



**Creating a World Class  
Children and Youth Behavioral  
Health System**

# Behavioral Health Needs of Children and Youth Have Been Escalating for Years



# Trends in Children and Youth BH

## *Prevalence and Treatment of Depression in Adolescents & Young Adults*

- ▶ **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).
- ▶ Nearly **1 in 13 children and youth** experience a **serious emotional disturbance**. (CHCF 2018).
- ▶ 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**. (Pediatrics Volume 138 , number 6 , December 2016).

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

# Trends in Children and Youth BH

## *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**.

# Trends in Children and Youth BH (2)

## *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)

# Trends - 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** were 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

- ▶ **Stressors** are experienced **acutely** in **low-income** communities with a disproportionately high number of **Black** and **Latinx**. (CDC 2020).
- ▶ 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).
- ▶ **CA suicide rates** among youth aged **10-18 increased** about **20%** between **2019 to 2020** (CDPH 2021).
- ▶ From **2018-2020, Black youth** had the **highest rates for suicide** compared to all other race ethnicity groups and it increased by **28%** b/t 2019 and 2020 (CDPH 2021).

# We Must Do Better ...

- 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 all 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



# GOAL

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.

# Equity Focused – Close Disparities

**Before and during the pandemic, behavioral health conditions impacted some more deeply than others**

Proposal closes gaps in services to:

- ▶ Communities of color, immigrants, & native populations
- ▶ LGBTQ+ community
- ▶ Low income communities
- ▶ Kids in juvenile justice & the child welfare systems and where ACES are widespread and prominent.

# Children & Youth Behavioral Health Initiative (CBYHI)

**\$4.4B** over **5 years**, to transform California's behavioral health system for children and youth into an innovative and prevention-focused system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs regardless of payer.

- ❖ All young people 0-25: child care, K-12, Higher Ed, community based organizations.
- ❖ Upstream – more community based approaches, normalizing the act of speaking up and seeking help, no one falling through the cracks.
- ❖ Culturally and linguistically proficient; the workforce is representative of California's diversity.
- ❖ Availability of services should NOT be dependent on whether or not there is an adequate workforce.

# Children & Youth Behavioral Health Initiative (CBYHI)

## What will this look like ?

- ▶ Children and youth will have access to quality adolescent substance use disorder treatment, including residential treatment.
- ▶ Children and youth in acute crisis will have an appropriate place to go for treatment that is close to loved ones.
- ▶ People that work with or care for children, youth and their families have tools to recognize behavioral health signs and symptoms and know how to access supports.
- ▶ The door to BH treatment is not through the justice system, school discipline or school failure;
- ▶ Empowered youth take control of their own mental health and wellness -- by youth, for youth.

# Children & Youth Behavioral Health Initiative (CYBHI)

## Components

- ▶ Behavioral Health Service Virtual Platform
- ▶ Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools
- ▶ Develop & Scale-up BH Evidence Based and Community Defined EB Programs
- ▶ Building Continuum of Care Infrastructure
- ▶ Enhance Medi-Cal Benefits
- ▶ School BH Counselor and BH Coach Workforce & Broad BH Workforce Capacity
- ▶ Pediatric, Primary Care and Other Healthcare Providers
- ▶ Public Education and Change Campaign
- ▶ Coordination, Subject Matter Expertise and Evaluation

<b>Funding Summary - \$4.4 Billion</b>	<b>FY 2021-22 through FY 2025-26</b>
Behavioral Health Service Virtual Platform/ E-Consult	\$750
Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools	\$550
Develop & Scale-up EBPs & Community Defined Evidence	\$429
Building Continuum of Care Infrastructure	\$305
Enhance Medi-Cal Benefits ( <i>Dyadic services, ACEs</i> )	\$800
School BH Counselor and BH Coach Workforce	\$352
Broad BH Workforce Capacity	\$430
Pediatric, Primary Care and Other Healthcare Providers	\$50
Public Education and Change Campaign/ACES	\$125
Coordination, Subject Matter Expertise and Evaluation	\$50
Plus MHSSA and Medi-Cal Incentive Program*	\$205M + \$400M

**\* *Separate but Related Investments***

Note: \$150M of Capacity Building \$\$\$ dedicated to Higher Education and Infrastructure includes \$\$\$ for kids mobile crisis

# Vital to California's Recovery is Addressing the Behavioral Health for **ALL** of California's Children and Youth

JOIN US

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