



Behavioral Health Care in California: Achieving Generational Change Together

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CalHHS Strategic Priorities

- Create an Equitable Pandemic Recovery
- Build a Healthy California for All
- Integrate Health and Human Services
- Improve the Lives of the Most Vulnerable
- Advance the Well-being of Children and Youth
- Build an Age-Friendly State for All



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COVID-19 an Accelerant for Change

Pandemic Exacerbated BH Care Needs:

- Nearly **50% of mothers** reported symptoms of **anxiety and/or depression** during the pandemic and **29%** of these parents reported **harm to their child's emotional or mental health**
- **4 in 10 adults**, up from 1 in 10 adults **need help for a mental health condition**. Over **13%** reported having **started or increased substance use** to cope with stress or emotions related to COVID-19.
- Over **10%** of respondents reported having **seriously considered suicide in the 30 days before completing the survey**.
- **25% of young adults** reported increased **substance use** and **26%** reported **suicidal thoughts**.



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COVID-19 an Accelerant for Change

COVID-19 Led to Disproportional Losses:

- Individuals diagnosed with an **SUD had a 30% increased rate of death** due to COVID-19.
- Individuals diagnosed with **schizophrenia** spectrum disorders are nearly **3x more likely to die due to COVID-19, second only to age**.
- **Black Americans die from COVID-19 at nearly 2.5 times** the rate of **white** people. This is the highest mortality rate of any racial/ethnic group since data started being reported, and has consistently been over twice as high as any other group.
- **Black and Latinx 2X** as likely to experience COVID themselves or in their family. For those who reported that, half were more likely to experience depression.



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COVID-19 an Accelerant for Change

Pandemic Exposed Lack of Support for Youth:

- **Mental health–related emergency department** visits for youth ages **12–17 went up 31%**
- Among private insurers, **mental health and substance use related claims for youth increased sharply**. The most frequently diagnosed mental health conditions in 2020 were depression, anxiety, and adjustment disorder.
- Between February 2019 and March 2021, **emergency department** visits for **suspected suicide attempts** were almost **51% higher** among **girls aged 12-17** than they were for the same period in **2019**.
- Likelihood of **mental health diagnosis after a COVID-19** related event **increased with age**.



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COVID-19 an Accelerant for Change

Exposed Lack of Availability to BH Care:

Access

- Digital Divide/Telehealth is not working for everyone especially the most vulnerable (older adults, disabled, homeless, justice involved, LGBTQ+, TAY) and black, indigenous and people of color (BIPOC)
- Increased demand with less access & workforce shortages
- **Poverty and Lack of Equity in BH**
- The marginalized have become more disenfranchised
- Lack of understanding how the pandemic impacted systems
- **Lack of Integrated and Coordinated Care**
- Social welfare, health and BH, public safety, education, etc., need to work better together
- BH Continuum of Care has significant gaps
- Crisis Care Continuum involved multiple systems that are not coordinated or adequately resourced



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CaIHHS BH Initiatives in Context

\$2.2 Billion

Construct, acquire, and rehabilitate infrastructure to expand the community continuum of behavioral health treatment resources.

\$805 Million

Acquisition and rehabilitation of adult and senior care facilities for those who are homeless or at-risk of homelessness and have higher level-of-care needs.

\$4.4 Billion

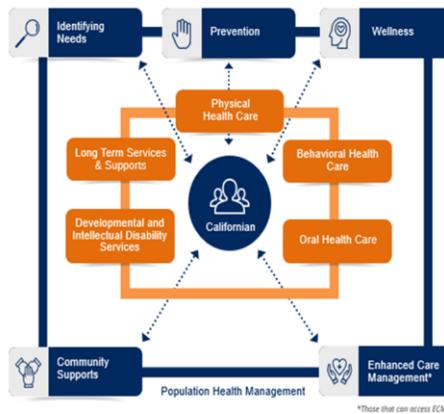
Transform California's behavioral health system for children and youth into an innovative and prevention-focused system.



Snapshot of CaAIM Initiative

CaAIM Primary Goals

- Identify and manage comprehensive needs through whole person care approaches and addressing Social Drivers of Health.
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.
- Move Medi-Cal to a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.



