

Early Intervention and Treatment:

Approaches to Meet the Behavioral Health Needs of Our Youth

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Children Now

Research, policy development and advocacy dedicated to promoting children's health, education and well-being in California.

Leads The Children's Movement of California, a unique network of more than 4,600 diverse organizations.



Agenda

What is prevention and early intervention?

How are kids doing?

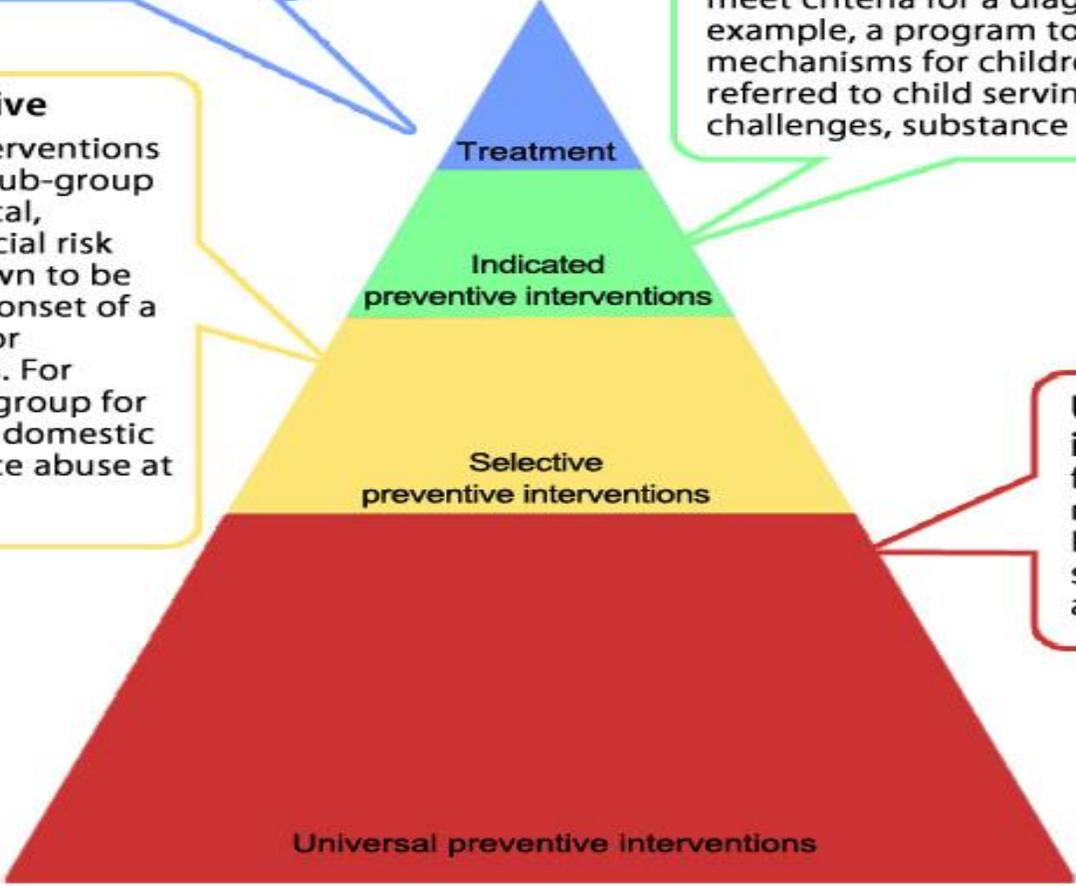
What can we do now?

Treatment: Interventions for individuals who currently have a diagnosable disorder that are intended to cure or reduce the symptoms or effects of the disorder. For example, individual/family/group psychotherapy or evidence-based practice for an individual or family that has been diagnosed with a mental health disorder.

Indicated preventive interventions: Interventions for high-risk individuals who are identified as having some detectable signs or symptoms of a mental, emotional, or behavioral disorder, or who have a biological pre-disposition for such a disorder, but who do not meet criteria for a diagnosis at the current time. For example, a program to develop social skills and coping mechanisms for children or youth who have been referred to child serving systems due to behavioral challenges, substance use or truancy.

