



TO: Will Lightbourne, Director, California Department of Health Care Services;
Dr. Mark Ghaly, Secretary, California Health and Human Services Agency

FROM: Levi Deatherage & Jevon Wilkes, The California Coalition for Youth

SUBJECT: CalAIM Waiver Proposal

DATE: May 6, 2021

On behalf of The California Coalition for Youth (CCY), we are submitting these comments in response to the CalAIM Waiver Proposal, led by the Department of Health Care Services (DHCS).

CCY is a thirty-nine-year-old grassroots non-profit organization located in Sacramento that, as a statewide coalition, takes positions on and advocates for public policies, programs and services that empower and improve the lives of all California's youth ages 12-24, with a strong focus on disconnected, runaway and homeless youth.

We have a lot to say about the complex maze that youth navigate, often at their most vulnerable moments, to get mental health services. And, if a youth manages to figure out the maze, dire workforce shortages often make it impossible to be served. This doesn't even take into account the impacts of the pandemic we've endured. The experience of navigating and trying to get access to services is, in itself, traumatic...trauma on top of trauma. We must present youth with the opportunity to heal, restore, rebuild, and thrive from the immense trauma they have experienced in their lives.

We want to commend DHCS on its intention to reform Medi-Cal through the CalAIM Waiver process. We also feel it is our responsibility to California's youth to voice serious concerns about several critical shortcomings of the CalAIM waiver proposal, which if left as is, will hinder this opportunity of rebuilding trust in a system that cares by lifting up the voices of youth beneficiaries as experts in their well-being.

“No wrong door” must mean all entry points are accessible, available, and welcoming.

We appreciate the proposal's focus on the relationship between Managed Care Organizations (MCOs) and county-run Mental Health Plans (MHPs) and their shared role in providing youth mental health services. Young people receive services in both systems and it's critical that there is improved access to both -- which is why we like DHCS' vision of no wrong door. But as written, there can still be a wrong door between these two systems. For example, if certain parts of the system leave room for local interpretation, then there will be discrepancies and inconsistencies around access. Also, long-standing workforce shortages, if unaddressed, will continue to plague the system and miss the opportunity to serve our most vulnerable and at-risk youth.

You finally identify a program, which claims they can help. Yet, when you arrive, the hope, which you struggled to develop and maintain in the first place, is quickly dashed upon hearing “you need document A,B,C,and D.” You leave dumbfounded, aghast, and truly discontent, and won’t seek out help again for a long-time. These are the barriers to be addressed. If a young person is eligible for Medi-Cal, it shouldn’t be on them to provide more than a benefit card, at most. It should be on the system to figure out the backend and payment mechanisms as well as ensure the backend does not result in less providers participating in the system. If we do not, as a community, declare it an absolute necessity for easier access to mental health services. Then, we surely have left our future leaders, dreamers, and champions up the creek without a paddle.

When youth, or their families, reach out to access behavioral health services in Medi-Cal, it has likely taken them significant emotional effort just to ask for help. To create additional “doors” that have to be opened means more time, more questions, and the chance that there will be a wrong door as well as more opportunities for the individual to, frankly, give up and stop seeking services.

Let youth decide the level of our trauma -- in our own time and in our own way -- don’t give us a “score”

The population we serve is truly one of the most vulnerable, but also one of the most resilient and impressive demographics our society has, many of whom have already fallen through cracks, been overlooked for required screenings and interventions -- the system has already failed many young people by this age. Screening tools that assign “trauma” scores and require “high scores” to see what services a young person can receive aren’t a solution. No young person wants another “score” to tell them they weren’t good (or severe, in this case) enough to receive access to needed services. Diagnoses that label and pathologize aren’t a solution either. These simply perpetuate systemic racism and stigma.

Young people, and their support systems (be it family, relatives, peers), should be able to determine whether their experiences rise to the level of needing support without the use of an often, re-traumatizing screening tool. The system needs to be able to figure out a way to prevent young people from having to retell their stories over and over again to get care. Shouldn’t their willingness to receive care, be enough to qualify them to receive care.

The workforce needs to be bigger and more like us -- youth are becoming peer support specialists and are eager to be a part of the mental health workforce.

The waivers do not address the workforce diversity or shortage problem in the Medi-Cal mental health system. This is a critical omission. What is the point of improving access if there are no available or culturally appropriate providers? We should be expanding the roles of peer support specialists and community health workers, investing in youth centered training and utilize peer-to-peer volunteers as a workforce pipeline, working with community colleges and other vocational pipelines to pave the way for people of color and those with lived experience to participate in the workforce needed by our mental health system.

We applaud the focus on homeless youth, and we must make sure at-risk youth receive the same level of support before having to experience homelessness.

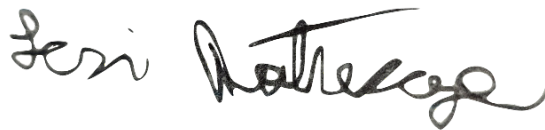
The 1915(b) CalAIM waiver removes the need for a diagnosis for access to Specialty Mental Health Services (SMHS) for youth experiencing homelessness - we applaud this and are internally grateful! Same with youth in the child welfare system. While this will impact roughly 300,000+ children experiencing homelessness or in child welfare, it leaves out the remaining 5 million plus youth and children in Medi-Cal. It must go farther to eliminate access gaps for Black, Indigenous, and children of color who experience greater levels of ACES and whose families disproportionately experience compounding stressors and social determinants of health that put them **at risk for** involvement with the child welfare, juvenile justice systems, and homelessness. We must intervene before it gets to this point.

Thank you for the opportunity to weigh in on the CalAIM Waiver Proposal. This is a critical moment to positively address the systematic racism of the current system, with the opportunity to get it right for all youth. For a true California for ALL.

Sincerely,



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