Children and Youth Behavioral Health Initiative

Presentation to California Association of Health Plans

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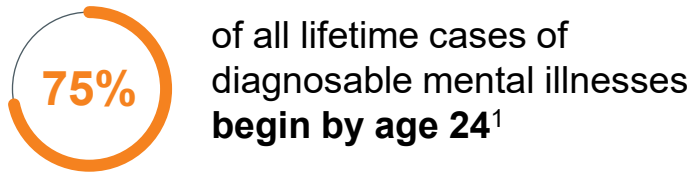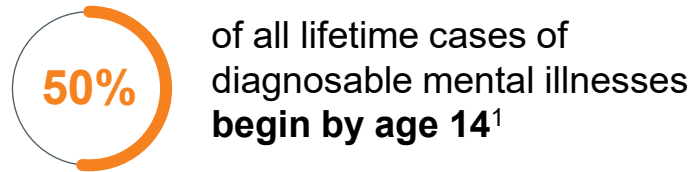
May 18, 2022

Today's discussion

Objectives

✓ Share how California plans to reimagine behavioral health for all children, youth, and families

✓ Introduce the key components of the Children and Youth Behavioral Health Initiative
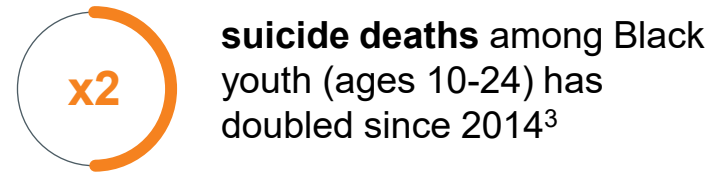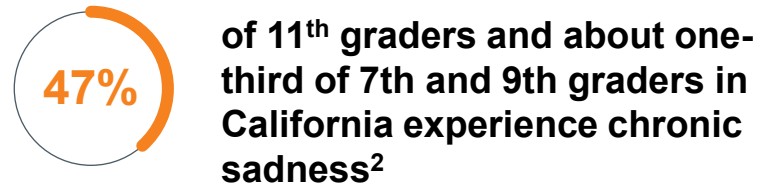
✓ Stakeholder Engagement, Outcomes, Next Steps

✓ Q&A

Behavioral health context

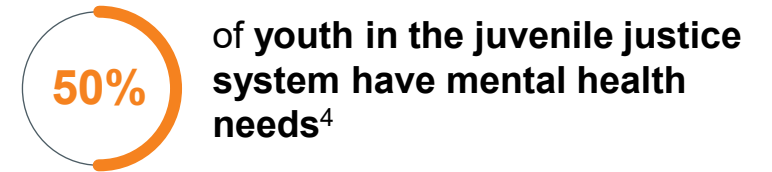# Why it is important to address behavioral health needs and challenges

Many mental health challenges begin in childhood and early adulthood

50% of all lifetime cases of diagnosable mental illnesses **begin by age 14**[1]

75% of all lifetime cases of diagnosable mental illnesses **begin by age 24**[1]

The COVID-19 pandemic compounded the behavioral health challenges faced by children and youth

47% of 11th graders and about one-third of 7th and 9th graders in California experience chronic sadness[2]

x2 **suicide deaths** among Black youth (ages 10-24) has doubled since 2014[3]

Behavioral health challenges disproportionately impact some populations (e.g., racial and ethnic minority youth, LQBTQ+ youth, youth with disabilities, youth facing socioeconomic challenges etc.)

50% of **youth in the juvenile justice system have mental health needs**[4]

66% of **LGBT youth reported feeling** so **sad or hopeless** they stopped doing some of their usual activities[5]
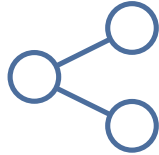
1. Kessler R, Berglund P, Demler O, Jin R. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication." Walters E. Arch Gen Psychiatry. 2005, 62:593-602.
2. Youth Youth Mental Health and Supports: 2020-2021 California Snapshot, Project Cal-Well, UCSF
3. Suicide in California – Data Trends in 2020, COVID Impact, and Prevention Strategies, CDPH, 2021
4. Underwood LA, Washington A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016;13(2):228. Published 2016 Feb 18. doi:10.3390/ijerph13020228
5. CDC. 2019 Youth Risk Behavior Survey

CalHHS California Health & Human Services Agency

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What will addressing the behavioral health needs of children and youth mean for Californians?

