



California
Children's
Trust

BACK IN SCHOOL: ADDRESSING STUDENT WELL-BEING IN THE WAKE OF COVID-19

SENATE SPECIAL COMMITTEE ON PANDEMIC EMERGENCY RESPONSE & SENATE EDUCATION COMMITTEE
INFORMATIONAL HEARING

August 18, 2021



THERE IS A CRISIS IN YOUNG PEOPLE'S MENTAL HEALTH

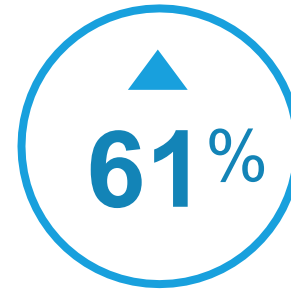
Consider the facts before COVID-19:



Increase in inpatient visits for suicide, suicidal ideation, and self injury
for children ages 1-17 years old, and 151% increase for children ages 10-14



Increase in mental health hospital days
for children between 2006 and 2014



Increase in the rate of self-reported mental health needs
since 2005



California ranks among the lowest in the country for providing access to behavioral, social, and development services.

THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

Many receive the wrong services at the wrong time...in restrictive or punitive settings.

81%

81% of children on medicaid are **children of color**.

2X

The **suicide rate for black children**, ages 5-12, is 2x that of their white peers.

70%

70% of youth in California's **juvenile justice system have unmet behavioral health needs**, and youth of color are dramatically over-represented.

Making Healing Centered Schools a reality isn't simply a matter of tweaking access or programs...

It requires acknowledgment of how racism and poverty impact the social and emotional health of children...and how the medical model has harmed communities of color



IMPACT OF COVID: What we feared is coming to pass...

ED
VISITS

Beginning in April 2020, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October

24/31%

Compared with 2019, the proportion of mental health related visits for children aged 5 to 11 and 12 to 17 years increased approximately 24% and 31% respectively

25%

One in four young adults between the ages of 18 and 24 say they've considered suicide because of the pandemic, according to new CDC data that paints a big picture of the nation's mental health during the crisis



RADY CHILDREN'S HOSPITAL IN SAN DIEGO:

Between FY2011 and FY2019,
annual behavioral health volume
has increased

1746%

From 163 visits to 3,009 visits in 8
years

Comparatively, total Emergency
Department visits has grown 23%
during this same time period

Mental health service
utilization has declined:

**34% fewer mental
health services when
comparing the
pandemic months
March 2020 – October
2020 to the same
months in 2019.**

SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are ground zero for the youth mental health crisis, and our collective failure at supporting them has contributed to the marginalization of black and brown children.



The Health Care System Needs Schools: Children ages 8-18 have the lowest rate of primary care utilization of any demographic in MediCal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.

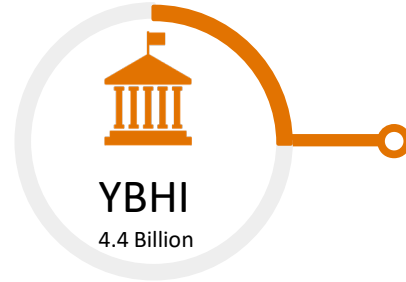


The Finances Align: Schools have what the publicly funded Medicaid system needs....access to kids and the non federal dollars to claim against (CPE).



UNPRECEDENTED INVESTMENT
IS COMING:

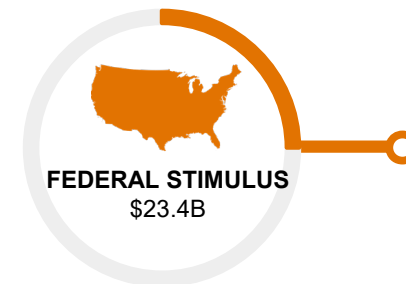
FUNDING OPPORTUNITIES FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH IN SCHOOLS



- Managed Care Plans (\$400 million)
- Competitive Grants Program (\$550 Million)
- MHSA SSA funding (\$250 million)
- Workforce including BH Coaches (\$800 Million)
- BH Virtual Platform: (\$750 Million)
- Expanding Evidence Based Programs (429 Million)



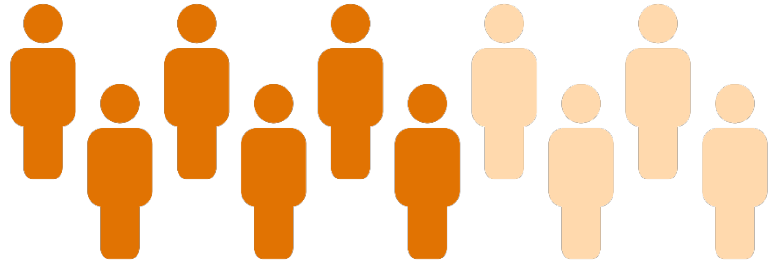
- Expanded Learning Opportunity Grant Program (4.6 Billion)
- Expanded Learning Program (1 Billion Ongoing, 753 Million One Time)
- Learning Loss Mitigation (5.3 Billion)
- Community School Partnership Grant Program (\$3B)
- Educator Effectiveness Grant (1.5B)
- HCSB/Special Ed/Other....(1.5 Billion))



- ESSER I (CARES Act) - \$1.6 billion
- ESSER II (CRRSA Act) - \$6.7 billion
- ESSER III (ARP Act) - \$15.1 billion



WHY IS **MediCal** SO IMPORTANT TO THE SOLUTION?



6 million of California's 10 million children
are now covered by Medi-Cal and the EPSDT
entitlement

(a 30% increase over last five years)



Less than 5% get access to any care,
and only 3% are in ongoing care.



WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS

ESSENTIAL ELEMENTS OF A RESPONSE AT SCALE



HAVE THE COURAGE TO REIMAGINE MENTAL HEALTH AS A SUPPORT FOR HEALTHY DEVELOPMENT INFORMED BY THE PRINCIPLES OF SOCIAL JUSTICE (believe in the wisdom and intelligence of children and families)



UNDERSTAND AND NAVIGATE THE NEXUS OF PUBLIC HEALTH AND EDUCATION



PARTNER WITH COMMUNITY BASED PROVIDERS OF MENTAL HEALTH SERVICES



SPEND ONE TIME DOLLARS STRATEGICALLY TO BUILD SUSTAINABLE PROGRAMS BASED ON BEST PRACTICES (COST/MTSS)

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