



**California  
Children's  
Trust**

# Reimagining Behavioral Health In California's Youth and Young Adults

MHSA Youth Innovation Project Planning Committee 4/26/19



California  
Children's  
Trust

Behavioral health is not simply  
a response to pathology



California  
Children's  
Trust



California  
Children's  
Trust

# Confronting Child + Family Behavioral Health Needs

*Old Model*

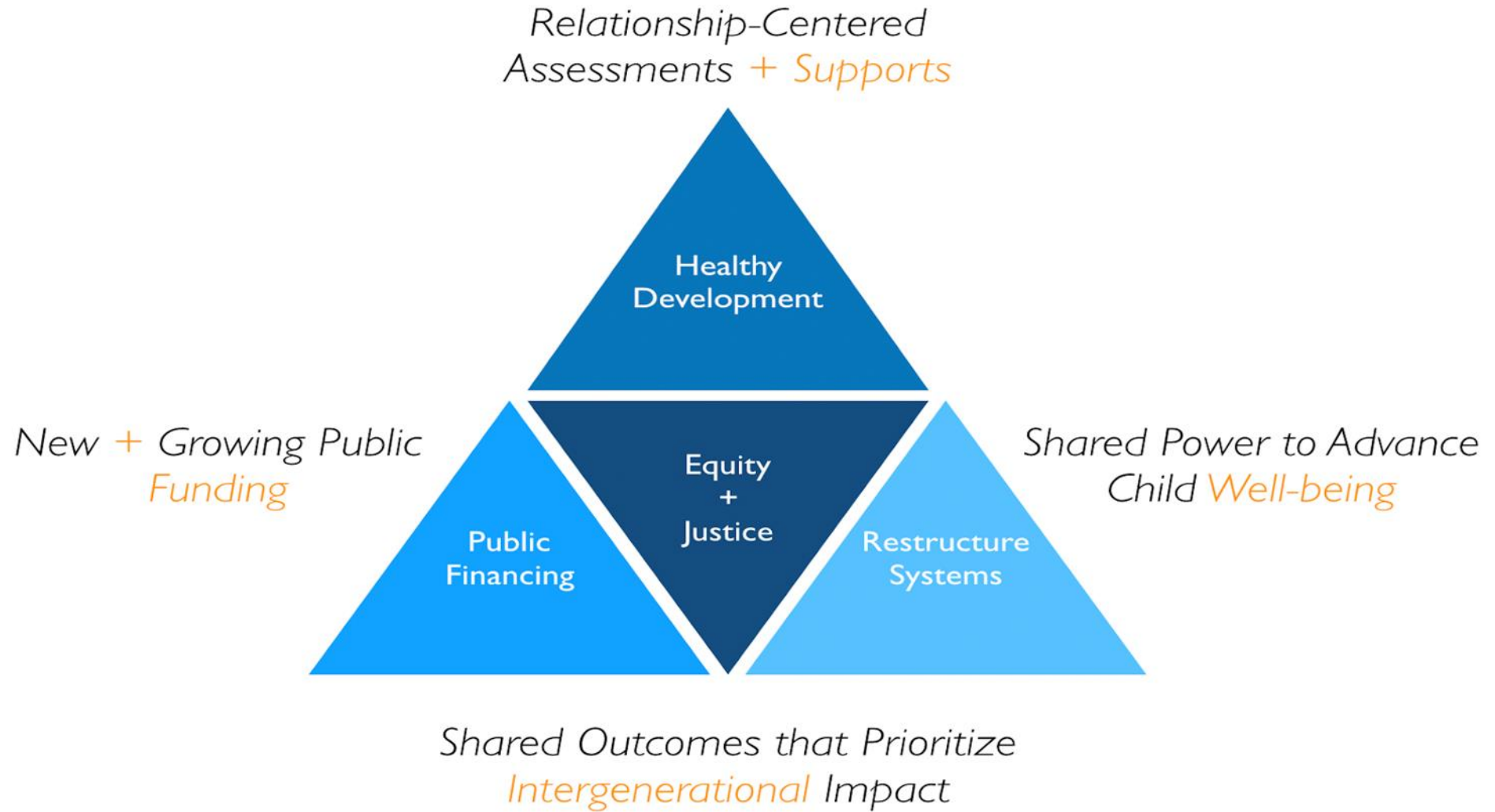


Patient defined by *Pathology*

Covered Diagnosis



Care defined as *Clinical*





California  
Children's  
Trust

Mental Health is a strategy to achieve equity and support healthy development for all youth and young adults.



