A Behavioral Health Policy Agenda for California's Kids

2020

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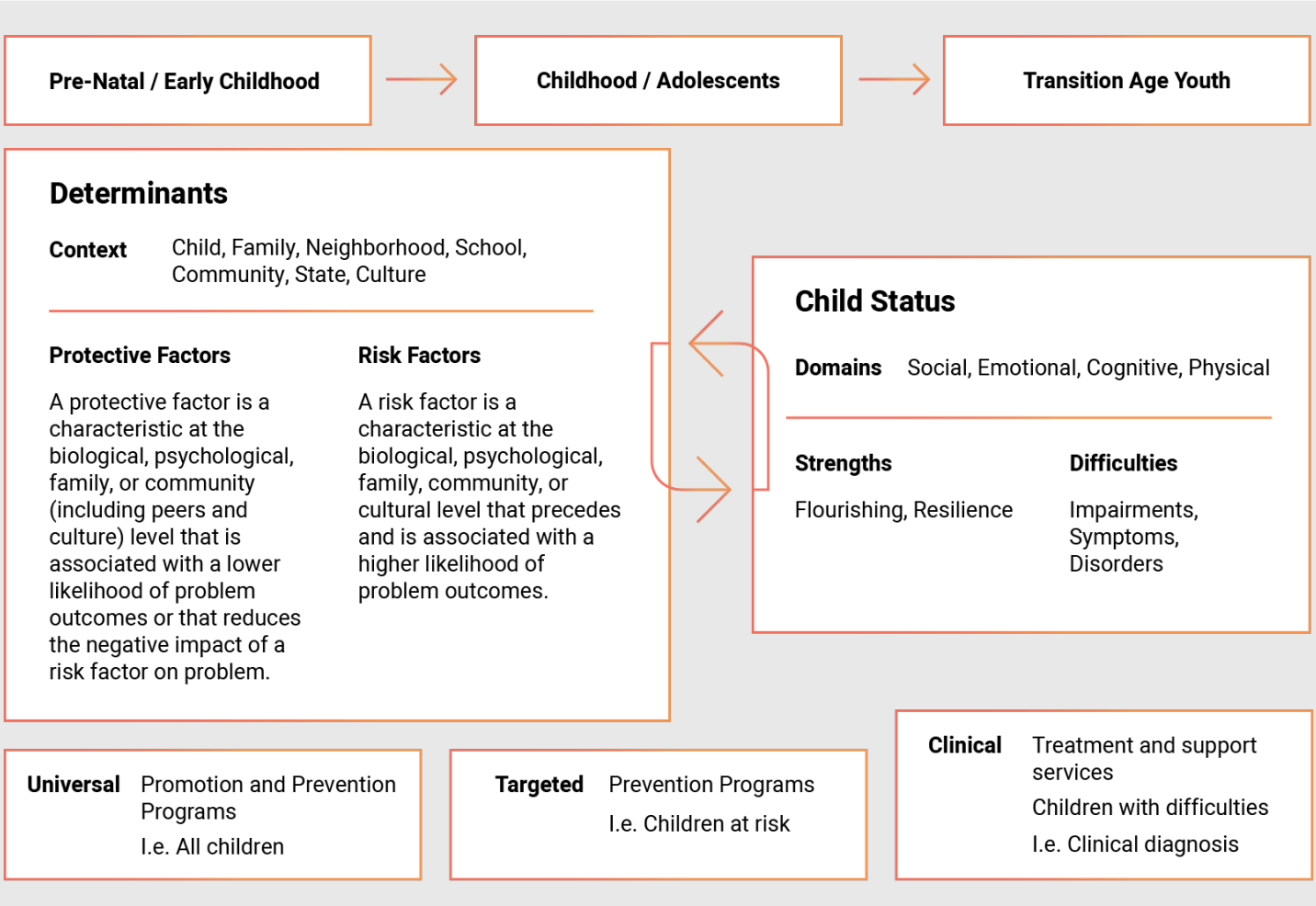
Positive behavioral health outcomes are affected by a variety of factors including social, biological, economic and physical environments. These **social determinants of mental health (SDOMH)** affect not only individual children but the communities and neighborhoods in which children are expected to live, play and thrive. SDOMH are associated with social inequalities, signaling the importance of improving the conditions of everyday life to better the population's mental health and reduce the risk of those disorders associated most with social inequity. For example, poverty and debt can increase maternal stress, which can lead to the most common mental illnesses: anxiety and depression. In addition to poverty, concerns unique to specific populations like police violence in Black communities and fear of deportation in Latino and Asian-Pacific Islander (API) communities can exacerbate emotional wellness. Research shows that Black males' exposure to police violence correlated to higher levels of post-traumatic stress disorder than for any other demographic group and youth with one or more undocumented parent often report feeling withdrawn and angry due to threats of detention or deportation[1]; highlighting the importance of the State to invest in social and emotional well-being to ensure positive mental health outcomes.