Selective preventive interventions: Interventions for individuals or a sub-group who exhibit biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorders. For example, a support group for children exposed to domestic violence or substance abuse at home

Universal preventive interventions: Interventions for the general public that have not been identified to be at risk. For example, a mental health or substance abuse curriculum for all children in the school.



Interventions by Developmental Phase

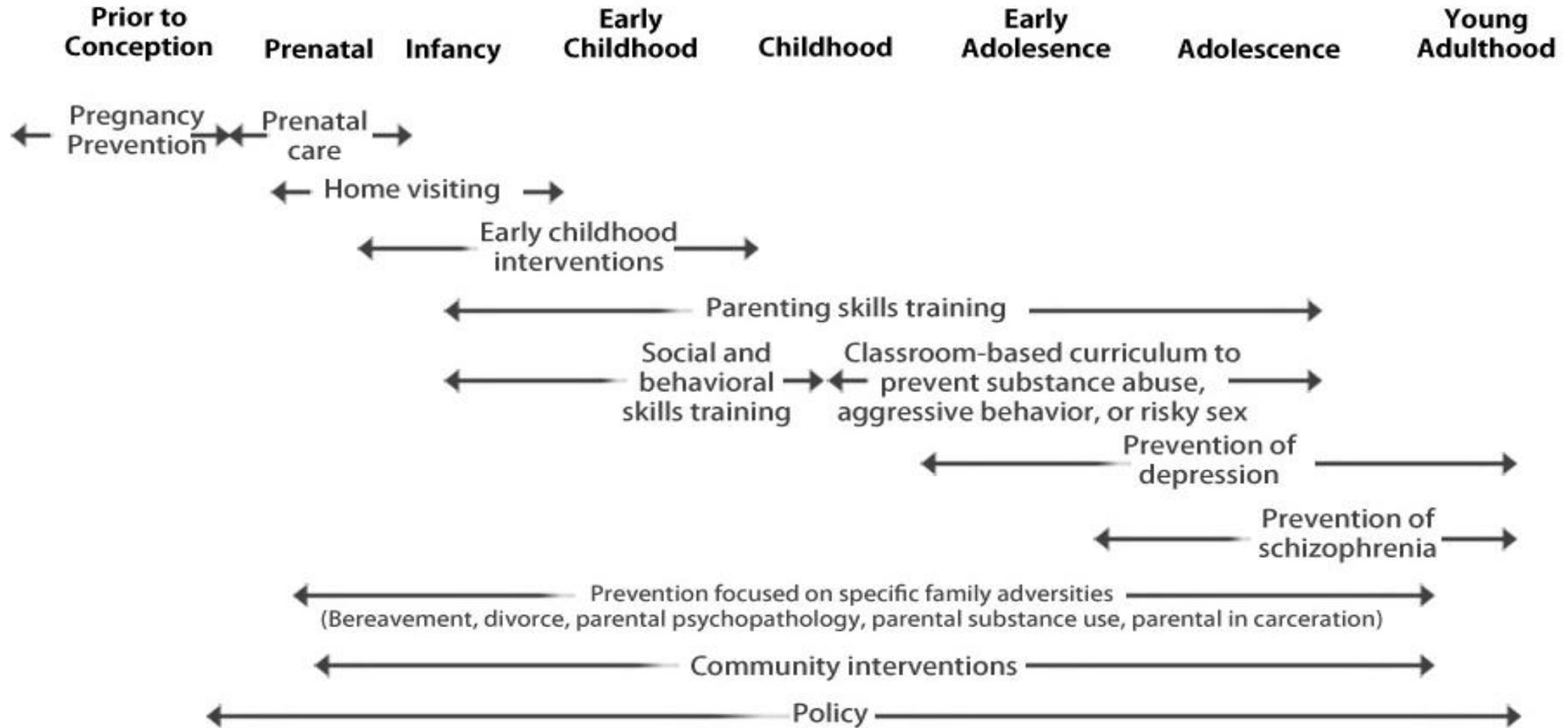
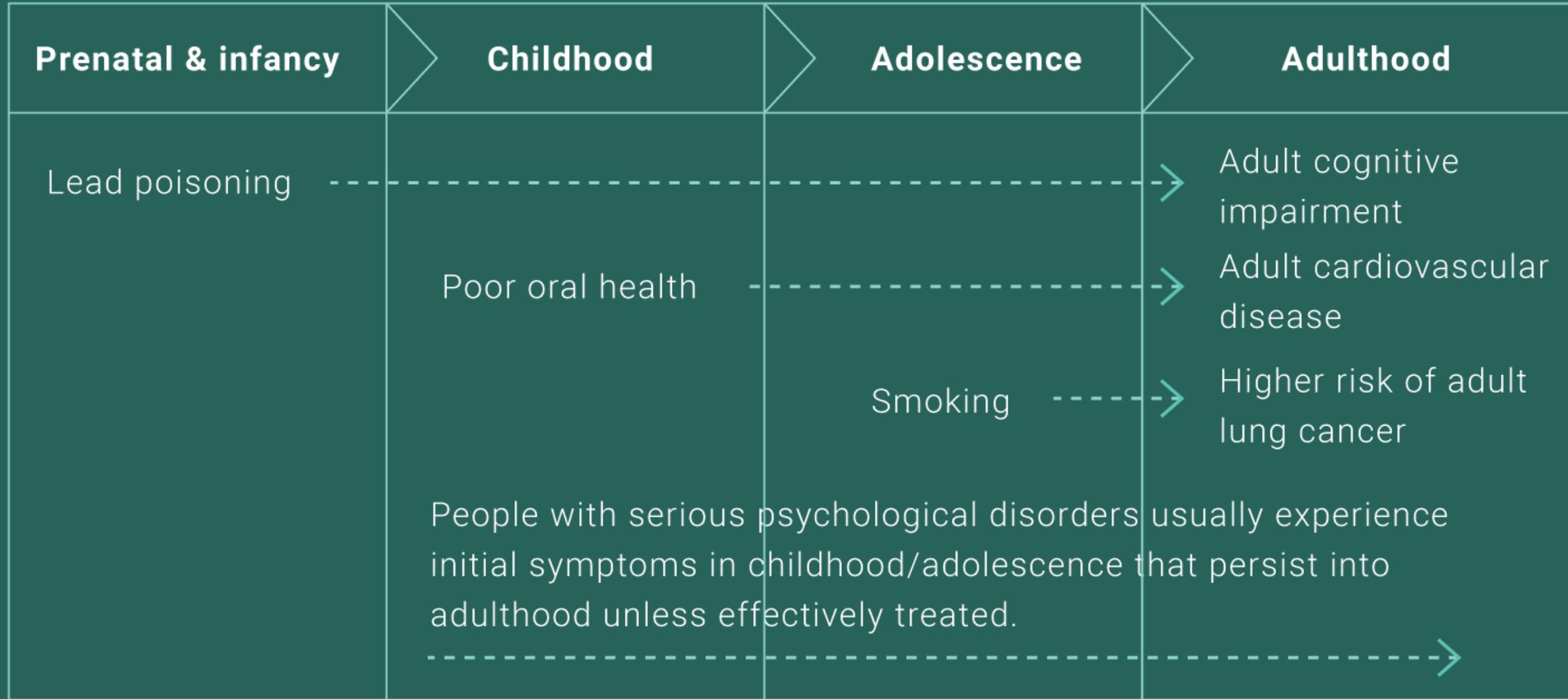


