccsesa.org or 530-301-3510.

Sincerely,



Amanda Dickey, Esq.
California County Superintendents Educational
Services Association



Toni Trigueiro
California Teachers Association



Dolores Duran-Flores
California School Employees Association



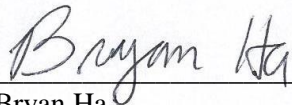
Erika Hoffman
California School Boards Association



Hellan Roth Dowden
Teachers for Healthy Kids



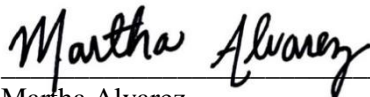
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Elizabeth Estes
Breaking Barriers



Laura Wasco
California Association of School Psychologists



Alex Briscoe
California Children's Trust



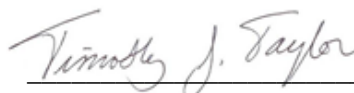
Elizabeth Esquivel
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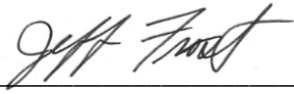
Andrea Ball
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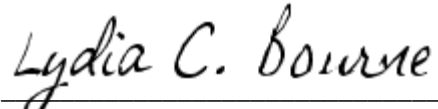
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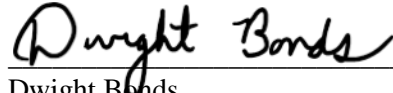
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