CaAIM Populations

- Children and families
- Foster Youth*
- People with serious mental illness/ substance use disorder*
- Medically Complex*
- People who are justice involved*
- People experiencing homelessness or housing instability*
- Older Californians
- People with disabilities



Investments to Transform Behavioral Health

Community Behavioral Health Infrastructure Funding

DHCS

- Invests **\$2.2B** for competitive grants to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources.
- These funds include an allocation of **\$150M**, combined with **\$55M** of federal funding, to support mobile crisis support teams to assist youth and adults experiencing a behavioral health crisis.
- **DSS**
- **Community Care Expansion Program— \$805M** for the construction, acquisition and/or rehabilitation of projects to preserve or expand adult and senior care facilities to serve people experiencing homelessness or who are at risk of becoming homeless.



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Investments to Transform Behavioral Health

Other Investments in the Care Continuum/ Community Supports

DSH

- **Alternatives to State Hospital Placement - \$267M** in 2021-22, **\$88.5M** in 2022-23, **\$146M** in 2023-24, and **\$145.5M** annually thereafter to contract for sub-acute bed capacity.
- **Forensic Conditional Release Program Mobile Forensic Assertive Community Treatment (FACT) Team - \$9.7M** in 2021-22 building to **\$14.7M** ongoing to implement a FACT teams to expand community-based options in counties reduce State Hospital beds with IST patients.



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Investments to Transform Behavioral Health

Other Investments in the Care Continuum/ Community Supports

- **Project Roomkey - \$150M** one-time to support transitioning participants into permanent housing.
- **Housing and Disability Advocacy Program - \$150M** in 2021-22 and 2022-23 to assist disabled individuals who are experiencing homelessness. This is in addition to an ongoing appropriation of **\$25M**.
- **SSP Grant Increase - \$291.3M** in 2021-22 and ongoing to increase grants for SSP, Cash Assistance Program for Immigrants, and California Veterans Cash Benefits.



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Investments to Transform Behavioral Health

Other Investments Housing Supports

- **\$1B** annually for 2 years for the Homeless Housing, Assistance, and Prevention Program (HHAP). Broad range of flexible uses, including street outreach, interim housing, rapid rehousing, hotel and motel conversions, and permanent supportive housing (10% dedicated to youth investments).
- **\$1.5B** in FY 21-22 and **\$1.3B** in FY 22-23 for Homekey, administered by HCD for local governments to purchase and rehabilitate housing to convert into interim or permanent, long-term housing.
- **\$1.75B** to alleviate the backlog in affordable housing construction by financing “shovel-ready” projects.
- **\$300M** for the preservation of existing affordable housing.



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CYBHI – Generational Change

What if the Drivers of Serious Behavioral Health Conditions Could be Eliminated?

Equity Focused - Before and during the pandemic, behavioral health conditions impacted some more deeply than others

Proposal closes gaps in services to:

- Communities of color, immigrants, & native populations
- LGBTQ+ community
- Low income communities
- Kids in juvenile justice & the child welfare systems and where ACES are widespread and prominent.



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CYBHI – Generational Change

\$4.4B over 5 years, to transform California’s behavioral health system for children and youth into an innovative and prevention-focused system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs regardless of payer.

- All young people 0-25: child care, K-12, Higher Ed, community based organizations.
- Upstream – more community based approaches, normalizing the act of speaking up and seeking help, no one falling through the cracks.
- Culturally and linguistically proficient; the workforce is representative of California’s diversity.
- Availability of services should NOT be dependent on whether or not there is an adequate workforce.



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Funding Summary - \$4.4 Billion	FY 2021-22 through FY 2025-26
Behavioral Health Service Virtual Platform/ E-Consult	\$750
Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools	\$550
Develop & Scale-up EBPs & Community Defined Evidence	\$429
Building Continuum of Care Infrastructure	\$305
Enhance Medi-Cal Benefits (<i>Dyadic services, ACEs</i>)	\$800
School BH Counselor and BH Coach Workforce	\$352
Broad BH Workforce Capacity	\$430
Pediatric, Primary Care and Other Healthcare Providers	\$50
Public Education and Change Campaign/ACES	\$125
Coordination, Subject Matter Expertise and Evaluation	\$50
Plus MHSSA and Medi-Cal Incentive Program*	\$205M + \$400M

* **Separate but Related Investments**

Note: \$150M of Capacity Building \$\$\$ dedicated to Higher Education and Infrastructure includes \$\$\$ for kids mobile crisis



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CYBHI Components



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CYBHI – What Does 2030 Look Like?