The State must ensure appropriate supports are available from pre-natal to age 21, so that children can grow in environments that have minimized the root causes of common illnesses like anxiety and depression, while equipping children with the ability to recognize and regulate their emotions and maintain healthy relationships. State investment in communities must take a population health approach by focusing on the environmental and social factors that contribute to positive behavioral health. See Figure.

Population Framework for Children's Mental Health[1]



The creation of healthy brain architecture in the first three years of a child's life depends on good health, positive and nurturing relationships with adults, exposure to enriching learning opportunities, and safe neighborhoods. This early development – in which children develop strong relationships, a sense of security and skills to cope with challenges – sets the foundation for future learning health and success, and can buffer the impacts of adversity. The complex interplay of circumstances, conditions and biological components sometimes can adversely affect development, and behavioral health concerns may become apparent during one's childhood and adolescence. One in six children aged 2-8 years are already experiencing a mental, behavioral, or developmental disorder, with increasing prevalence if children are living in poverty.[2]

Behavioral Health Supports

Clinical and non-clinical interventions that support children's social, emotional and mental well-being, and prevent and treat substance abuse.

National reports from 2016 note that among children aged 3-17 years, less than 10% had anxiety problems, behavioral or conduct concerns, and/or depression. The prevalence of each disorder increased with older age and poorer child health or parent's/caregiver's mental and emotional health[3]. For instance, half of all mental illnesses appear by a child's mid-teens and 75% by their mid-20s. For adolescents, mental illnesses and substance use disorders often occur together. Approximately, 60-75% of adolescents with substance use disorders are estimated to have a simultaneous or co-occurring mental illness. Sometimes, substance use may begin as a strategy for self-medicating to manage emotional and psychiatric symptoms.[4] In recent years, the number of major depressive episodes in young people has increased as well as the national rate of alcohol and drug use. According to the Centers for Disease Control and Prevention, 31.5% of high school students nationwide "experienced persistent feelings of sadness or hopelessness" and between 2015 and 2017 an estimated 16% of California's 9th and 11th graders seriously considered attempting suicide in the previous year[5]. The statistics are even more alarming as we examine suicidality by sexual orientation: a recent national survey indicated that 40% of LGBTQ youth seriously considered attempting suicide in the past twelve months and more than half of transgender and nonbinary youth seriously considered suicide.[6]

Children have limited access to behavioral health supports, which is unacceptable. Many California children who do receive mental health services receive them at school, but less than half of elementary school students have access to mental health services at their school.[7] The COVID-19 public health emergency and the recent civil unrest around police brutality have compounded existing issues, with students experiencing isolation and an inability to reach resources or access supports. As a result, the pandemic intensifies the need for more behavioral health supports for children.

To date, California's effort to improve children's behavioral health care has largely been dominated by a focus on delivery systems and payment reforms. However, the state has failed to provide a clear understanding of the child-specific behavioral health goals and outcomes it seeks with these efforts. Until these goals and outcomes are clearly outlined, any future substantial financial reforms will fall short in ensuring children's well-being.

