A PROGRAM OF

Review of

Children's Behavioral Health Roadmaps

and Calls to Action

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California Children's Trust: Difficult Bi-Design: The Promises and Possibilities of California's Bifurcated Mental Health System (2024)

CCT's latest paper seeks to raise awareness of the harm created by the bifurcation of these systems—the county-run mental health plans (Specialty Mental Health Services, SMHS) and the managed care plans (Non-Specialty Mental Health Services, NSMHS)—and recommend short-term and practical steps to help California's mental health system work better for children and youth.

What Can Be Done: Moving from Bifurcated to Aligned

While hundreds of thousands of additional Medi-Cal enrollees have accessed non-specialty mental health services over the last decade, the state's bifurcated system has not achieved its full potential. A number of reforms can be done to smooth rough edges and improve outcomes.

1. Center children and caregivers.
2. Continue expanding the workforce in a culturally concordant manner.
3. Acknowledge differences in reimbursement methodologies and provide technical assistance to help providers manage the complexity.
4. Address the unintended consequences of payment reform in the specialty mental health system.
5. Facilitate and incentivize providers to cross-credential in the specialty and non-specialty systems.
6. Ensure the continuum of care works.
7. Expand access for outpatient substance use disorder (SUD) services.

CYBHI Youth at the Center: Calls-to-action for a reimagined behavioral health ecosystem from children, youth, and families across California (2022)

This report outlines 12 Calls to Action for a reimagined ecosystem and provides reflection questions to guide discussions around the three major areas: shift thinking, reimagine services, and transform systems

12 CALLS TO ACTION

FOR A REIMAGINED BEHAVIORAL HEALTH ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES ACROSS CALIFORNIA

SHIFT THINKING

- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not "empowerment."
- Rethink treatment: what it looks looks like and who provides it.

REIMAGINE SERVICES

- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

TRANSFORM SYSTEMS

- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.

Shift Thinking

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What policies or practices in your sphere of influence might be based on stigmatizing beliefs, or perpetuate stigma and discrimination?
- How can you help create spaces where young people can be their whole, full, and authentic selves without question or judgment?
- How can your work send affirming messages to young people that they are valid and deserving of support as they are?
- How are you centering healing cultural practices in your work with young people or their families?
- How could you expand the ways in which individuals and/or communities are brought into the planning, execution, and evaluation of your work?
- How can self-determination (for communities or individuals) be prioritized in your work?
- What systems can be built or expanded that connect people in distress with all types of resources that meet their stated needs?
- How might peer support be expanded in your programs that serve young people and their families?
- How can our programs help support mental health "first responders" in the community, such as spiritual leaders, teachers, etc.?

Transform Systems

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What types of life experiences might young people find important in the professionals they seek help from, and what can be done to encourage more people with these experiences to enter the behavioral health field?
- What can facilitate not only entry into the behavioral health workforce but sustained employment and advancement to leadership positions for people of diverse backgrounds?
- How can you prioritize healing and shared power instead of control in areas you hold power or influence?
- In what ways could you model acknowledging the harm that has been done by the systems you are a part of?
- How can we more clearly validate the experiences of young people?
- How can our efforts highlight not only the problems faced by marginalized communities but also the strengths, joy, and resilience of these communities and the healing that is possible?
- What can you do to earn trust and inspire hope?
- What policies or practices in your work are based on systemic inequalities? Which do you have the power to influence or change?
- What resource or power do you currently control that could be turned over to, or shared with, marginalized communities?

Reimagine Services

In order to create a flexible structure that can be applied to many different roles and settings, the following reflection questions have been designed to guide individual thinking, or team discussions, toward how these 12 calls-to-action might be carried into all our efforts.

