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

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