1) Measurable Reductions Negative Outcomes

- Health and Economic Disparities
- Poor Physical Health
- Homelessness
- Incarceration
- Institutionalization/ Out of Home Placements
- Frequent Hospitalization
- Unemployment - Lost Educational and Vocational Opportunities

2) Normalized Behavioral Health Help Seeking – No stigma/ No shame

3) Services Capacity Meets Demand – Never again will 2/3 of all adolescents needing mental health services not receive the supports they need and want



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CalHHS Role

Initial Focus Areas



Facilitate cross-departmental collaboration



Identify, convene, and engage stakeholders



Lead initial setup and project management



Monitor progress and establish regular reporting



Integrate and align implementation plans



Involve BH experts (e.g., SMEs, think tanks)

Source: California Health and Human Services Agency

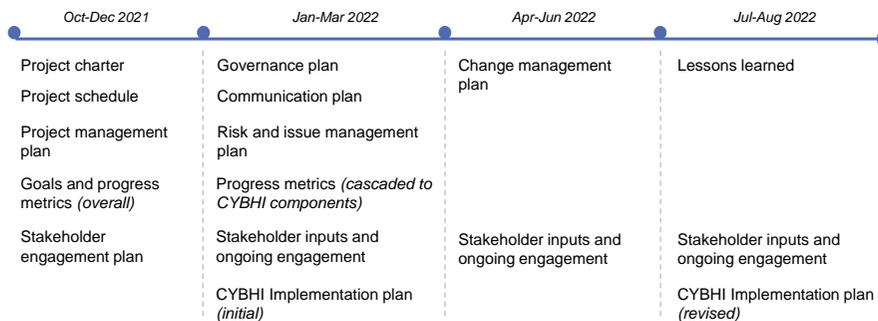


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Initial CalHHS Timeline and Outputs

■ TO BE FURTHER DEVELOPED AND ADJUSTED



Progress metrics will be defined for the overall program and for major program components.
 Regular progress updates will be shared with Behavioral Health Task Force and other stakeholders

Source: California Health and Human Services Agency



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CYBHI Year One

Milestones in July 2021-June 2022

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<p>Expand equitable access, with no wrong door for children, youth, and families</p> <p>Behavioral health platform: Identify critical features and prepare to select technology partner(s)</p> <p>Enhanced Medi-Cal benefits: Expand coverage for dyadic services (effective on July 1, 2022)</p> <p>School-Linked services: Define scope of services to be funded and prepare to administer grants</p>	<p>Build capacity for prevention, treatment, and recovery services</p> <p>Behavioral health workforce: Release BH workforce framework for BH counselors and coaches as well as SUD workforce</p> <p>Continuum of care: Complete capacity and gap analysis; prepare to administer grants</p>	<p>Raise awareness and engage communities and families</p> <p>Public education and awareness: Complete trauma-informed training for educators</p> <p>Prepare to launch culturally specific public education and awareness campaigns</p>	<p>Deliver behavioral health care services and supports that work</p> <p>Evidence-based and community-defined practices: Identify evidence-based and community-defined programs for roll out; Select a third-party grant administrator</p> <p>Prepare to administer grants</p>
<p>Youth voice and family/ community engagement</p>	<ul style="list-style-type: none"> • Activate youth, family, and community engagement through existing and new channels and forums 	<ul style="list-style-type: none"> • Launch regular program performance reporting and release approach to program evaluation • Establish and maintain expert forums and workgroups to provide support across program components 	
<p>Integration, evaluation and continuous improvement</p>			



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Behavioral Health Care Symposium 2021
Forward Motion:
 Moving a Crisis into Action



Questions?



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Behavioral Health Care Symposium 2021

Forward Motion:
Moving a Crisis into Action



Thank You

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