ISSUE BRIEF #2

LA County Children's Health Disparities

# Children and Families' Resiliency

## How do we help schools strengthen resilience for children and their families?

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In Collaboration with

HMA

# Introduction

Led by L.A. Care and Children's Hospital Los Angeles (CHLA), and with support from First 5 LA, HealthNet, and Molina, the Los Angeles County Children's Health Disparities Roundtable was convened in November 2023. The roundtable event brought together local leaders to discuss four rising challenges in children's health, with a particular focus on engaging populations that have been historically under-resourced and who often receive services in fragmented care environments.

Local leaders were divided into four working groups to wrestle with a particular challenge facing children and youth in LA County today:

- **Building Resiliency**: How can we improve the systems of care to improve well-being and address children's mental health needs?
- **Vaccine Catch-up and Misinformation:** How can we improve access to and the provision of immunizations to promote children's health?
- **Supporting Children and Youth Involved in the Child Welfare System:** How can we improve the quality, appropriateness of supports, and ease of access to care to address the unique needs of children involved in the child welfare system?
- **Children with Complex Medical Needs Transitioning to Adulthood:** How can we facilitate the continuation of critical support as children with complex medical needs age out of care eligibility?

The four resulting policy briefs present recommendations specific to LA County, recognizing that work in the County has statewide implications and relevance. The workgroup planning and discussions were grounded in the evolving policy and service delivery landscape, particularly for Medi-Cal beneficiaries, and the emerging new opportunities to support children and youth. A consistent theme across the four convenings was the need to engage trusted community partners who can facilitate and promote engagement in care.[1] Recommendations were informed by facilitated workgroup discussions with support from Health Management Associates (HMA) consultants who provided subject matter expertise and drafted policy briefs. Workgroups were charged with developing recommendations that:

- Focus on strategies and actions that are tailored to the specific needs in LA County
- Promote initiatives that can be undertaken in the next two to three years to address gaps and challenges in the current systems of care
- Maximize and reflect opportunities to improve the systems of care, given the known and anticipated changes in the publicly funded systems of care

Members and contributors to each of the workgroup are listed in the Appendix of each report.

[1] Community partners or organizations sometimes are referenced as "backbone" organizations.

## Understanding the Evolving Systems of Care

Nationwide and statewide, there has been increased recognition of the need to broadly address children's health following the pandemic. The pandemic highlighted disparities and exacerbated preexisting inequities in access to and engagement in services that promote the physical and mental health of children and youth.

The fact is publicly insured children tend to receive fewer preventive healthcare interventions. The comprehensive benefit package known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is available to children and adolescents younger than 21 years old, who have Medicaid (Medi-Cal) or Medicaid expansion Children's Health Insurance Program (CHIP) coverage.[2] EPSDT requirements are intended to ensure that children and adolescents receive appropriate screening, preventive, dental, mental health, developmental, and specialty services; however, young children insured through Medicaid are less likely to receive regular preventive care than those with commercial insurance.[3]

A similar pattern of inequity for children in the Medi-Caid safety net exists regarding mental health services. In California, despite more than 30 percent of adolescents reporting feelings of depression and over 10 percent having considered suicide, fewer than 5 percent of children and youth younger than age 21 in the Medi-Cal system have received mental health services.[4] The recent audit of the California Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) issued in November 2023 concerning DHCS's timely access monitoring of specialty mental healthcare and substance use treatment plans found that *significant numbers of County-managed Medi-Cal plans are not in compliance with DHCS standards*. The audit concluded:

> "DHCS is missing opportunities to ensure that qualifying children receive the behavioral health care services to which they are entitled."[5]

[2] EPSDT is required for Medicaid programs and Medicaid expansion CHIP programs but is not required in states with private CHIP programs.

[3] Children insured through Medicaid managed care are less likely to receive their recommended well-child visits at 15 months old than children in households with commercial insurance (57% vs. 81%). Source: National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCW). Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/.

[4] Sources: California Children's Trust. The California Children's Trust Initiative: Reimagining Child Well-Being. November 2018. Available at: https://cachildrenstrust.org/wp-content/uploads/2018/11/PolicyBriefReimaginngChildWellBeing.pdf; and California Children's Trust. Data & Backgrounders. Available at: https://cachildrenstrust.org/our-work/data-backgrounders/#map.

