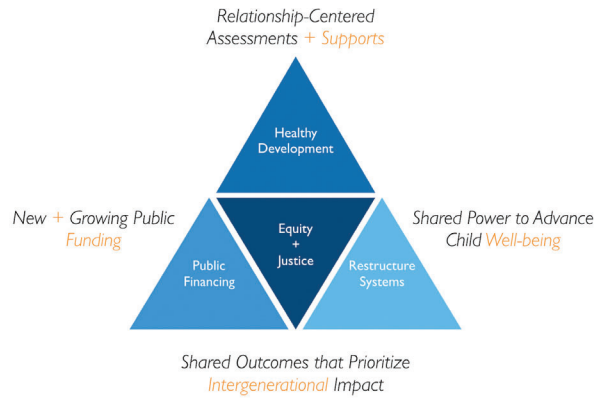


Making *The How* into *The What* Equity + Justice in California's Child-Serving Systems



Beyond the Bench
12/16/19





What does it mean when systems name behavior as a **problem**?



What does it mean when systems name behavior as a **problem**?

Systems can seek to **control**, **confine** or **define** humans based on their behaviors.



What does it mean when systems name behavior as a **problem**?

Systems can seek to **control, confine** or **define** humans based on their behaviors.

This prevents systems from **naming** and **addressing root causes of** human behaviors.



What does it mean when systems name behavior as a **problem**?

Systems can seek to **control, confine** or **define** humans based on their behaviors.

This prevents systems from **naming** and **addressing root causes of** human behaviors.

And...their role in perpetuating those root causes.

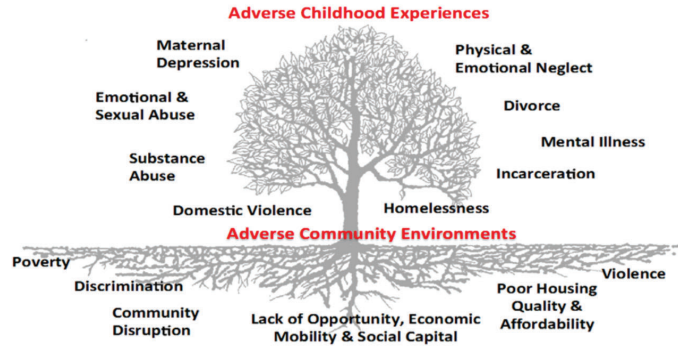
Naming Root Causes

Family History



Inherited
Environmental

Adversity



Individual
Structural + Systemic



Ellis, W. Dietz, W. A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93.

Naming Root Causes

Poverty



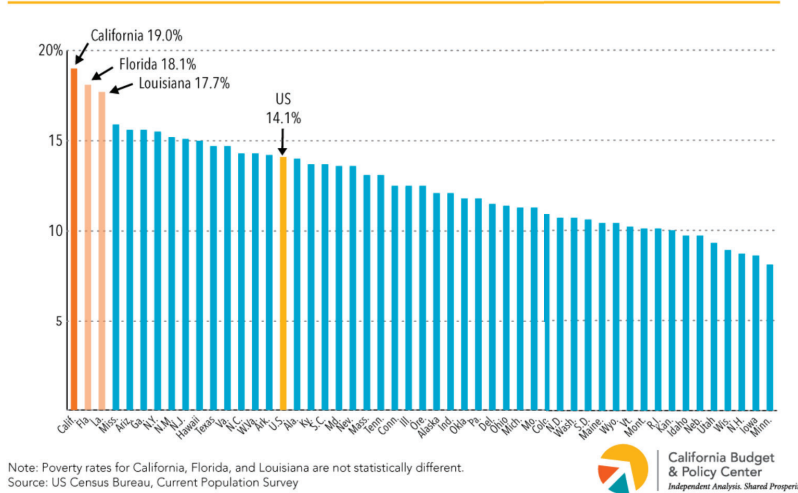
1 in 2 children
live in or near poverty

Naming Root Causes

Poverty

California Has One of the Highest Poverty Rates of the 50 States Under the Supplemental Poverty Measure (SPM)

State Poverty Rate Under the SPM, 2015-2017



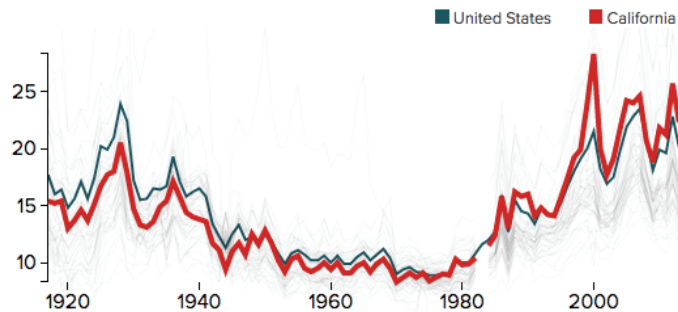
California Budget & Policy Center, Sept 2018.

Naming Root Causes

Growing Inequality

Share of income captured by the top 1%, 1917–2013

The share of all income held by the top 1% in recent years has approached or surpassed historical highs.

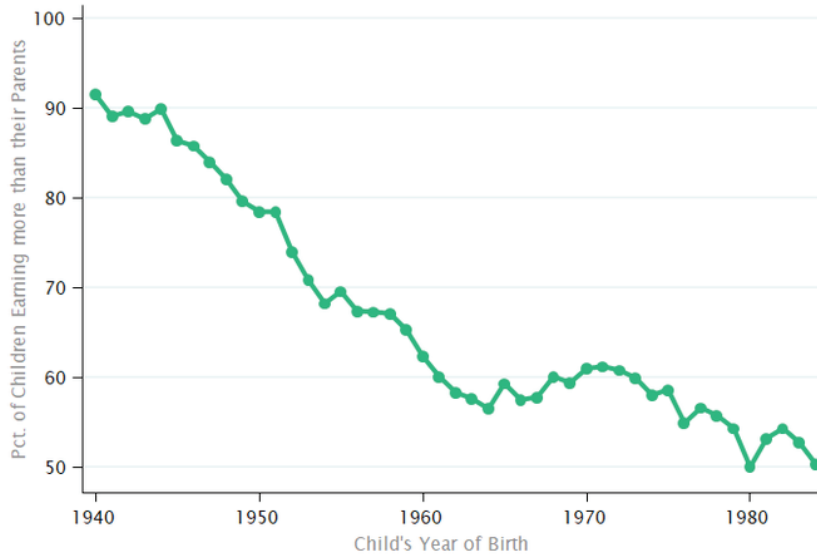


Economic Policy Institute. The Unequal States of America: Income Inequality in California. June 2016.

Naming Root Causes

Disadvantage

Percent of Children Earning More than Their Parents, by Year of Birth

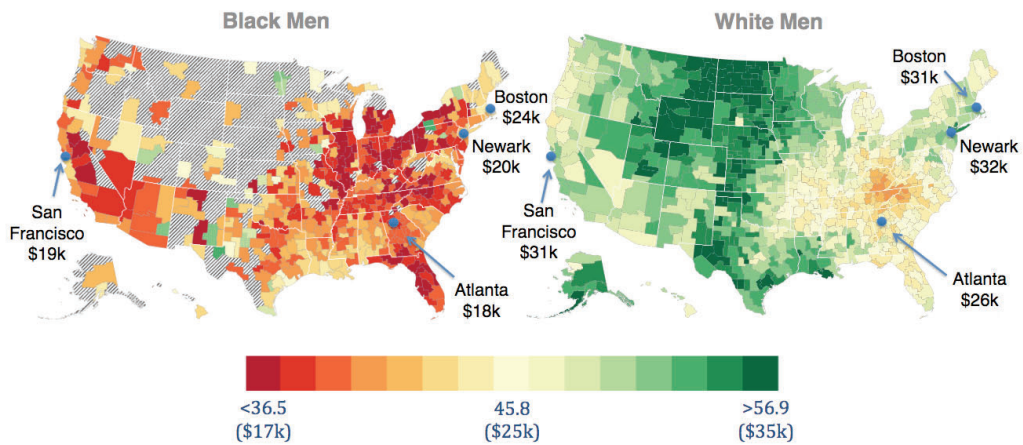


Chetty, R. The Fading American Dream: Trends in Absolute Income Mobility Since 1940. *Science*. 356(6336): 398-406. 2017.

Naming Root Causes

Racism

Two Americas: The Geography of Upward Mobility by Race
Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)

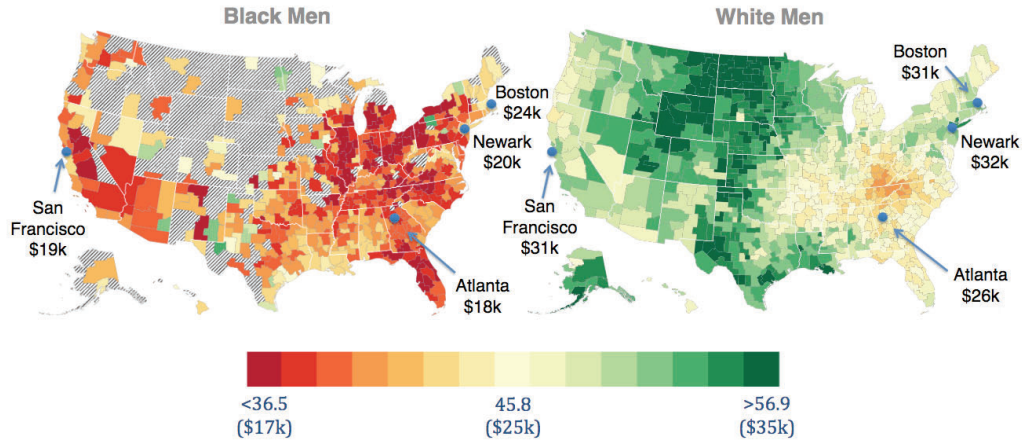


Chetty, R. et al. Race and Economic Opportunity in the United States: An intergenerational perspective. *Opportunity Insights*. 2018.