California  
Children's  
Trust

The Crisis is Real  
So is the Opportunity

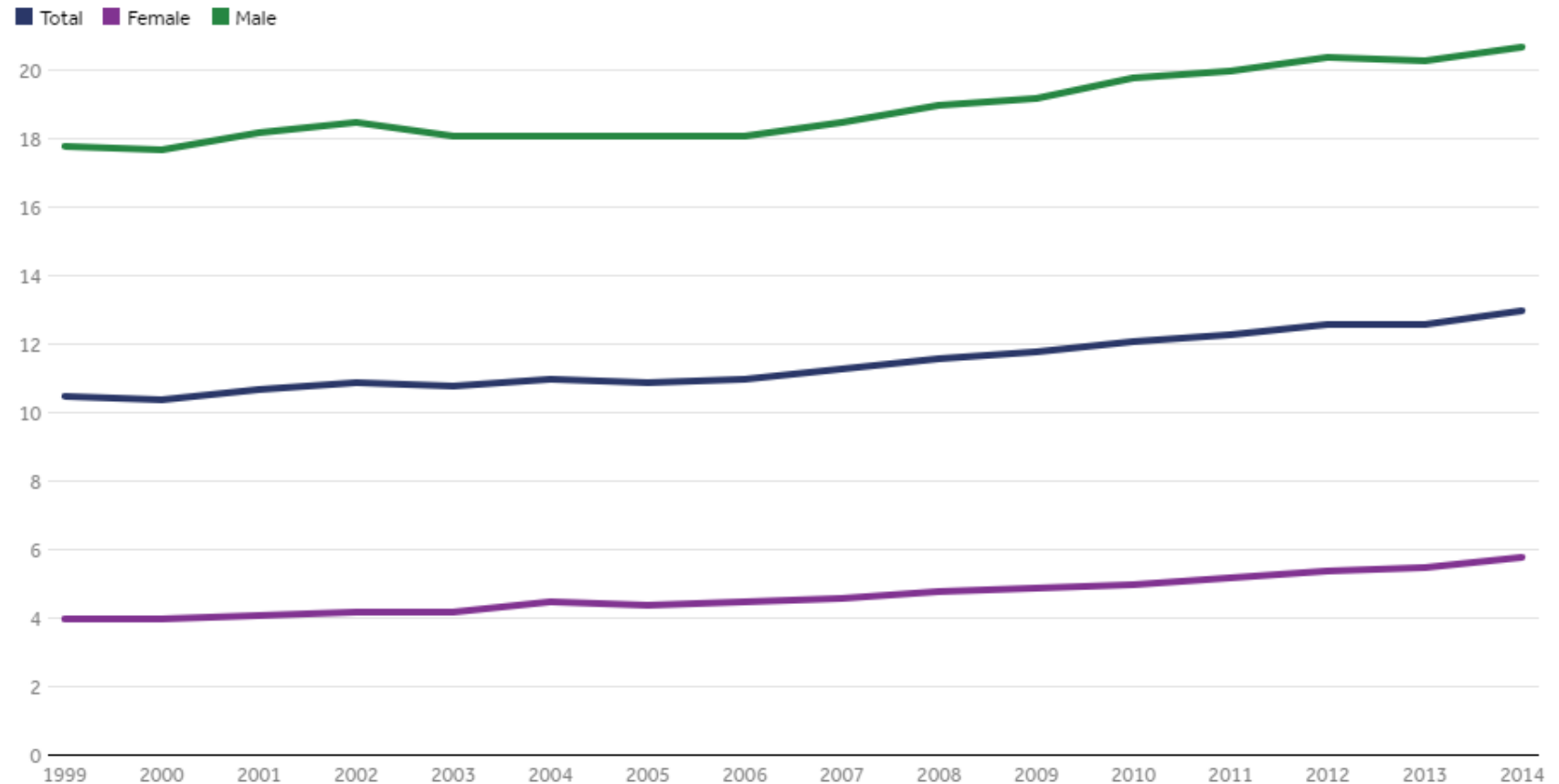
# BEHAVIORAL HEALTH IS THE FUNDAMENTAL DRIVER OF MORBIDITY FOR 10- TO 24-YEAR-OLDS

Homicide, suicide, and unintentional injury (mostly car-related) are the three leading causes of death for youth ages 10-24.

In the last 10 years, suicide has leap-frogged cancer and unintentional injury and become the second leading cause of death for youth and young adults.

## Suicides per 100,000

Age-adjusted suicide rates, by sex, 1999-2014



# Children In California

96% of children in California are covered by a health insurance plan with a mental health benefit



# THE MEDICAL MODEL ISN'T THE ANSWER

- 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.



# THERE HAS BEEN STRIKING INCREASES IN MENTAL HEALTH NEEDS AND ACUITY AMONG YOUNG PEOPLE



Inpatient visits for suicide, suicidal ideation and self-injury **increased by 104% for children ages 1 to 17 years, and by 151% for children ages 10 to 14** between 2006 and 2011.



**ED visits increased by 71% for impulse control disorders** for children ages 1 to 17 years.



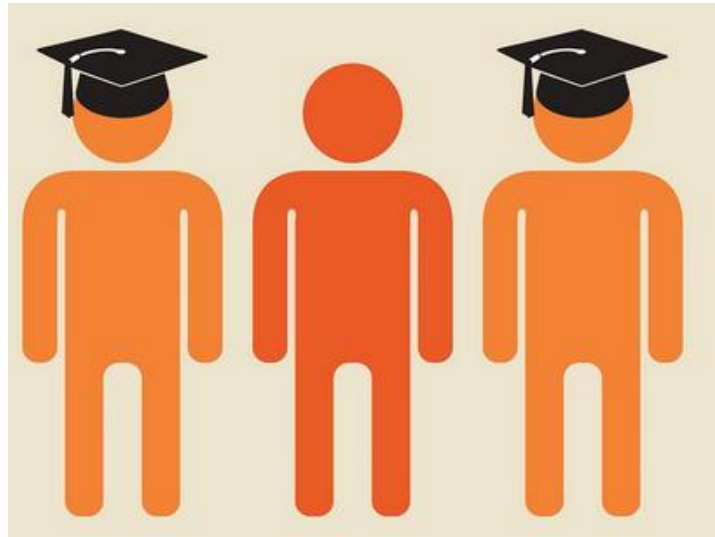
A total of **\$11.6 billion** was spent on hospital visits for mental health between 2006 and 2011.



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

## Adolescence Ages 12-18

37% of students with mental illness age 14 and older drop out of school



This is the *highest* drop out rate of any disability group

Half of all lifetime mental illness begin by age  
14



Average *delay* between onset of symptoms  
and intervention is 10 years

# We have failed to respond

More children are eligible for services, yet fewer are getting care.

Overall, the “Access” Rate has declined from an already low 4.5%, to 4.1%.

For adolescents the rate of self-reported mental health needs has increased by 61% since 2005.

# California's mental health system is not working for young people

Most young people get no support, and many get the wrong kind, in punitive and restrictive settings, way too late.

These are hard truths and they  
require a new approach...



