



THE PEDIATRIC MENTAL HEALTH CRISIS: CA POLICY INITIATIVES

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According to the CDC, “Being mentally healthy during childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems.”¹



Mental health disorders in turn, “are serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day.”

THE EXISTING MENTAL HEALTH CRISIS

- Prior to the pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the US with a reported mental, emotional, developmental, or behavioral disorder²
- In 2016, of the 7.7 million children with a treatable mental health disorder, about half did not receive adequate treatment³
- Between 2007 and 2018, suicide rates among youth ages 10-24 in the US increased by 57%⁴



PANDEMIC IMPACTS ON MENTAL HEALTH

- COVID amplified a preexisting crisis in children's mental health
- Suicide is now the second leading cause of death among people aged 10-24 and is responsible for more childhood and adolescent deaths than cancer and heart disease combined
- The CDC reported that emergency department visits for suspected suicide attempts began to increase among adolescents in spring 2020⁵
 - *ED visits for suspected suicide attempts were almost 51% higher among girls aged 12-17 than they were for the same period in 2019. ED visits for males aged 12-17 was 4%.*

PANDEMIC IMPACTS ON MENTAL HEALTH

- UCSF Benioff Children's Hospital Oakland saw a 77% increase in children seeking emergency mental health services between May and December in 2020, compared with the same period in 2019⁶
- Mental health is now the leading cause of hospitalization of children under 18 in California⁷

THE PANDEMICS UNEQUAL IMPACTS

- The pandemic has disproportionately affected communities of color
 - *Black youth were more likely than other youth to lose a parent or caregiver to COVID-19⁸*
 - *Latino youth reported high rates of loneliness and poor or decreased mental health during the pandemic^{9,10}*
 - *Asian American youth reported increased stress due to COVID-19 related hate and harassment^{11,12}*
- Increased financial stress in already socioeconomically marginalized populations

AAP News™



AAP, AACAP, CHA declare national emergency in children's mental health

October 19, 2021

The background of the title area is a dark teal color. In the center, there is a faint, circular seal of the U.S. Department of Health and Human Services. The seal features an eagle with wings spread, holding an olive branch and arrows, with a shield on its chest. The words "DEPARTMENT OF HEALTH AND HUMAN SERVICES" are written around the perimeter of the seal, and the year "1798" is at the bottom. The main title text is overlaid on this seal.

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021



CALIFORNIA POLICY INITIATIVES

BARRIERS TO CARE

1. Decentralization
2. Fragmentation
3. Fail First System
4. Capacity

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE



- Announced in July 2021
 - *\$4.4 Billion investment to enhance, expand, and redesign the systems that support behavioral health for children and youth*

1

Expand equitable access, with no wrong door for children, youth, and families

Build an accessible behavioral health services platform

Make school-linked and school-based behavioral health services available for all

Enhance primary care system to address behavioral health needs

Involve health plans including commercial plans in improving behavioral health services and supports for children and youth

2

Build capacity for prevention, treatment, and recovery services

Expand the behavioral health workforce including BH counselors and coaches

Expand existing services and build new sites for behavioral health care across the continuum

3

Raise awareness and engage communities and families

Conduct culturally and linguistically appropriate campaigns to educate the public and raise behavioral health literacy

Raise awareness of adverse childhood experiences (ACEs) and toxic stress

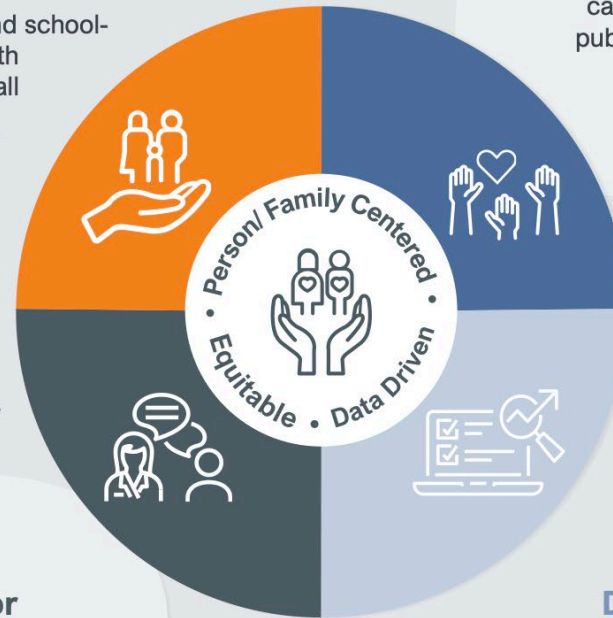
Provide trauma-informed training for educators