FIGURE II-1 Interventions and their targeted developmental stages.

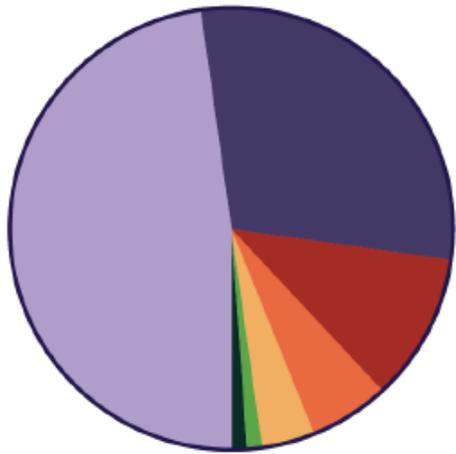
Source: www.youth.gov

Early precursors can have life-long impacts:



California is home to 8,893,756 children.

(AGES 0-TO-17)¹



RACE / ETHNICITY
BREAKDOWN²

48%

Latino/a

30%

White

11%

Asian

5.4%

Black

4.5%

Multiracial

0.4%

American Indian
or Alaska Native

0.3%

Native Hawaiian or
Pacific Islander



Children
Now

Nearly 500,000 babies are born in California each year.



Nearly **2 in 3** born to low-income birth-parents

2 in 5 born into a high-poverty neighborhood

1 in 11 born pre-term

1 in 5 mothers experience depression

1 in 4 birthing parents report 2+ ACEs in their own childhood

32% of kids entering foster care are under age 3

Half of all kids who die from abuse and neglect are under age 1 and **75%** are under age 3

73% of parents say parenting is their biggest challenge

69% of parents say they would use more positive parenting strategies if they knew them

The kids are *not* alright

50% of children have experienced at least one traumatic adverse childhood experience (ACE).

Individual Trauma

such as physical and emotional abuse, and neglect and household violence, can affect a child's emotional and physical well-being into adulthood

Community Trauma

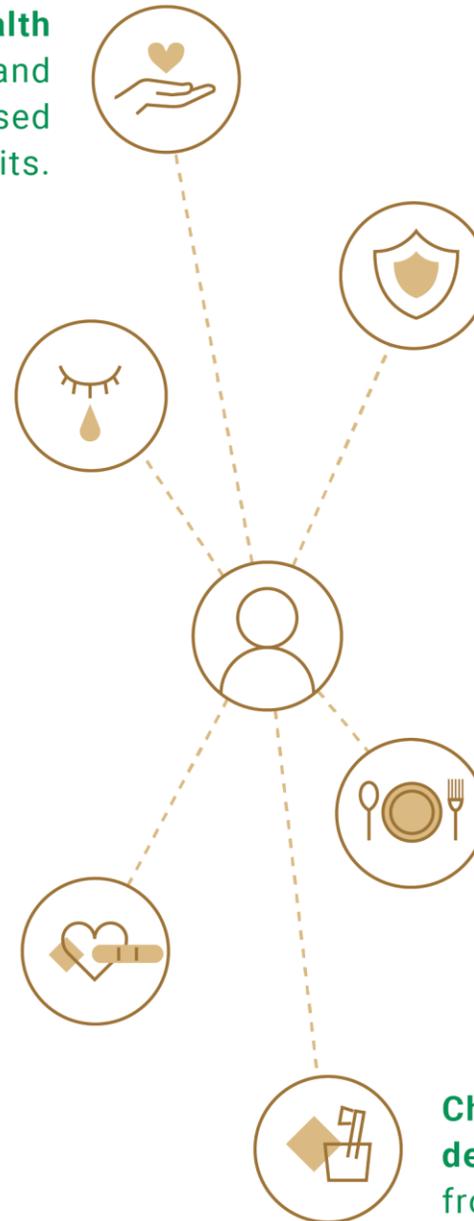
economic hardship, community violence, poor housing quality, histories of racism, and ongoing inequity — put low-income individuals and people of color at greater risk

Health

Young people are experiencing **increased mental health emergencies**, stressors, and isolation, coupled with decreased mental health provider visits.

An estimated 175,000 American children – mostly children of color – lost caregivers to COVID-19 between April 2020 & October 2021, precipitating trauma and mental health crises.

There were **40% fewer routine childhood vaccinations in April 2020 vs April 2019**, with immunization rates still not recovered as of July 2021.