California  
Children's  
Trust

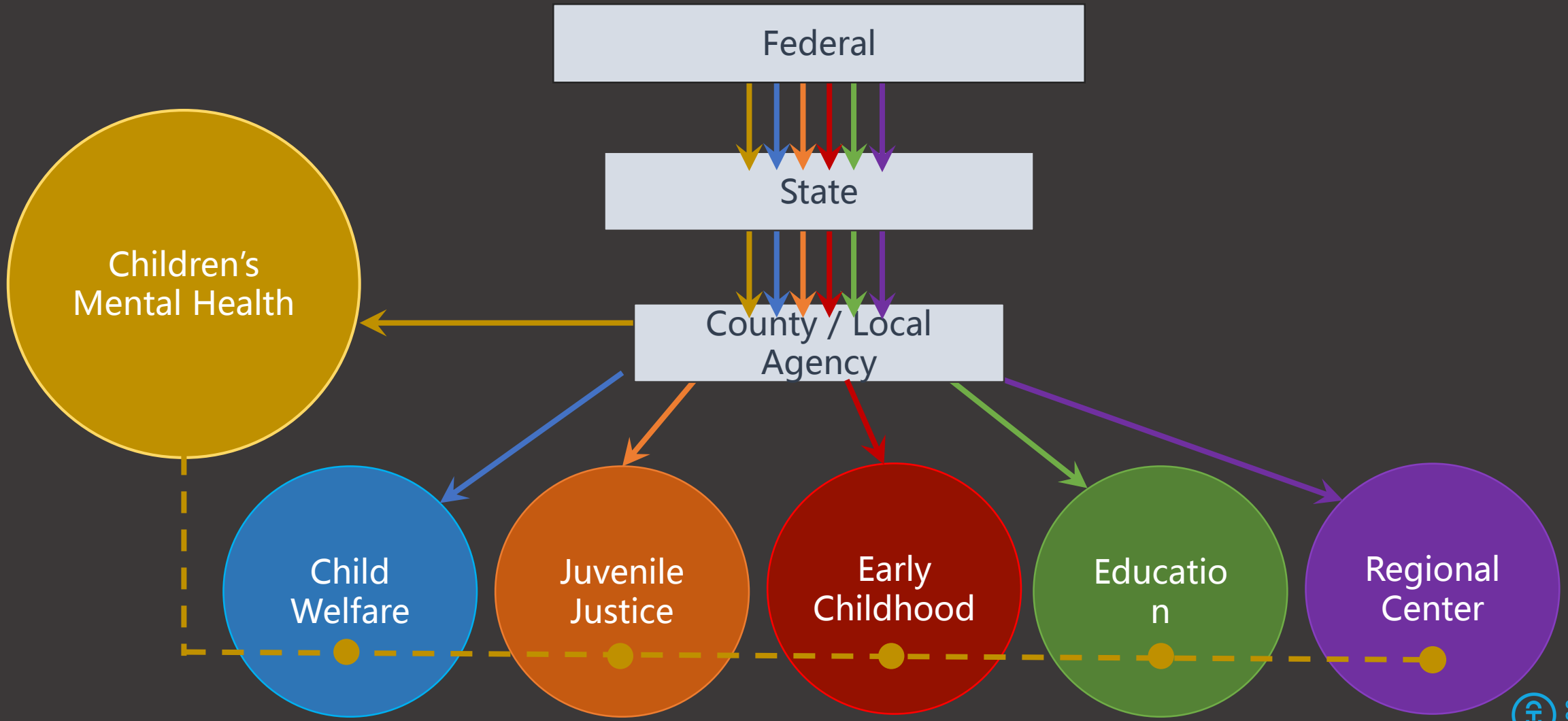
Young People Are Not The  
Problem.

They Are the Solution,



What if we already have critical components of the solution in our grasp?