4

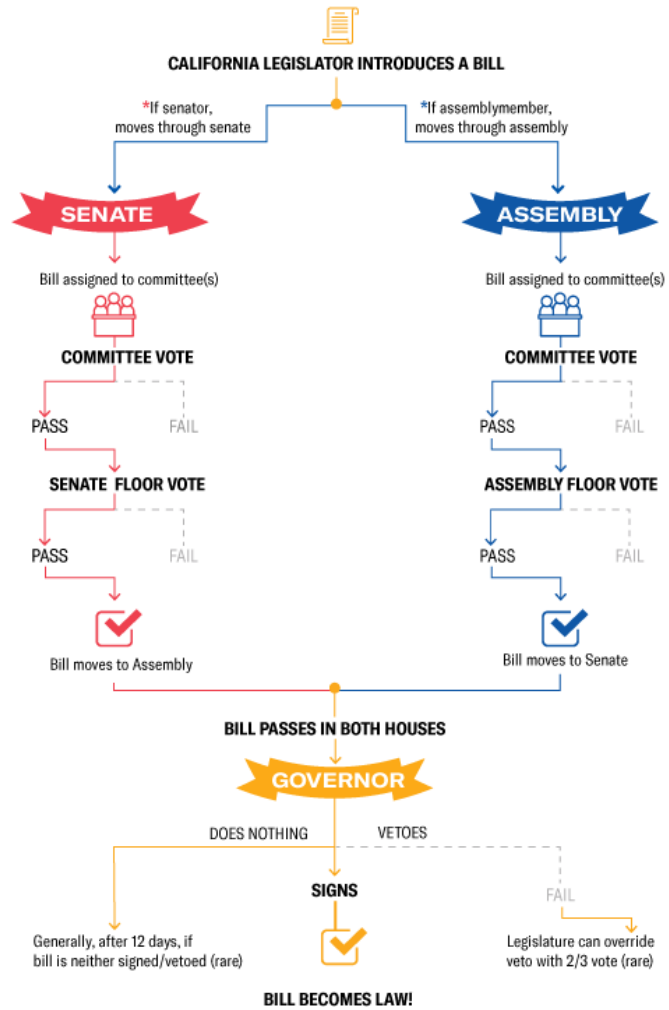
Deliver behavioral health care services and supports that work

Scale evidence-based and community defined practices that are proven to work

Conduct systematic and rigorous program evaluation and performance management



HOW A BILL BECOMES LAW



*Bills that start with "SB" are introduced in the senate

*Bills that start with "AB" are introduced in the assembly

AB 58 (Salas) Pupil Health: Suicide Prevention Policies and Training

- Encourages local education agencies (LEAs) to provide suicide awareness and prevention training to teachers commencing with the 2024-25 school year
- Requires LEAs to revise their suicide prevention training materials by June 1, 2024 to incorporate best practices

Status: Two-year bill. In Senate awaiting committee placement.

AB 552 (Quirk-Silva): Integrated School-Based Behavioral Health Partnership Program

- Creates the Integrated School-Based Behavioral Health Services Partnership Program
- Encourages local education agencies (LEAs) and community behavioral health agencies to collaborate on providing on-school-campus services for students at the earliest onset of a behavioral health condition

Status: Two-year bill. In Senate awaiting committee placement.

AB 1969 (Gibson) Pupil Health: Peer-to-Peer Mental Health Program

- Would provide funding to community-based organizations to support peer-to-peer mental health programs within schools.
- Trainings would emphasize trauma informed care practices and would be specifically geared towards schools without other mental health services.

Status: Introduced in the Assembly February 10th, referred to the education and health committees.

SB 1090 (Gonzalez) Medi-Cal Managed Care Plans: Mental Health Benefits

- This bill would require a Medi-Cal managed care plan to:
 - *conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan.*
 - *develop annual outreach and education to inform primary care physicians regarding those mental health benefits.*

Status: Introduced in the Senate on February 14th, referred to the Senate health committee.

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