[5] Department of Health Care Services and Department of Managed Health Care. Children Enrolled in Medi-Cal Face Challenges in Accessing Behavioral Health Care. Report 2023-115. November 2023. Available at: https://information.auditor.ca.gov/pdfs/reports/2023-115.pdf.

California's Medi-Cal system is undergoing substantial changes in response to both statewide and national trends through two major initiatives shaping the health and well-being of children and youth. The first, California Advancing and Innovating Medi-Cal Act (CalAIM), is intended to improve the entire continuum of care, streamline services, and ensure equity across the Medi-Cal program. Integrated with other DHCS preventive and wellness strategies (e.g., 50 by 2025), and with a particular focus on maternal and pediatric care services, CalAIM initiatives leverage managed care plans to ensure assessments and supports for children and youth by addressing the most vulnerable populations through enhanced care coordination and community supports.[6] Concurrently, the Children's and Youth Behavioral Health Initiative (CYBHI), is a comprehensive, multi-departmental effort to increase the availability and access to behavioral health services for California's children, youth, and families. CYBHI is expanding access points, the behavioral health workforce and services, and reforming reimbursement opportunities, through a significant, one-time investment, new Medi-Cal benefits, and innovative payment strategies.

## Additional Acknowledgements

We wish to extend our sincere gratitude to the following individuals for their support: Alex Li, MD, Chief Health Equity Officer at L.A. Care, and Mona Patel, MD, Chief Integrated Delivery Systems Officer, Children's Hospital Los Angeles, for leading the Children's Health Disparities initiative. We also recognize and express appreciation for leadership at Children's Hospital Los Angeles, L.A. Care, HealthNet, and Health Management Associates for their invaluable contributions to this effort.

Note: Each paper will additionally have a list of participants for recognition at the back.

[6] Bold Goals 50 x 2025 focused largely on children and women's preventive services. Source: Department of Health Care Services. Comprehensive Quality Strategy. 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf.

# Current Context Surrounding Children's Behavioral Health

Los Angeles, California and the United States, more broadly, are experiencing a behavioral health crisis among our children and youth, which has been exacerbated by the global COVID-19 pandemic, school- and community-based shootings, escalating severe natural disasters, and a range of other major crises. The state of children's mental health prior to the pandemic was far from ideal, so instead of recovery, we should focus on renewal—moving toward a better system than existed before these events took place.

Growing mental health needs among children and youth underscore the need to shift from a predominantly medical model (characterized by screening, evaluation, diagnosis, referral, and treatment of students with mental illness) toward a continuum of support that includes upstream crisis prevention and building resilience to reduce the need for treatment. The American Psychological Association advocates for fostering resilience in children and youth, emphasizing the development of flexibility, self-efficacy, creativity, and optimism.[7] These skills necessitate structured teaching and consistent practice. In 2023, in response to the widespread "epidemic of loneliness and isolation," the US Surgeon General urged schools to "prioritize promoting social connectedness as a crucial strategy."[8]

## National Data and Statistics

The behavioral health statistics for children and youth nationwide are alarming and were only worsened during and after the pandemic. This decline in mental well-being is further compounded by factors such as increased firearm violence.

### Mental Health

Centers for Disease Control and Prevention (CDC) Youth Risk Surveillance data flags worsening trends from 2011 to 2021:

- Increased percentage of Black, Hispanic, and White students who missed school because of **safety concerns.**[9]
- The incidence of students experiencing persistent feelings of sadness or hopelessness during the past year (surveys conducted between 2011-2021) surged by more than 50 percent, and those **trends were more severe for individuals who identified as LGBQ+, multiracial or Hispanic.**[10]
- More than 16 percent of youth ages 12−17 reported suffering from at least one major depressive episode in the past year and 59.8 percent of **youth with major depression did not receive any mental health treatment.**[11]

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[7] American Psychological Association. Resilience guide for parents and teachers. 2012. Available at: https://www.apa.org/topics/resilience/guide-parents-teachers.

[8] U.S. Department of Health and Human Services. Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. 2023. Available at: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

[9] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance Data Summary & Trends Report: 2011-2021. Available at: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

[10] Ibid.

[11] Mental Health America. Youth Ranking 2023. Available at: https://mhanational.org/issues/2023/mental-health-america-youth-data.