# MEDICAID AS THE TIE THAT BINDS FRAGMENTED CHILDREN'S SYSTEMS

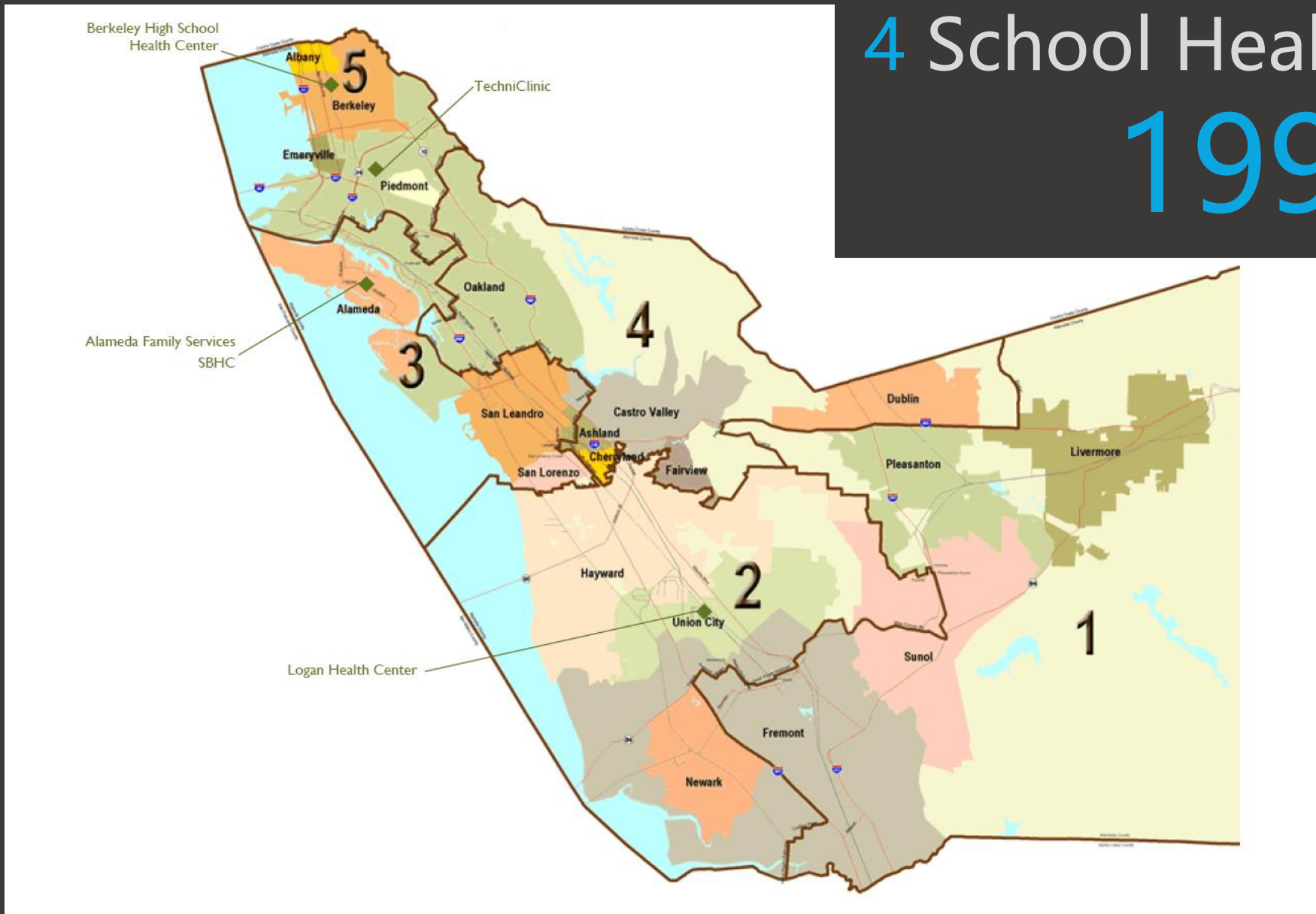


# EPSDT EXPANSION TO SERVE MORE YOUTH

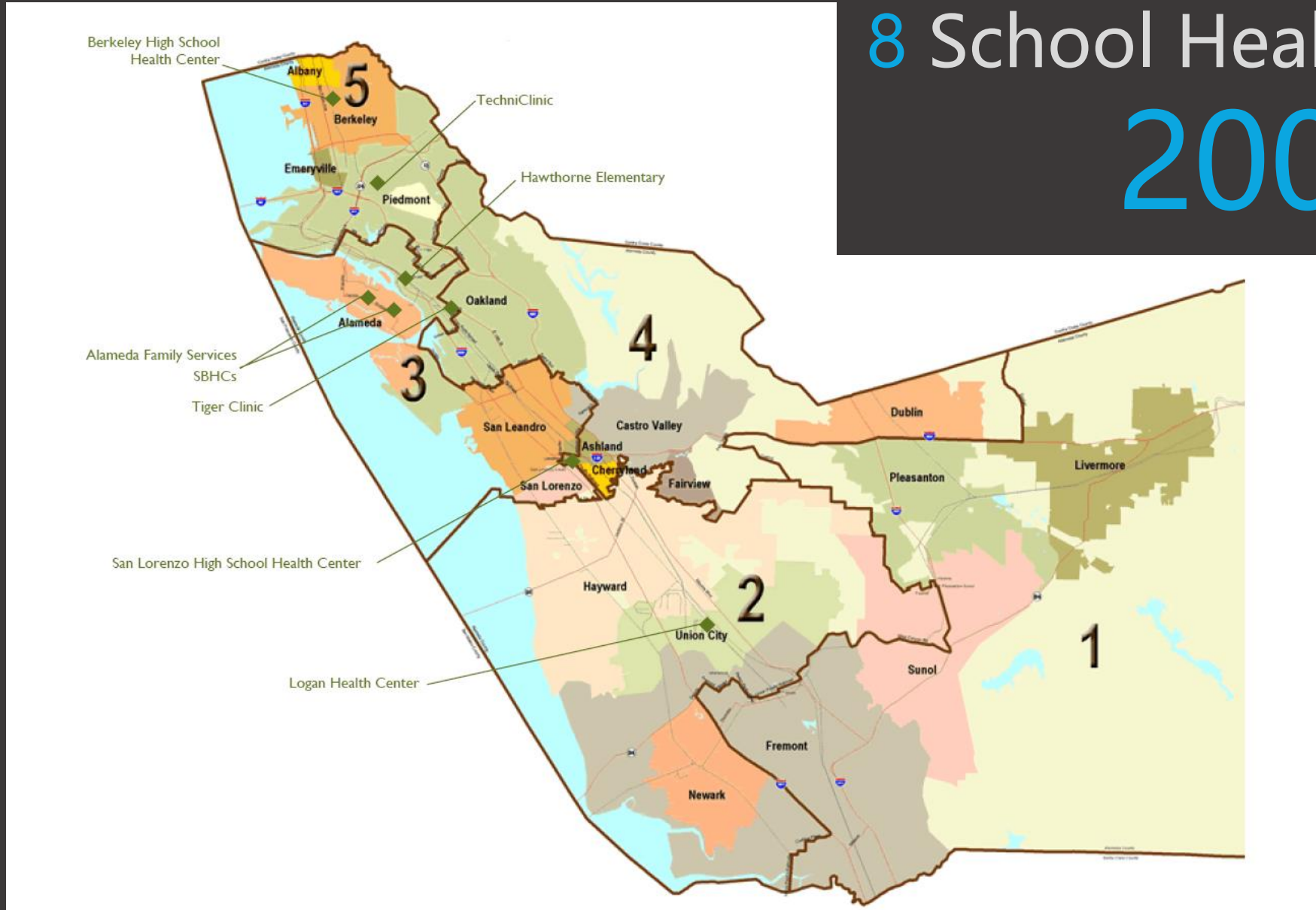


Source: Alameda County BHCS Children's System of Care

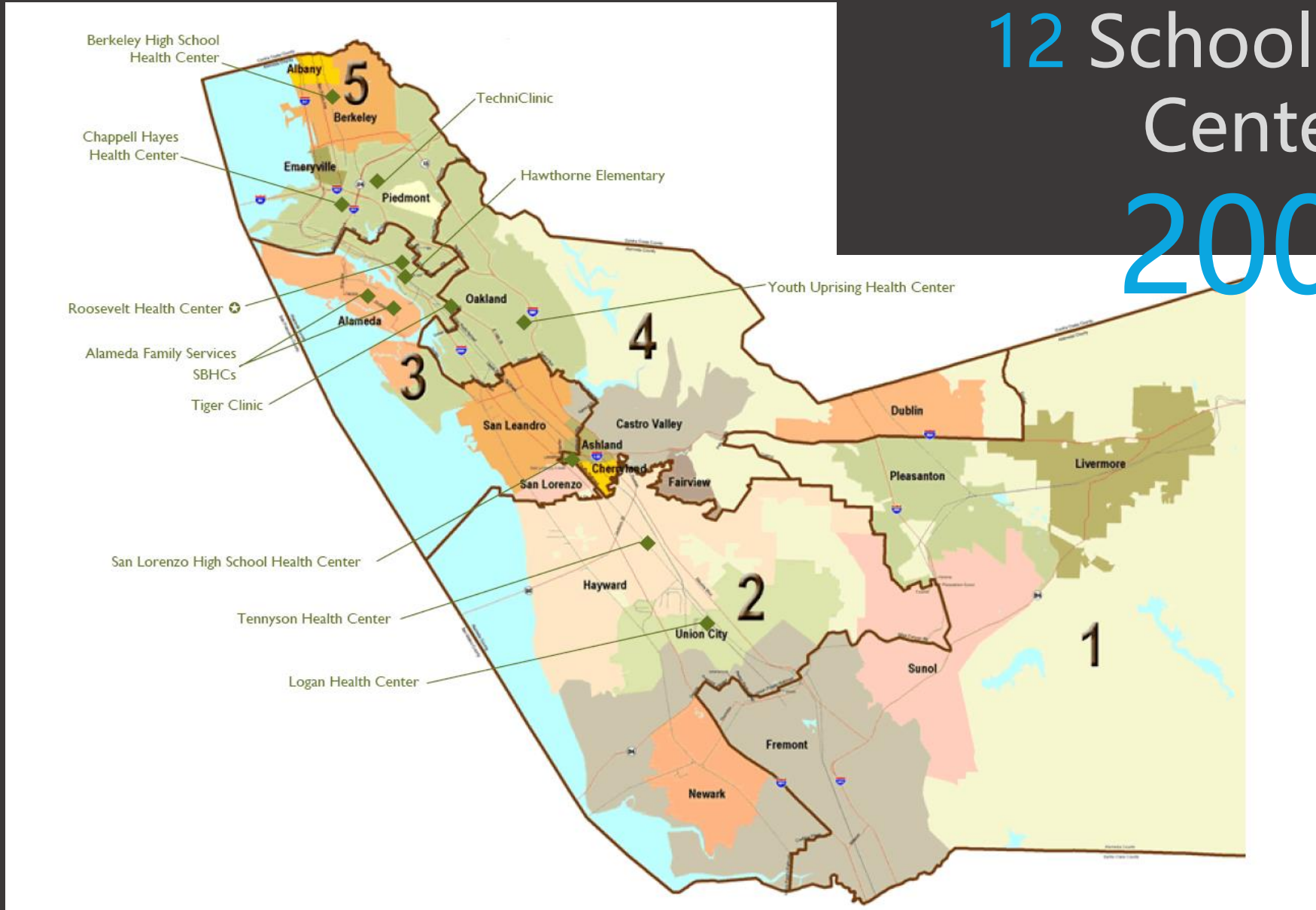
# Alameda County 4 School Health Centers 1996