The following agenda provides a roadmap for state leaders on the components needed to establish a successful children's behavioral health system including community investments, individual service supports, community education, and data-sharing. The examples provided are not exhaustive but are key recommendations for a delivery system that develops and supports a well-trained workforce[8], educates communities, identifies kids in need, and provides appropriate treatment and support. Items in bold indicate recommendations that the State should prioritize to ensure completion in the near term, within the next 1-2 years.

This document is not structured by payment modality or child-serving sector. Comprehensive reform will require a holistic look at children and the systems, supports, and places that serve them. Current funding streams should not dictate the State's goal of best outcomes for kids. California will need to 1) clearly articulate desired outcomes for kids, 2) identify kids in need of supports, and 3) effectively invest in those programs that assist in fostering children's social and emotional well-being and 4) **disinvest from those programs and policies that actively harm youth.**

The State must explicitly direct investment in communities.

Currently, there is little state guidance around how local governments should determine how they will combat community violence, food insecurity, police violence, and other adverse childhood experiences that vary between regions. California should take a strong stance in its expectations of counties and cities to cultivate social and emotional well-being, and support those efforts financially. The State should explicitly support community-based programs that 1) build neighborhood trust and safety, 2) reduce instances of domestic, community, and police violence, 3) improve physical green spaces, 4) combat food and housing insecurity, and 5) support parents and caregivers. These investments are sure to be reflected in stress reduction, increased physical activity, and more social connectedness.

- Declare racism a public health crisis, and ensure state and county governments prioritize funding to address the scope and scale of racial inequities and their negative effects on the health of children and communities.
- Fund initiatives like the All Children Thrive-California program, that provides cities with the tools, policies and practices to help them to address child poverty, trauma and other adversities.
- Provide reimbursement for community health workers (promotores), indigenous healers, and peer-to-peer supporters.
    - **SHORT TERM: Increase funding for community health workers, et al with the express purpose of providing support to address the health needs of children and families.**
    - **SHORT TERM: Enact and prioritize implementation of SB 803 (Beall) to authorize Peer Support Certification.**
- Require counties and cities to develop and fund alternatives to police as first responders for mental health concerns and invest in community programs.
    - **SHORT TERM: Continue to support and prioritize programs like the Family Urgent Response System (FURS) which seeks to provide 24/7 trauma-informed support, including mobile response, for current and former foster youth and caregivers to reduce placement changes, hospitalizations, and the criminalization of traumatized children.**
    - **SHORT TERM: Invest in programs like the Sacramento-based Mental Health First program, the goal which is to encourage a non-police response to mental health crises.**
- Fund community-based programming that supports children's social, emotional, and mental wellness, like youth centers.
- Require school districts to eliminate contracts with school resource officers and instead invest in on-campus nurses, social workers, and other adults who can provide supportive environments for school-age children.
    - **SHORT TERM: Use the Governor's newly-formed Young People's Task Force, to outline the successful programs and needed staffing schools could use in lieu of police officers to best support children.**

Fostering a child's social and emotional well-being by ensuring policy and budget decisions promote conditions that drive positive outcomes – investing in communities and families, reducing opportunities for traumatic events, and providing high-quality supports and services early and often – will increase the likelihood that children will achieve developmental and social-emotional milestones, learn healthy social skills and develop coping mechanisms when there are problems; allowing them to thrive at home, in school, and in their communities.[12]

The State must invest in early childhood.

Increasing scientific research points to early childhood as a crucial period of time to establish children's foundation for lifelong health, well-being, and success. During this time, children are rapidly gaining social skills, learning how to form close relationships and manage their emotions. Studies make it clear that stable, nurturing relationships and positive adult-child interactions fuel this early development and help children develop mechanisms that buffer the negative impacts of adversity. The State must take a comprehensive, systems-wide approach and invest in policies and programs that promote child, family and community well-being and behavioral health, even before acute issues emerge.

