Behavioral health is not simply a response to pathology
Confronting Child + Family Behavioral Health Needs

Old Model

Covered Diagnosis

Patient defined by Pathology

Care defined as Clinical
Shared Outcomes that Prioritize Intergenerational Impact

Relationship-Centered Assessments + Supports

Healthy Development

New + Growing Public Funding
Public Financing

Equity + Justice

Restructure Systems

Shared Power to Advance Child Well-being
Mental Health is a strategy to achieve equity and support healthy development for all youth and young adults.
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.

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Our definition of medical necessity is outdated and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.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

National Institute of Mental Health. Mental Health by the Numbers, 2015.
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...
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

Children’s Mental Health

Child Welfare
Juvenile Justice
Early Childhood
Education
Regional Center

Federal
State
County / Local Agency
EPSDT EXPANSION TO SERVE MORE YOUTH

4,824 Youth Served
2000-2001

10,700 Youth Served
2014-2015

Source: Alameda County BHCS Children’s System of Care
Alameda County
4 School Health Centers
1996
Alameda County
12 School Health Centers
2004
Alameda County
14 School Health Centers
2008
Alameda County
26 School Health Centers
2012
TODAY THERE ARE 200 SCHOOL BASED BEHAVIORAL HEALTH PROGRAMS IN ALAMEDA COUNTY
The California Children’s Trust Foundation + Belief Statement

- **New + Growing Public Funding**
- **Healthy Development**
- **Relationship-Centered Assessments + Supports**
- **Equity + Justice**
- **Restructure Systems**
- **Shared Power to Advance Child Well-being**

Shared Outcomes that Prioritize Intergenerational Impact
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 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