Charting a New Course for Children, Youth and Young Adult Behavioral Health in California - A Post-Pandemic Opportunity
Learning Objectives

- Review trends in mental health and substance use disorders including the lack of services to support young people and meet their behavioral health (BH) needs

- Identify how the COVID-19 pandemic has impacted the BH of young people

- Understand the State Budget process, the responsibilities of the Health and Human Services Agency, and historic opportunities

- Plan for Transformed Children’s and Young Adult’s BH System in CA
Behavioral Health Needs of Children and Youth Have Been Escalating for Years
California Trends in Children and Youth BH

Prevalence and Treatment of Depression in Adolescents & Young Adults

1 in 8 teens reported a major depressive episode in 2014–15, up from 1 in 11 in 2011–12

1 in 4 youth ages 12 to 17 (25%) needed help for emotional or mental health conditions (such as feeling sad, anxious, or nervous) in 2018, up from 13% in 2009 (UCLA Center for Health Policy Research, 2009 and 2018).

In California, nearly 1 in 13 children and youth experience a serious emotional disturbance.

The statewide rate of youth mental health hospitalization was 5.2 per 1,000 in 2018, up from 3.4 per 1,000 in 2007 (Lucile Packard Foundation for Children’s Health, 2018).

Treatment levels stayed the same even when prevalence grew. Stable treatment rates translate into a growing number of untreated depressed adolescents.

These Trends Suggest that Narrowing the Mental Health Treatment Gap for Adolescent Depression has made Little Progress

Data were drawn from the National Surveys on Drug Use and Health for 2005 to 2014, which are annual cross-sectional surveys of the US general population.
Trends in Children and Youth BH

Self-Harming Behavior and Suicide Increasing

- **Suicide** is the 2nd leading cause of death for youth and young adults in both CA and nationwide and the primary driver of increases in hospitalizations among youth and young adults are behavioral health conditions. (SAMHSA, CDPH)

- **Serious thoughts of suicide** are increasing for young adults (ages 18-25): 2008-12 it was 6.6% and increased to 8.8% 2013-17. (CDPH)

- 1 in 9 high school **girls** in California attempted suicide in 2015 (CHCF, 2018)
Children and Youth Struggle with Substance Use

According to a 2017 report by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over 5% of children ages 12 to 17 had a substance use disorder in the last year.
- Over 13% of young adults ages 18 to 25 had a substance use disorder in the past year.
- By 11th grade, about 1/2 of California students have used alcohol and almost 40% have used marijuana.
- Only 10.8% of young people who need treatment received it.
Lack of Treatment

- **2/3** of adolescents with major depressive episodes **did not get treatment**

- Imagine if we let 66 out of every 100 kids with diabetes or cystic fibrosis go without treatment despite us knowing the diagnosis

**It would not happen on our watch!**
BH Linked to Child Welfare, Adverse Childhood Experiences & Juvenile Justice

- Most children in the child welfare system have unaddressed trauma that can affect a child’s development and lead to mental health conditions.

- In CA, more than 1/3 of youth in foster care received at least 5 Medi-Cal Specialty Mental Health Services 2016-17 (Dept of Health Care Services).

- Juvenile justice system involved youth have disproportionately higher rates of behavioral health disorders – 50% to 70% higher – compared with other youth (Kretschmar et al., 2014; Schubert and Mulvey, 2014).

- Of 4,333 youth in California’s juvenile halls or camps, on home supervision, or in alternative confinement programs more than half (54%) had an open mental health case, and more than one-fifth (23%) were receiving psychotropic medication. (CA Budget Center Analysis of the Board and State and Community Corrections Data).
Impact of COVID-19 on BH of Young People

- Care givers with BH challenges often equal kids with BH needs. The CDC survey found that nearly 50% of mothers reported symptoms of anxiety and/or depression during the pandemic and 29% of these parents reported harm to their child’s emotional or mental health.

- Stressors are experienced acutely in low-income communities with a disproportionately high number of Black and Latinx.