- Mental health cases among **children's hospital emergency department discharges were 20 percent higher** in 2022 than in 2019.[12]
- Among youth ages 12 to 17 in 2022, 13.4 percent (or 3.4 million youth) had serious thoughts of **suicide**, 6.5 percent (or 1.7 million youth) had made a **suicide plan**, and 3.7 percent (or 953,000 youth) had **attempted suicide** in the past year.[13]

### Substance Use

According to 2022 data for youth ages 12−17, **2.2 million experienced a substance use disorder and 753,000 had an alcohol use disorder** in the past year.[14] Adolescents ages 12 to 17 in 2022 with a past year major depressive episode (MDE) were more likely than those without a past year MDE to have used illicit drugs.[15]

## Los Angeles County Data and Statistics

The children and youth of Los Angeles County encounter a multitude of challenges that exacerbate behavioral health issues. The 2022 Community Health Needs Assessment from Children's Hospital Los Angeles identified mental health as a growing critical health issue or challenge in Los Angeles County and throughout California.

- 46.1 percent of adult Californians reported experiencing anxiety or depression in 2021
- More than one-quarter of teens (27.5%) in LA County reported needing help with their mental and emotional health, with the highest needs expressed by teens in Service Planning Area (SPA) 6 (South Los Angeles, 36.9%) and SPA 4 (Metro Los Angeles 29.6%).

In addition:

- Approximately half of the students in the Los Angeles Unified School District (LAUSD) in 2021 reported that they were worried about their mental health. Students also noted similar worries about the mental health of their parents, family, or other loved ones (49%) and the mental health of their friends (53%).[16]
- Between 2012 and 2020, the **youth suicide rate (ages 15 to 24) surged by 34 percent**.[17]

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[12] Children's Hospital Association. The Latest Pediatric Mental Health Data. Available at: https://www.childrenshospitals.org/news/childrens-hospitals-today/2023/04/the-latest-pediatric-mental-health-data.

[13] Substance Abuse and Mental Health Services Administration. Highlights for the 2022 National Survey on Drug Use and Health. HHS Publication No. SMA 22-5170, NSDUH Series H-61. Available at: https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.

[14] Substance Abuse and Mental Health Services Administration. 2022 National Survey on Drug Use and Health: Detailed Tables. Available at: https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables. Accessed March 28, 2024.

[15] Substance Abuse and Mental Health Services Administration. Highlights for the 2022 National Survey on Drug Use and Health. HHS Publication No. SMA 22-5170, NSDUH Series H-61. Available at: https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.

[16] King, A., Laird, E., & Samuel, J. (2021). Where do we go from here: Students speak about learning needs in COVID-era LA. Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf.

[17] KidsData. Youth Suicide Rate. Available at: https://www.kidsdata.org/topic/213/suicide-rate/trend#fmt=2772&loc=2,364&tf=48,150.

- Data from 2018 indicates that more than half (53%) of residents treated in the emergency department for a suicide attempt were younger than 25 years old, with the highest rate for teenagers between 15 and 19 years of age. Within the age group of 15 to 24 years old, **suicide is the third leading cause of death in Los Angeles County.**[18]

Children and youth in LA County also experience significant disparities when it comes to experiencing mental health issues. Specifically:

- Rates of students (in grades 9 and 11, as well as those participating in non-traditional programs), who seriously considered attempting suicide were over three times higher between 2017 and 2019 for those identifying as gay, lesbian, or bisexual (39.7%) compared with those identifying as straight (12.1%).[19]
- A greater proportion of children from Native Hawaiian/Pacific Islander, Asian, or Hispanic/Latine backgrounds reported experiencing feelings associated with depression.[20]

In addition to grappling with the vast array of behavioral health challenges among children and youth in Los Angeles County, there is a profound need to address the complex issue of processing grief, particularly in the aftermath of the COVID-19 pandemic. Children and youth endured significant losses during that global crisis, with children of color bearing a disproportionate burden. Shockingly, data reveals that over 140,000 children across the United States experienced the profound loss of a primary or secondary caregiver due to COVID-19.[21] The death of a caregiver not only inflicts immediate emotional trauma, but also sets the stage for secondary stressors and ongoing losses that affect a child's mental health throughout their lives. As we confront these harrowing realities, it becomes imperative to implement comprehensive strategies that support the mental and emotional well-being of our children and youth, ensuring that they have the necessary resources to navigate grief and its lasting, enduring impacts.