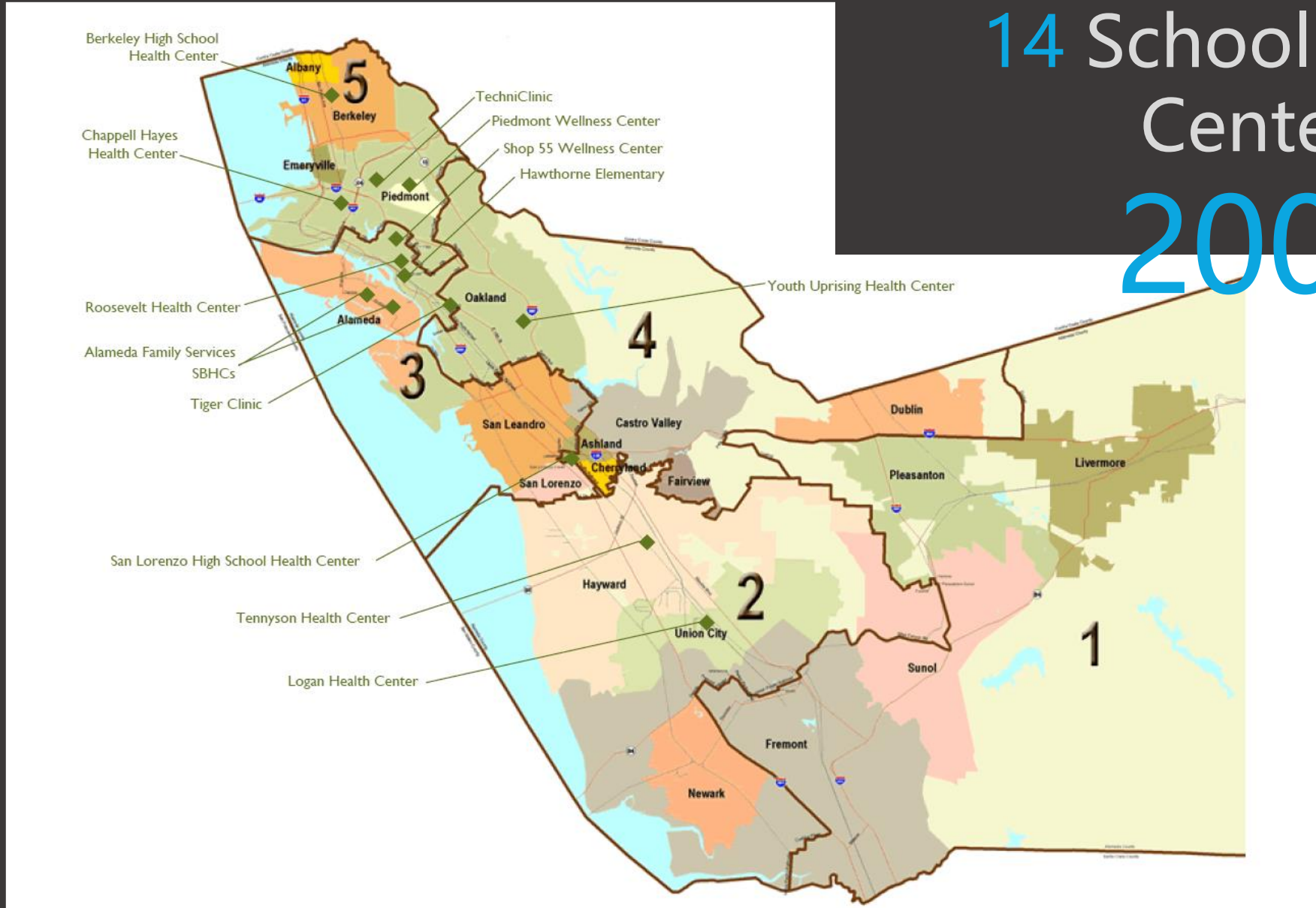
# Alameda County 8 School Health Centers 2000