- What programs and services do we need to build in order to better support young people before they are in crisis? What barriers to access could you remove to the services and programs that already exist?
- How could you help young people and their families – who are not yet experiencing a crisis – learn about the support available to them?
- What existing physical spaces do we have access to that could be repurposed as safe spaces for young people to gather with one another and trusted adults or mentors?
- How could we expand opportunities for creative expression for youth in all existing programs and spaces?
- What natural environments are available to children and youth and how can we remove barriers to access?
- How can natural elements be added to environments where they don't currently exist?
- What do you find helpful in sustaining mental health and well-being in your own life? How might those supports be applied to improve the well-being of families and parents, or of behavioral health professionals?
- What do you need to feel capable of being emotionally present for a child or youth? How can those same supports be scaffolded and extended to adults in communities?
- What is needed to make it easier for children, youth, and families to access your services or programs?
- What changes could you make to create a more welcoming environment for young people when they do try to access services?

Children's Now: California's Children's Mental Health Workforce (2022)

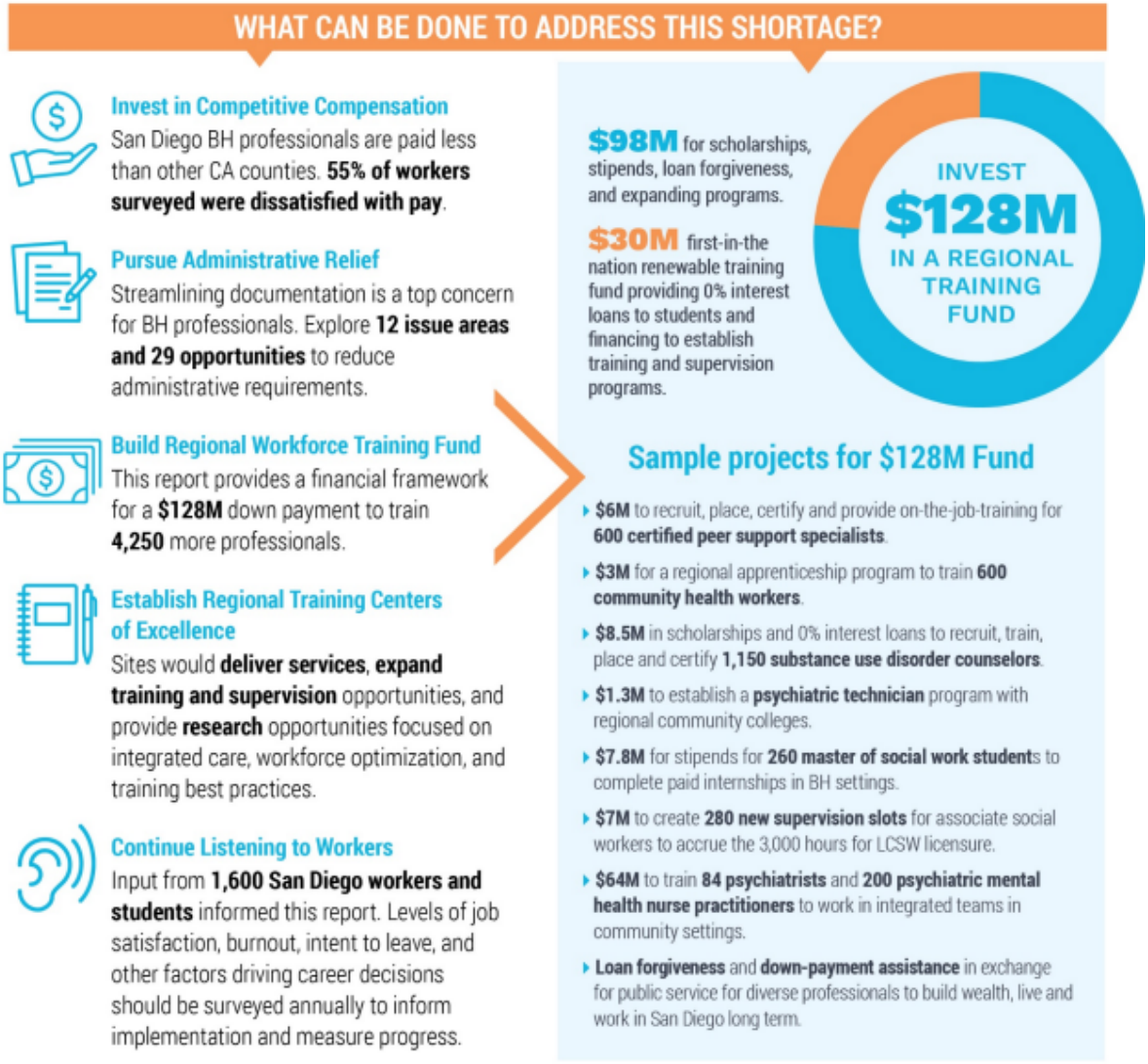
"Policymakers and providers acknowledged a lack of child-serving mental health providers. In response, there are policy proposals focused on increasing the number of child-serving providers who can provide mental health services. However, increasing providers alone will not satisfy the mental health needs of children and youth. To dig deeper into the issue, Children Now spent almost a year interviewing various providers across child-serving sectors to better understand opportunities and hindrances towards supporting the mental health of children and youth."