The emphasis on responding to these triggers with enhanced resilience underscores the need for a comprehensive and long-term approach. This involves establishing a robust framework that equips educators, parents, caregivers, and the children and youth with whom they interact with the tools and resources to develop and apply resilience skills. Such an infrastructure is more than a temporary solution. It is designed to foster sustained well-being and positively influence future generations.

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[18] Los Angeles County Department of Public Health. Suicide in L.A. County by the Numbers. Available at: http://www.publichealth.lacounty.gov/ovp/GetData.htm.

[19] KidsData. Los Angeles County: Emotional & Behavioral health. Available at: https://www.kidsdata.org/region/364/los-angeles-county/summary#27/emotional-behavioral-health.

[20] KidsData. Depression-related Feelings, by Race/Ethnicity. Available at: https://www.kidsdata.org/topic/388/depressive-feelings-race/trend#jump=children-faring&fmt=534&loc=364,2&tf=81,134&ch=7,11,70,10,72,9,73,1177&pdist=73 .

[21] U.S. Department of Health & Human Services. National Institutes of Health. More than 140,000 U.S. children lost a primary or secondary caregiver due to the COVID-19 pandemic. Available at: https://www.nih.gov/news-events/news-releases/more-140000-us-children-lost-primary-or-secondary-caregiver-due-covid-19-pandemic.

### Lack of Connection

Children and youth need social interaction with their peers and caregivers to grow and thrive emotionally. In 2018, Hinkley and colleagues found that the peer interactions while spending time playing outside leads to the development of social skills in children and that higher levels of screen time were associated with poorer social skills. In a review of COVID-19-related research from March 2020 to March 2023, Breaux and colleagues described the impact of the pandemic on the social skills of youth. They found that the quarantine and isolation measures that were implemented during the COVID-19 pandemic resulted in significant disruptions to in-person social interactions. This social isolation led to youth being at risk for negative social development outcomes, such as regression in social skills and in the ability to self-regulate. Additionally, the Surgeon General's 2023 advisory outlined the critical role of parents, caregivers, and teachers in supporting the healthy development of social connections in children and youth. Strategies include modeling healthy connections through socializing away from technology and media, nurturing supportive relationships, and creating safe spaces to share emotions and struggles with loneliness.[22]

The closure of schools during the pandemic resulted in a lack of socialization within schools, which led to increased feelings of loneliness. Studies have shown that loneliness is detrimental to behavioral health, leading to higher levels of anxiety and depression. In a systematic review of 41 observational studies from January 2020 to June 2022 in six European countries, the United States, Australia, China, Hong Kong, Brazil, Israel, and Chile, Farrell and colleagues reported that higher rates of loneliness during the COVID-19 pandemic were associated with increased depression symptoms among children and youth.

## Why Schools Matter in Behavioral Healthcare

According to the Centers for Disease Control and Prevention's Healthy Schools initiative, "Schools have direct contact with more than 95% of our nation's young people aged 5 to 17 years, for about 6 hours per day and up to 13 critical years of their social, psychological, physical, and intellectual development. Schools play an important role in promoting the health and safety of children and youth by helping them to establish lifelong health patterns."

Schools are an ideal access point for behavioral health services and supports because they are a near-universal point of contact for school-aged children and youth and can be considered community hubs for facilitating equitable access to resources. Schools also offer opportunities to blend and braid funding streams that can bolster sustainability for mental health services. School systems have the increased capacity to respond to the social and emotional needs of students by creating supportive communities with parents, staff, and students.

[22] U.S. Department of Health and Human Services. Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. 2023. Available at: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

## California's Current School-Based Behavioral Health System of Care

California's Multi-Tiered System of Support (MTSS) is a comprehensive framework for providing academic, behavioral, social, emotional, and learning supports that address the needs of—and provide benefits to—all students. It focuses on aligning initiatives and resources within an educational organization. The MTSS model organizes school-based services into three tiers:

- **Tier 1:** Universal support for all students, focusing on prevention and awareness. These efforts include instruction on school-wide expectations and socio-emotional competencies, destigmatizing behavioral health conditions, and parental education.[23]
- **Tier 2:** Some students who need additional support receive supplemental interventions. These efforts include group counseling, support groups, and interventions for mild/moderate behavioral concerns. Tier 2 services can be provided by behavioral health and non-behavioral health providers, depending on what the child/youth needs. In some cases, children/youth may also need academic support.
- **Tier 3:** A few students who need higher levels of support receive intensified interventions. These efforts include referral and case management to behavioral health providers.