Naming **Root** Causes

Racism

Two Americas: The Geography of Upward Mobility by Race
Average Individual Income for Boys with Parents Earning \$25,000 (25th percentile)



In **99%** of neighborhoods in the US, *black boys* **earn less** in adulthood than *white boys* who grow up in families with comparable income.

Naming **Root** Causes

Racism

Black and white children fare very differently in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.



Naming **Root** Causes *Racism*

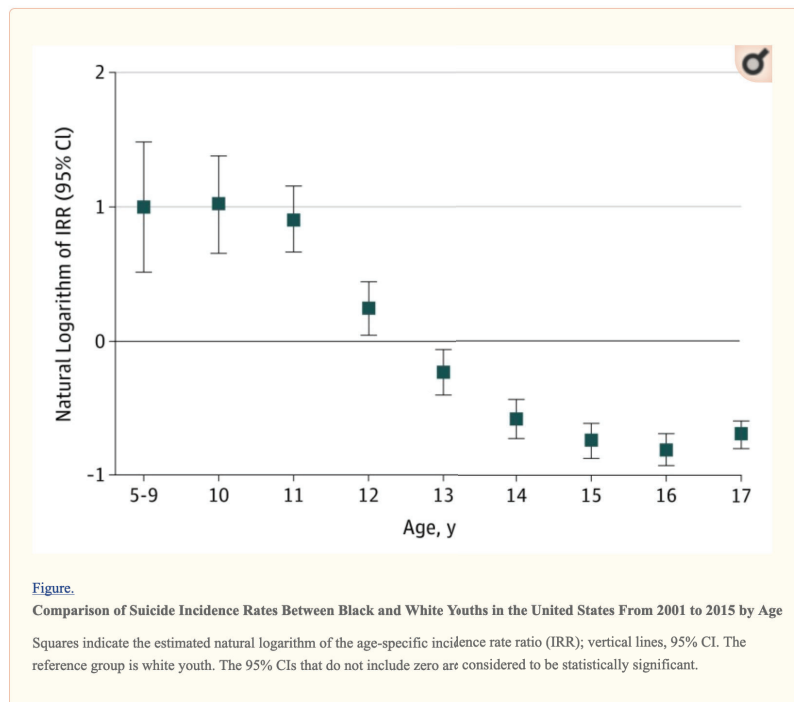
Black and white children fare **very differently** in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.

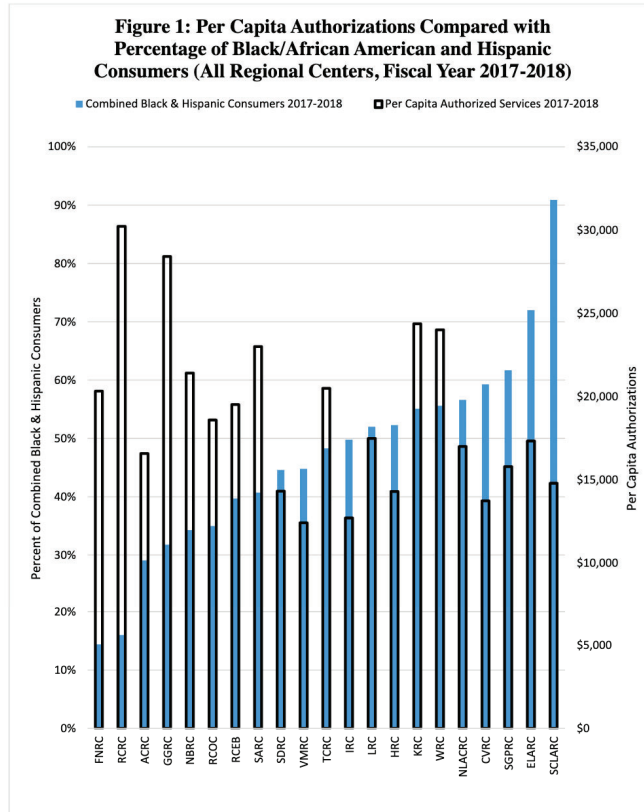


These gaps are smallest in areas with **low racial bias** among whites and high father presence in black neighborhoods.

Chetty, R. et al. Race and Economic Opportunity in the United States: An intergenerational perspective. Opportunity Insights. 2018.

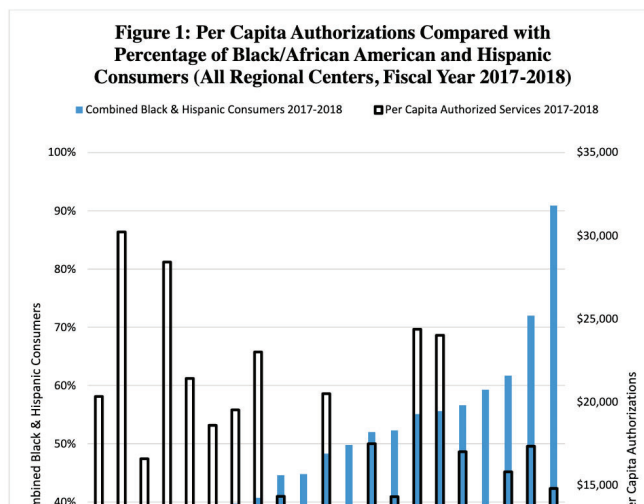
The **suicide rate** for Black children, aged 5-12 is **2x** as their white peers.





Statewide Percentage of Combined Black/African American and Hispanic Consumers: **48.8%**
 Statewide Average Per Capita Authorizations: **\$17,545**

Public Counsel. Addressing Funding Disparities in Services for Children with Developmental Disabilities. 2019.



There is a direct association between authorization amounts and the proportion of Black and Hispanic clients.

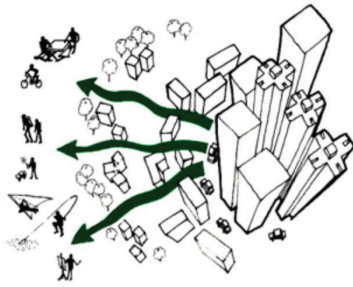
Regional centers that authorize **lower amounts** serve larger Hispanic and Black/African-American clients.

Public Counsel. Addressing Funding Disparities in Services for Children with Developmental Disabilities. 2019.

Naming Root Causes

Isolation

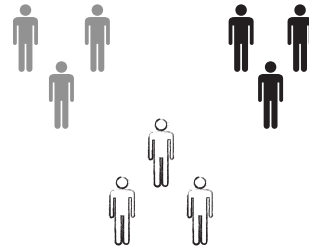
Geographic



Social



Cultural



Naming Root Causes

Isolation



Naming Root Causes

Isolation



Licensed Mental Health Professionals

PER 100,000 POPULATION, BY REGION, 2016

■ LOWER THAN STATE AVERAGE

	LICENSED CLINICAL SOCIAL WORKERS	MARRIAGE AND FAMILY THERAPISTS	PSYCHIATRISTS	PSYCHOLOGISTS
Central Coast	45	120	15	45
Greater Bay Area	66	118	25	71
Inland Empire	26	41	8	16
Los Angeles County	56	80	15	46
Northern and Sierra	46	86	9	23
Orange County	42	82	10	39
Sacramento Area	57	76	15	35
San Diego Area	48	71	16	52
San Joaquin Valley	25	35	7	16
State Average	48	80	15	43

Public Policy Institute of California. *California's Political Geography*. 2012.

Naming Root Causes

We live within systems, structures, and cultural norms that are **corrosive** to human relationships, **fractures** and **scatters** communities, **degrades** human connections, and **threatens** the human spirit.

Naming **Root** Causes

We live within systems, structures, and cultural norms that are **corrosive** to human relationships, **fractures** and **scatters** communities, **degrades** human connections, and **threatens** the human spirit.

This **isolates** children and families outside of the relationships they rely on to **thrive**.

Half of all lifetime mental illness begins by age **14**

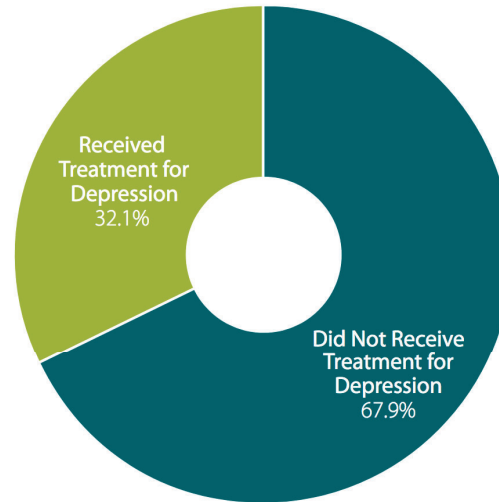


Average *delay* between onset of symptoms and intervention is **10 years**

Treatment for Major Depressive Episode

Adolescents, California, 2011 to 2015

PERCENTAGE REPORTING MDE IN THE PAST YEAR WHO ...



California Health Care Foundation. [Mental Health in California: For Too Many, Care Not There](#). March 2018.