This report outlines 10 key findings and recommendations that were the major themes from the interviews.

KEY FINDING #1	Formal education alone does not prepare providers to work with kids, especially kids with trauma
KEY FINDING #2	Almost all respondents highlighted the importance of suicide prevention training
KEY FINDING #3	Almost all respondents mentioned the importance of Youth Mental Health First Aid training
KEY FINDING #4	Lived experience, to a point, is a critical factor for child-serving providers.
KEY FINDING #5	School professionals highlighted the importance of suicide and homicide impact assessments
KEY FINDING #6	Almost all respondents identified adult emotional wellness as fundamental
KEY FINDING #7	Many respondents identified the importance of a provider's ability to connect with the parent and child as a key skill
KEY FINDING #8	Administrative issues hinder retention
KEY FINDING #9	Low pay for traditional and non-traditional providers hinders both pipeline and retention
KEY FINDING #10	Explore the expansion of scope in the medical field

San Diego Workforce Partnership: Addressing San Diego's Behavioral Health Worker Shortage, A Needs Assessment and Vision to Attract and Retain Essential Behavioral Health Professionals (2022)

This report is not specific to children, however, it is a critical report addressing San Diego's behavioral health workforce shortage. In addition to data that estimates that San Diego needs 18,500 more workers to meet demand by 2027, the report outlines five recommendations that together make up a regional strategy designed to attract and retain the most resilient, representative, skilled and qualified behavioral health workforce in the United States. While these recommendations are presented in separate subsections, they are parts of a single vision. If implemented in isolation, they will have less than desired results.



Breaking Barriers: Working Paper: California Children & Youth Behavioral Health Ecosystem