Instead of focusing primarily on Tier 3 supports, with emphasis on diagnosis and referral, we need to work toward a system of universal support that focuses on crisis prevention and building resilience. Many Tier 3 supports are often only required because a student's needs has already escalated due to lack of appropriate supports during earlier stages. To manage Tier 3 supports, many school districts have made arrangements for on-site mental health services, either by building their own mental health service delivery programs using district employees, or by contracting with outside providers/vendors for those services. A limitation to this solution is that these providers can only operate during school hours and school-based contracting diverts these providers from other community and county agencies.

We need to work on systemic, countywide solutions to manage Tier 3 supports so that schools can focus on providing universal Tier 1 support systems for children.

[23] American Institutes for Research. Essential Features of Tier 1. 2023. Available at: https://mtss4success.org/sites/default/files/2023-07/tier_1_infographic.pdf.

## Current Financial Opportunities

As of March 31, 2023, California school districts and charter schools had only used $5 billion of the $13.5 billion allocated to the **Elementary and Secondary School Emergency Relief Fund** (also known as ESSER III—the third COVID-19 relief/stimulus package that Congress passed as part of the American Rescue Plan Act of 2021), which stands as the final and most substantial portion of the federal ESSER III.[24] Congress stipulated that at least 20 percent of this funding must be directed toward addressing learning setbacks incurred during the pandemic, granting districts and charter schools considerable flexibility in allocating the remaining 80 percent. Schools must exhaust all ESSER III funds by September 30, 2024, with complete expenditure required by January 1, 2025. As of March 2023, LA County had only used 37.5 percent of the $2.5 billion designated from American Rescue Plan Act (ARPA) funding.[25] The expiration of COVID-19 ARPA ESSER funds resulted in short-term emergency funding addressing an underlying issue that predated the pandemic. The COVID-19 crisis exacerbated an existing concern for which emergency funding has become recurrent within our system. In August of 2023, the Los Angeles Unified Board of Education approved a revised budget that includes unspent ESSER funds.[26] In June of 2024, LAUSD adopted an $18.4 billion budget, with $344 million dedicated to mental health support.[27]

The **Children and Youth Behavioral Health Initiative (CYBHI)** was established as part of California's Budget Act of 2021. It is a $4.7 billion investment to revamp the behavioral health system and provide more equitable and timely access to services for infants, children, and youth from 0 to 25 years old. CYBHI involves multiple workstreams across four focus areas, involving six state departments within offices under the California Health and Human Services Agency: the Department of Health Care Services, the Department of Health Care Access and Information, the Department of Managed Health Care, the Department of Public Health, and the Office of the Surgeon General. One of these workstreams is a three-year program called the **Student Behavioral Health Incentive Program (SBHIP)**, with a budget of $389 million.[28]

**SBHIP** launched in January of 2022 and was created to address behavioral health access barriers for students by promoting engagement between managed care organizations (MCOs) and local educational agencies (LEAs); two entities that serve many similar populations but are largely unfamiliar with each other. SBHIP is not intended to provide an ongoing source of revenue for school-based behavioral health services and is scheduled to sunset in December 2024. To date, publications about the overall impact of SBHIP and its progress are pending. The California Department of Health Care Services administers the program and provides incentive payments to MCOs, which are then distributed locally to participating LEAs for activities that meet any of the following objectives:[29]

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[24] Willis, D J. EdSource. Amounts California districts were allotted and spent in federal Covid aid. Available at: https://edsource.org/2023/amounts-california-districts-were-allotted-and-spent-in-federal-covid-aid/692198.

[25] Ibid.

[26] Los Angeles Unified School District. Los Angeles Unified Board of Education Approves 2023-24 Revised Budget, Informed by Superintendent's 2022-26 Strategic Plan. Available at: https://www.lausd.org/site/default.aspx?PageType=3&DomainID=4&ModuleInstanceID=4466&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=135859&PageID=1. Accessed May 17, 2024.

[27] Blume, H. (2024, June 25). LAUSD faces a dramatic ongoing loss of students, and that harms the budget. Daily News. https://www.dailynews.com/2024/06/25/lausd-faces-a-dramatic-ongoing-loss-of-students-and-that-harms-the-budget/. Accessed September 9, 2024.

