

Improving Behavioral Health Care for Children in California: A CALL TO ACTION

Half of all lifetime cases of mental illness begin by age 14 and three-quarters begin by age 24. In other words, mental illness is a disease of youth — one with profound long-term implications for children, their families and their communities.

interacted with a behavioral health provider before; many will face significant barriers to obtaining the treatment they need after they leave the hospital.

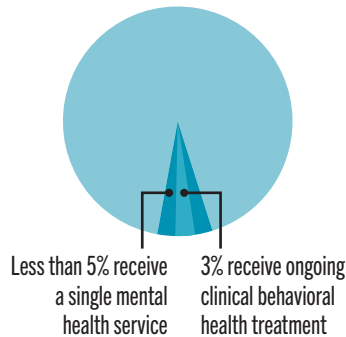
Emergency departments across the state are treating an increasing number of youth in crisis. Some youth have never

California's children's hospitals have a unique perspective on the state's behavioral health system — both its shortcomings and the opportunities for improvement.

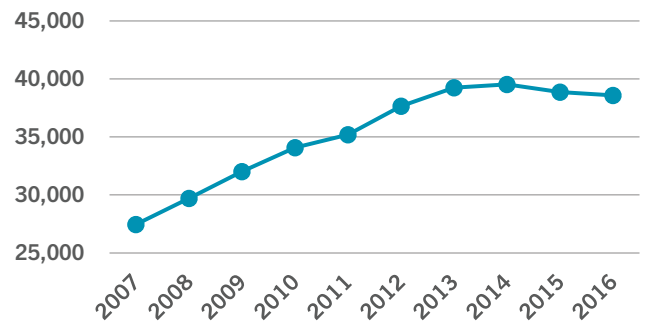
Mental health is a real problem for youth in California.

AS MANY AS 1.8 MILLION YOUTH IN CALIFORNIA ARE LIVING WITH A BEHAVIORAL HEALTH CONDITION

YOUTH ENROLLED IN MEDI-CAL

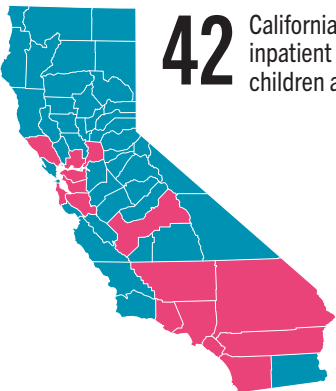


CALIFORNIA HOSPITALIZATIONS FOR MENTAL HEALTH ISSUES (AGES 5-19)



There aren't enough places for these youth to get the treatment they need.

Despite requirements that health plans ensure patients can access behavioral health services in a timely manner, there simply aren't enough providers who have the training necessary to care for these youth.



The number of inpatient psychiatric beds for youth declined between 2005 and 2017

For every 100,000 youth in the state, California has only 13 practicing board-certified child and adolescent psychiatrists. There is a need for 47.



45 PERCENT OF THE STATE'S PSYCHIATRISTS ARE OVER THE AGE OF 60 AND WILL LIKELY RETIRE IN THE NEXT TEN YEARS



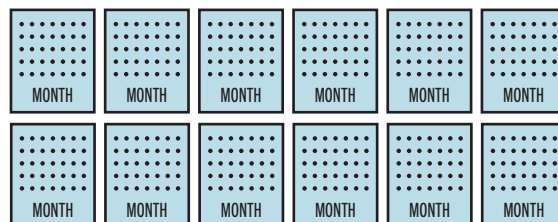
By 2028, demand for other behavioral health providers (psychologists, therapists, counselors and social workers) will exceed supply by nearly 40%.

The system for getting youth the behavioral health services they need is broken.

PROVIDERS ROUTINELY SPEND 30% - 50% OF THEIR TIME FILLING OUT PAPERWORK



REGARDLESS OF THEIR TYPE OF INSURANCE, PARENTS CAN SEARCH FOR MONTHS OR LONGER BEFORE FINDING NEEDED BEHAVIORAL HEALTH SERVICES FOR THEIR CHILDREN.



California can – and must – do better.

Addressing these shortcomings and improving California's child behavioral health system requires bold leadership, robust investments and real change in how we care for California's youth. To that end, CCHA recommends that the state:

Set Clear Goals

California should establish three to five behavioral health goals it wants to achieve for youth and their families and hold all stakeholders – including state and local agencies, public and private health plans, and providers – to account for contributing to these goals.

Enforce Existing Laws

Existing state and federal laws designed to help youth get timely access to behavioral health services must be better implemented and enforced. For example, California can:

- Create model intake and assessment forms to ensure counties use the same standards for approving behavioral health services
- Use “secret shoppers” to ensure that in-network behavioral health providers are actually accepting new patients and to track how long it takes for a youth to receive needed behavioral health services
- Develop easy-to-understand materials to help families navigate the behavioral health system

Support Early Intervention

Early intervention works, but it requires sustainable funding. California should further fund and scale effective local programs, such as:

- The “Help Me Grow” program supported by many county First 5 commissions
- The San Francisco Wellness Initiative, serving 16,000 high school students in San Francisco
- Allcove, which is establishing stand-alone, community-based integrated care sites for youth in Santa Clara County

Address Gaps in Service

California must ensure youth across the state can access behavioral health services when they need them. That means:

- Streamlining the licensing and accreditation process so hospitals can build more inpatient psychiatric beds
- Increasing Medi-Cal reimbursement rates for psychiatric services
- Requiring county agencies to approve evidence-based, intensive outpatient or partial hospitalization services for children covered by Medi-Cal

Support Coordination Among Providers

California must better support primary care physicians who may observe behavioral health issues early in a child's life. This means:

- Expanding tele-medicine, tele-consultation and co-location models to encourage collaboration among primary care providers and behavioral health specialists
- Requiring plans to cover tele-consultations between primary care providers and behavioral health specialists

Improve Care Coordination

California must better serve youth facing both chronic health or developmental conditions and behavioral health issues, including by:

- Ensuring that children enrolled in the California Children's Services Program can get intensive outpatient behavioral health services
- Incentivizing coordination among schools, juvenile justice systems, behavioral health departments, regional centers and child welfare agencies

Invest in the Behavioral Health Workforce

To ensure California has sufficient behavioral health providers to meet current and future needs, the state must:

- Provide state funding to encourage more people to receive the training necessary to serve children with behavioral health needs
- Work with behavioral health training programs to ensure these specialists can serve California's youth in a culturally and linguistically appropriate way

Encourage Interagency Collaboration

California should provide incentives to support the collaboration among all of the agencies that serve youth and incentivize approaches that improve the behavioral health of youth.

Together, we can help improve behavioral health outcomes for California's kids.