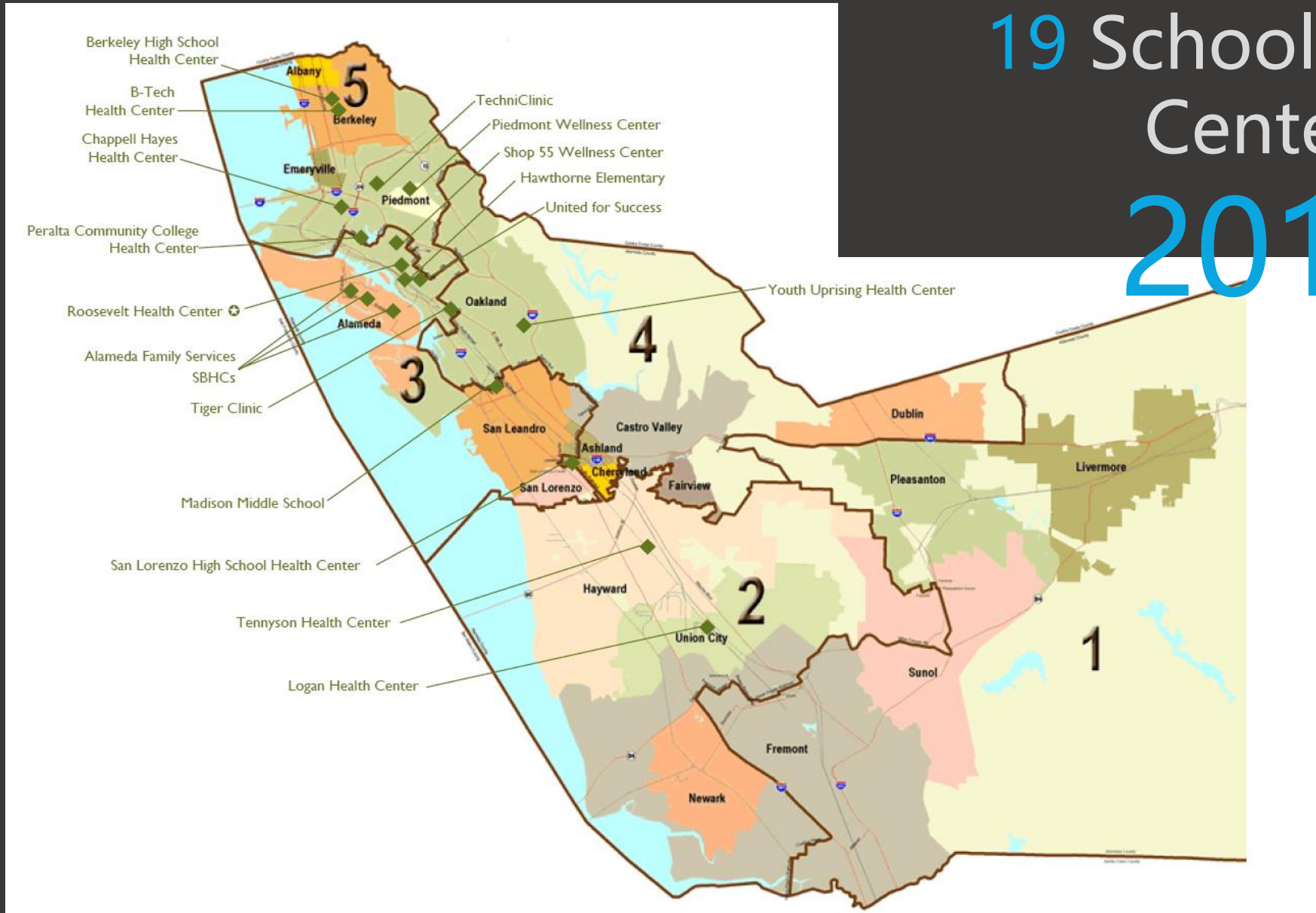
# Alameda County 12 School Health Centers 2004