[28] California Department of Health Care Services. Student Behavioral Health Incentive Program. Available at: https://www.dhcs.ca.gov/services/Pages/studentbehavioralheathincentiveprogram.aspx.

[29] In early 2024, DHCS will share information with MCPs regarding the reallocation of funds as the result to the 2024 re-procurement and Kaiser's direct contract with the state. If no MCPs are exiting a county and an MCP is entering

- Improving coordination of child and adolescent behavioral health services for people enrolled in Medi-Cal through increased communication among schools, school-affiliated programs, managed care providers, counties, and behavioral health providers
- Increasing the number of students (kindergarten through grade 12) who are enrolled in Medi-Cal and who receive behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education
- Increasing non-specialty behavioral health services on or near school campuses (non-specialty behavioral health services, such as for mild to moderate depression or anxiety, are administered by managed care plans, whereas specialty behavioral health services for severe and persistent mental illness are delegated to counties)
    - Non-specialty mental health services include education, preventive services, counseling, psychological testing, and psychiatric evaluation
- Addressing health equity gaps, inequalities, and disparities in access to behavioral health services

As was announced in February 2023, the Los Angeles County Office of Education (LACOE) partnered with L.A. Care Health Plan, Health Net, and the LA County Department of Mental Health (LACDMH) to provide mental health services to more than 1.3 million K-12 students in Los Angeles County. This initiative, enhanced by a partnership with **Hazel Health**, uses a **telehealth platform** to offer virtual mental health care, significantly reducing the wait times for students to receive help from California-licensed therapists. This service, available both in schools and at home, is geared toward enabling prompt intervention and prevention. All LA County schools have the option to join this program. SBHIP funding enables this service to be offered at no cost to LEAs until the end of 2024.

The California Department of Health Care Services recently selected the inaugural group of 47 LEAs, including three in LA County (Los Angeles County Office of Education, Los Angeles Unified, and Montebello Unified) to participate in the **CYBHI statewide multi-payer school-linked fee schedule and provider network**. The fee schedule is set to commence in January 2024. This initial cohort was comprised of LEAs with experience in managed care and will engage in a collaborative learning process to provide insights for state-level policy and operational guidance for the fee schedule program.[30] The second cohort was announced in July 3, of 2024.[31]

the county, no funding will be available for the new MCP, and DHCS will not reallocate money from remaining plans to the entering plan. If plans have unused funds after they leave SBHIP, DHCS cannot direct MCPs on how to distribute or spend their earned funds. https://www.dhcs.ca.gov/services/Documents/DirectedPymts/SBHIP-FAQs-October-2023.pdf.

[30] California Department of Health Care Services. Statewide Multi-Payer School-Linked Fee Schedule. CYBHI fee schedule. Available at: https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx.

[31] California Department of Health Care Services. (2024). Cohort 2 Local Educational Agencies (LEAs). https://www.dhcs.ca.gov/CYBHI/Documents/Cohort-2-LEAs.pdf. Accessed September 9, 2024.

The fee schedule specifies the minimum rates at which MCOs must reimburse LEAs and school-linked providers for services rendered to students younger than age 26 at various school locations, including on-campus, off-campus, and mobile clinics. To facilitate the provision of fee-for-service offerings to students, the state will grant LEAs the flexibility to appoint practitioners, which may include both embedded practitioners (e.g., LEA or school district staff) and affiliated practitioners (e.g., community partners). The LEA is responsible for ensuring that all necessary guidelines are in place for proper service delivery. These guidelines encompass an overview of the practitioners' credentials and licenses, supervision of practitioner types, and assurance of professional background checks, malpractice insurance, and other related oversight measures. While delivering fee-for-service offerings entails a high level of risk and liability for the LEA, these risks and liabilities are significantly amplified when partnering with community partners.

## CYBHI Challenges

The CYBHI is in the nascent stages of its implementation, with its ambitious agenda aimed at overhauling the behavioral health system for infants, children, and youth ages 0 to 25. The allocation of significant funding to expand evidence-based programs and training creates significant pressure to translate these investments into tangible outcomes.