Better Health Outcomes

Children who receive **behavioral health care** integrated with pediatric primary care experience a **significant reduction in behavioral problems and anxiety**[1]

Increased Resilience

Additional support and resources for children and youth with **23% of youth** in California ages 12-17 **needing help for emotional or mental health** conditions (such as feeling sad, anxious, or nervous)[2]

Increased Economic Opportunities

Lifetime earnings quintupled for people with serious mental illnesses when they received more than a high school education, compared to those who did not[3]

1. Kolko DJ, Campo J, Kilbourne AM, Hart J, Sakolsky D, Wisniewski S. Collaborative care outcomes for pediatric behavioral health problems: a cluster randomized trial. *Pediatrics*. 2014;133(4):e981-e992. doi:10.1542/peds.2013-2516
2. UCLA Center for Health Policy Research, California Health Interview Survey (Aug. 2020).
3. Seabury, SA., Axeen S, Pauley G, Tysinger B, Schlosser D, Hernandez J, Heun-Johnson H, Zhao H. "Measuring The Lifetime Costs of Serious Mental Illness and the Mitigating Effects of Educational Attainment." Goldman D. Health Affairs, April 2019

Overview of CYBHI

Guiding principles of the California Health and Human Services Agency
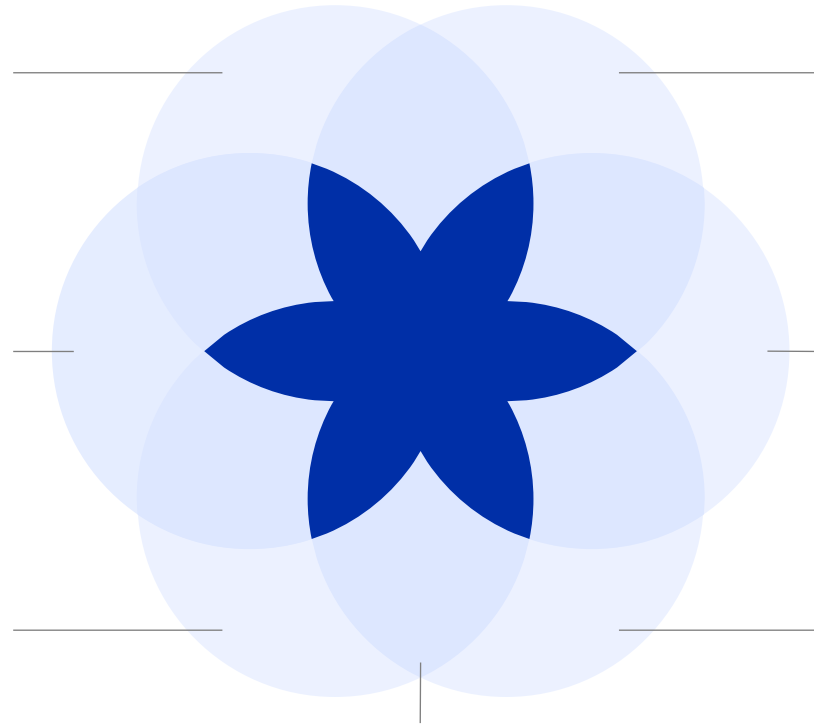
Focus on equity

Strive to create programs that address persistent and systemic inequities.

Actively listen

Take a step back and proactively listen to the individuals and communities being served in order to better understand their conditions and the things they yearn for

Use data to drive action

Use data to understand the current conditions within communities, the impact of existing programs and the opportunities to improve service delivery

Deliver on outcomes

Ensure the delivery of programs and services yields concrete and meaningful results

Cultivate a culture of innovation

Courageously take new approaches to solve the most intractable problems. The relentless pursuit of innovation, applied thoughtfully, will catalyze improvement efforts

Put the person back in person-centered

Re-engage individuals and their communities so that programs are informed and structured to meet the diverse and unique needs of each community and person

See the whole person

Think about what each person needs in order to thrive, considering the cultural, economic, and social factors that impact people's lives

Source: California Health and Human Services Agency

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Overview of the Children and Youth Behavioral Health Initiative

The goal of the **Children and Youth Behavioral Health Initiative** is to **reimagine** the way behavioral health support is provided to **all children and youth in California,** by **aligning the systems that support behavioral health** for children and youth to create **an ecosystem that fosters social and emotional well-being and addresses the behavioral health challenges** facing children and youth

The initiative takes a **whole system approach** by creating **cross-system partnerships** to ensure that **the reimagined ecosystem is child and youth-centered and equity-focused**

Reimagine behavioral health and emotional well-being for ALL children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery an integrated ecosystem focused on emerging behavioral health needs

Advance Equity

Designed for Youth by Youth

Start Early, Start Smart

Center around Children and Youth

Empower Families and Communities

Right Time, Right Place

Free of Stigma

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How California plans to **redesign and reimagine** the system