- Children’s BH related ED visits nationwide increased in April 2020 and remained elevated through October 2020. Compared with 2019, mental health–related visits for children age 5–11 were up 24% and for youth ages 12–17 up 31% (JAMA, 11/2020).

- During the pandemic, 56.2% of Americans between ages 18 to 24 reported symptoms of anxiety and depression. In this 18 to 24 age cohort, roughly 25% described an increase or onset of substance abuse and 26% reported serious thoughts of suicide. (Kaiser Family Foundation)
Impact of COVID-19 on BH of Young People

Mental Health of Children and Adolescents Amidst COVID-19 and Past Pandemics: A Rapid Systematic Review

Established Knowledge

- Pretty simple: Kids and young people have been stressed with school and program closures. Loss of supports, social networks, constructive outlets.
- Unchecked, these struggles lead to increased SUD and mental illness.
- Studies found that females fared worse than males during COVID-19.

A few recommendations

- Teachers should promote of mental health among students.
- **We should** enhance children’s and adolescents’ access to mental health services by using both face to face as well as digital platforms.
- Increase availability of virtual mental well-being programs that can mitigate significant COVID-19 related mental health crises in kids and adolescents.
Pandemic Illustrated Gaps in the System and Issues to Prioritize now that a Historic State Budget Provides Opportunities to Accelerate Change
Historic California State Budget

$267.8B Total Budget

- **$100B** “California Comeback Plan” uses Federal Coronavirus Relief and State Tax Revenue to:
  - Provide immediate relief for those hit hardest by the COVID-19
    - $12B in Stimulus Checks, $4B for small businesses, **$8B for rental assistance and job training**
  - Confront the homelessness and housing affordability crisis
    - **$12B to tackle the homelessness crisis**, helping more than 65,000 people get off the streets or avoid homelessness altogether
  - Transform public schools into gateways for opportunity
    - $20 Billion to Reimagine Public Schools, including $3B for Community Schools and **$4B Children and Youth BH Initiative**
  - Build infrastructure for the next century
    - $11B for transportation, $7B for Broadband, nearly **$3.5B for BH Continuum of Care**
  - Combat wildfires and tackling climate change
    - $12.6B for emergency preparedness, drought relief and clean energy
Historic California State Budget
Where are we in the Process?

**Summer - Fall:** State Departments and Agencies (CHHS and its 12 Departments) develop budgets and prepare proposals. The Governor makes final decisions and the Department of Finance prepares the proposed budget.

**By January 10:** Governor releases the proposed budget.

**January - Mid-May:** Budget committees and their subcommittees hold dozens of hearings to review the Governor’s proposals and make initial decisions.

**Mid-May to June:** The Governor releases the May Revision by May 14. Each house of the Legislature then finalizes its version of the budget.

**June:** Legislative leaders & Governor meet to address outstanding issues.

**June 15:** The constitutional deadline for lawmakers to pass the budget bill.
Children & Youth Behavioral Health Initiative
Vital to California’s Recovery is Addressing Behavioral Health for ALL California’s Children and Youth
Transform California’s children and youth behavioral health system into a world-class, innovative, up-stream focused, ecosystem where ALL children and young adults are routinely screened, supported and served for emerging behavioral health needs.
May Revision Proposal

• ALL of Californian’s children and youth receive early and routine, evidence based, culturally competent, equity focused behavioral health assessments.

• $4 billion over five years, including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23.

• Those with service needs receive access to readily available virtual and interactive tools.

• When virtual tools are not enough, timely, in-person, intensive and acute care services will be available.

• Statewide for ALL children and youth regardless of insurance type.
Why?

- **Early Intervention** - Serving young people and doing it well pays off
  - Half of all lifetime cases of diagnosable mental illnesses begin by age 14
  - Three fourths of lifetime cases of diagnosable mental illness begin by age 25

- **State’s children’s BH system is inadequate to meet current needs**
  - too little focus on prevention
  - too few programs
  - too few behavioral health professionals
  - too few crisis and emergency services
  - too few acute care services and beds

- The most glaring **BH challenges** are **borne inequitably** by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent.