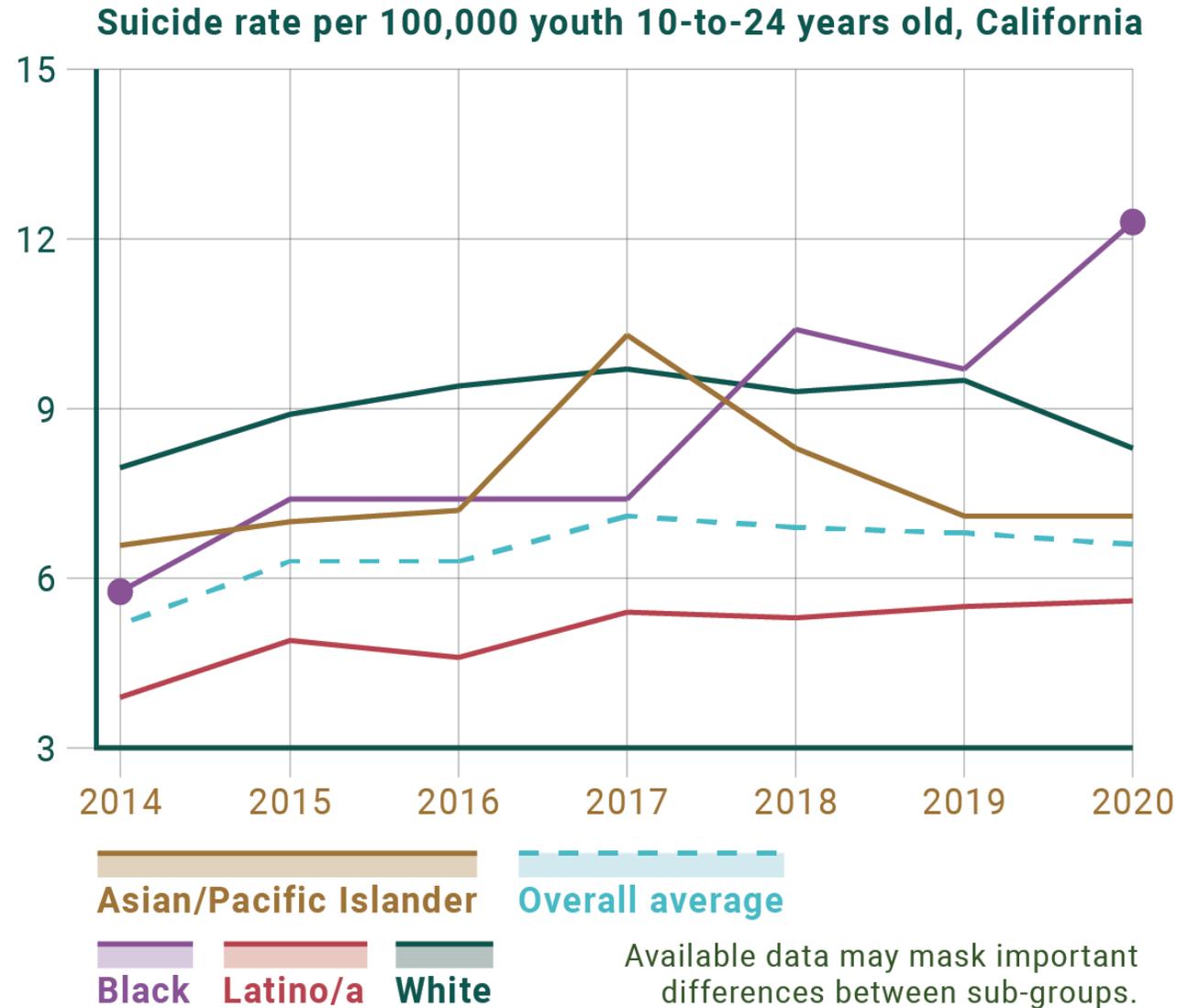
Nationwide, American Indian/Alaska Native, Black, and Latino/a children are 3 times more likely to be hospitalized for COVID than white and Asian/Pacific Islander children due to ongoing gaps in health care access, obesity, and other risk factors.

In December 2020, **16% of California households with children sometimes or often didn't have enough to eat**, compared to 10% of households without kids.

Children's dental visits decreased by nearly 40% from 2019 to 2020.

Behavioral Health Care: Mental Health
Grade D+

The suicide rate among Black youth has dramatically increased from 2014 to 2020.



Behavioral Health Care:
Substance Use
Grade D-

Few youth with a substance use disorder (SUD) receive treatment.

Reasons include lack of access to culturally competent services and lack of treatment options focused on youth.

