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Informational Hearing: An Update on the Children and Youth Behavioral Health Initiative and the Behavioral Health Continuum Infrastructure Program

**March 15, 2023 – 1:30 p.m.
1021 O Street, Room 1200**

This hearing of the Senate Health Committee will provide an overview of two initiatives authorized in the California budget in 2021 and 2022: the Children and Youth Behavioral Health Initiative (CYBHI), a multi-department effort to expand and redesign the systems that support behavioral health for children and youth, and the Behavioral Health Continuum Infrastructure Program (BHCIP), an effort to target various gaps in the state's behavioral health facility infrastructure. These initiatives are multi-billion dollar expenditures to transform the delivery of behavioral health services. Both of these initiatives were funded through the budget without related policy vehicles. This hearing will include representatives from California Health and Human Services Agency (CHHSA), the Department of Health Care Services (DHCS), and the Department of Health Care Access and Information (HCAI), who will provide updates as to how the funding is being spent, as well as provide detail on what improvements have been achieved in these behavioral health services, or what outcomes are targeted in future years. County and community providers will also share their perspective as participants in the initiatives along with the perspective of a children's advocacy group.

Background

According to the Kaiser Family Foundation (KFF), mental illnesses can be acute or chronic and are diagnosable conditions that affect an individual's emotional, psychological, and social well-being, and often their behavior. These conditions include depression, anxiety, schizophrenia, and mood or personality disorders, among others. In light of the COVID-19 pandemic, mental health conditions have been exacerbated. More than three in 10 adults in the U.S. have reported symptoms of anxiety and/or depressive disorder since May 2020. In comparison, in 2019, approximately one in 10 adults reported symptoms of anxiety and/or depressive disorder. From September 29 to October 11, 2021, 32.0% of adults in California reported symptoms of anxiety

and/or depressive disorder, compared to 31.6% of adults in the U.S. Many individuals reported having a mental illness even before the pandemic. The share of adults in California with any mental illness was 19.5% in 2018-2019, which was similar to the U.S. rate (19.9%). Prior to the pandemic, 15.2% of adolescents and 7.2% of adults in California reported having a major depressive episode in the past year, which was similar to the U.S. rates (15.1% and 7.5%, respectively). Substance use disorder (SUD) is using illicit drugs or meeting criteria for alcohol dependence or abuse, defined based on a person reporting a pattern of substance use leading to clinically significant impairment or distress. There has been increased concern around substance use during the pandemic. In September 2020, 15.1% of U.S. adults reported new or increased substance use due to pandemic-related stress. Deaths due to drug overdose also increased from over 72,000 deaths nationally in 2019 to over 93,000 deaths in 2020. The recent uptick in substance use and related deaths disproportionately affected many people of color, although White people continue to account for the largest share of deaths due to drug overdose per year. Deaths due to drug overdose have increased in California from 12.7 per 100,000 in 2015 to 24.2 per 100,000 in 2020. Opioid overdoses have been a primary driver of the fivefold increase in deaths due to drug overdose in the U.S. between 2000 and 2020.

For children and youth in particular, the crisis is even starker. According to the Annie E. Casey Foundation's 2022 Kids Count Data Book, children in California with anxiety or depression rose by 70% from 2016 to 2020. The Centers for Disease Control and Prevention's recent Youth Behavior Risk Survey documenting trends from 2011-2021 found that across almost all measures of substance use, experiences of violence, mental health, and suicidal thoughts and behaviors, female students are faring more poorly than male students. Specifically, in 2021, almost 60% of female students experienced persistent feelings of sadness or hopelessness during the past year, and nearly 25% made a suicide plan. Black students were also particularly impacted as the report noted; although they were less likely to report poor mental health and persistent feelings of sadness or hopelessness than some other groups of students, they were significantly more likely than Asian, Hispanic, and White students to have attempted suicide. The report also found close to 70% of LGBTQ+ students experienced persistent feelings of sadness or hopelessness during the past year, and more than 50% had poor mental health during the past 30 days. Almost 25% attempted suicide during the past year. Finally, although drug overdose deaths by adolescence is relatively low as compared to adults, it nearly doubled from 2019 (282 deaths) to 2020 (546 deaths) according to a recent KFF report. In the same time period, the largest increases in these deaths were among adolescent males (deaths more than doubled), as well as Black (deaths more than tripled) and Hispanic (deaths more than doubled) adolescents.

Children and Youth Behavioral Health Initiative

According to CHHSA, the CYBHI was announced in July 2021 with a \$4.4 billion investment to enhance, expand, and redesign the systems that support behavioral health for children and youth. The CYBHI is investing in such things as community and school-linked services and infrastructure, virtual care service platforms, expansion of evidence-based care delivery practices, workforce development and training, program coordination and evaluations, and public awareness and education campaigns.

The goal of the CYBHI is to reimagine mental health and emotional well-being for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible behavioral health services and supports with the following aspirations:

- *Advance Equity*: all children, youth, and their families have access to linguistically, culturally, and developmentally appropriate services and supports;
- *Designed for Youth by Youth*: Children and youth are engaged in the design and implementation of services and supports, ensuring that programs center on their needs;
- *Start Early, Start Smart*: The systems that support children, youth, and their families act early by promoting positive mental health and reducing risk for more significant mental health needs and challenges;
- *Center around Children and Youth*: Across all levels of government, child- and youth-serving agencies form coordinated systems of care to deliver high quality behavioral health programs responsive to the needs of youth and their families;
- *Empower Families and Communities*: People who teach, work with, or care for children and youth are equipped to recognize signs of poor mental health or substance use and know how to access supports;
- *Right Time, Right Place*: Youth and children can access high quality care and information when they need it, including early mornings, evenings, and weekends, as well as where they need it, including where they live, learn, and play; and,
- *Free of Stigma*: Children, youth, and their families can talk about their mental health and well-being and seek help without feeling ashamed or fearing discrimination.

