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Reimagining Behavioral Health for California's Children and Families

Family Voices

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California's children's behavioral health system is underperforming.

There has been a 50% increase in *mental health* hospital days for children between 2006 and 2014

Inpatient visits for *suicide*, *ideation*, and *self-injury* increased 104% for children 1 to 17 years between 2006 and 2011

A total of $11.6 billion was spent on hospital visits for mental health between 2006 and 2011

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Most children get no support, and many receive the wrong kind, too late.

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Confronting Child + Family Behavioral Health Needs

Old Model

Covered Diagnosis

Patient defined by *Pathology*

Care defined as *Clinical*

What Happens When Payors of Last Resort Meet in a Dark Alley?

Commercial Health Insurance

CCS

IDEA/IEP

Regional Center Waiver

Medicaid

All are clear on what they won't do….

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Since 2011

There has been a 20% increase in the number of eligible children and a concurrent 9% decrease in the rate of children receiving services

For those receiving services, there was a 20% increase in crisis services utilization

Overall, the "Access" Rate has declined from an already low 4.5%, to 4.1%

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Confronting Child + Family Behavioral Health Needs

New Model

The *same* benefit that covers vaccines, covers mental health access…

Of 9,029,863 children

5,217,677 are on **MediCal**

96% insured with a mental health benefit

It is an *entitlement*, called

Early Periodic Screening Diagnosis and Treatment

THE MEDICAL MODEL ISN'T THE ANSWER: WHY WE HAVE TO THINK DIFFERENTLY

- **Approximately 75% of mental illness manifests between the ages of 10 and 24. Since adolescents have the lowest rate of primary care utilization of any demographic group, it makes early warning signs difficult to detect.**
- **Provider shortages at the PCP and mental health practitioner level compound the challenge.**
- **Diagnosis-driven models are only appropriate for some children. Early identification and intervention is essential to any recovery framework.**

How did we get here?

We have no common framework for defining and understanding behavioral health among and between public systems and clinical care providers.

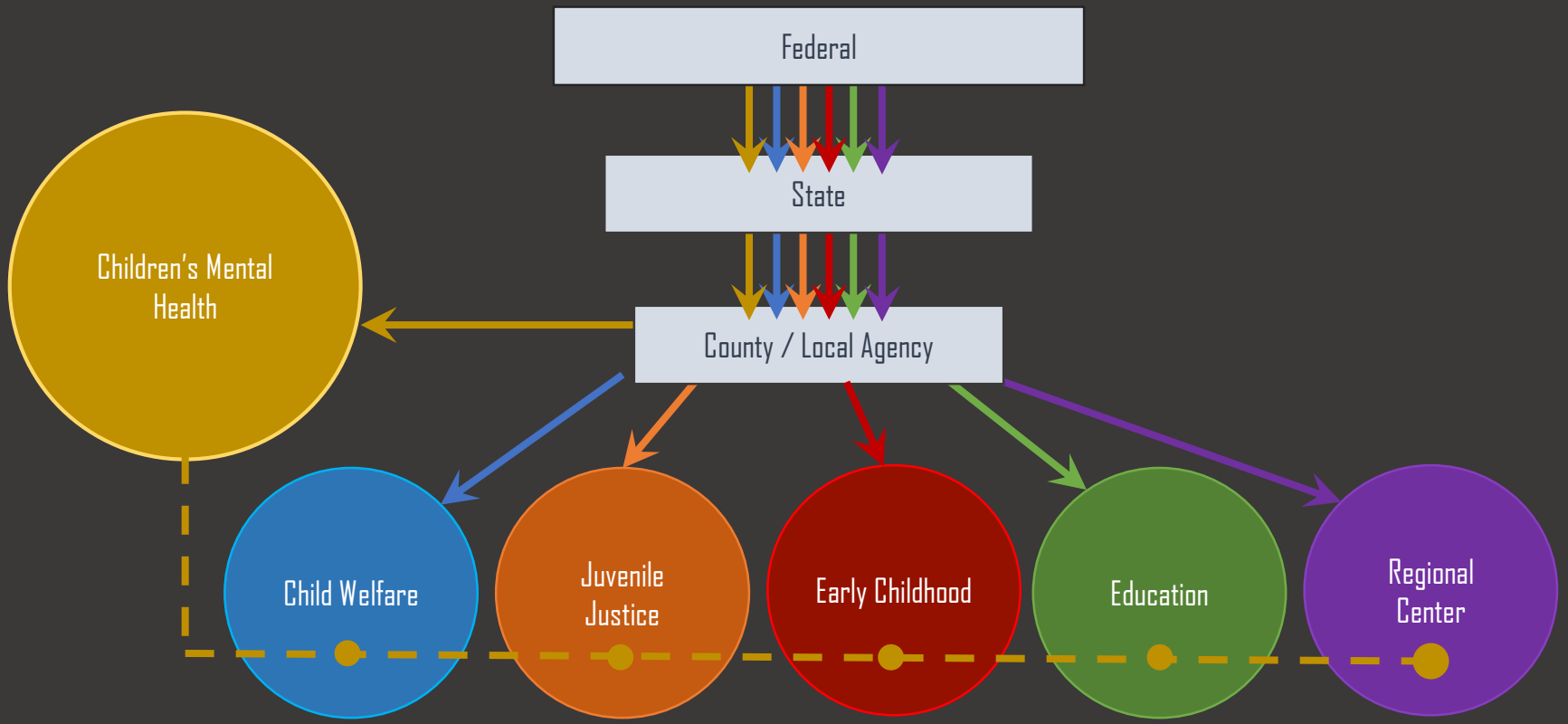
Our public systems are deeply fragmented and under-resourced. Commercial payers have not effectively partnered with child-serving systems.