- Focus on the entire continuum of care

- Increase system capacity

- Center on the experiences and needs of children and youth

- Address stigma

- Catalyst for system redesign within and across sectors

Phases of the Children and Youth Behavioral Health Initiative

What is our vision? **How do we get there?** **Let's make it happen!**

1 **Set goals and stand-up infrastructure**

2 **Develop detailed plans & design the future state**

3 **Deliver and accelerate impact**

Setting overall vision, initiative-level goals, and standing up performance infrastructure

Developing a robust and detailed plan, clear accountability for design and delivery; sourcing ideas and designing the future state
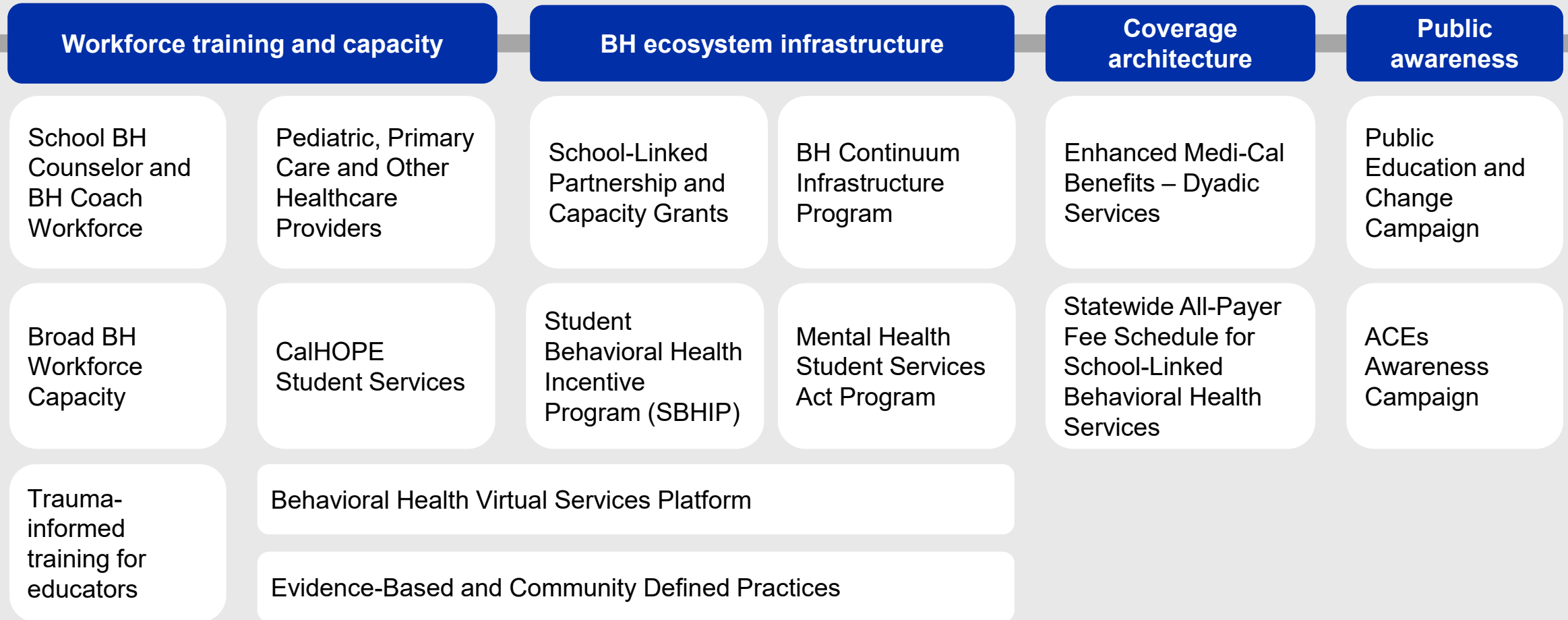
Launching a full-scale effort to drive, accelerate, and sustain impact

Source: Reviews of large-scale transformation efforts in other states / countries; California Health and Human Services Agency

Focus areas and components of CYBHI

Building a Coordinated Ecosystem: Workstreams for the Children and Youth Behavioral Health Initiative

As of March 29, 2022

Workforce training and capacity		BH ecosystem infrastructure		Coverage architecture	Public awareness
School BH Counselor and BH Coach Workforce	Pediatric, Primary Care and Other Healthcare Providers	School-Linked Partnership and Capacity Grants	BH Continuum Infrastructure Program	Enhanced Medi-Cal Benefits – Dyadic Services	Public Education and Change Campaign
Broad BH Workforce Capacity	CalHOPE Student Services	Student Behavioral Health Incentive Program (SBHIP)	Mental Health Student Services Act Program	Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services	ACEs Awareness Campaign
Trauma-informed training for educators	Behavioral Health Virtual Services Platform				
	Evidence-Based and Community Defined Practices				