37% of students with mental illness aged 14 and older
drop out of school



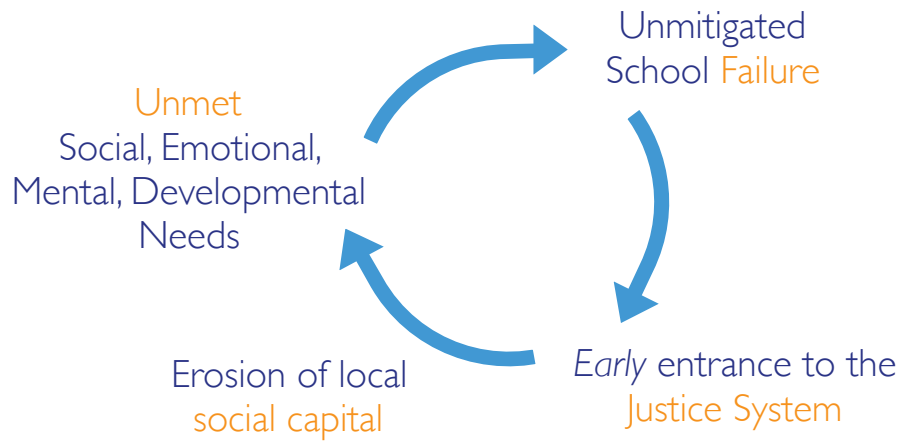
This is the *highest* drop out rate of any disability group

National Institute of Mental Health. [Mental Health by the Numbers](#). 2015.

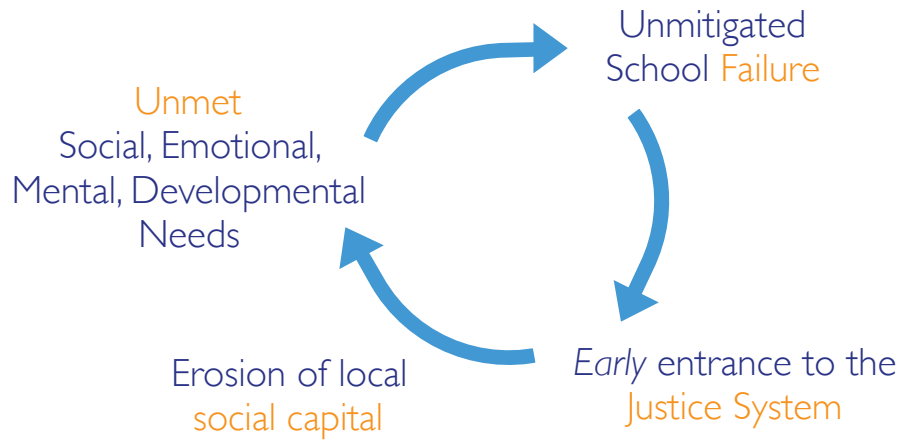


70% of youth in juvenile systems have a mental illness

The Deficit Cycle

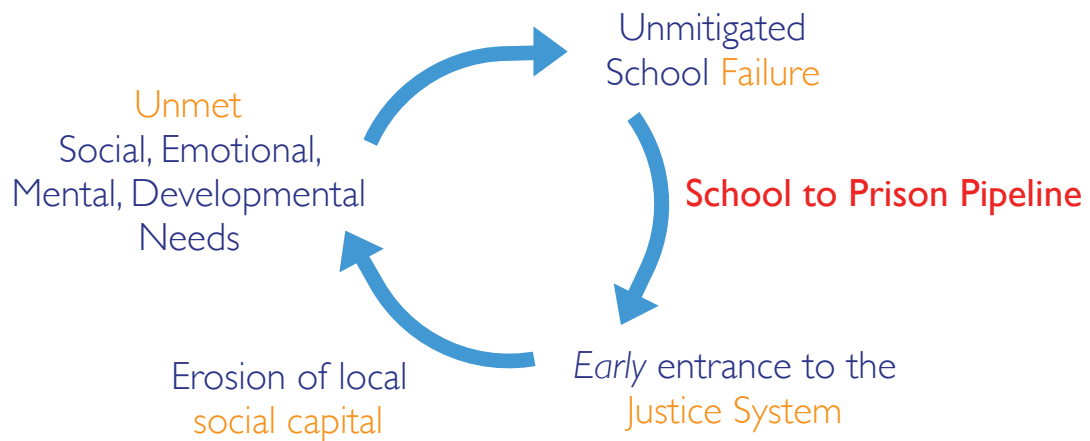


The Deficit Cycle



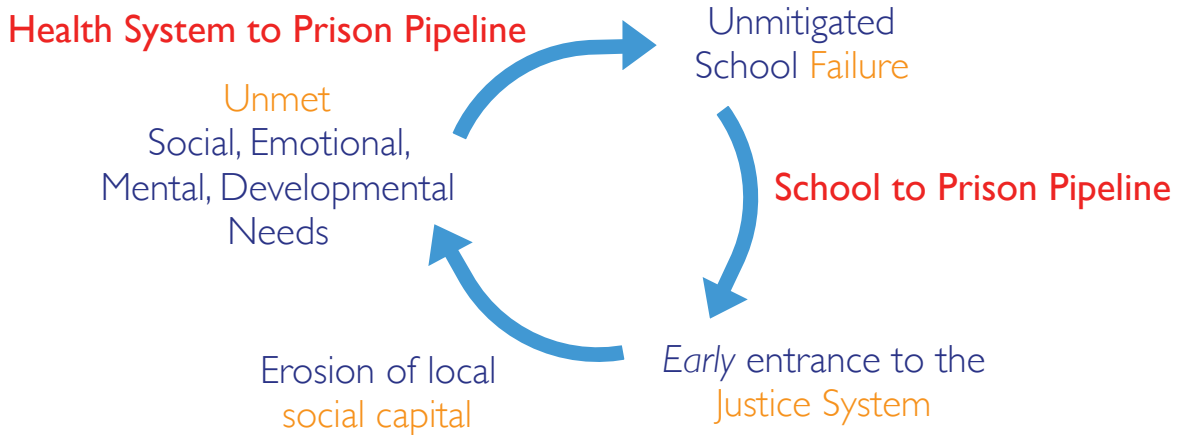
The challenge crosses child-serving sectors and the consequences of failure are **intergenerational**

The Deficit Cycle



The challenge crosses child-serving sectors and the consequences of failure are **intergenerational**

The Deficit Cycle



The challenge crosses child-serving sectors and the consequences of failure are **intergenerational**

Suicide attempts are **increasing** for Black youth, particularly girls, 9th-12th grade.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Summary of Trends from 1991-2017

	White F	White M	Black F	Black M	Hispanic F	Hispanic M	Asian/Pacific F	Asian/Pacific M	AI/AN* F	AI/AN* M	Multiple Race** F	Multiple Race** M
Suicide Ideation	↓L	↓L	↓L	↓L	↓L	↓L	↓L	↓L	×	↓L	×	×
Suicide Plan	↓L	↓L	×	↓L	↓L	↓L	↓L	↓L	×	×	×	×
Suicide Attempt	↓L	×	↑L	↑L	↓L	×	↓L	×	×	×	×	×
Injury by Attempt	×	×	×	↑L	×	×	×	×	×	×	×	×

Statistically significant (P<0.05) trends: ↓L Linear ↑L Quadratic
*American Indian or Pacific Islander **Non-Hispanic

PEDIATRICS™
AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS



In the face of persistent **root causes**, we have built systems to name, track, and manage *symptoms* without owning our role in perpetuating those causes.

Quote: Tia Martinez



In the face of persistent **root causes**, we have built systems to name, track, and manage *symptoms* without owning our role in perpetuating those causes.

Right now, we have a choice.

Quote: Tia Martinez



In the face of persistent **root causes**, we have built systems to name, track, and manage *symptoms* without owning our role in perpetuating those causes.

Right now, we have a choice.

"If we only provide **technological** solutions to the challenges facing California's child-serving systems, it will look like we are **winning**"

Quote: Tia Martinez



Child Health **Equity + Justice**

Child health is equitable and just when **every** child has a **fair** and **intergenerational** opportunity to attain their full health and developmental potential, **free** from discrimination.



Child Health Equity + Justice

Child health is equitable and just when *every* child has a *fair* and *intergenerational* opportunity to attain their full health and developmental potential, *free* from discrimination.

But equity alone is *insufficient*. For some, who face persistent *disadvantage* and *discrimination*, a current re-distribution of resources does little to address the intergenerational consequences and built harm of *past inequality*.

Whitehead, M. The concepts and principles of equity in health. International Journal of Health Services. 1992;22:429-45.

The California Children's Trust. Reimagining Child Well-Being. Policy Brief. Nov 2018.