A lack of clarity over whether youth mental health care is an essential benefit or a public utility prevents commercial payers from fully engaging.

Our definition of medical necessity is outdated and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.

The field is young. Many clinical modalities with widespread application are less than 20 years old.

MEDICAID AS THE TIE THAT BINDS FRAGMENTED CHILDREN'S SYSTEMS



ALAMEDA COUNTY

1.5 million residents

5 SELPAs

14 school districts

Thirteen 9-1-1 receiving centers

22 Hospitals

2,000 children in out-of-home care

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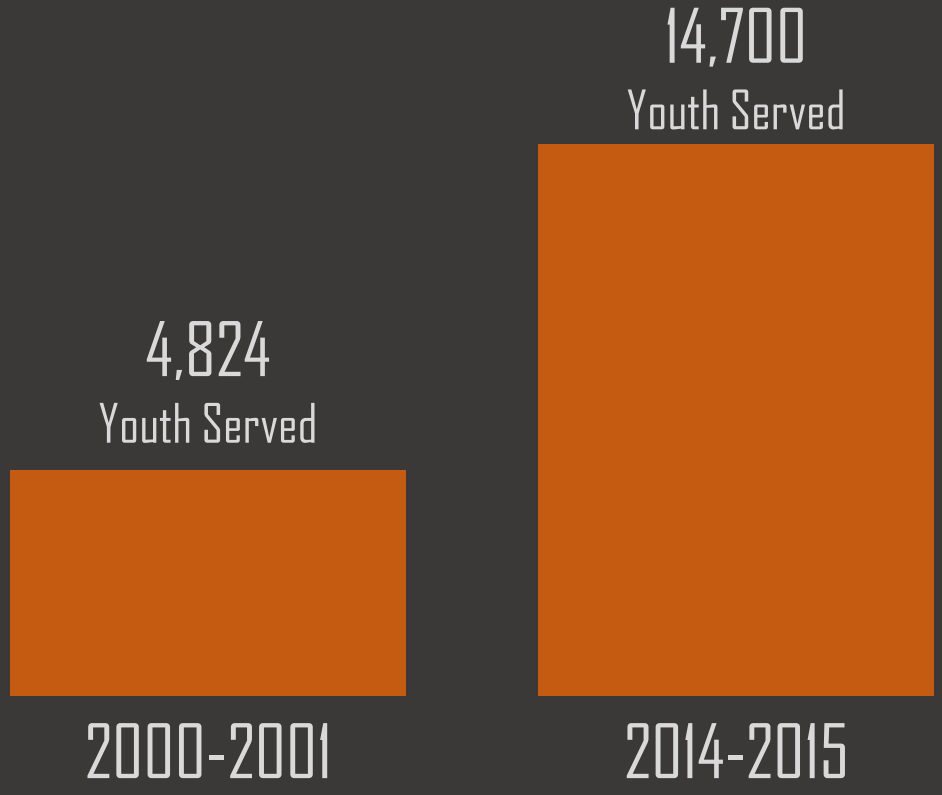
EPSDT EXPANSION TO SERVE MORE YOUTH