In addition to the rapid pace of change and the substantial nature of the transformation envisioned for CYBHI implementation, reliance on one-time funding sources challenges the long-term sustainability of CYBHI initiatives. This creates a sense of urgency while also posing risks to the continuity and consistency of the initiative. Ensuring that the programs, training, and significant technical assistance funded by CYBHI are integrated effectively into existing systems—and that they meet the diverse needs of children and youth across the state—will require careful planning and coordination.

Furthermore, early evaluation interviews conducted during the CYBHI assessment revealed that there are significant challenges at a local level. These challenges include the integration of new programs into existing service frameworks, the need for training and support for professionals involved in delivering these services, and the establishment of effective collaboration and communication channels among various stakeholders, including schools, healthcare providers, and community organizations.

To address these challenges and enhance the implementation of CYBHI, it is suggested that additional resources be allocated to support ongoing training, technical assistance, and capacity building for professionals at the front lines of service delivery. Moreover, developing clear expectations and a framework for collaboration and data sharing among different agencies and organizations involved in the initiative could facilitate more seamless integration of services and improve outcomes for children and youth. Finally, exploring avenues for sustainable funding beyond the initial one-time allocations will be crucial in ensuring the long-term success and impact of CYBHI.

Gov. Gavin Newsom's May Revision proposal for the 2024-2025 fiscal year includes significant spending cuts due to the state's projected budget shortfalls. Specifically, the proposal outlines reductions in various programs, with CYBHI among the affected areas. This uncertainty necessitates noting that future funding for CYBHI is unsettled and subject to changes based on fiscal realities and legislative decisions.[32]

[32] California Budget & Policy Center. First look: Understanding the Governor's 2024-25 May Revision. Available at: https://calbudgetcenter.org/resources/first-look-understanding-the-governors-2024-25-may-revision/#h-behavioral-health-initiatives-mostly-sustained-but-new-cuts-proposed.

### Local Impact in Los Angeles County

The Los Angeles County Office of Education's **Community Schools Initiative**, a pioneering program launched in September of 2019, is being implemented in 16 high schools across the County. It represents an unprecedented partnership between LACOE, county agencies, school districts, and community-based organizations (CBOs). This initiative has enriched the lives of more than 250,000 students and their families in LA County, leading the way toward creating a more equitable and socially just system in which all members of school communities are empowered and can thrive.

The initiative focuses on disrupting inequities and breaking the cycle of poverty by leveraging assets to transform schools into community hubs. These centers provide tailored services and resources (including supports for social determinants of health) to meet the needs of students, families, and communities, thereby addressing barriers to learning and promoting the academic, emotional, and physical well-being of students. The collaboration between LACOE, schools, and community partners is central to this effort, ensuring that all stakeholders are seen, valued, and supported.

Per publications from 2021 to 2022, the impact of this initiative, now in its third year, includes:

- 2,469 unique families served
- 1,338 direct services provided to individuals
- 348 engagement events to connect with students and families
- 1,657 individuals linked to services[33]

Activities that increase linkages to mental health and wellness services through this initiative are designed to support long-term outcomes, including increases in graduation rates, school attendance, teacher-family engagement, and student familial support.

# Recommendations

We propose the following series of strategic recommendations over a three-year timeline, aimed at significantly enhancing collaboration, funding, and financial infrastructure for school-based behavioral health services:

### Recommendation 1: Establish a dedicated school-based working group designed to enhance mental health services within educational settings.

Los Angeles County should convene a workgroup that includes MCOs such as L.A. Care and Health Net, as well as LEAs like LAUSD. The Los Angeles County Department of Mental Health should lead this workgroup bring together partners that have implemented effective solutions to identify and address the need for behavioral health services and universal support for children in schools.

[33] Los Angeles County Office of Education. Data, Impact & Accountability. Los Angeles County Student Population Data. Available at: https://www.lacoe.edu/services/student-support/community-schools-initiative/impact.

The primary goal for this working group should be to address mechanisms that build the capacity of school staff to support children while identifying funding sources to maintain Tier 1 supports in schools. This includes mechanisms for providing psychological first aid (PFI) training for all school staff—including non-educational school staff—and helping schools prepare a crisis response and be able to support grieving children. These Tier 1 supports can be bolstered by accessing unused American Rescue Plan Act (ARPA) funding. The County should include additional partners, such as the National Center for School Crisis and Bereavement at Children's Hospital Los Angeles, which can provide school personnel with expert training and technical assistance in crisis response, PFI, etc.