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Overview of the CYBHI Workstreams

CYBHI focus areas	CYBHI Workstreams	Description of workstreams
Workforce capacity and capability	**School BH Counselor and BH Coach Workforce**	Develop a multi-year plan to launch and implement a BH coach or counselor system by which students can receive in-person and/or virtual one-on-one and group supports
	Pediatric, Primary Care, and Other Healthcare Providers	Provide opportunities for primary care and other health care providers to access culturally proficient education and training on BH and suicide prevention
	Broad BH Workforce Capacity	Build and expand the workforce, education, and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services
	CalHOPE Student Services	Support communities of practice in all 58 County Offices of Education to enhance Social Emotional Learning Environments; engage youth as partners in contributing to a positive, supportive learning environment
	Trauma-Informed Training for Educators	Provide ongoing training to educators on trauma-informed care
BH ecosystem capacity and infrastructure	**Evidence-Based and Community-Defined Practices**	Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions
	Behavioral Health Virtual Services Platform	Implement BH service virtual platform to be integrated with screening, clinic-based care and app-based support services
	Mental Health Student Services Act Program	Provide competitive grants to counties for partnerships between county BH departments and local education entities for the purpose of increasing access to mental health services
	BH Care Continuum Infrastructure	Ensure youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county
	Student Behavioral Health Incentive Program (SBHIP)	Incentive payments for Medi-Cal Managed Care Plans (MCPs) to build infrastructure, partnerships, and capacity, statewide for school behavioral health services
	School-Linked Partnership and Capacity Grants	Build infrastructure, partnerships, and capacity to increase the number of students receiving preventive and early intervention BH services
Coverage and benefits architecture	**Enhanced Medi-Cal Benefits – Dyadic Services**	Implement dyadic services in Medi-Cal, based on the HealthySteps model of care
	Statewide All-Payer Fee Schedule for School-Linked BH Services	Implement fee schedule for health plan reimbursement
Public awareness and education	**Public Education and Change Campaign**	Raise the BH literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges
	ACEs Awareness Campaign	Raise awareness of Adverse Childhood Experiences (ACEs) and toxic stress

CYBHI 5-year milestones

2022   **2023**   **2024**

Workforce capacity and capability

- Release career ladder and framework for BH coaches and counselors
- Release expanded peer personnel and psychiatry education capacity application cycle
- Administer first earn and learn award cycles

- Administer first annual award cycle for BH coach training curriculum development
- Administer first SUD and social work award cycles
- Launch provider education campaign

BH care continuum capacity and infrastructure

- Release grant funding opportunity and open application period for Evidence-Based Practices
- SBHIP program implementation
- Release grant funding opportunity and open application period for school-linked partnership and capacity grants
- Release BH assessment report and RFA

- Launch the Behavioral Health Service Virtual/E-consult Platform

Coverage and benefits architecture

- Issue initial guidance for comercial plans via an All-Plan Letter
- Implement dyadic services benefit in Medi-Cal

- Implement BH network and fee structure
- Begin enforcement of guidance for commercial plans

Public awareness and education

- Launch the ACEs and Toxic Stress Public Awareness Campaign
- Release trauma-informed training for educators

- Launch Public Education and Change Campaign

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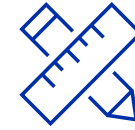
Stakeholder engagement plan

Areas of focus for CYBHI stakeholder engagement

Shape CYBHI direction (e.g., outcomes definition)

Address topics that have implications across the initiative (e.g., equity, prevention, ecosystem models, sustainability)