Source: Alameda County BHCS Children's System of Care

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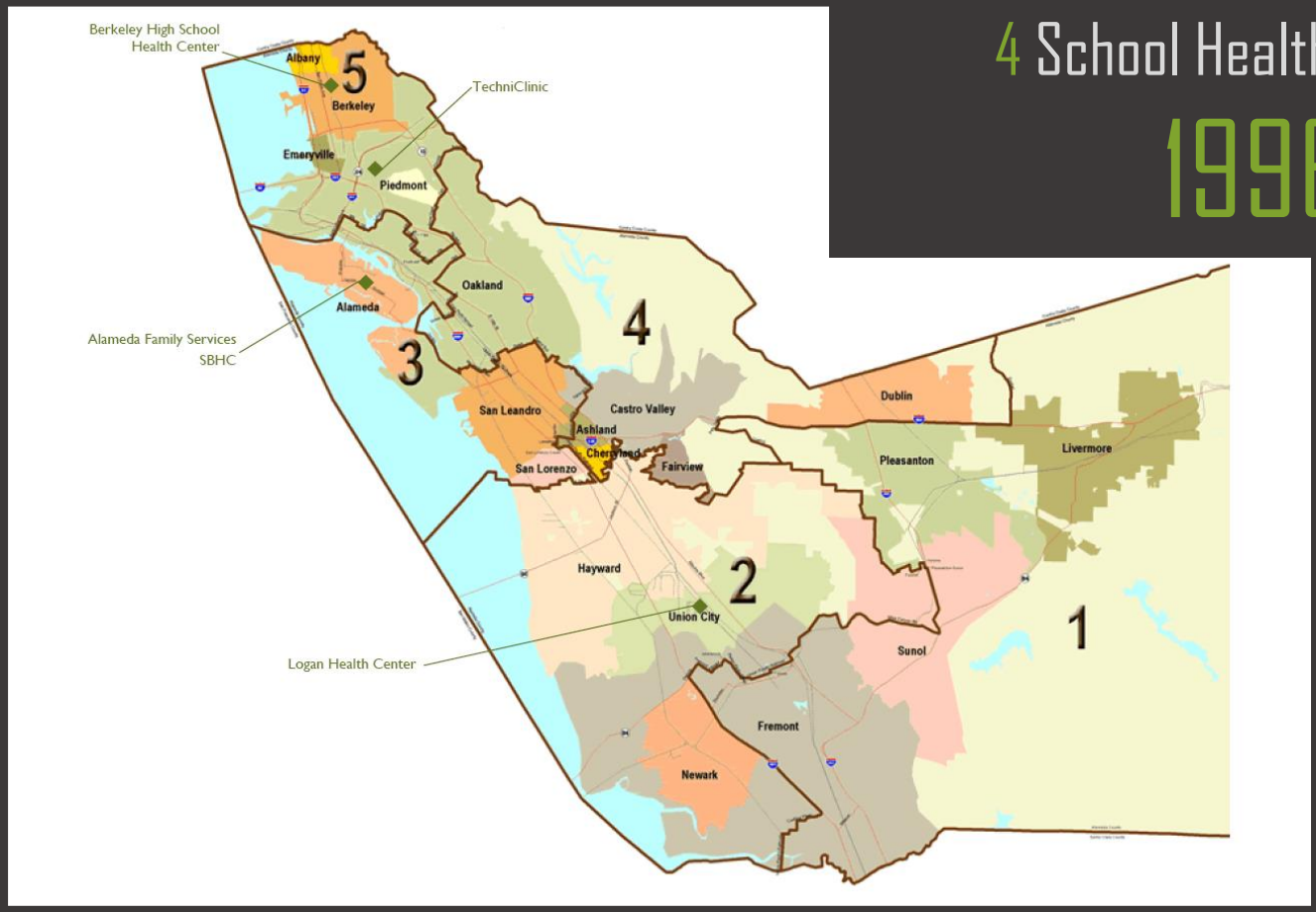
Alameda County
4 School Health Centers
1996



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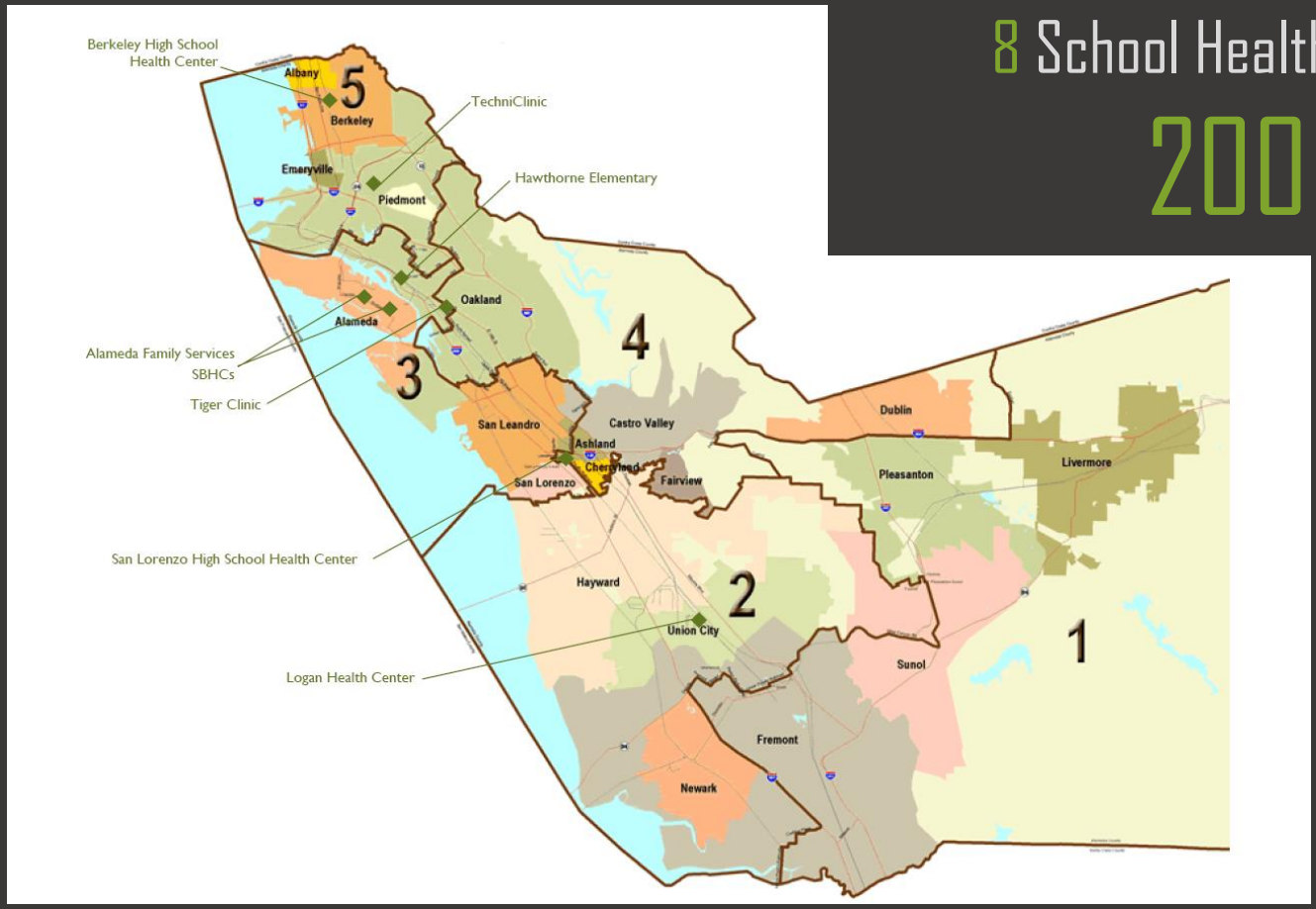
Alameda County
8 School Health Centers
2000