CHSA states that the CYBHI will be designed and implemented in partnership with relevant departments under CHSSA’s umbrella; education stakeholders from early childhood; K-12 and higher education; other state agencies; subject matter experts; community partners and stakeholders on the ground and in the field; and children, youth, and their families. The following chart from the January 2023 Progress Report¹ shows the 20 various components of the CYBHI, by type of activity, labeled with the responsible department or office. Note that although the BHCIP is included in the chart, it was funded and authorized separately and is discussed below:

¹ <https://www.chhs.ca.gov/wp-content/uploads/2023/01/CYBHI-January-2023-Progress-Report-Final--ADA.pdf>

Workforce Training and Capacity	Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Wellness Coach Workforce (HCAI)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Trauma-Informed Training for Educators (CA-OSG)				
Broad Behavioral Health Workforce Capacity (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Early Talents (HCAI)				
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)			Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)				
Scaling Evidence-Based and Community-Defined Practices (DHCS)				Parent Support Video Series (DHCS)
CalHOPE Student Services (DHCS)				
Mindfulness, Resilience and Well-being Grants (DHCS)				
Youth Peer-to-Peer Support Program (DHCS)				

This hearing will also focus on the status of the workforce training and capacity and changes to the behavioral health ecosystem infrastructure, including the ongoing development of the virtual platform and the role of the all-payer fee schedule for school-linked behavioral health services. Details on the status of each of the components listed above can be found in the Progress Report.

Behavioral Health Continuum Infrastructure Program

According to its website, DHCS was authorized through 2021 legislation to establish BHCIP and award \$2.2 billion to construct, acquire, and expand properties, as well as invest in mobile crisis infrastructure related to behavioral health. In partnership with Advocates for Human Potential, Inc., DHCS is releasing these funds through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure. CHSA infrastructure funding, alongside significant new state and federal investments in homelessness, health care delivery reform, and the social safety net, will help address historic gaps in the behavioral health and long-term care continuum to meet growing demand for services and supports across the lifespan. These investments are intended to ensure care can be provided in the least restrictive settings by creating a wide range of options, including outpatient alternatives, urgent care, peer respite, wellness centers, and social rehabilitation models. A variety of care placements can provide a vital off-ramp from intensive behavioral health service settings and transition individuals, including the most vulnerable and those experiencing homelessness, to community living.

To date, the first four grant rounds have been awarded in the following areas:

- *Mobile Crisis*: \$205M (\$55M Substance Abuse and Mental Health Services Administration grant funding) to county, city, or tribal entity behavioral health authorities to implement new and enhanced crisis care mobile units (November 2021 and February 2022);
- *County and Tribal Planning Grants*: \$16 million for counties and tribal entities to expand planning efforts in their communities or regions for the acquisition and expansion of behavioral health infrastructure statewide. Action plans may involve the construction, acquisition, or rehabilitation of behavioral health facilities (January and April 2022);
- *Launch Ready*: \$518.5 million to counties, cities, tribal entities, nonprofit organizations, for-profit organizations, and other private organizations, including private real estate developers, to expand community capacity for serving the behavioral health population, with a requirement to commit to serving Medi-Cal beneficiaries (June 2022); and,
- *Children & Youth*: \$480.5 million in projects to expand the behavioral health continuum of treatment and service resources in settings that serve Californians ages 25 and younger, including pregnant and postpartum women and their children, and transition-age youth, along with their families (October 2022).

Round 5, Crisis and Behavioral Health Continuum, is currently under consideration as applications were due February 13, 2023. This round will fund \$480 million in projects to address significant crisis care gaps in California's behavioral health infrastructure, with consideration for funding priority to those that provide crisis services to individuals in need. The crisis can be due to mental health issues and/or SUDs. Round 6 has been delayed in accordance with the Governor's January budget proposal. The \$480 million allocated for Outstanding Needs is expected to be distributed in fiscal year 2024-25 and 2025-26.

Issues for Consideration:

1. How much of the \$6.6 billion collectively has been issued to date, and what are the expected outcomes of this funding in terms of increased capacity to serve California's behavioral health needs?
2. How will delays in the Governor's budget on the release of behavioral health workforce dollars affect the CYBHI? Does the CYBHI otherwise adequately address workforce needs to serve the behavioral health needs of children and youth?
3. Does the timeline of the CYBHI address the current crisis many schools are facing in addressing the youth mental health crisis? How has the California Department of Education been included in the aspects of the CYBHI affecting schools? Does the CYBHI change the role of counties in the provision on behavioral health services on school campuses?
4. What effect will the delays in Round 6 of the BHCIP have on the goals of the CYBHI and other efforts underway to expand the behavioral health continuum of care, including the California Behavioral Health Community-Based Continuum Demonstration currently in development by DHCS? How else can gaps in the behavioral health continuum be filled?