California Children's Trust

A planning process designed to reimagine the way we define, serve, and invest in the social, emotional, developmental, and behavioral health of California's children and their families.

The California Children's Trust is an initiative to leverage the power of behavioral health supports and strategies—and the resources behind them—to achieve healthy development and health equity for children in California.

The initiative seeks to **reinvent our state's approach** to children's social, emotional, and developmental health using consensus building and systems change approaches. Its success depends upon families, system leaders, advocates, and professionals uniting to reimagine behavioral health as a foundational strategy for achieving healthy development and health equity for children in California.

We can do better. For the first time in our state's history, almost all children (97%) are covered by health insurance with a behavioral health benefit—a benefit that could be applied across all child-serving systems. Yet the majority of children do not access this benefit, resulting in significant unmet need.

Measured against developmental benchmarks, epidemiological estimates, or access to quality care, California's child-serving systems are failing. Services vary dramatically by geography and setting, with little consistency or accountability. Many child-serving systems struggle to meet requirements codified in state and federal law.

By **redefining the scope and nature of behavioral health—and the procurement, financing, workforce, and delivery systems behind it**—we can nurture children's social, emotional, and developmental health from birth through young adulthood and engage and support their families in the process. **The CA Children's Trust is a collaborative initiative to capture unique opportunities—right now**—to conceive, fund, administer, measure, and deliver a comprehensive system of support for children.

By expanding our definition of behavioral health and changing how we finance and administer it, we can meet the developmental needs of all children, improve health outcomes, reduce stigma, address inequity, and reinvent California's child-serving systems.

Many children are exposed to trauma and have behavioral health needs, yet most children in California who need support do not receive it:

Of California's children who report needing help for emotional or behavioral health problems, **only 35% receive mental health services.**

Between **20 and 25% of youth meet criteria for a mental health disorder** with severe impairment across their lifetime.

Approximately **50% of California children are enrolled in Medi-Cal and entitled to behavioral health services** under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit. **Yet annually, less than 5% of eligible children access EPSDT behavioral health services.**

Youth of color disproportionately receive punitive and restrictive behavioral interventions in response to signs of trauma and emotional stress caused by structural racism, and other systemic, social, economic, and environmental factors.

California is 43rd in the nation in providing the behavioral, developmental, and social screenings key to identifying early signs of challenges.

Why now?

A confluence of factors provides significant opportunity:

- Clear evidence demonstrates the importance of behavioral health to healthy development and social and emotional learning—particularly for children exposed to trauma or other adverse childhood experiences.
- Promising trauma-informed practices address health equity and support the transformation of child-serving systems.
- The children's mental health benefit under Medicaid is an uncapped entitlement (EPSDT) with a broad definition of medical necessity that can be reinterpreted to expand services and supports.
- $2.5 billion of unspent county and state mental health funds are eligible for federal match. These resources create an opportunity to generate significant new federal revenue.
- Federal Medicaid waivers must be renegotiated by 2020, providing an opportunity to redefine federal, state, and county roles and responsibilities under new state leadership.
- Models of collaborative administration and creative financing in other states offer strategies that can be applied to California's fragmented child-serving systems.

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Please join us in this initiative to improve the health and well-being of California's children.

For more information or to learn how you can get involved, please visit our website www.cachildrenstrust.org or contact info@cachildrenstrust.org

Partners who have made early commitments to the initiative include:

Breaking Barriers

Children Now

First 5 Association

Futures Without Violence

East Bay Agency for Children

Genentech

Lincoln

McKenzie Foundation of San Francisco

Mental Health Services Oversight and Accountability Commission (MHSOAC)

National Health Law Program (NHeLP)

Seneca Family of Agencies

Stanford University Center for Youth Mental Health and Well-being

Social Policy Institute at San Diego State University School of Social Work

The Children's Partnership

Trauma Transformed

University of California, Los Angeles

University of California San Francisco (UCSF) Benioff Children's Hospital Oakland

WestCoast Children's Clinic

West Ed

Zellerbach Family Foundation

The California Children's Trust

Stakeholder Coalition Agreements and Principles

The California Children's Trust asks all of its coalition partners to affirm five Key Principles:

1**. Early intervention is critical to healthy development.** California faces a crisis regarding the social, emotional, and developmental health of our children. We must invest in early and proactive interventions to protect and promote the well-being of our children.

2. California needs to widen access to behavioral health supports. Children and families need access to a range of behavioral health approaches and strategies that nurture social, emotional and developmental health.

3. **Racism and poverty contribute to health inequities across California.** Improving children's and families experiences and addressing health inequities, structural racism, and multi-generational poverty perpetuated in current systems are central to improving child well-being in California.

4. **Collaborative and accountable systems change is the way forward.** We need an integrated and coordinated statewide redesign of our child-serving systems that holds itself accountable to children and families.

5. **The time for change is now.** We have a unique opportunity--right now-- to change California's policies, financing and fragmented service delivery systems to improve children's behavioral health and well-being.

By signing this agreement, I affirm five Key Principles and give permission to include _____publicly as a "Member of the California Children's Trust Coalition." I am interested in (check all that apply):

___Staying apprised of activities and opportunities to engage with the Trust
___Contributing ideas and thought to the development of the Trust
___Taking actions on behalf of the Trust
___Financially supporting the Trust

I understand that the California Children's Trust will be using my or my organization's name to demonstrate the breadth and depth of support for this work. The Trust will NOT represent me or my organization as supporting any particular policy position or recommendation without first obtaining advanced written authorization.

For inquiries or to officially join the coalition or, please return this form to info@cachildrenstrust.org

Theory of Change

California Children's Trust

STEP 1: Build Consensus

Purpose: *The California Children's Trust is established to transform how we promote healthy development and health equity for children in California.*

Establish research and analysis capacity.

Develop communications strategy.

Establish infrastructure, funding and partnerships.

Engage public leaders.

Mobilize stakeholder coalition.

Identify short-term high value opportunities.

STEP 2: Design the Solution

Financing: *Funding is adequate and flexible.*

Policies: *Policies are enacted that enable greater access and quality.*

Administration: *State and counties have capacity to administer re-designed service delivery system.*

Quality & Accountability: *State and counties have capacity and common metrics to measure and report quality and standards of care.*

STEP 3: Institutionalize Change

Integrated Model: *Effective and culturally appropriate behavioral health practices and strategies are integrated into all child-serving systems and community-based settings.*

Healthy Development: *Children and their families are supported to achieve developmental benchmarks.*

Health Equity: *Children have opportunities to lead healthy and productive lives regardless of factors such as race or ethnicity, socioeconomic status, gender or residence.*

STEP 4: Improve Child Well-being

Vision for Child Well-Being: *All children have the support that they need to achieve their potential.*