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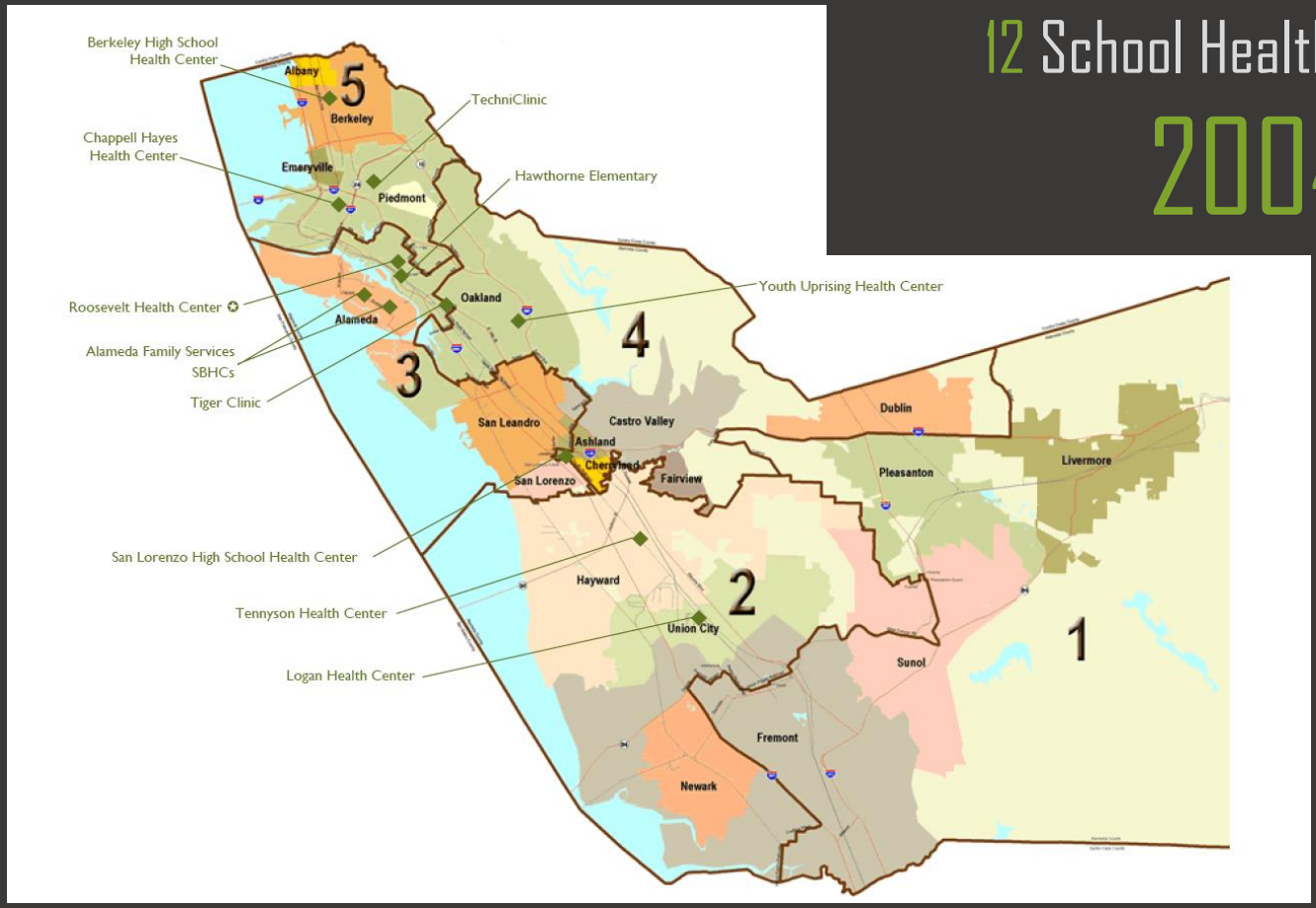
Alameda County
12 School Health Centers
2004