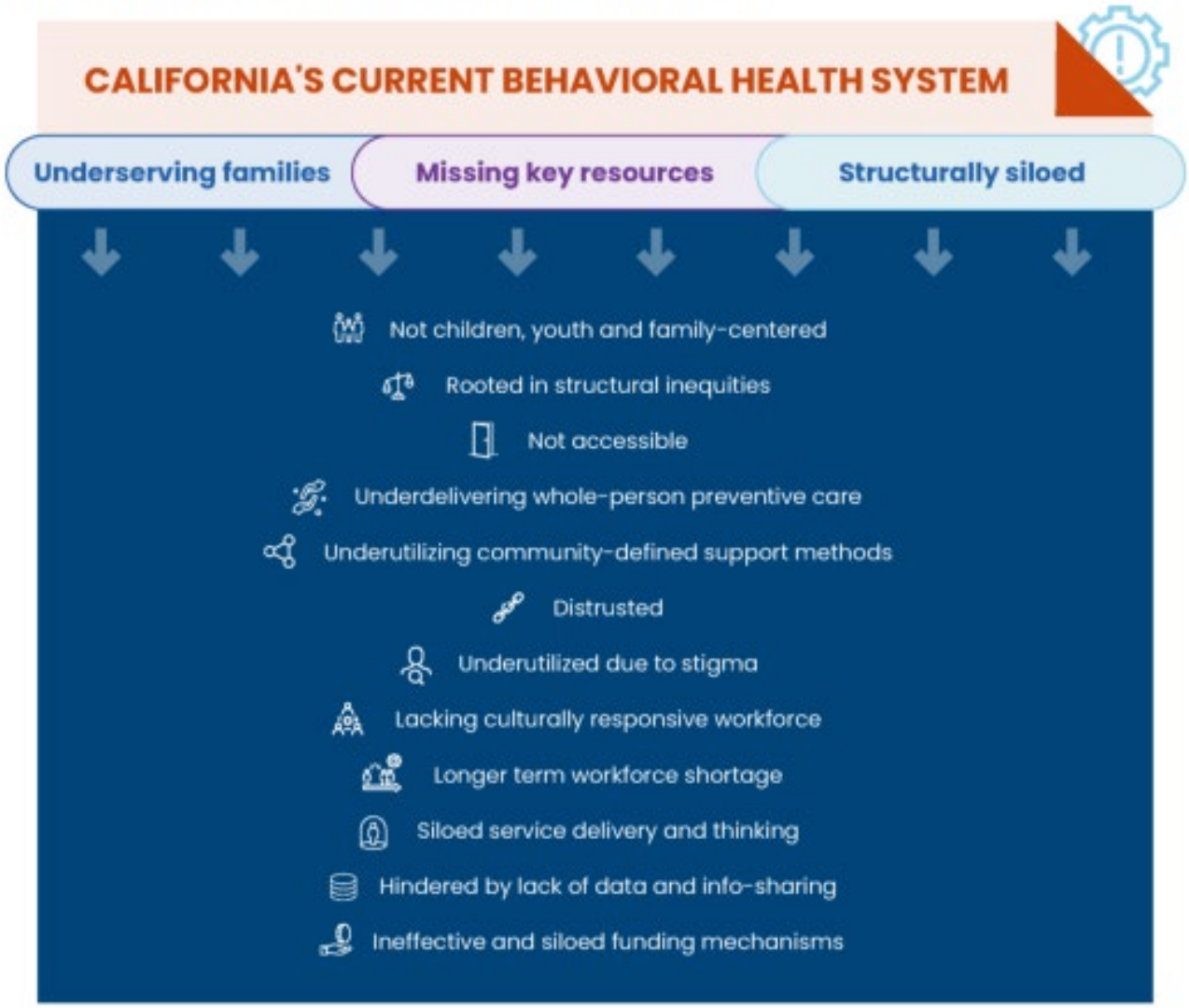
Breaking Barriers' research found that systems that make up California's ecosystem supporting the behavioral health of children, youth, and families – including our health care, early care, education, and social service systems – are disconnected from each other and from the young people, families, and communities they serve. Youth and families frequently say they can't access the support they need, when and where they need it. Many also say, as do many who work in and with the systems intended to support youth and families, that our systems are understaffed, historically under-resourced, lack the tools and cultural competency needed to address the behavioral health needs of California's diverse communities, and are rooted in long-standing systems of oppression. As a result, these systems are frequently distrusted by children, youth, and families and are underutilized by those who most need support. These issues are structural, within the systems themselves. Despite the tireless efforts of many committed individuals and organizations over many years, today's child and youth behavioral health system is under-serving families, missing key resources, and structurally siloed.

A fundamental flaw of our existing system is that it is siloed. Thus, integration is the foundation on which a new ecosystem must be built. A reimagined, integrated ecosystem can only be achieved through a collective effort that unifies young people, families, communities, and the professionals that serve them, in shared goals, shared accountability, and shared support for the whole person, from birth through early adulthood.

The following graphics show current challenges of the behavioral health systems and key actions to be accomplished collectively.

Key Current Behavioral Health System Challenges

Breaking Barriers research found that California's child and youth behavioral health system today is underserving families, missing key resources and structurally siloed.[xix]



It is important to keep in mind that in the list of the challenges identified above–there are overlaps and interactions between issues. Also, efforts to address these cross-cutting problems need to take into account the disparate impact on various intersections of identities, particularly marginalized children and youth. In sum, today, California's child and youth-serving behavioral health system is:

Collective Impact For An Integrated System

The New Normal: What is needed to ensure integrated, equitable, accessible and community responsive support for children, youth and families?

Who is Involved:
Young people, families and those who support them.