SBHIP is a short-term collaboration that served as a catalyst for the conversation between MCOs and LEAs. These conversations with other partners and agencies should continue to ensure that Los Angeles County builds on mechanisms and supports for children in schools. Beyond SBHIP, a sustainable source of funding needs to be identified that prioritizes Tier 1 supports.

### Recommendation 2: Establish a dedicated funding source that supports prevention services in schools.

COVID-19 did not create the behavioral health crisis; it exacerbated it. Perennial problems will exist at the conclusion of ESSER funding. The only way to ensure that a reliable supply of behavioral health professionals is available in schools to support prevention is with consistent and sustainable funding. We need funding that is not short-term and crisis-specific, as well as staff who can provide broader behavioral health support throughout the school district—support that extends beyond the treatment of mental illness.

Leveraging lessons learned from SBHIP, Los Angeles County should establish alternative funding mechanisms to support programs that include psychosocial services, care management, and supportive services for addressing grief and loss, in addition to the treatment of trauma disorders and other mental illnesses. A possible source of alternative funding is the California Advancing and Innovating Medi-Cal (CalAIM) multi-year initiative led by the Department of Healthcare Services, which allows billing for enhanced care management services for children with serious mental illness(es).

These funding strategies should support training for all Los Angeles County school staff (including non-educational school staff), clinicians, school and community pediatricians, and caregivers. This training will enable these individuals to support children experiencing trauma, grief, and loss. Support is needed to build capacity throughout the behavioral health system and the broader community. Such training may use readily available training materials, such as those provided by the Coalition to Support Grieving Students, which are freely available and widely endorsed, as well as newly created curricula as needed. Training should first be targeted for educators and clinicians and then expand to all school staff and caregivers.

**Recommendation 3: Increase cross-sector collaboration to facilitate effective triaging of behavioral health needs into appropriate tiers of support.**

To ensure optimal access to services for youth with intensive needs, it is crucial to establish cross-sector collaboration among county agencies (such as the LACDMH), community partners (such as those providing wraparound services), and schools. This collaboration should focus on identifying and triaging students who require more intensive interventions, connecting them to Tier 3 supports. By doing so, schools can prioritize universal supports that emphasize crisis prevention and resilience-building, rather than treatment.

**Recommendation 4: Allow CBOs to have their own contracts whereby they may bill managed care organizations for services in schools independently of LEAs.**

County agencies and CBOs should play a key role in providing additional Tier 3 supports, both during and after school hours. They should have the flexibility to bill MCOs independently of LEAs, ensuring that resources are appropriately allocated for students with the most intensive needs. Early identification of Tier 3 youth will enable the provision of supports with the necessary intensity, while also allowing for the proper allocation of resources for prevention efforts (Tier 1).

The CYBHI fee schedule facilitates the provision of fee-for-service offerings to students as the state grants LEAs the flexibility to appoint practitioners, which may include both embedded (e.g., LEA staff) and affiliated (e.g., community partners) practitioners. It is the LEA's responsibility to ensure that all necessary guidelines are in place for proper service delivery. These guidelines encompass an overview of the practitioners' credentials and licenses, supervision of practitioner types, and assurance of professional background checks, liability insurance, and other related oversight measures. While offering fee-for-service programs presents considerable risk and liability for the LEA, these risks and liabilities become even more pronounced when working with community partners. Allowing community partners to bill MCOs independently of LEAs will significantly relieve that burden.

This cross-sector collaboration is essential for managing and coordinating the behavioral health workforce for schools throughout the county, creating a more integrated and effective system to support the behavioral health and well-being of all students.

# Conclusion

Addressing the children's behavioral health crisis in LA County is of utmost urgency, leveraging the pivotal role of schools in delivering essential services. California's ongoing initiatives to expand school supports have laid a strong foundation, and building on these efforts can create more robust systems of care. The proposed measures are designed to significantly enhance mental health support in educational settings through strategic organizational changes, sustainable funding, and increased cross-sector collaboration. Empowering community-based organizations to deliver services independently will further promote flexibility and responsiveness. It is crucial for stakeholders, policymakers, and community leaders to take immediate action on these recommendations to create a comprehensive and integrated approach to addressing the behavioral health needs of children in the County. Together, we can envision and create a future where every child living in LA County has access to the behavioral health support they need to thrive academically, socially, and emotionally.

# Appendix

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