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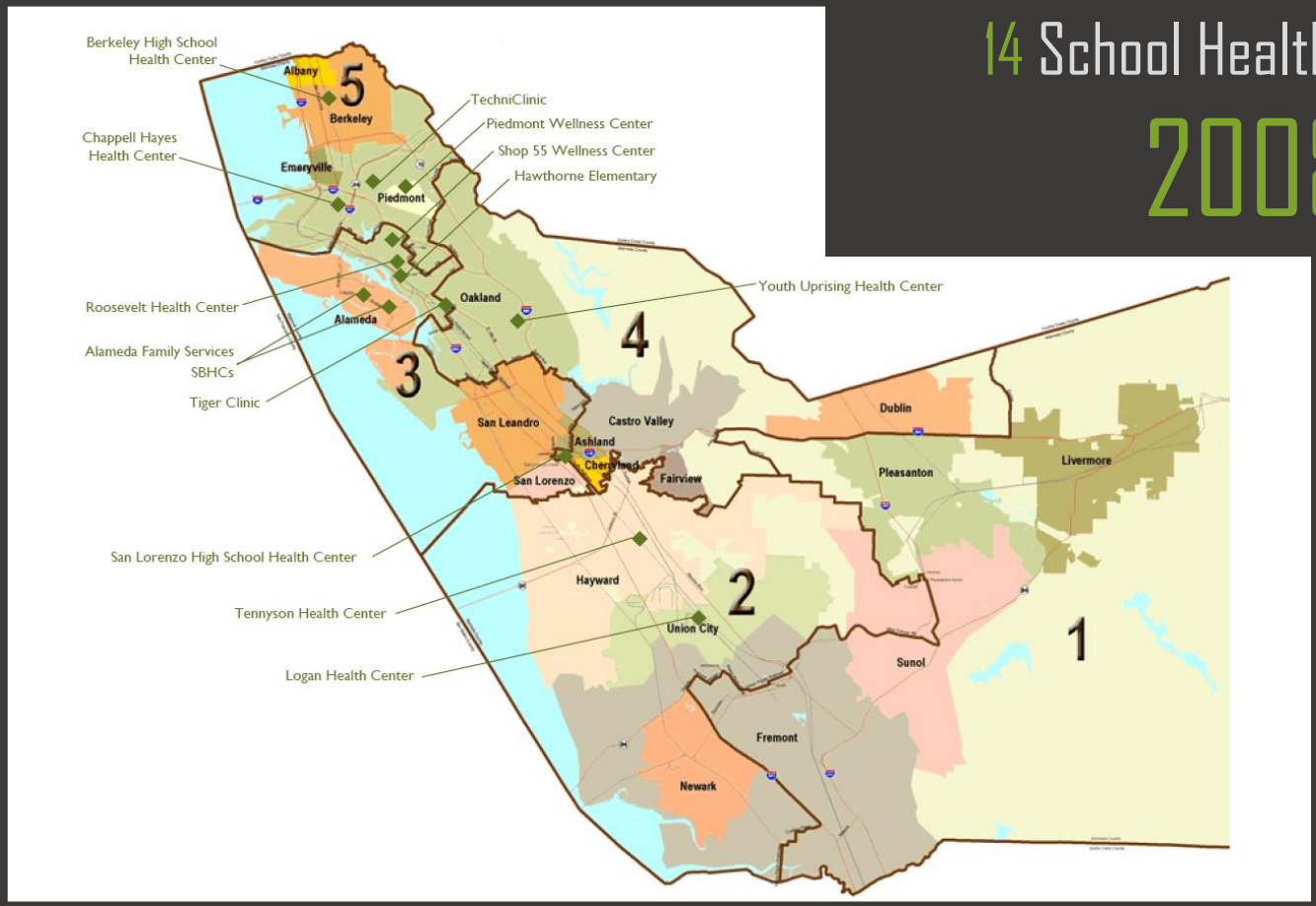
Alameda County
14 School Health Centers
2008