Support workstream planning, **design, and implementation**

CYBHI stakeholder engagement activities by stakeholder group

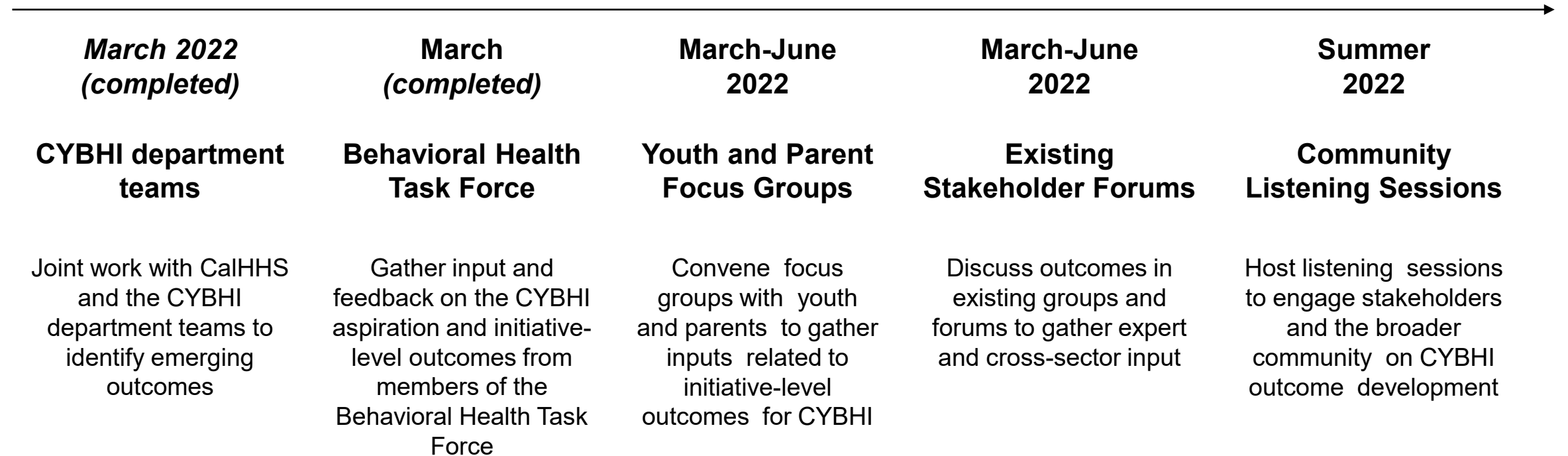|	**Near term activities** (Through May '22)	**Future activities** (June '22 and beyond) to be refined
Children, youth, and families	Focus groups on CYBHI outcomes Initial focus groups and interviews on workstreams	Surveys, interviews, focus groups, design sessions, and ongoing engagement opportunities on initiative-level topics and workstreams
Cross sector and inter-agency partners	Discussions with existing groups on outcomes Targeted engagement on initiative-level topics Engagement forums (e.g., think tank, listening tours) on workstreams	Targeted engagement on initiative-level topics Engagement forums on workstreams
Community partners on the ground and in the field	Regular updates and opportunity to submit e-mail input	Listening sessions on outcomes (through end of summer 2022) and initiative-level topics Website updates and opportunities to comment

Source: California Health and Human Services Agency

CYBHI outcomes

Approach and timeline for developing CYBHI outcomes

Inputs from CalHHS, CYBHI department teams, and various other stakeholders will be used to co-develop and refine the CYBHI aspiration and initiative-level outcomes

March 2022 (completed)	*March (completed)*	March-June 2022	March-June 2022	Summer 2022
CYBHI department teams	**Behavioral Health Task Force**	**Youth and Parent Focus Groups**	**Existing Stakeholder Forums**	**Community Listening Sessions**
Joint work with CalHHS and the CYBHI department teams to identify emerging outcomes	Gather input and feedback on the CYBHI aspiration and initiative-level outcomes from members of the Behavioral Health Task Force	Convene focus groups with youth and parents to gather inputs related to initiative-level outcomes for CYBHI	Discuss outcomes in existing groups and forums to gather expert and cross-sector input	Host listening sessions to engage stakeholders and the broader community on CYBHI outcome development

Initiative-level CYBHI outcomes

PRELIMINARY DRAFT AS OF MAY 16, 2022

The CYBHI will assess progress against the following outcomes, as they relate to children, youth and their families/caregivers:

1 **Improve overall health, social outcomes, and emotional wellbeing**

2 **Advance health equity and reduce disparities** in behavioral health

3 **Decrease stigma** related to behavioral health conditions

4 **Reduce incidence** of preventable[1] behavioral health conditions

5 **Improve access to** programs that work

6 **Embed continuous quality improvement and accountability** across behavioral health services and supports

7 Ensure ongoing **sustainability of the initiative's impact**

1. Mental disorder prevention aims at "reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society" (WHO Report, 2005)

Source: Notes from 1. Behavioral Health Task Force meeting convened on March 9, 2022, 2. Early Childhood Briefing convened on March 24, 2022, 3. Child Welfare Council Meeting convened on April 6, 2022; CalHHS; Feedback from cross-department meeting on May 6, 2022

Conclusion

Questions and Comments

Please reach out to **CYBHI@chhs.ca.gov** with questions and inquiries or to sign up for our stakeholder mailing list

For additional information please visit the [Children and Youth Behavioral Health Initiative webpage](#)