OPPORTUNITIES AND CHALLENGES TO IMPROVING ACCESS: A COUNTY PERSPECTIVE

Child Welfare Policy Roundtable
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BIOPSYCHOSOCIAL MODEL

Body:
- Physical Health
- Disabilities
- Genetics

Mind:
- Coping Skills
- Social Skills
- Emotions
- Beliefs
- Behaviors

Social/Environmental:
- Peers
- Relationships
- Family
- Community
- Socioeconomics

Trauma
BEHAVIORAL HEALTH PUBLIC SAFETY NET

Medi-Cal Specialty Mental Health
- Early and Periodic Screening, Diagnosis, Treatment (EPSDT) Children/Youth under 21
- Specialty Mental Health for Adults

Medi-Cal Substance Use Disorder Treatment
- All Medi-Cal beneficiaries with a Substance Use Disorder

Community Behavioral Health Beyond Medi-Cal
- Prevention/Wellness
- Services not fundable through Medi-Cal (e.g. outreach & engagement, housing, jail-based, local crisis/emergency, inpatient and residential treatment in >16 bed facilities, etc)
- Populations not fundable through Medi-Cal (e.g. undocumented adults, privately insured)
MENTAL HEALTH SERVICES ACT (MHSA)
FULL SERVICE PARTNERSHIP PROGRAMMING

Child/Youth FSPs  
Focus on Foster Children & Youth, and unhoused Children/Youth

Exclusively TAY FSPs  
Justice Involved Children/Youth, Commercially Sexually Exploited Children/Youth (CSEC)
MHSA

Counties also use MHSA funding to support programs/services supporting CCR, Katie A, Pathways, and Qualified Individuals

Counties also use MHSA funds to support Therapeutic Foster Care

MHSA accounts for 1/3 of county BH funding and draws down over $1 billion in federal funding through Medi-Cal
POLICY CHANGES IMPACTING BEHAVIORAL HEALTH
- Remove requirement for a diagnosis:
  - Effective January 2022 for Specialty Mental Health

- Creates automatic eligibility for the following groups of children (January 2022):
  - Child welfare or juvenile justice involved
  - Homeless children/youth
  - Children/youth who meet a certain level of trauma

- No Wrong Door (Jan 2022)
  - Children can receive mental health services from both the MCP and MHP simultaneously, if the child requires specialty services not provided by the MCP
OPPORTUNITIES: MEDI-CAL BEHAVIORAL HEALTH REFORMS

• **New Benefits**
  - Mobile Crisis Services
  - Peer Support Specialists (option)
  - Community Health Workers*
  - Enhanced Care Management*
  - Community Supports (option)*
  - School Behavioral Health Incentive Program*
  - Dyadic Services*

*Managed Care Plans only
OPPORTUNITIES & CHALLENGES: BEHAVIORAL HEALTH REFORMS

- Children & Youth Behavioral Health Initiative ($4.4 billion)
  - Virtual services platform
  - School-Linked Fee Schedule
- Infrastructure
  - Behavioral Health Continuum Infrastructure Program ($2.2 billion)
  - $1.5 billion bridge housing solutions for behavioral health
  - Workforce Pipeline
- Crisis Continuum
  - 988
- CARE Court
- MHSA Reform
OPPORTUNITIES : BEHAVIORAL HEALTH CWS REFORMS

- CalBH-CBC
  - Multisystemic Therapy
  - Functional Family Therapy
  - Parent-Child Interaction Therapy
  - Potentially Additional Therapeutic Modalities
  - Cross-Sector Incentive Pool for Foster Youth
  - Activity Stipends
  - Initial assessment for CWS involved children/youth

- Child Welfare Reforms
  - Children’s Crisis Continuum Pilot
  - AB 2083
  - FFPSA
WORKFORCE CRISIS
Licensed Behavioral Health Professionals are retiring at a faster rate than people are entering the field.

- 31% of psychiatrists who provide patient care one or more hours per week are age 65 years or older.
- 27% percent of clinical and counseling psychologists and 16 percent of marriage and family therapists who are working are age 65 years or older.

- The majority of behavioral health professionals speak only English.
- The workforce is overwhelmingly white and female, and therefore does not reflect the populations served in Medi-Cal.
RECRUITMENT/RETENTION CHALLENGES

- For both counties and CBOs, major barriers to retaining behavioral health professionals included:
  - Competition from other employers (e.g. schools, mental health apps, commercial plans, and private pay)
  - Inability to offer competitive compensation
  - Requirements for extensive documentation
  - Burnout

- Recruitment and retention of behavioral health professionals in the Inland Empire and San Joaquin Valley regions will be especially difficult given the competition for low supplies of licensed professionals relative to the populations of these regions.
WORKFORCE RECOMMENDATIONS

- Continued Investments in the Behavioral Health Workforce
- Increase capacity of higher education programs
- Increase Medi-Cal reimbursement to enable county behavioral health safety net agencies and contracted CBOs to offer competitive compensation.
- Outreach to young people as early as high school a potential career path
POST-PANDEMIC POLICY CONSIDERATIONS

- Outcomes connected to basic needs + connection to community/purpose and sense of overall wellbeing
- Clinicians are learning a lot about the intersection of trauma and mental illness
- Importance of community behavioral health
- Hope in youth having less stigma around reaching out for help
THANK YOU!

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