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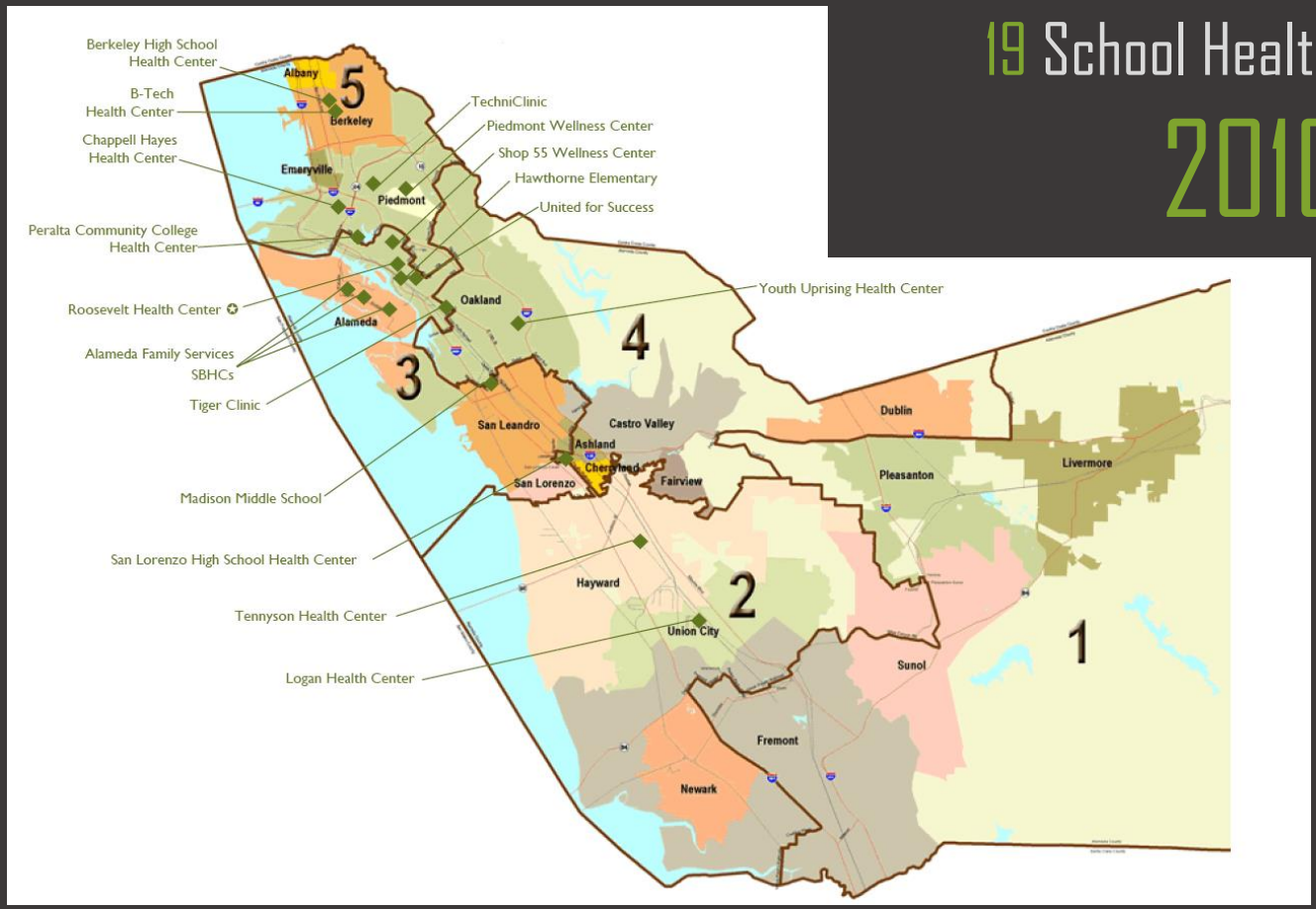
Alameda County
19 School Health Centers
2010



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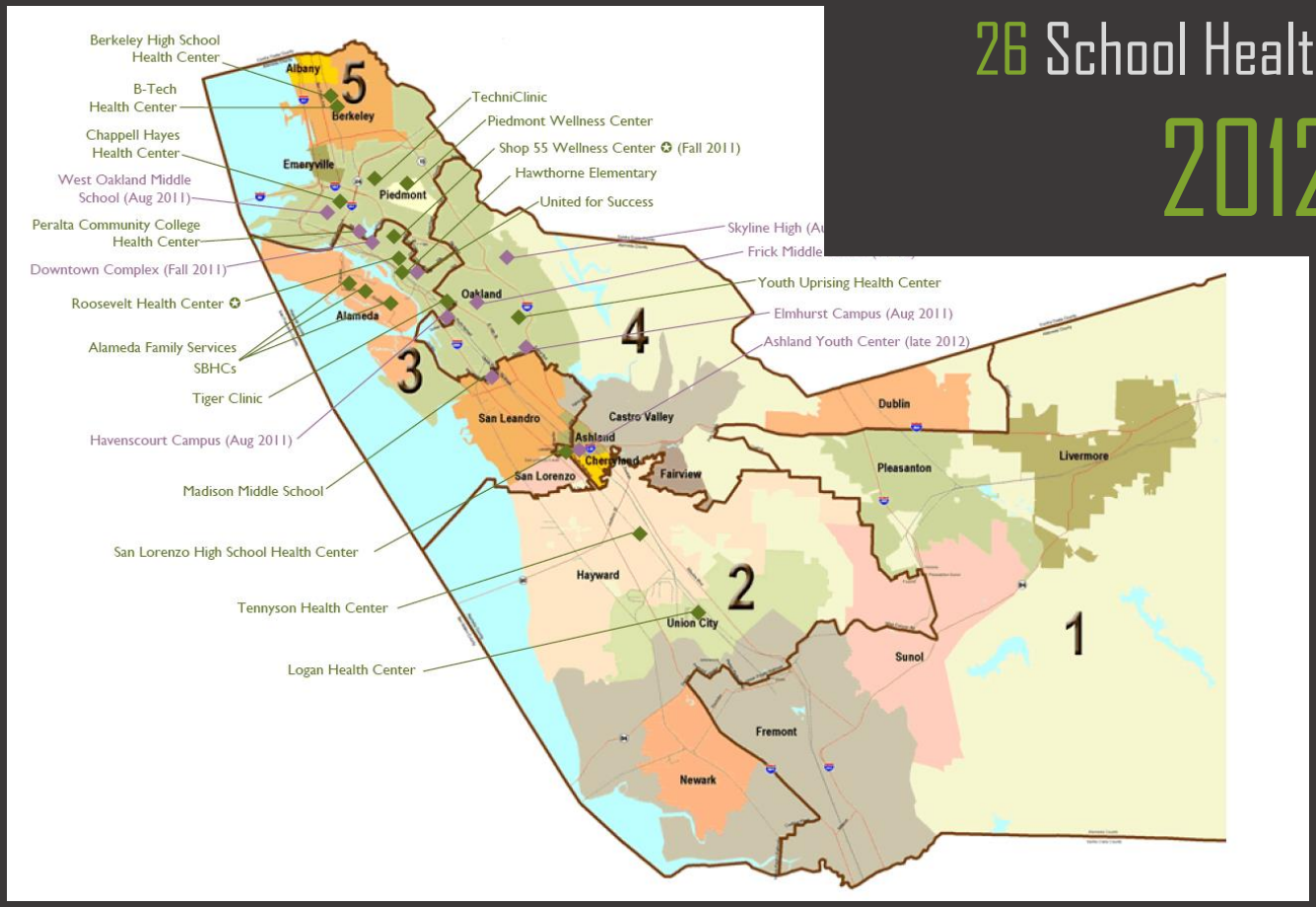
Alameda County
26 School Health Centers
2012