Child Health Equity + Justice

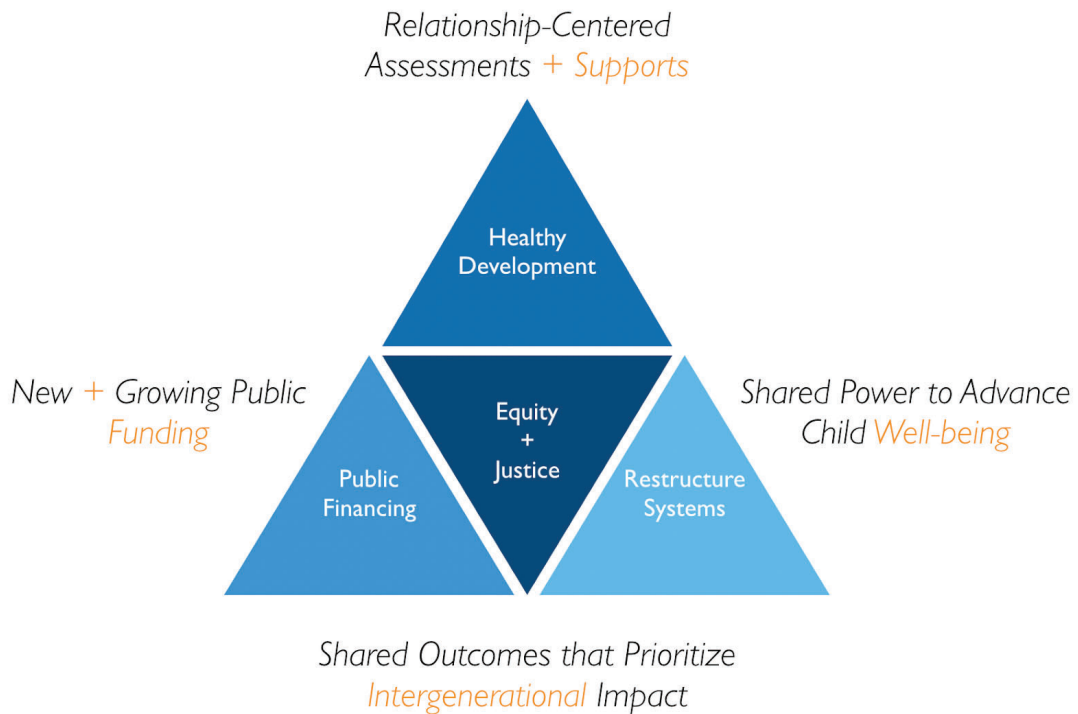
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But equity alone is *insufficient*. For some, who face persistent *disadvantage* and *discrimination*, a current re-distribution of resources does little to address the intergenerational consequences and built harm of *past inequality*.

Therefore, efforts to *restore* or *provide agency* and *power* to the oppressed are also required to advance child well-being.

Whitehead, M. The concepts and principles of equity in health. International Journal of Health Services. 1992;22:429-45.

The California Children's Trust. Reimagining Child Well-Being. Policy Brief. Nov 2018.





Medicaid and the Architecture of the Child-Serving Safety Net



Multiple Programs. Common Principle.

$$1/2 + 1/2 = 1$$



Multiple Programs. Common Principle.

CPE

A public non-Federal dollar
not already being used as match



Multiple Programs. Common Principle.

CPE

A public non-Federal dollar
not already being used as match

FFP

Federal share of Medicaid expenditure



Multiple Programs. Common Principle.

CPE + **FFP** = **Medicaid Expenditure**



Multiple Programs. Common Principle.

EPSDT is an *entitlement*.

All allowable expenditures for eligible populations must be **matched**.



Children have a *unique* status and access to **supports and services**.

The Origin of EPSDT

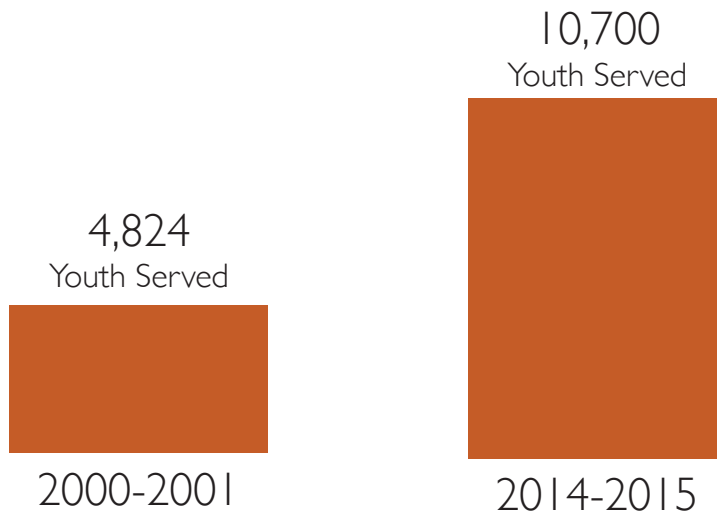


Leveraging EPSDT across child-serving systems
EPSDT **expansion** to serve more youth



Leveraging EPSDT across child-serving systems

EPSDT **expansion** to serve more youth



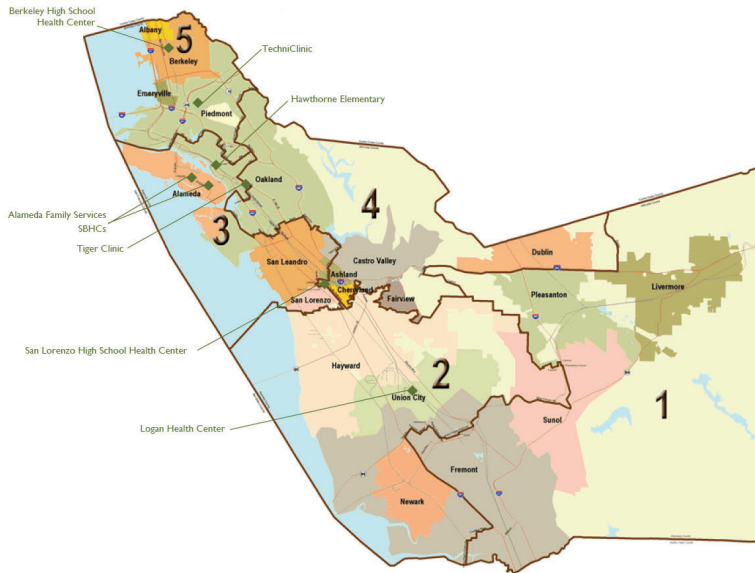
1996



4
School-Based
Health Centers

Alameda County

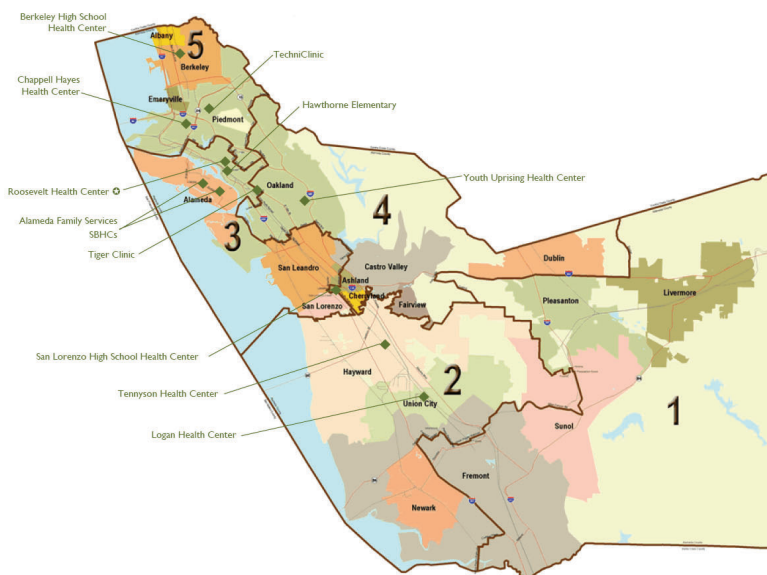
2000



8
School-Based
Health Centers

Alameda County

2004



12
School-Based
Health Centers

Alameda County

2008



14
School-Based
Health Centers

Alameda County

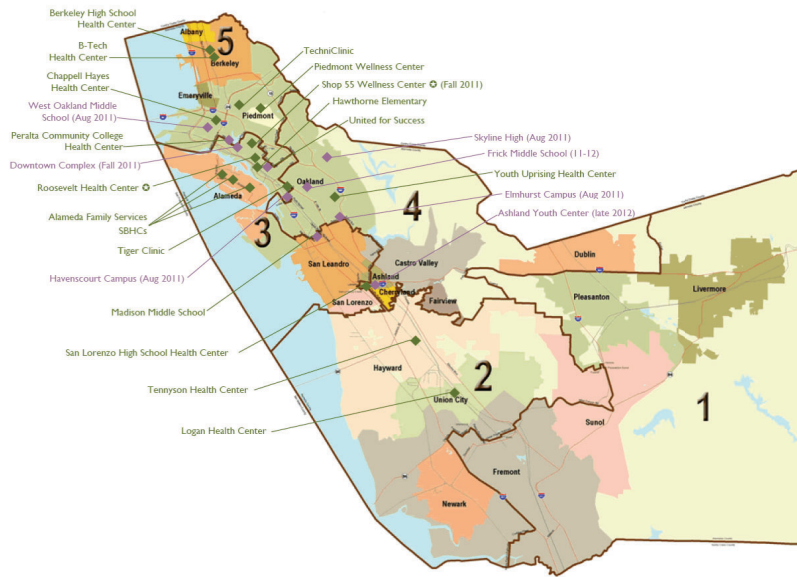
2010



19
School-Based
Health Centers

Alameda County

2012



26
**School-Based
Health Centers**

Alameda County

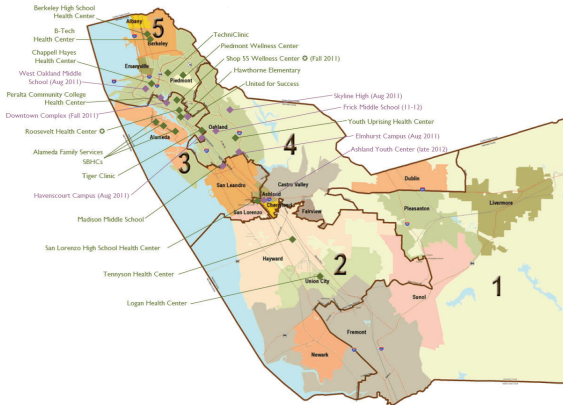
2014



29
**School-Based
Health Centers**

Alameda County

2014



29
School-Based
Health Centers

Alameda County

2014

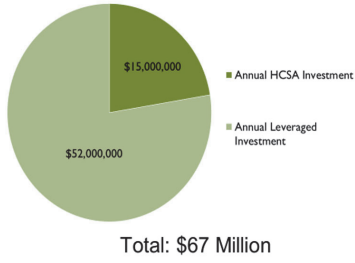
Today there are **200** school-based
Behavioral Health Programs



