A PERFECT STORM FOR CHANGE:
THE URGENT NEED TO ADVANCE CALAIM’S CHILDREN’S
BEHAVIORAL HEALTH REFORM EFFORTS

Overview and Call-to-Action
June 2020
BEFORE COVID-19 THERE WAS 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
AND IT HAS ONLY GOTTEN WORSE

Collateral damage of COVID-19

- **Exacerbates equity gap:** Operating outside of school structures decreases access to resources—tech, food, MH supports, child abuse screening, etc.

- **Massive disruption to children’s routines:** Increases anxiety, social isolation and erosion of social capital.

- **Economic insecurity and isolation:** Increased risk of intimate partner violence.

- **Destabilization of the provider network:** Dramatic disruption in access to care—behavioral and mental health, reproductive services, etc.

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“We’re going to see increased stress-related cognitive impairment and diseases and probably increased toxic stress among young people. Experts say that when kids return to schools, the demand for mental health care will be greater than the available services, as the effects of the coronavirus disruptions cut across socioeconomic status, affecting all children throughout California.

-- California Surgeon General Dr. Nadine Burke Harris
THE “PRICE” HAS **ALWAYS** BEEN 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.

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.
EVEN WITH NO RECESSION MOST OF OUR STATE’S KIDS RELY ON MEDI-CAL

6 million of California's 10 million children are covered by Medi-Cal and EPSDT entitlement
(a 33% increase over last five years)
The Role of Medi-Cal in CA is only Growing (as the Primary Coverage Mechanism for Children's Safety Net)

- According to the CalEQRO Performance Outcomes System, between 2010 and 2018, enrollment increased by 30%.

- Covered California has reported a 41% increase in enrollment across coverage offerings through April 1 due to the initial impacts of the pandemic.

- The current unprecedented job losses will undoubtedly result in more and more low-income families enrolling in Medi-Cal.

- The Children’s Trust projects a 25% increase in enrollment by fall 2020, bringing the total to 70% of the state’s children relying on Medi-Cal.
SOME SEE THE STORM. WE SEE THE SOLUTION

Global Pandemic

Response to Racial Injustice

Economic Recession
UNDERSTANDING CalAIM
The most ambitious and courageous action by DHCS on mental health in more than 20 years

Key Wins:

• Opening the door to claim against non-federal dollars already being spent in other child-serving systems.

• Proposed removal of diagnosis as requirement for access—affirms EPSDT is different and cannot be restricted

• Continuation of waiver

Needs To Go Further:

• Falls short on acknowledging behavioral health as part of healthy development, not pathology

• Doesn’t center equity and justice to transform a system that works for EVERY child

• Must ensure EPSDT coverage of AOD services
RESPONSE FROM CCT AND CACFS

Since the October 2019 proposal we have carefully monitored updates and provided written responses

- Immediately (November 2019) distributed analysis of the proposal
- Established a team of policy leaders to analyze and respond to the proposal and key updates:
  - CACFS: Chris Stoner-Mertz, Adrienne Shilton
  - CCT: Alex Briscoe and Reed Connell
  - WestCoast Children's Clinic: Jodie Langs
  - Seneca: Emily (Higgs) Allison, Patricia Gish
- Authored seven letters to DCHS to push for greater reform.
Recent Progress

DHCS signals intent to reform medical necessity and expand access
New family therapy guidance for the MCOs

June 19 Family Therapy Benefit guidelines released by DHCS

- Details still emerging
- Allows for ongoing care with a psychosocial Z code

These significant guidelines were an essential recommendation that CCT and CACFS made during the CalAIM process.
CATALYST CENTER

The Catalyst is the resource vehicle that leverages connections between research, policy, and practice to inform and lead capacity building efforts across the state of California for providers in the fields of child and family services.

The Catalyst’s technical assistance providers provide guidance around:

- Deepening cross-sector networks;
- Centering community in co-creation and collaboration;
- Practice improvement and organizational development in the context of child and family services

We will be launching statewide convenings & trainings around advancing trauma-informed networks of care to address and prevent ACEs through the ACEs Aware Initiative.