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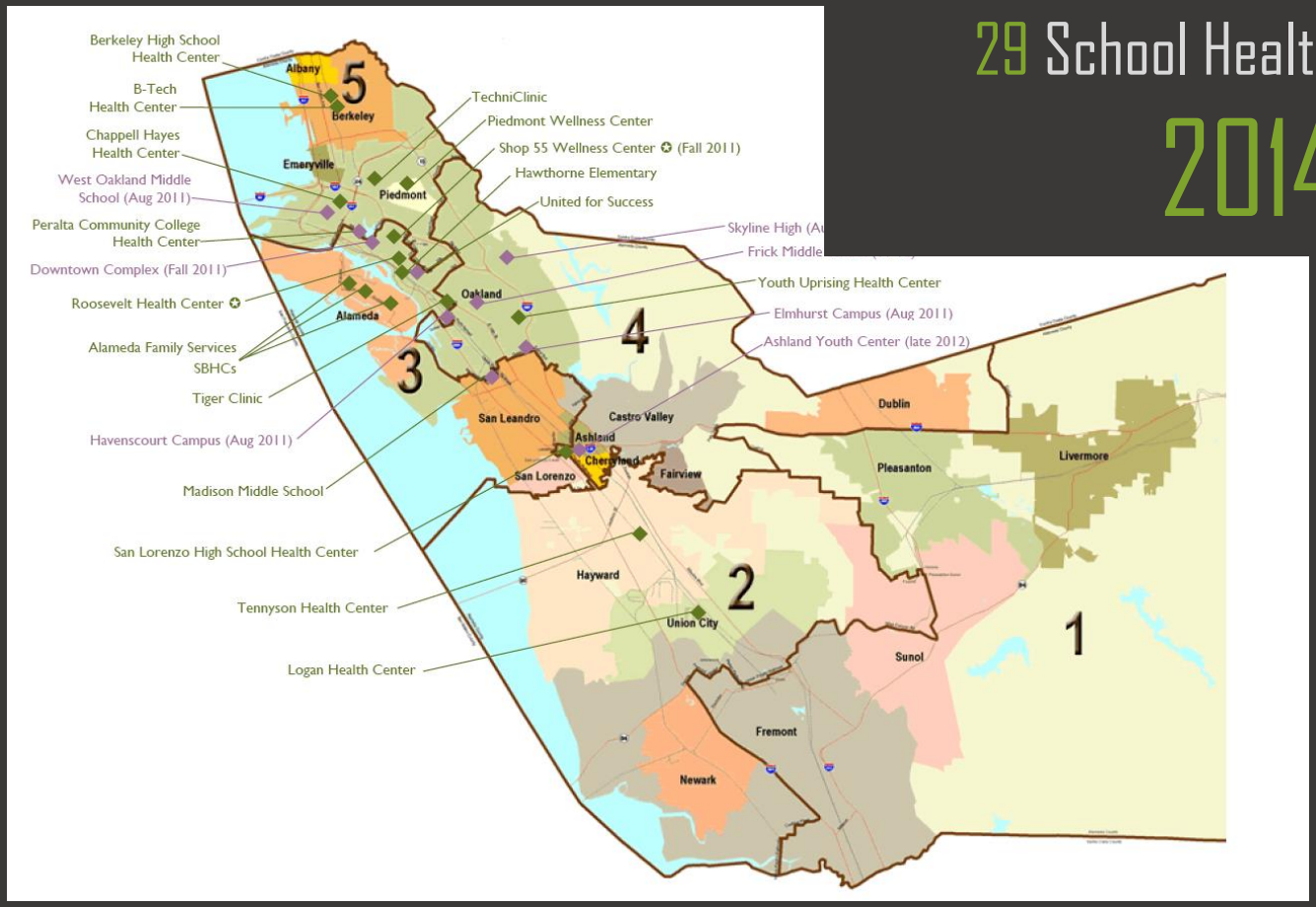
Alameda County
29 School Health Centers
2014



