

■ Executive Summary

COVID and Children’s Mental Well-Being

COVID confronts California with two pandemics of public health: the viral pandemic and a pandemic of mental health that has fallen most heavily on children and youth.

COVID created a perfect storm of stress, anxiety, and trauma, exacerbating a preexisting crisis in children’s mental health. Many young people experienced social isolation and disconnection; some endured economic dislocation and the illness or loss of loved ones. There have been notable increases in anxiety, depression, and mental health-related emergency room visits. Experts further warn of a looming “tsunami” of unmet mental health needs among young people and suggest that some children and adolescents will need time, support, and investment to bounce back.

The pandemic’s effect on children’s mental well-being is likely to be uneven. It is probable that the pandemic will disproportionately impact the mental and emotional well-being of children from communities of color and low-income communities, which have borne the brunt of the pandemic’s economic and physical health effects. Unless California responds robustly, trauma and sustained stress may also have long-term psychological and physiological impacts on some children.

Barriers to Addressing Children’s Mental Health Needs

Early intervention and treatment can help to address COVID’s impact on young people’s mental well-being, but California has long struggled to meet the mental health needs of young people. Too few children receive care, and when they do, it often is too late. Children of color and children from low-income families, moreover, access mental health services at lower rates than their peers.

Systemic and structural barriers can prevent children from accessing mental health services. More than half of children and adolescents in California are on Medi-Cal and thus receive care through the state’s public mental health system. That system is, however, decentralized and fragmented. It contends with capacity and workforce shortages, complicated and administratively burdensome funding mechanisms, and challenges around providing preventive and timely care. There is also considerable variation in school districts’ focus on student mental well-being and in the availability of school-based services.

Addressing the Crisis

To address COVID’s impact on children’s mental health, California needs to build a larger, more diverse mental health workforce, establish a genuine continuum of care for children, emphasize prevention and early intervention, and center schools as hubs of mental well-being.

California is poised to facilitate access to mental health services through two major initiatives that have potential to transform children’s mental health care:

CalAIM. The California Advancing and Innovating Medi-Cal (CalAIM) proposal reforms Medi-Cal service delivery and financing, reducing administrative burdens and removing diagnostic requirements that can prevent children from accessing timely mental health services.

Children and Youth Behavioral Health Initiative. The Behavioral Health Initiative provides more than \$4 billion over the next five years to develop a comprehensive system of mental health for children and youth. It will create a statewide virtual platform for behavioral health services and invest in expanding school-linked mental health services, developing a larger, more diverse mental health workforce, building a continuum of care, and promoting public awareness.

Steps Forward

California also needs strong structures to administer the Behavioral Health Initiative and achieve lasting improvement in children’s mental health care. The Commission finds that there are three key elements for coordinating California’s response to COVID’s impact:

- California needs stronger, more coherent, and more cohesive state leadership around children’s mental health, including common outcome goals and a single point of overall leadership.
- California must build capacity for statewide approaches to children’s mental health, especially by expanding the ability of state government to provide support and technical assistance to health plans and local providers.
- Centering schools as hubs of mental wellness means bringing together systems of health and education and forging partnerships among entities that may have little experience working together. To foster effective partnerships, state government must support careful planning around intersystem collaboration, coordination of services, and use of data.

Recommendations

To improve the state’s system for supporting child mental health, California needs leadership that promotes sustained and sustainable coordination, collaboration, and accountability around mental health.

Recommendation 1: The state of California should identify a central point of leadership for children’s mental health. The Governor and Legislature should also initiate a review process to examine the creation of a new and robust Department of Behavioral and Mental Health, with coequal focus on child and adult mental health, which could exercise statewide leadership over mental health care and services.

Recommendation 2: In consultation with stakeholders, the Secretary of the Health and Human Services Agency should set statewide goals for child mental health based on key metrics related to overall mental well-being, access to care, and quality of services.

Recommendation 3: The Governor and Legislature should reserve a portion of Behavioral Health Initiative funding to provide a future tranche of additional funding to be competitively awarded to counties and health plans that effectively and efficiently implement successful reforms/programs and reach identified benchmarks.

Recommendation 4: The Department of Health Care Services should work with stakeholders to identify ways to increase the support and technical assistance it provides to counties, health plans, and other mental health providers.

Recommendation 5: The Governor and Legislature should leverage the Behavioral Health Initiative to encourage local educational agencies and their partners to develop comprehensive approaches to student mental wellness, including requiring grantees to establish actionable plans for coordinating services, for using and sharing data, and for integrating funding to create sustainable programs.

Recommendation 6: The Governor should establish a clear timeline for the development, testing, and piloting of the behavioral health services virtual platform, with vigorous oversight at every stage of development.