What is Required:
An Integrated Youth- and Family-Serving System

Centering children, youth and families in leadership, shared goals, program and system design, accountability and continuous improvement

Larger, culturally responsive and congruent workforce

Incentives for integrated financing and maximization of state and federal funding

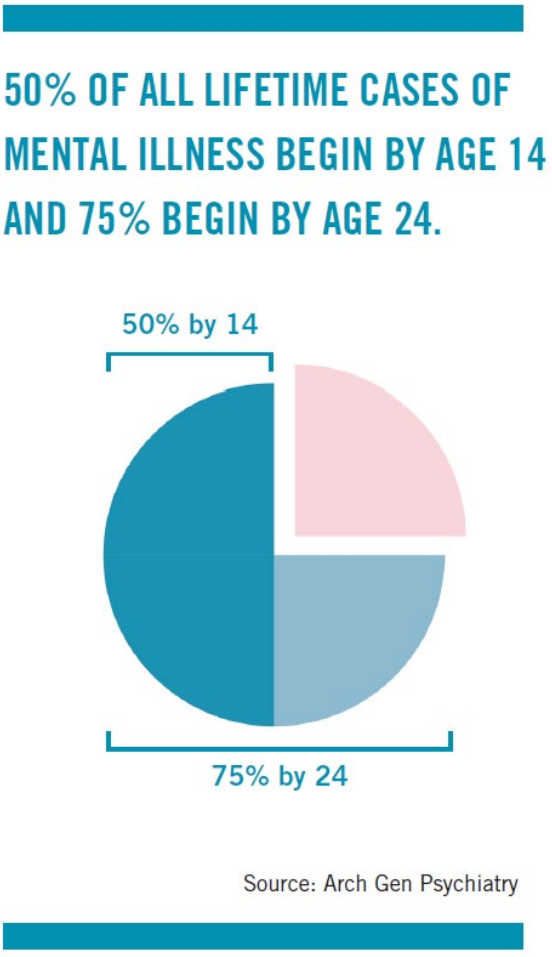
Providing training and coaching that operationalize integration and new ways of working

How:
Action at every level, from clinic and school sites to county departments all the way to state agencies

- Clear shared vision
- Communities and families empowered as partners
- Addressing root issues of structural inequity
- Integrated approach and alignment across the ecosystem
- Capacity building, technical support and research
- Larger, culturally responsive and congruent behavioral health workforce
- Shared outcomes, accountability and continuous improvement
- Data and info sharing
- Effective and integrated funding
- Coordinated care navigation

California Children's Hospital Association: Improving Behavioral Healthcare for Children in California, A Call to Action (2020)

"Half of all lifetime cases of mental illness begin by age 14 and three-quarters begin by the age of 24. In other words, mental illness is a disease of youth — one with profound long-term implications for children, their families, and their communities. And it is an increasingly common condition among California's children. In fact, as many as 1.8 million California children may be living with a behavioral health diagnosis — a number that exceeds the entire population of West Virginia. Yet, California currently lacks a coherent, outcomes-driven approach to addressing their needs. To a large extent, the system includes a patchwork of programs driven more by fiscal incentives than the needs of children and families. As a result, many children lack access to care when they need it."



Specifically, based on our observations and discussions, CCHA recommends that the state:

- Develop consistent behavioral health goals for children that are aligned across agencies in order to guide policymaking and hold organizations accountable for how children are faring.
- Ensure that state and federal laws designed to promote appropriate access to pediatric behavioral health services are being implemented and enforced through better oversight, reducing burdensome paperwork requirements, and providing easier to understand information to families.
- Provide sustained investments in effective community-based prevention and early intervention programs that support healthy child development and/or identify and treat behavioral health problems early.
- Address gaps in the services available to children by requiring counties to cover all types of evidence-based treatments when appropriate, streamlining the state and local facility licensing process, and increasing Medi-Cal rates to providers.
- Implement models that better coordinate the physical health and behavioral health needs of children. This includes making it easier for pediatric primary care providers to obtain support from behavioral health specialists — through means of teleconsultation, for example. It also includes supporting models that co-locate or integrate primary care and behavioral health care services at one location.
- Improve services for children with comorbid chronic health or developmental conditions, by piloting models of care coordination designed specifically for these children, incentivizing better coordination of services among state and local agencies, and requiring the California Children's Services Program to cover all evidence-based treatment modalities for children with CCS conditions who also have behavioral health diagnoses.
- Provide more funding to address long-standing, severe pediatric behavioral health workforce shortages.
- Encourage local interagency collaboration and incentivize approaches that improve the behavioral health of children.