29
School-Based
Health Centers

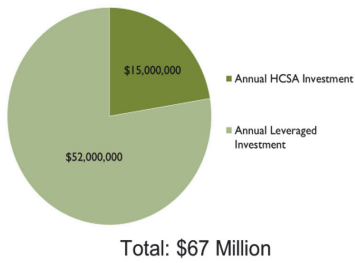
Alameda County

SCHOOL-BASED ANNUAL INVESTMENTS



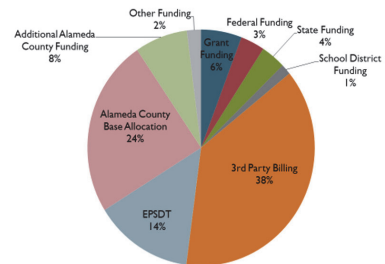
39

SCHOOL-BASED ANNUAL INVESTMENTS



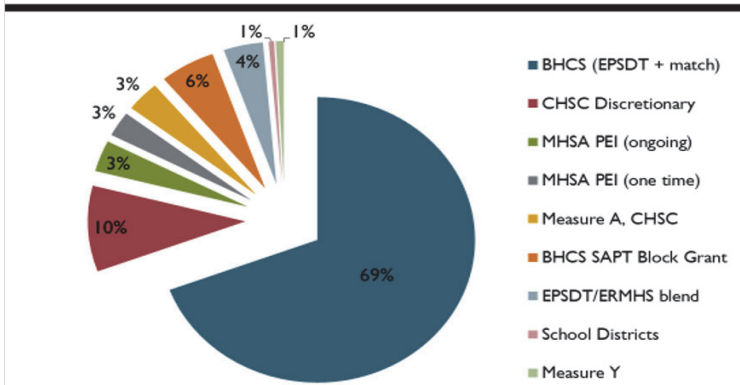
39

TOTAL SCHOOL HEALTH CENTER FUNDING

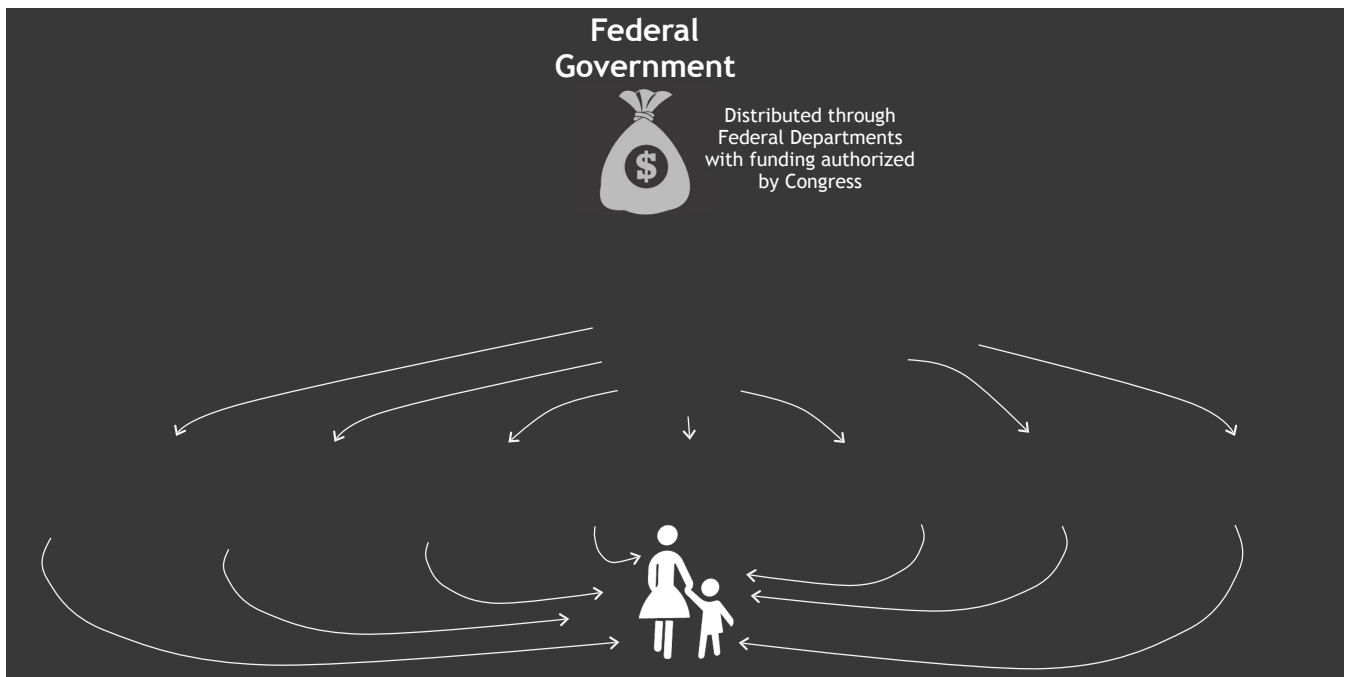
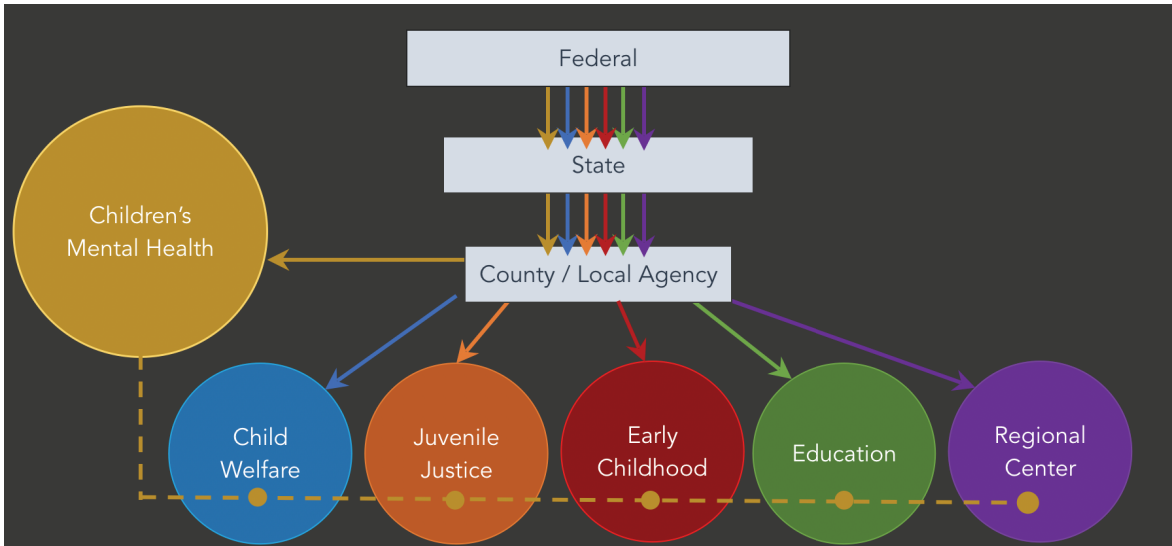