<10% Fewer than 10% of youth who need substance use disorder services receive them



Behavioral Health Care:

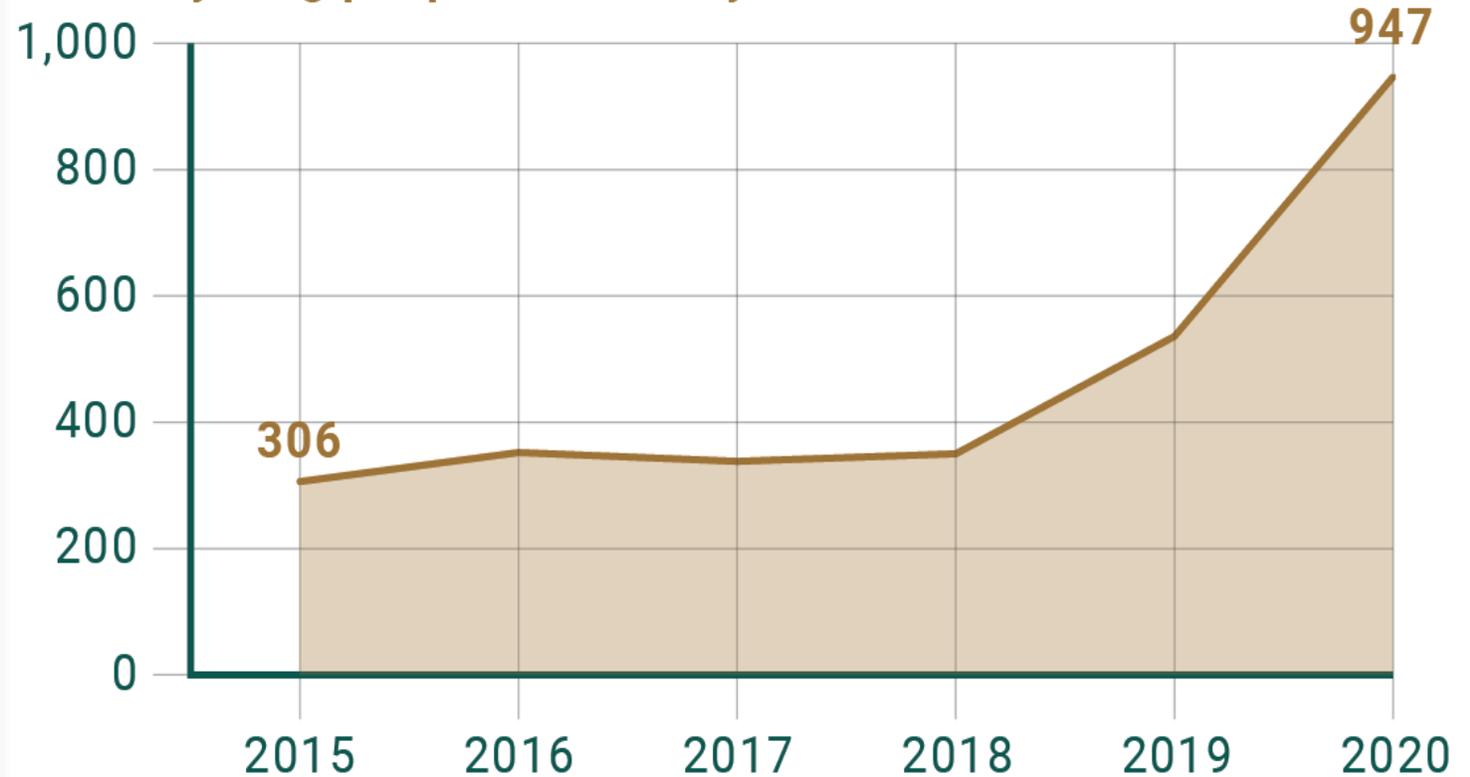
Substance Use

Grade D-

Deaths due to drug overdose spiked during the pandemic.

Fentanyl is especially dangerous, leading to overdoses among young people.

Deaths due to drug overdose, California young people 15-to-24 years old



Where do we go from
here?

Expand investment in babies

Home Visiting



ACEs Aware

33% of trauma screenings were conducted with children under age 5 through their caregivers

ACE Screenings (January 1, 2020 – March 31, 2021)

Invest in youth

Address student (parent/caregiver) stigma

Fund Support Programs

Fund school counselors, psychologists, social workers, and nurses

Ensure trauma-informed approaches to mental and behavioral health issues

Support and fund school-based or school partnerships



Set goals
informed by data

Data Point: Nationwide, African American children are expelled almost twice as often as Latino and white children, and more than five times as often as Asian American children.

Goal: Reduce number/percent of AA young children suspended and/or expelled from childcare programs due to behavioral issues.

example



Thank you.

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