MHSOAC: Well and Thriving: Advancing Prevention and Early Intervention in Mental Health (2020)

This report calls for funding to be earmarked for prevention and early intervention programs and provides findings and recommendations that lay the groundwork to overcome key systemic barriers, guide future funding decisions, and advance a statewide strategic approach to prevention and early intervention.

"The World Health Organization, National Institute of Medicine, U.S. Surgeon General, and other leading health experts agree that no single program, partner, or funding source can adequately support a population's mental health needs. Instead, prevention and early intervention programs and services must be part of broader initiatives that address the systemic and structural inequities that fuel mental health risk.

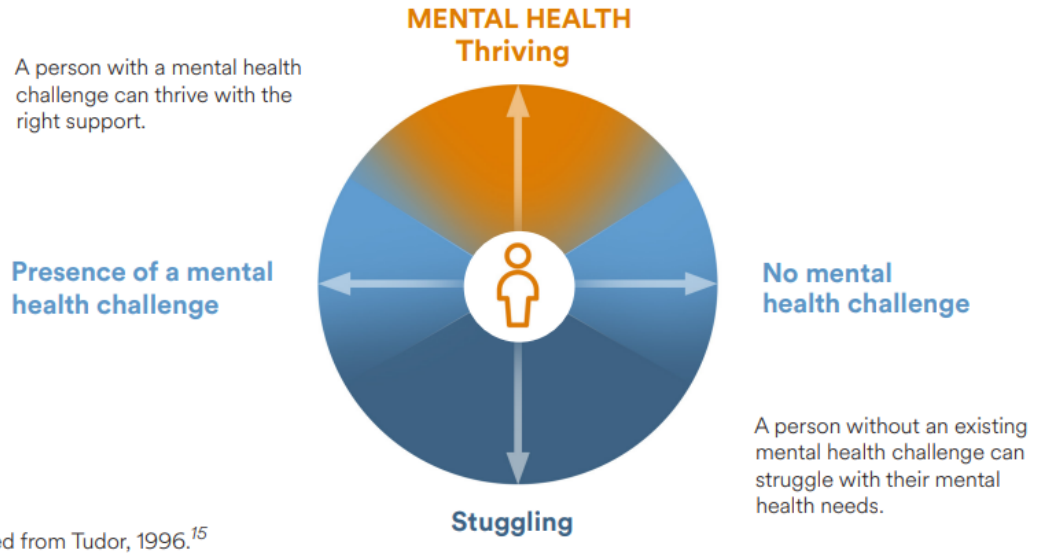
Leadership is needed to catalyze momentum and leverage resources for change. A strategic plan is needed to guide priorities for planning, collaboration, policies, and funding. Investments in data and technical assistance are needed to evaluate and improve initiatives over time. The need for a broad, systems level approach has been recognized at the federal level, such as in Congress' 2021 Improving Social Determinants of Health Act, an initiative to promote interagency partnerships to improve social determinants of health."'

The below graphic emphasizes that optimal mental health is possible for all people, including those with a mental health challenge, given the right tools and support.

DUAL CONTINUUM MODEL OF MENTAL HEALTH

Mental health is not binary. It is not defined by the presence or absence of a mental health challenge.[15] Rather, mental health is part of a complex and dynamic continuum of positive and negative experiences which can, and often do, change throughout a person's lifetime depending on their environment and experiences.[15]

The dual-continuum model of mental health shown below, illustrates these conditions: the blue horizontal line represents the presence or absence of a mental health challenge; the blue vertical line represents the degree to which a person is thriving or struggling with their mental health state.[15] Prevention and early intervention strategies work across this continuum to keep people thriving as mental health needs emerge and change.



