Little Hoover Commission Hearing, Testimony
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Dear Commissioners, my name is Lishaun Francis and I am the Associate Director of Behavioral Health at Children Now. Children Now is a non-partisan, research, policy development, and advocacy organization dedicated to promoting children's well-being in California. Thank you for taking the time today to discuss children's emotional well-being.

Rightfully so, there has been a rise in media attention on the mental health of children since the start of the pandemic. Nationally, between 2019 and 2020, emergency room visits have increased by 24 percent for children between the ages of 5 and 11, and by 32 percent for those between the ages of 12 and 17. Mental illness is the number one reason that California kids are hospitalized. While these statistics are concerning and reflect the immediate and urgent needs of children and youth, we contend that a long history of ad-hoc investment in children's mental health simply exacerbated what was already broken.

Children Now knows that we cannot combat this crisis unless we do three things:

1) broaden our understanding of mental wellness;
2) set goals for children's mental health and invest in those programs and activities that will allow us to meet those goals;
3) commit to the expansion of existing programs.

Broadening our understanding of mental wellness will allow us to take a prevention and early intervention approach to health. As it stands today, as a state we intervene far too late, we focus too much on clinical interventions, and we take a deficit-based approach by attempting to fix what's gone wrong rather than build things right in the first place.

As you all know, stigma around mental illness is pervasive within society and that stigma is what has allowed our physical health system to be divorced from brain health and emotional wellness. It has allowed us to believe in narrowly-defined "good" mental health as simply lacking a diagnosis of schizophrenia or bi-polar disorder. There's been little acknowledgement within policymaking that one's mental health is impacted by a variety of factors including social, biological, economic, and physical environments. These environments affect not only individual children but the communities in which children are expected to live, play, and thrive. For example, the State of California does not spend time examining the role poverty and debt plays in increasing maternal stress, leading to the most common mental illnesses: anxiety and depression. The evidence behind poverty and maternal stress and its impact on babies is overwhelming. However, the concerns around poverty are not limited to parents.

Youth of color are disproportionately more stressed about housing stability, personal debt, and food insecurity than their white counterparts; concerns that have only increased for families due to the coronavirus.

If our understanding of mental health was broader, we would address reducing poverty as an essential piece of the work of improving mental health.

In addition to poverty, racism—both overt and systemic—continue to plague the mental health of black and brown communities. For example, widespread misinformation and fearmongering about coronavirus caused a significant increase in xenophobic attacks on Asian Americans and Pacific Islanders (API). Some students reported disturbing in-school experiences of assault, bullying, and isolation. Simultaneously, a resurgence of academic research, showing that Black adolescent males who are exposed to nationally publicized cases of police killings—like George Floyd—through the media have serious concern for their personal safety and mortality in the presence of police.

Good mental health policies would make an effort to address bullying, hate crimes, and over-policing with the goal of alleviating fear and stress in certain communities.

Finally, many parents lamented the social isolation school closures brought to their children during the pandemic. This social isolation has only been exacerbated for rural families. Combined with geographic limitations and poor broadband access, rural caregivers have a unique challenge to thwart negative mental health outcomes in their children and youth. If we had a broader view of mental health, we would address social isolation as a goal of improving mental health.

By broadening our understanding of mental health, we would put more of our financial investments into those activities, programs, and structures that allowed for strong communities and strong children. Simultaneously, we would *disinvest* from those policies, practices, and programs that harmed kids.

While these might seem like unattainable goals, the reality is we have never made these goals a priority. In fact, we haven't established any goals within children's mental health. Comparatively, our education system has set benchmarks of what is acceptable within schools. There is a goal that every child in the 3rd grade be able to read at grade level. While I'm sure my education colleagues can argue about whether we have reached those goals, we can all agree that at least benchmarks were set. We know what success looks like for education. No such goals have been established within children's mental wellness.

To date, California's effort to improve children's behavioral health care has largely been dominated by a focus on delivery systems and payment reforms. However, the state has failed to provide a clear understanding of the child-specific behavioral health goals and outcomes it seeks with these fiscal changes. Frankly, while we know what dollars we want to spend, we haven't agreed upon what outcomes we want to see. No one has sat down and asked, "how can we reduce suicidality among our LGBTQ+ or Indigenous youth?" OR "how can we increase connections with mental health professionals for our rural kids?" This might seem like a tiny difference, but the real-world impacts can be huge. If California wants to see significant change, we must set goals for those changes we want to see and align our payment systems with those goals, not the other way around.

Finally, our current approach allows us to make a lot of small investments in many places instead of making large investments in a few areas. This broad approach to services ensures programs that work

aren't sustainable while new programs are introduced all the time. While California prides itself in technological innovations, the reality is we have become so focused on chasing the next new thing we've ignored the basics. Kids need to feel safe—at home, at school, and in their communities. Kids need the social and clinical supports to ensure proper development and emotional wellness, and they need the adults in their lives to know how to have positive interactions with them to ensure wellness. None of these needs are new, and for the most part we know how to respond to these needs.

For instance, California has invested in parenting programs, community schools, full-service clinics, school-county partnerships, youth centers, and community organizations. The state has implemented screenings for adverse childhood experiences to better identify children and youth with additional needs, and some rural communities have implemented programming to combat social isolation. These efforts are all commendable. However, none of the initiatives I've named are available statewide. Instead, California's focus constantly shifts in its approach to implementing policy—rather than doubling down on any of the initiatives we create, we move on to the next, spreading out our resources in a way that becomes untenable and ultimately less impactful for California's kids.

The COVID-19 vaccination campaign has shown that our State can be nimble and respond to crisis. We can listen to communities, responding quickly and at no cost to families. We can and must do the same to respond to the children's mental health crisis—quickly, efficiently, and effectively.