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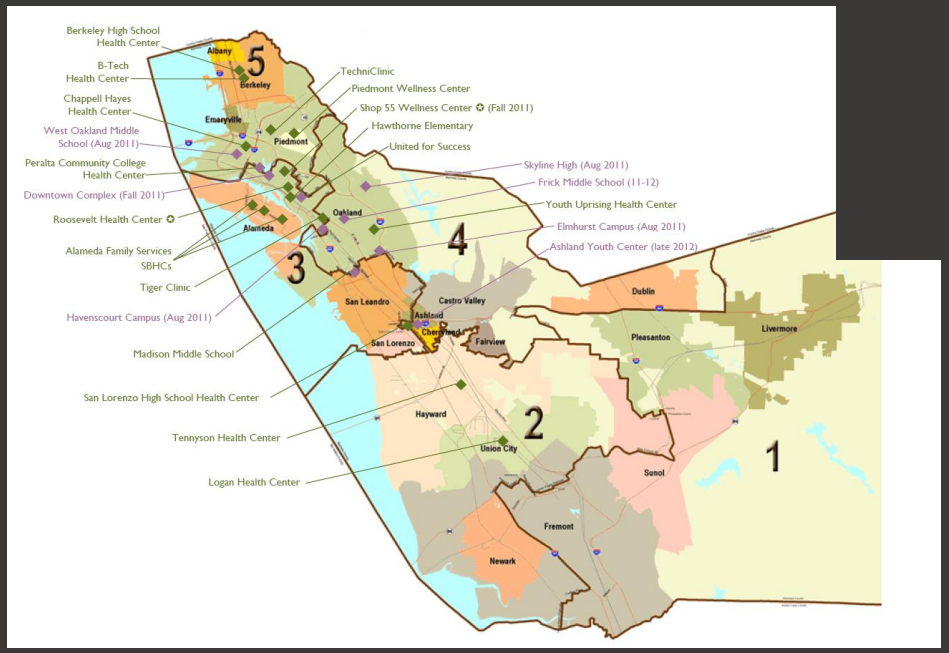
Alameda County
29 School Health Centers
2014



TODAY THERE ARE 200 SCHOOL BASED BEHAVIORAL HEALTH PROGRAMS IN ALAMEDA COUNTY

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We have new science and emerging practices that demonstrate the promise of behavioral health

AND

There is striking evidence of a crisis

AND

The Economic Imperative is aligned with the social justice imperative.

AND

We have learned at lot….and there is a way to finance broad reform

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1 **Maximize federal funding by leveraging existing revenues.** There are currently billions in unspent state and county dollars that are eligible for federal matching funds. We can expand funding for children's services by billions without new state investment and can invest our existing state dollars in more effective ways. We see multiple pathways to better leverage the state funding provided to counties, finance federal entitlements, and incentivize counties to increase their investment of additional local resources to access federal financial participation.

2 **Broaden access to services that children and youth need while enhancing quality, integration, and accountability for outcomes across child-serving systems.** We can evolve our fragmented pathology driven mental health system into a unified approach that provides a foundation for resilience and healthy development by taking actions such as adopting anti-racism and poverty reduction goals and strategies; increasing the inclusion of children and families with lived experience in the design, delivery, and evaluation of behavioral health programs and strategies; developing plans to meet the obligations of the Federal Mental Health Parity Law; and encouraging consistent implementation of SB1287 (Hernandez), which clarifies the broad definition of medical necessity so that all children who need supports can access them.

3 **Transform how we purchase services for children.** We can create systems that pay for outcomes and are accountable to the experiences of children and families if we explore possibilities such as unifying child-serving departments by adopting a standard set of child well-being indicators, piloting collaborations that transform procurement practices, and implementing strategies to pay for value (meaningful outcomes) rather than volume (units of service).

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WHY NOW?

- Growing consensus that current design and outcomes are unacceptable
- Growing revenues (MHSA AND REALIGNMENT) in the context of the EPSDT Entitlement.
- Federal waiver opportunities
- National movement towards integration
- New science and learning that highlights the promise of behavioral health
- New state administration
- Need for Family Systems Models
- Workforce Scarcity as Opportunity
- Lessons Learned—in California and across the nation

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The Crisis is Real

So is the Opportunity

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Join us…

https://cachildrenstrust.org/

SUPPORT SB 898