Adapted from Tudor, 1996.[15]

National Academies of Sciences, Engineering and Medicine: Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda (2019)

This report is the third in a series of reports from the National Academies of Sciences, Engineering, and Medicine targeting improvement of mental, emotional, and behavioral (MEB) development and health through promotion and prevention activities. The first two reports, Reducing Risks for Mental Disorders (1994) and Preventing Mental, Emotional, and Behavioral Disorders Among Children and Youth (2009), focused on prevention. They were widely read and used to advance children's MEB outcomes. The current report includes greater focus on measures to promote MEB development and health, with increased emphasis on achieving population-level effects. This emphasis reflects the fact that despite the development of programs that are effective in supporting healthy MEB development in individuals and groups of children and youth, successful population-based efforts that can broadly counter adverse environments and experiences that threaten healthy MEB development for so many of the nation's young people have not materialized.

A life-course approach to understanding development is a concept that was updated in this report. They recognized that there are opportunities for promotion of MEB health and prevention of MEB disorders throughout childhood and adolescence, noting that some interventions work well across all developmental stages but that most have particular effects at specific stages. Influences were examined that have effects beginning before conception and at stages of life extending into young adulthood and across generations. This life-course approach recognizes the importance of risk and protective factors over time; at various developmental phases; and at the individual, community, and societal levels. Figure 1-4 illustrates this approach.

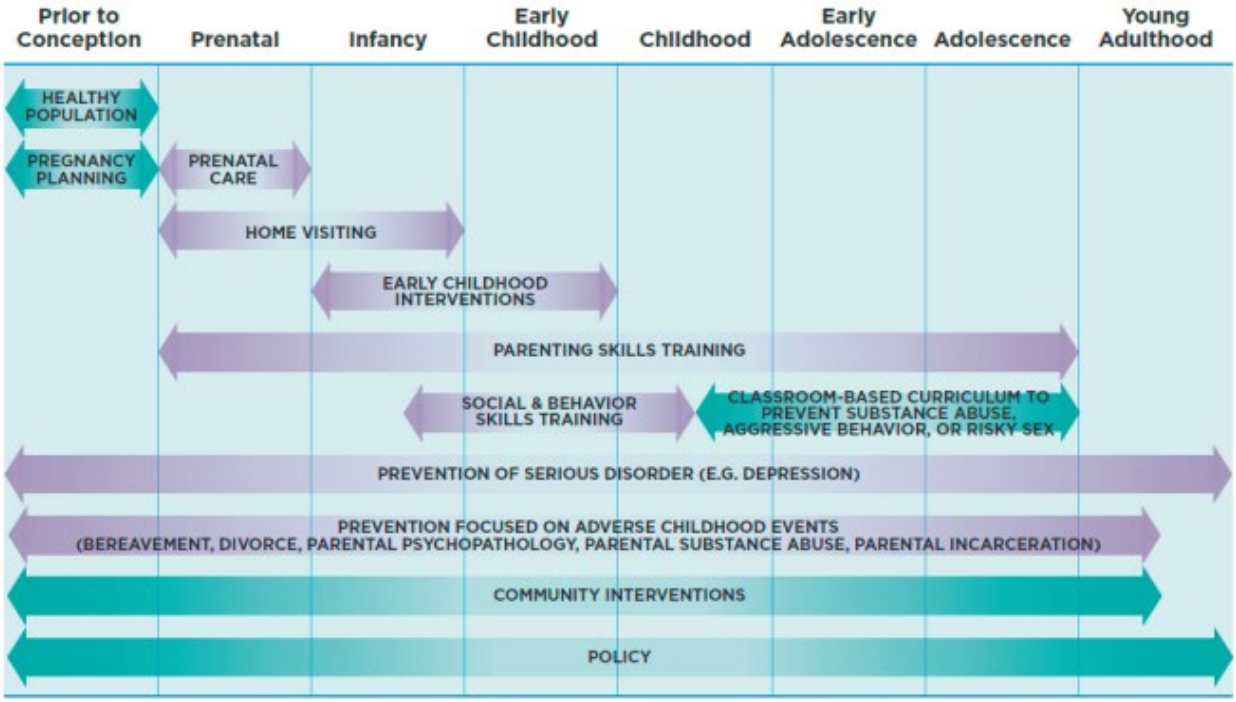
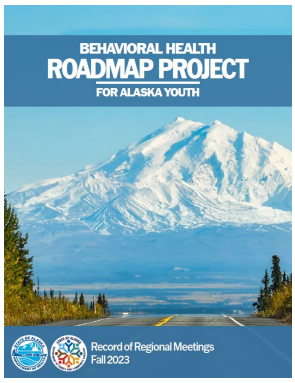