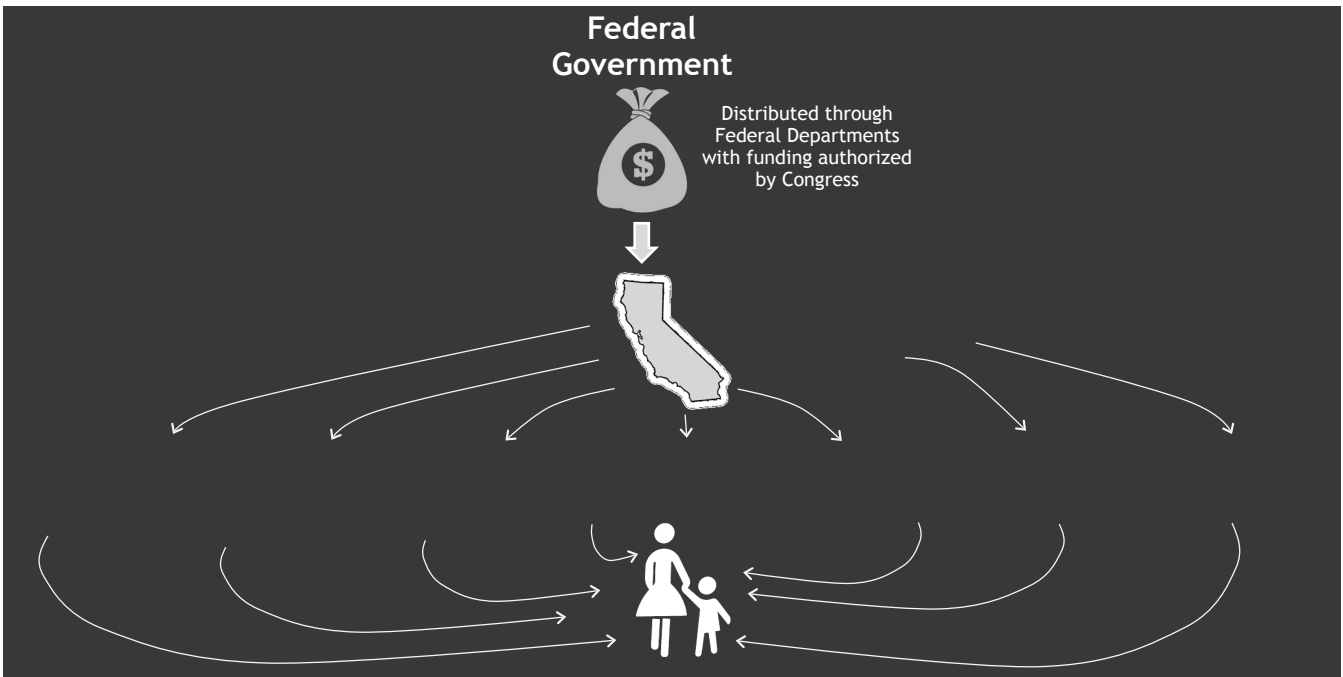
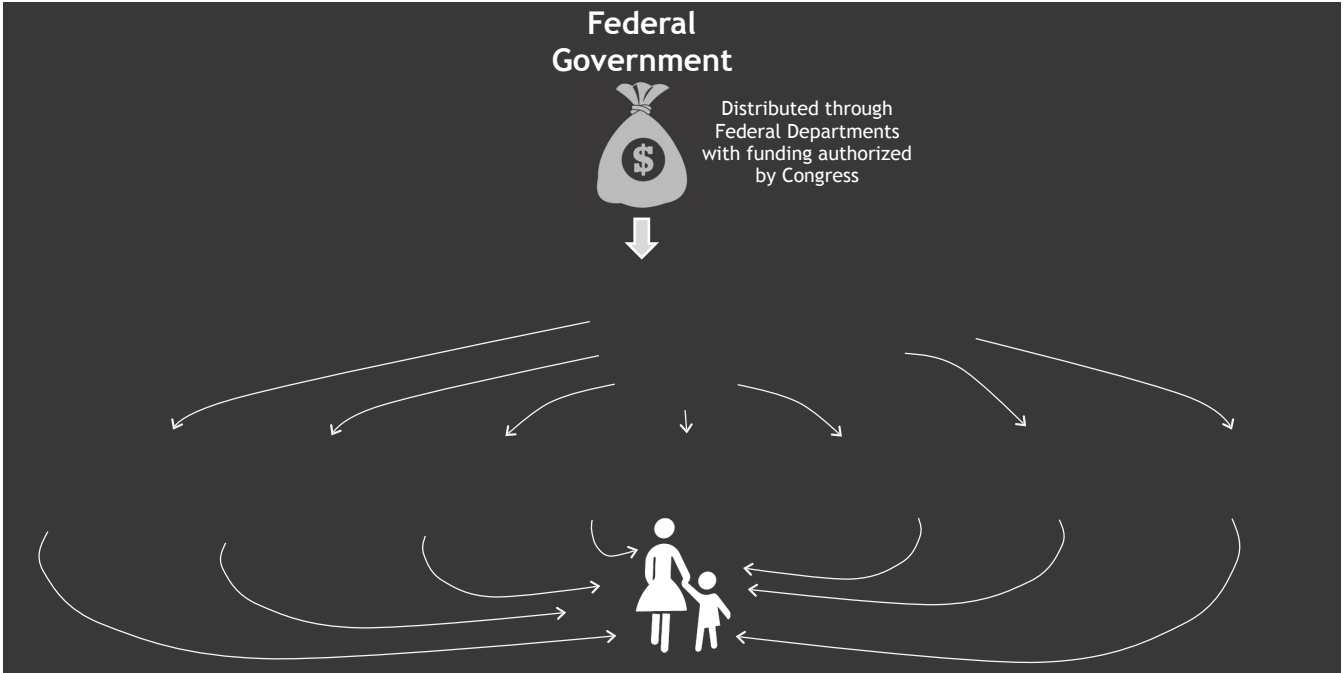
40

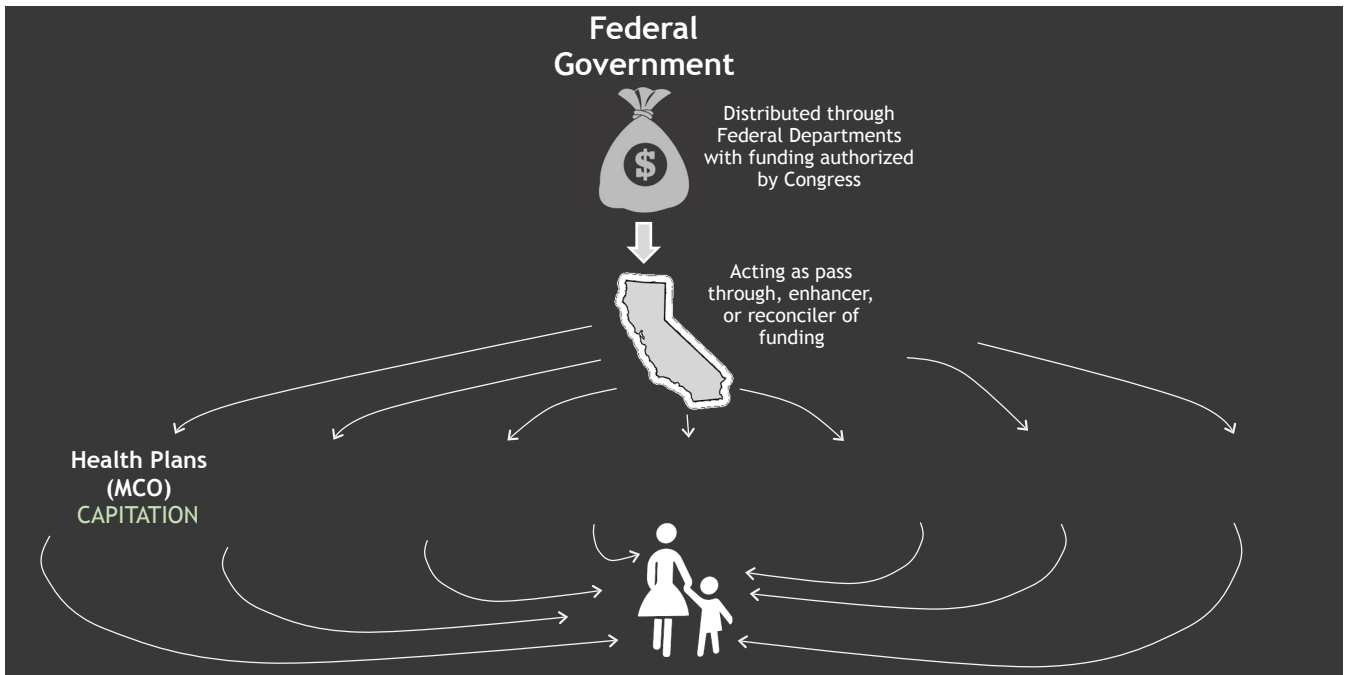
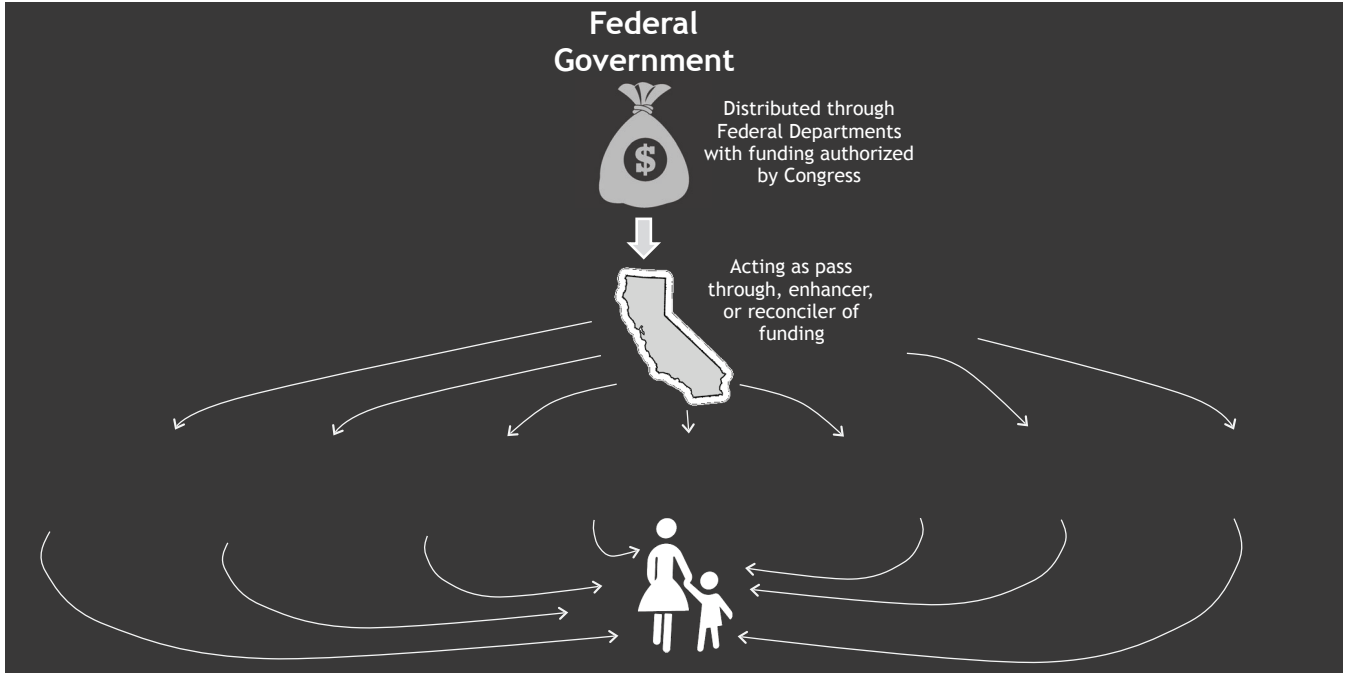
SCHOOL HEALTH SERVICE INVESTMENT BY FUNDING STREAM