- As we move into recovery, children’s **BH conditions** are anticipated to grow and **intensify** with more young people emerging with **untreated anxiety, depression, psychosis and new substance use disorders.**
New Ecosystem

Behavioral Health Services
Virtual Platform & Provider Network

Schools

• Medi-Cal
• Commercial Health Insurance

Behavioral Health Counselors and Coaches

E-Consult & Provider Network

Behavioral Health Services Capacity and Foundation

Workforce
Programs
Facilities

CHHS
California Health & Human Services Agency
## Proposed Funding Summary

<table>
<thead>
<tr>
<th>Major Items</th>
<th>Amount over five years (rounded in millions)</th>
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<tbody>
<tr>
<td>Behavioral Health Service Virtual Platform</td>
<td>$680</td>
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<tr>
<td>Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools</td>
<td>$550</td>
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<tr>
<td>Develop &amp; Scale-up BH Evidence Based Programs</td>
<td>$430</td>
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<tr>
<td>Building Continuum of Care Infrastructure</td>
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<tr>
<td>Enhance Medi-Cal Benefits (<em>Dyadic services, ACEs</em>)</td>
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<tr>
<td>School BH Counselor and BH Coach Workforce</td>
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<tr>
<td>Broad BH Workforce Capacity</td>
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<tr>
<td>Pediatric, Primary Care and Other Healthcare Providers</td>
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<tr>
<td>Public Education and Change Campaign</td>
<td>$125</td>
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<tr>
<td>Coordination, Subject Matter Expertise and Evaluation</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>~$4,000</td>
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Multi-year initiative with year one focused on research, planning, and convening subject matter experts and stakeholders.

New **statewide virtual platform** to assess and provide initial follow up care and tools to support ALL young people through age 25 and their caregivers.

- Tiered model to deliver and monitor BH treatment so that the most effective, least resource-intensive treatment is delivered first and referrals to plans for higher level of services.
- Portal is a **universal point of entry** to assist children and youth connect to services.
- Unified financing for early children’s BH services.
Details of the Proposal

- **Statewide eConsult/eReferral service** to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for patients in their practices.

- **Navigation tools** to guide step-by-step access to help regardless of pay source, explore ways technology can support locating available services and supports, including to address unmet needs (such as food or housing insecurity) that can lead to anxiety, stress and trauma.
Build up the continuum of **programs and workforce** to support and care for the social and emotional needs of young Californians.

- Support scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions, with a particular focus on young people experiencing their first break or first episode of psychosis, and/or substance use disorders (SUDs) statewide. **Focus on disproportionately impacted and communities of color.**

- Produce School BH Counselor, BH Coaches & other BH professionals.
Build up of MH and SUD **beds and facilities** to provide in-person services when needs intensify.

- Focus on offering social model and residential settings, providing crisis stabilization and crisis residential services in a home-like setting.

Implement **dyadic services** in Medi-Cal

- Care is delivered in the context of the caregiver and family so that families are screened for behavioral health problems, interpersonal safety, substance use and social determinants of health.
  - professionals.
Details of the Proposal

- Statewide education and awareness campaign to raise the behavioral health literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges.
  - Teach Californians how to recognize the early signs and symptoms of distress and where to turn to ask for help.
  - Empower young people to take charge of their mental health and wellness.
  - Develop a public awareness campaign on ACEs and toxic stress, which will include the latest evidence on trauma-informed and trauma-sensitive responses.

- Initiative-wide independent evaluator for all program components to identify best and innovative practices and inform future policy and program work.
What we need from you.

• Your support – advocate for what you think we should be doing in this area (and others).

• Help contribute to the design by sharing publications, program information and ideas of how to shape the program.

• Reach out to your legislator and tell them what you think, what you’ve seen in your work, and what can make a difference.

http://www.legislature.ca.gov/your_legislator.html