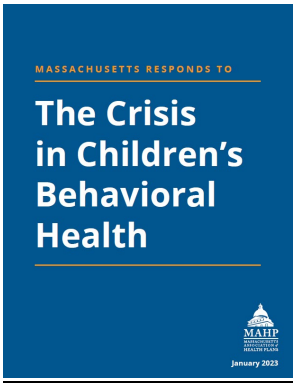
FIGURE 1-4 Interventions across the life course.

Examples of Statewide Children's Behavioral Health and Integration Roadmaps:

- Behavioral Health Roadmap Project for Alaska Youth: Record of Regional Meetings (Fall 2023)



- Massachusetts Responds to the Crisis in Children's Behavioral Health (2023)



- North Carolina Roadmap – Integrating Physical and Mental Health (2023)

The Collaborative Care Model in North Carolina:
A Roadmap for Statewide Capacity Building to Integrate Physical and Behavioral Health Care

Executive Summary

In January of 2022, North Carolina Medicaid (NC Medicaid) launched a Collaborative Care Model Consortium ("the Consortium"), which included leaders representing the primary care and psychiatric provider communities, payers, and other community organizations. The goal of the Consortium was to expand the availability of integrated mental and primary care services in primary care clinics across the state, using the widely tested and clinically proven collaborative care model (CoCM). The Consortium focused on seven strategies that addressed the major barriers to adoption of the model in the primary care setting: financial sustainability and practice operations/change management.

Figure 1. **The CoCM Roadmap**

Steps	Strategies	Actions
Step 1: Aligning Reimbursement Across Payors **Goal:** Align coverage, requirements and payment across payors to validate that CoCM is an endorsed model worth adopting and reduce administrative burden for providers.	Ensure Coverage of the Same CoCM Codes	• NC Medicaid added coverage of additional CoCM codes to align with Medicare coverage. • The Consortium confirmed and promoted widespread commercial adoption of CoCM codes.
	Align Requirements to Bill	• NC Medicaid and other insurers aligned with Medicare requirements on who can serve as the behavioral health care manager.
	Make Reimbursement Sustainable	• NC Medicaid increased reimbursement for CoCM codes from 70% to 120% of Medicare.
	Remove Beneficiary Copays	• NC Medicaid and other insurers removed beneficiary copays for CoCM services.
Step 2: Promoting Streamlined Operations for Adoption and Ensuring Fidelity **Goal:** Encourage uptake by providing primary care practices with practice resources to make adopting CoCM as easy as possible and ensure that CoCM is implemented with fidelity.	Provide and Fund 1:1 Training for Providers	• NC Medicaid contracted with a Consortium member to provide 1:1 technical assistance and develop education modules focused on different CoCM issues (e.g., best practices in pediatric care, billing codes, brief therapeutic interventions). • Consortium members created learning opportunities for their members (e.g., working sessions at annual meetings, peer-to-peer "solutions" sessions for practice managers).
	Establish Psychiatry Connections	• The Consortium identified 20+ psychiatrists willing to act as psychiatric consultants. • The Consortium developed a model contract for psychiatrists and primary care providers to use.
	Customize and Fund a Statewide Registry	• The Consortium developed a customized registry with a set of assessments for adults, children and adolescents. • NC Medicaid contracted with a Consortium member to provide Medicaid enrolled providers with free access to the customized state registry ($4K-$7.4K per practice per year) for up to three 3 years.