There are proven resources and supports that can help but they are not currently reaching enough California families. Parents may not always have what they need or know where to turn for support even when it is within reach in their own community, or families may need immediate support to cope with trauma. Additionally, even at a very young age, children can exhibit behaviors or experience developmental delays which require specialized support or intervention from professionals.

Health is multi-dimensional, and inextricably linked to separated experiences with trauma, the neighborhood families live in, adults' access to educational and economic opportunities, levels of social supports and more. This means that it's complex to ensure that every family gets what they need to thrive. All families need support, but systemic adversity and structural inequities – created over time by historical policies that punished poor people, marginalized Black and brown families, and treated children's health as fully independent from parents' health – means that not all families in California begin on level ground, and results in persistent race and income-based inequities in both maternal and child health outcomes.

- Support programs that help parents and caregivers forge healthy bonds with children through the early childhood years, including:
  - Ensure maternal and early childhood home visiting programs, including evidence-based programs for the highest-need parents and children, are available to all families who wish to participate.
  - Promote expanded access to longer paid family leave, including leave policies for maternity and paternity leave, and for foster and adoptive families.
- Expand evidence-based parent education programs like Triple P and The Incredible Years, which support and educate parents of preschoolers about how best to promote children's healthy social-emotional development, healthy attachment, and utilize positive parenting strategies.
- Expand early childhood mental health consultation, which matches early care and education programs with trained professionals who support teachers' capacities to promote children's social-emotional development, and identify and address challenging behaviors.

- Ensure widespread parent/caregiver screening for depression, perinatal mood/anxiety disorders, and/or domestic violence, and ensure that every parent and caregiver has easy access to a place in their community that can guide and support them in finding the help they need.
- Embed social-emotional screening in IDEA Part C, which serves infants and toddlers with developmental delays and disabilities, and ensure that Infant and Early Childhood Mental Health Specialists are integrated into service delivery mechanisms as appropriate and necessary.
- From the moment a child enters foster care, ensure that young children are placed with safe, nurturing and supportive caregivers, and experience minimal placement disruptions.

The State must better identify children's behavioral health needs across child serving sectors.

Currently, California children's behavioral health needs are primarily identified in a medical or clinical setting once the child's health begins to deteriorate and they exhibit symptoms of distress. However, children's behavioral health needs can become apparent outside of these settings and should be identified earlier on. California should identify children and youth who have experienced adversity or trauma, as well as those who are showing some early signs of a mental health need, in order to offer them needed supports. Identification should be stratified by at least race, class, gender, sexual orientation, rural and urban environment, and with the goal to cultivate their social and emotional health and well-being.

- Implement data-sharing agreements and practices across systems and agencies to better identify children and youth in need of supports, streamline the screening process, and ensure referrals and follow-up.
    - Create a cross-sector dashboard with stratified demographic data to identify behavioral health needs in children and youth in order to provide appropriate supports and services and monitor outcomes to be housed at the California Department of Public Health.
        - The dashboard should include metrics that identify how children are doing. Metrics like chronic absenteeism; lack of stability in foster care (including placement and school stability); expulsion from programs when children are under age 8; juvenile justice involvement; and emergency room utilization can signal that a child needs additional supports.
        - The State must implement a long-term vision towards positive outcomes including, a decrease in emergency room use for mental health issues; decrease in youth suicidality; increase in access to high-quality services and supports; increase in number of youth who report feeling emotionally supported; treatment penetration rates, including for those with substance-use disorders or co-occurring disorders; prevention and early intervention program penetration rates.
            - **SHORT TERM: Require the California Health & Human Services Agency to establish a short list of behavioral health goals the State will achieve for children, like reducing the rate of youth suicide to zero.**

The State must provide the relevant supports and services after determining need.

