California’s Children are in a Mental Health Crisis:

- 104% 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
- 50% increase in mental health hospital days for children between 2006 and 2014
- 61% 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 price, and we have a fiscal and moral imperative to address the crisis:

- $11.6 billion was spent on hospital visits for mental health between 2006 and 2011
- 37% of students with mental illness age 14 and older, dropout of school—the highest dropout rate of any disability group
- Mental health and substance use disorders are the leading causes of disease burden in the U.S.

The price is higher for black and brown children, they receive the wrong services at the wrong time:

- 81% of children on medicaid are black or brown.
- The suicide rate for black children, aged 5-12 is 2x that of their white peers.
- 70% of youth in California’s juvenile justice system have unmet behavioral health needs, and youth of color are over-represented in the system.

We have a Once-In-A-Generation Opportunity to Make the System Work for Children.

California Children’s Trust is Driving This Reform with a focus on Equity + Justice.
The California Children’s Trust is a coalition-supported initiative to reinvent how California defines, finances, administers and delivers children’s mental health supports and services. Equity + Justice is at the center of our beliefs, our actions, and our strategy for change.

The Trust is Tackling Four Key Challenges to Reinvent Children’s Mental Health

1. Root Causes
   - 62% of adults have experienced at least one ACE.
   - 1 in 2 children live in poverty
   - 70% of children born into poverty never get out

2. The Access Gap
   - Over 50% of California’s children are covered by Medi-Cal and EPSDT entitlement
   - The access rate is down to 5%

3. A Broken Model
   - California has fewer than 2,000 child and adolescent psychiatrists to serve more than 9 million children in the state.
   - Diagnosis-driven models are only appropriate for 4-7% of children with mental health issues

4. Fragmented Child-Serving Systems
   - Too many children fall through the cracks until there is a crisis
   - 20% increase in crisis services utilization since 2011

THE TRUST’S FRAMEWORK FOR SOLUTIONS

Three Strategic Priorities. Centered on Equity + Justice

- Expand Access and Participation
  - Increase state and county spending, and fully claim the federal match
  - Expand who is eligible, who can provide care, what is provided, and the agency of the beneficiary

- Maximize Funding
  - Increase transparency and accountability

- Reinvent Systems
  - Help us make mental health services work for children and youth:
    - Support statewide advocacy efforts
    - Read and share our policy briefs
    - Join our coalition
    - Become a champion for our vision

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