# Alameda County 14 School Health Centers 2008

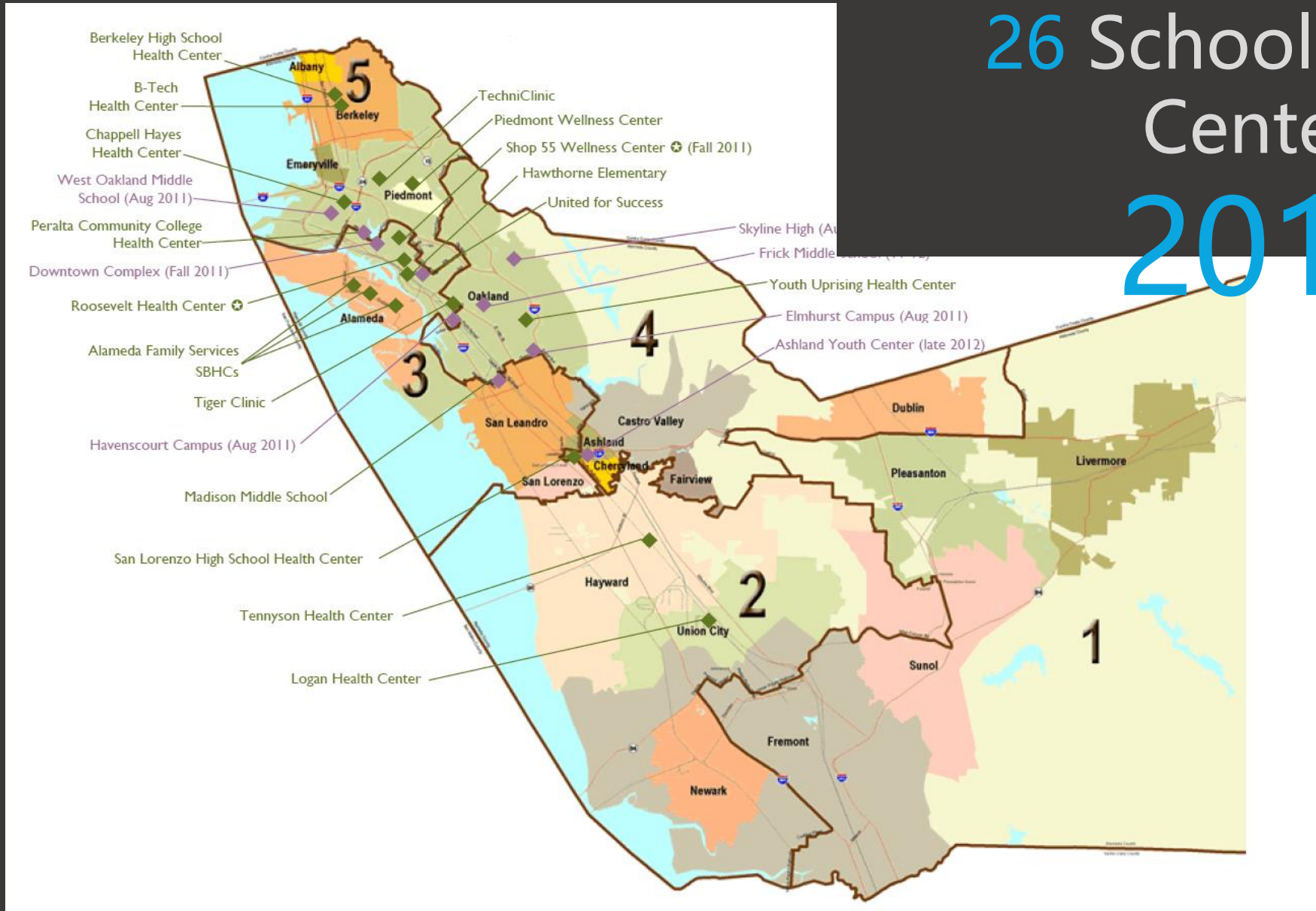


# Alameda County 19 School Health Centers 2010

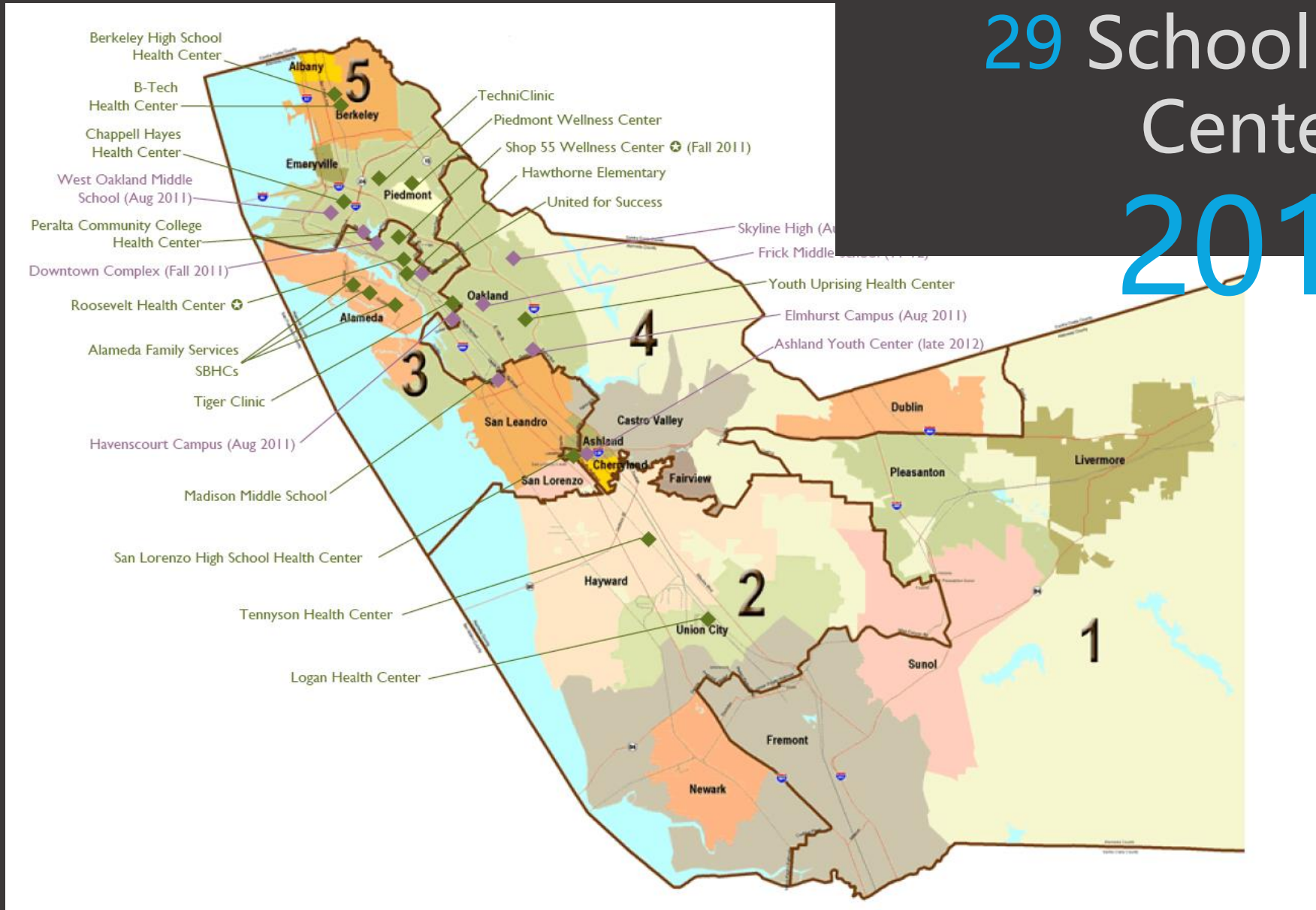




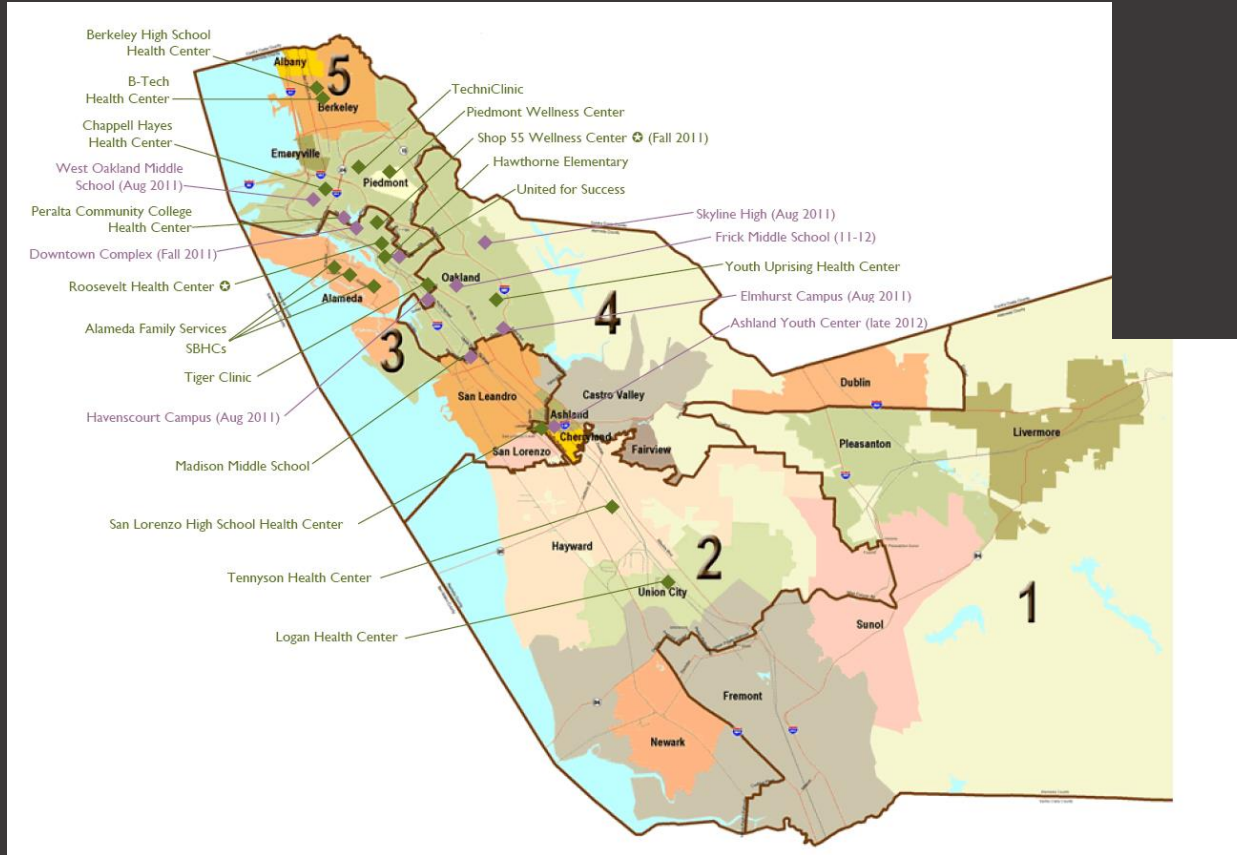
# Alameda County 26 School Health Centers 2012



# Alameda County 29 School Health Centers 2014

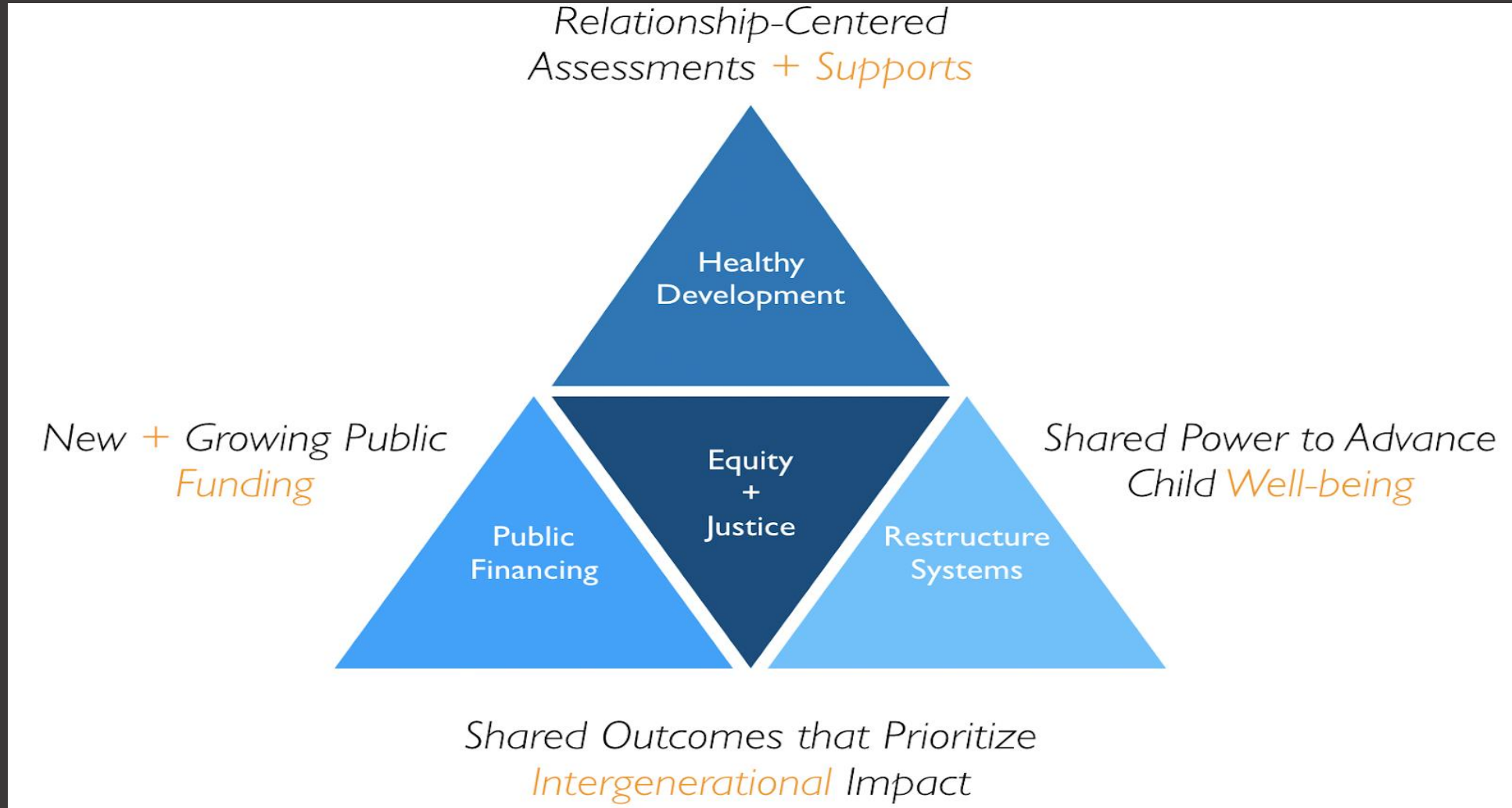


# Alameda County 29 School Health Centers 2014



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

# The California Children's Trust Foundation + Belief Statement



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

There is a way to finance broad reform

# WHAT YOU CAN DO

- Lead and Advise us on What The Future Looks Like
- SIGN UP at [www.cachildrenstrust.org](http://www.cachildrenstrust.org) and Join our Coalition.
- READ AND SHARE our Policy Briefs.
- PARTICIPATE on our design teams and co-construction convenings.
- Support AB 898 Buffy Wicks Behavioral Health Action Team