Visit www.catalyst-center.org

The California Provider Helpline (CPH) launched last month to assist child-serving providers in California and their clients with questions, and/or issues or challenges that they are experiencing.

The confidential Helpline (833-99YOUTH) is available 7 days a week from 8 a.m. to 8 p.m.

Helpline Analysts listen to callers’ unique situations and assist in strategizing, providing guidance, information, and resources to assist with resolution of their issue or challenge.
THE WORLD HAS CHANGED, BUT WE CAN’T TAKE OUR FOOT OFF THE GAS

We understand the timelines for implementing the sweeping changes to the Medi-Cal program proposed have also changed.

However, we urge the Administration, the Health and Human Services Agency, and Department of Healthcare Services leadership to continue to advance these key reform efforts, many of which can be acted on—in whole or in part—without a federal waiver.
OUR FRAMEWORK FOR SOLUTIONS ADVANCES THE CORE TENETS OF CalAIM—AND CAN STILL BE REALIZED
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 FEDERAL INVESTMENT IN MEDI-CAL

The payment reform components of CalAIM would create unparalleled opportunity to maximize federal revenue and increase access to services for Medi-Cal beneficiaries.

Intergovernmental Transfer (IGT)-based funding model may not be possible without a formal waiver process at this time, but there are still many mechanisms available:

• Identify un-leveraged sources of eligible Certified Public Expenditures (CPEs) across the child-serving systems, and

• Advocate for increased Federal Medical Assistance Percentages (FMAP) for the duration of the crisis and through the coming recession – the goal is 90%, similar to ACA
4 WAYS TO CLAIM CERTIFIED PUBLIC EXPENDITURES (CPEs)

• Direct services—including case management
• Utilization review and quality assurance
• Medicaid administrative activities
• Administrative—15% cap on gross expenditures
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

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- Health Plans (MCO)
- County Mental Health Dept's (MHP)
- Dept. of Heath (LGA)
- School Districts (LEAs/SELPAs)
- Community Health Centers (FQHC)
- Hospital UC/PH
- Regional Center

CAPITATION
CPE
CPE
CPE
CPE
PPS
IGT
CPE
BROADEN THE DEFINITION OF MEDICAL NECESSITY FOR CHILDREN AND YOUTH

We applaud the state’s commitment to modifying the eligibility criteria for Medi-Cal specialty mental health services in alignment with the EPSDT federal entitlement and reflecting the inherent limitations of a diagnosis-driven system for children.

We must shift from a diagnosis-driven system to an approach that reflects an understanding of the impact of trauma and the social determinants of health on long-term health and mental health outcomes.
The fragmented system creates myriad barriers to care, and many of the opportunities to simplify and streamline administrative inefficiencies are well within the purview of the state to implement without federal approval or authorization.

- Statewide documentation forms and requirements that are standardized across all counties.
- A centralized credentialing process at the State (instead of at the MHP level) for providers.
- Consistent guidance across MCOs and MHPs
As our children return to school, let us ensure:

• every school is healing centered, **and**

• every child has access to dramatically expanded behavioral health supports, including clinical resources, **and**

• low-income children have what they need to survive and thrive in a post-COVID world.

As we seek to heal our nation, let us begin with our children.
CALL TO ACTION

• Join our growing call for 100% FMAP
• Enlist TA to help county Mental Health claim new federal revenue (AB 2083)
• Explore partnerships with MCOs on moderate to specialty services
• Support growth of school mental health strategies (MHSA, LEA SPA, SB 75)
STAY CONNECTED FOR MORE ACTIONS

@CAChildrenTrust
California Children’s Trust
cachildrenstrust.org
Sign up for the CCT Newsletter

@CAAllianceKIDS
California Alliance of Child and Family Services
cacfs.org
Sign up for the Catalyst Center Newsletter