Children who need behavioral health services are, for the most part, not receiving them. The most recently available data shows that about two-thirds of adolescents with major depressive episodes did not get treatment[9]. California ranks at or near the bottom of all states for student access to health care and mental health services, with 43% of elementary schools in unified districts and just 32% of schools in K-8 districts offering mental health services.[10] California should require, fund, and monitor services and supports that are provided to children through clinical, community, and school settings. Services should be culturally competent and provided with a trauma-responsive and trauma-sensitive lens. While some supports and services listed are provided, they are often underfunded and not statewide.

- Fund additional programming in schools that support children's well-being, like school climate and mindfulness programs.
- Fund community-based programming that support children's social, emotional, and mental wellness, like youth centers.
- Provide trauma-informed behavioral health services and supports to children and youth without the requirement of a diagnosis.
- Invest in targeted services for transition age youth, like substance-use disorder (SUD) treatment centers that are separate and unique from centers for adults.
- Invest in targeted services for LGBTQ+ youth to create safe and LGBTQ-inclusive schools through an inclusive curriculum and supportive staff.
- Invest in the co-location of services like mental health supports, physical health care, and social programs through community schools, full-service clinics, and community organizations.
- Support sustainable telehealth models that enable children in rural and underserved areas to obtain services remotely.
- Implement universal screening across child-serving sectors for healthy social-emotional development, depression, adverse childhood experiences, and mental health needs.
    - **SHORT TERM: The State should clarify that there is a legal guarantee[11] for trauma screenings and therefore trauma screenings, like developmental screenings, are required in Medi-Cal. Further, the State should promote wider adoption by increasing provider reimbursement and educating families on the impact of trauma on physical and mental health.**
    - **SHORT TERM: Explore barriers and opportunities to requiring trauma screenings in private insurance.**
- Set statewide targets and goals to address racial and regional disparities in accessing student mental health services.
    - **SHORT TERM: Fund school-county partnerships to expand mental health services and supports on campus.**
- Review existing school policies and their conflict with students obtaining the behavioral health services they need.
    - **SHORT TERM: Review school suspension policies around use of illicit substances on campus and their impact on Black and Latino youth.**
- Review and assess policies across child-serving entities to identify gaps, conflicts, and inconsistencies with regard to the goal of identifying and eliminating those polices which hinder emotional wellness.

The State must invest in community education.

Community education is important in reducing stigma around mental health conditions. Individual change in the perception of mental health moves to families, then to the workplace and schools, and ends with community leaders who become equipped with promoting formal and informal community education efforts on mental health. California should invest in community-led education programs that encourage prevention and early intervention.

- Educate the public about the warning signs of youth suicide, by increasing the awareness of existing campaigns like Know the Signs.
- Educate the public about the importance of LGBTQ+ affirming spaces, at home and in communities.
- Educate the public about existing resources for mental health supports and services (hotlines, health insurance services, and county programs) by investing in written materials, social media, and public signage.
- Use public officials and platforms to reiterate the importance of mental health supports and services in communities.
- Educate the public about the impact of trauma on physical and mental health.
- Promote public education about healthy norms and positive relationships.

Endnotes

1 Facing the Fear of Deportation. University of Southern California: School of Social Work. Blog. 2019

2 Data and Statistics on Children's Mental Health. Center for Disease Control and Prevention.

3 Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. The Journal of Pediatrics

4 2018 Edition — Mental Health and Substance Use: A Crisis for California's Youth California Health Care Foundation.

5 Youth Suicide and Self-Inflicted Injury in California. Kids Data

6 National Survey on LGBTQ Youth Mental Health 2020

7 Reback, Randall. Investments in Student Health and Mental Health in California's Public Schools. Getting Down To Facts II. 2018

8 The behavioral health workforce in California is an enormous issue and will be explored in subsequent publication.

9 2018 Edition: Mental Health and Substance Use: A Crisis for California's Youth. California Health Care Foundation.

10 Investments in Students' Physical and Mental Health in California's Public Schools. Getting Down to Facts. 2018.

11 The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid, under which necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

12 What Are Childhood Mental Disorders? Centers for Disease Control and Prevention

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