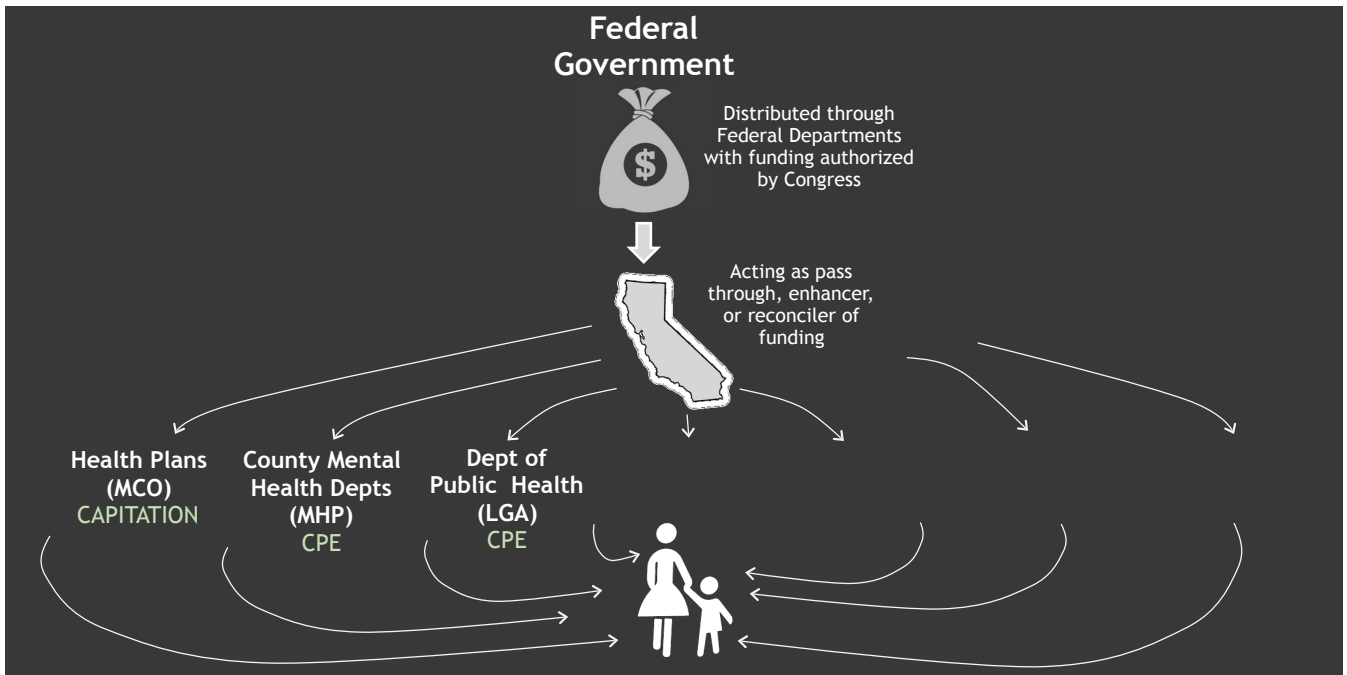
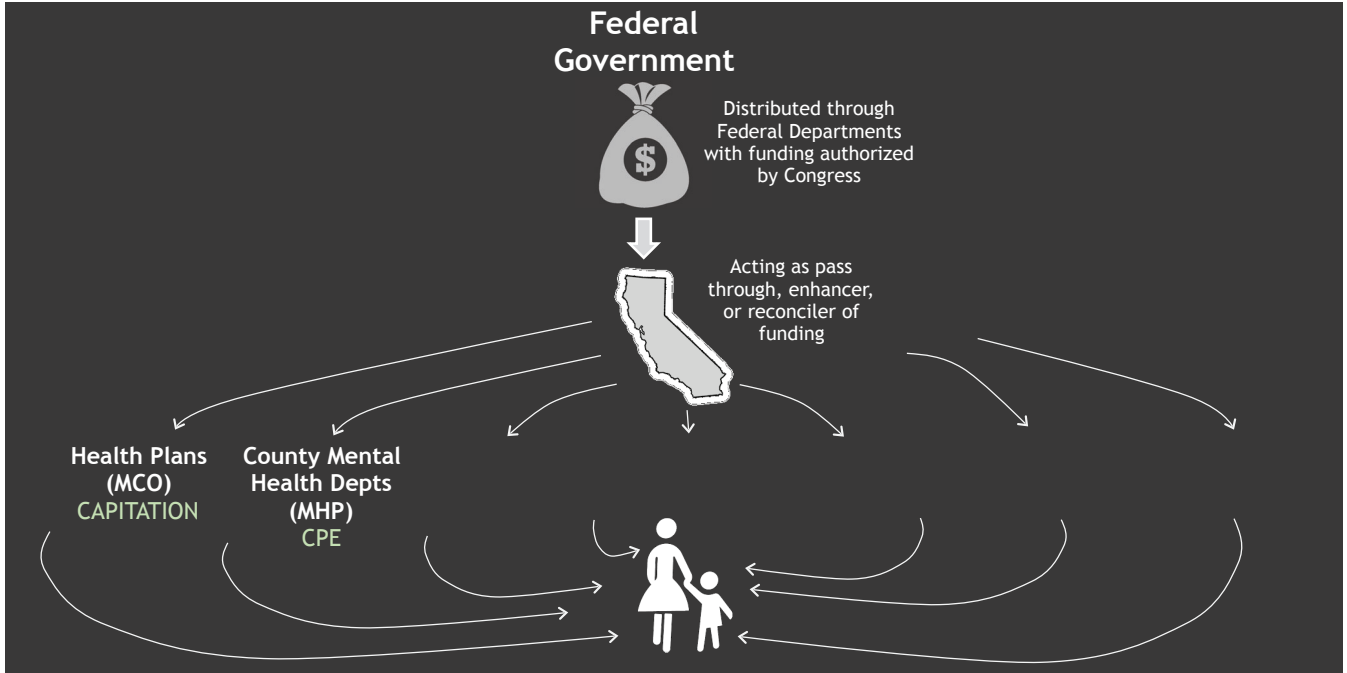


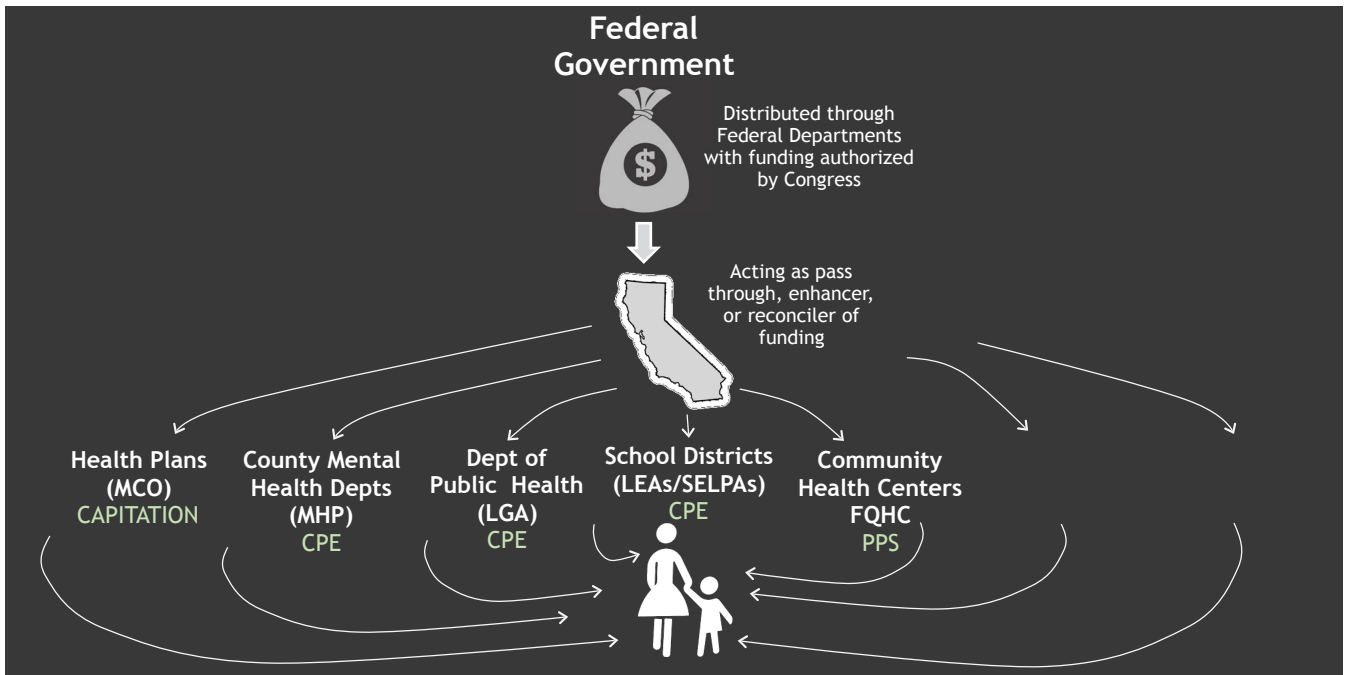
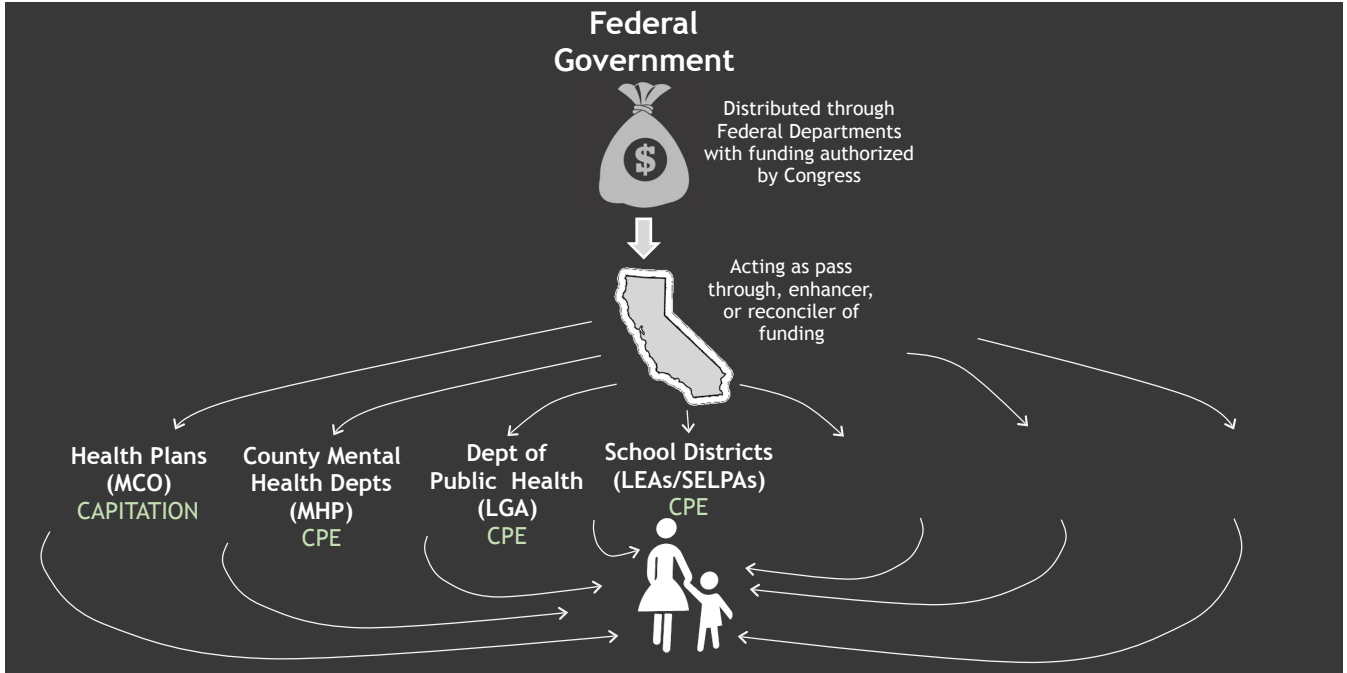
Medicaid is the *tie* that binds fragmented children's systems.

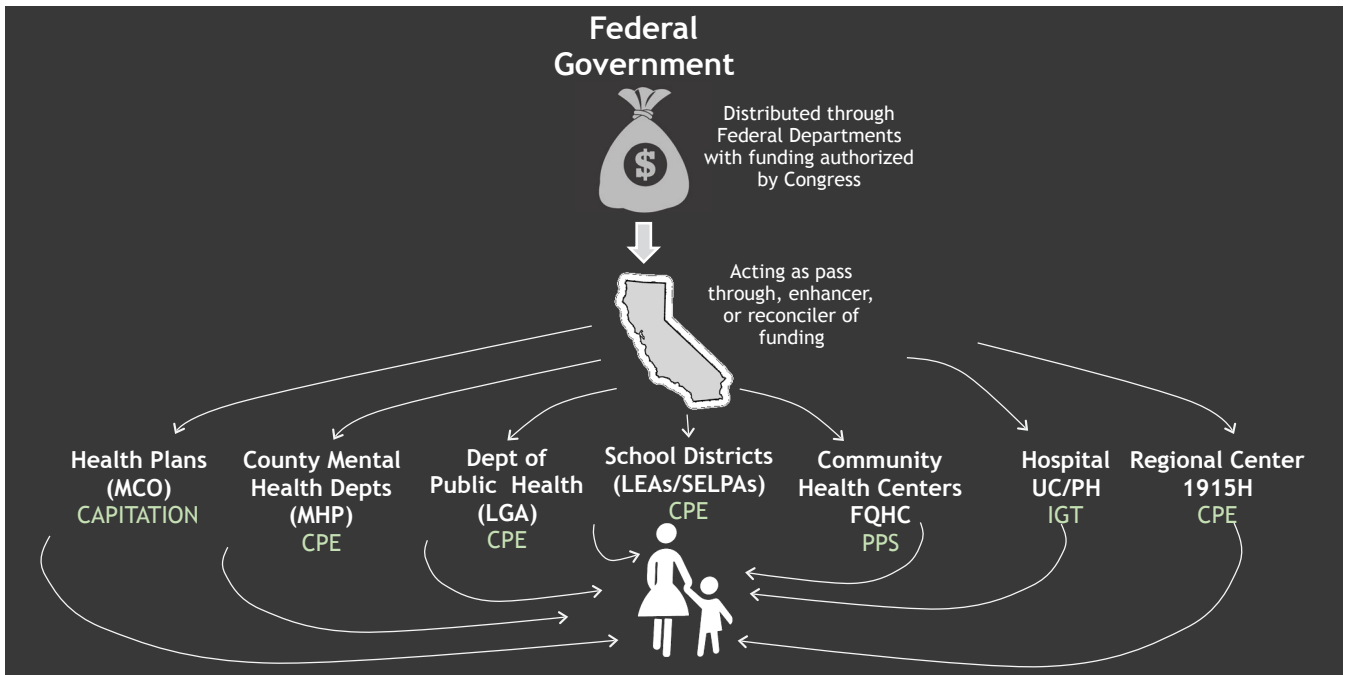
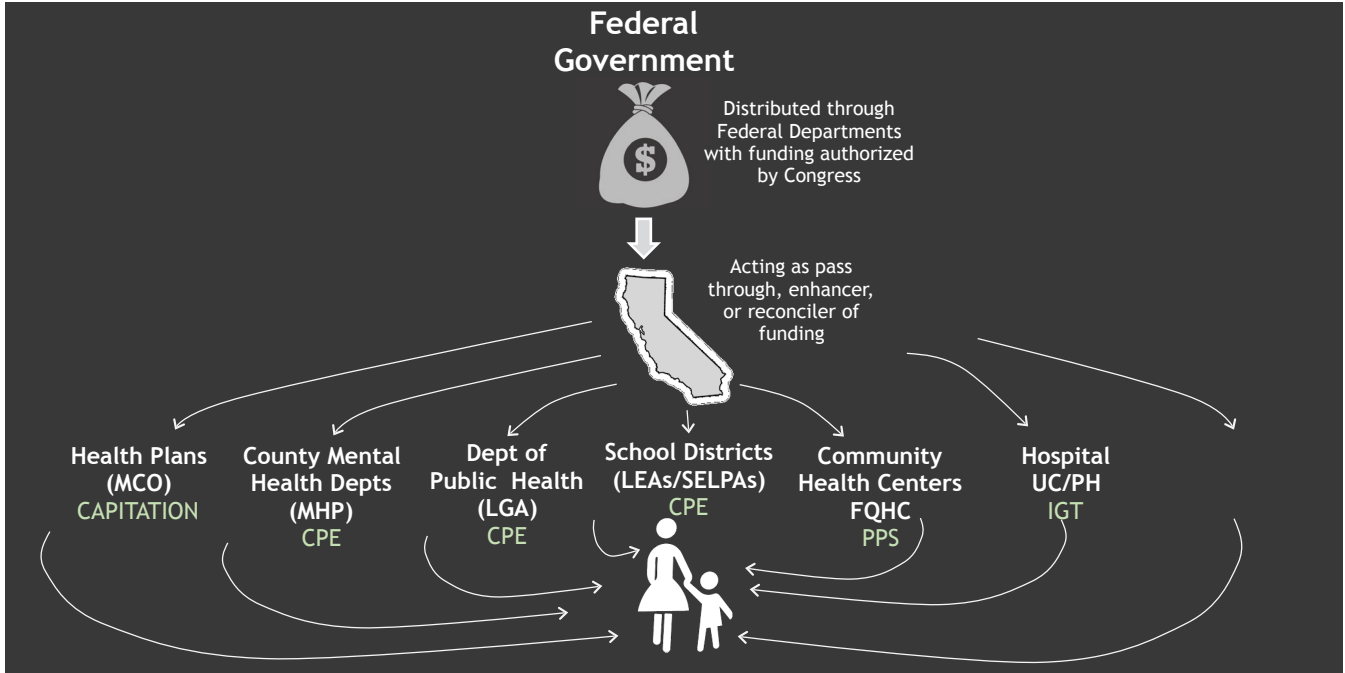














More children are eligible for services
yet fewer are getting care.

Since 2011 Realignment



More children are eligible for services
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Since 2011 Realignment

For those receiving services, there was a
20% increase in **crisis** utilization.



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Only 3% of all eligible children are in ongoing care.



More children are eligible for services
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Since 2011 Realignment

For those receiving services, there was a
20% increase in **crisis** utilization.

Overall, the **access rate** has declined **4.1%**.

Only **3%** of all eligible children are in **ongoing care**.

For adolescents, the rate of self-reported mental health
needs increased by **61%** since 2005.



Inpatient visits for suicide, suicidal ideation and self-injury **increased by 104% for children ages 1 to 17 years, and by 151% for children ages 10 to 14** between 2006 and 2011.



ED visits increased by 71% for impulse control disorders for children ages 1 to 17 years.



A total of **\$11.6 billion** was spent on **hospital visits** for mental health between 2006 and 2011.



In California, **There has been a 50% increase in mental health hospital days** for children between 2006 and 2014.