THE CALIFORNIA CHILDREN’S TRUST

A planning process designed to reimagine the way we define, serve, and invest in the social, emotional, developmental, and behavioral health of California’s children and their families.

The California Children’s Trust is an initiative to leverage the power of behavioral health supports and strategies—and the resources behind them—to achieve healthy development and health equity for children in California.

The initiative seeks to reinvent our state’s approach to children’s social, emotional, and developmental health using consensus building and systems change approaches. Its success depends upon families, system leaders, advocates, and professionals uniting to reimagine behavioral health as a foundational strategy for achieving healthy development and health equity for children in California.

We can do better. For the first time in our state’s history, almost all children (97%) are covered by health insurance with a behavioral health benefit—a benefit that could be applied across all child-serving systems. Yet the majority of children do not access this benefit, resulting in significant unmet need.

Measured against developmental benchmarks, epidemiological estimates, or access to quality care, California’s child-serving systems are failing. Services vary dramatically by geography and setting, with little consistency or accountability. Many child-serving systems struggle to meet requirements codified in state and federal law.

By redefining the scope and nature of behavioral health—and the procurement, financing, and delivery systems behind it—we can nurture children’s social, emotional, and developmental health from birth through young adulthood and engage and support their families in the process. The CA Children’s Trust is a collaborative initiative to capture unique opportunities—right now—to conceive, fund, administer, measure, and deliver a comprehensive system of support for all children.

Many children are exposed to trauma and have behavioral health needs, yet most children in California who need support do not receive it:

- Of California’s children who report needing help for emotional or behavioral health problems, only 35% receive mental health services.

- Between 20 and 25% of youth meet criteria for a mental health disorder with severe impairment across their lifetime.

- Approximately 50% of California children are enrolled in Medi-Cal and entitled to behavioral health services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit.

- Yet annually, less than 5% of eligible children access EPSDT behavioral health services.

- Youth of color disproportionately receive punitive and restrictive behavioral interventions in response to signs of trauma and emotional stress caused by structural racism, and other systemic, social, economic, and environmental factors.

- California is 43rd in the nation in providing the behavioral, developmental, and social screenings key to identifying early signs of challenges.
By expanding our definition of behavioral health and changing how we finance and administer it, we can meet the developmental needs of all children, improve health outcomes, reduce stigma, address inequity, and reinvent California’s child-serving systems.

**Why now?**

A confluence of factors provides significant opportunity:

- Clear evidence demonstrates the importance of behavioral health to healthy development and social and emotional learning—particularly for children exposed to trauma or other adverse childhood experiences.
- Promising trauma-informed practices address health equity and support the transformation of child-serving systems.
- The children’s mental health benefit under Medicaid is an uncapped entitlement (EPSDT) with a broad definition of medical necessity that can be reinterpreted to expand services and supports.
- $2.5 billion of unspent county and state mental health funds are eligible for federal match. These resources create an opportunity to generate significant new federal revenue.
- Federal Medicaid waivers must be renegotiated by 2020, providing an opportunity to redefine federal, state, and county roles and responsibilities under new state leadership.
- Models of collaborative administration and creative financing in other states offer strategies that can be applied to California’s fragmented child-serving systems.

**Partners who have made early commitments to the initiative include:**

Breaking Barriers
Children Now
First 5 Association
Futures Without Violence
East Bay Agency for Children
Genentech Corporate Giving
Lincoln
McKenzie Foundation of San Francisco
Mental Health Services Oversight and Accountability Commission (MHSOAC)
National Health Law Program (NHeLP)
Seneca Family of Agencies
Stanford University Center for Youth Mental Health and Well-being
Social Policy Institute at San Diego State University School of Social Work
The Children’s Partnership
Trauma Transformed
University of California, Los Angeles
University of California San Francisco (UCSF) Benioff Children’s Hospital Oakland
WestCoast Children’s Center
West Ed
Zellerbach Family Foundation
THE CALIFORNIA CHILDREN’S TRUST

Theory of Change

**Purpose:** The California Children’s Trust is established to transform how we create healthy development and health equity for children in California.

**Establish research and analysis capacity.**

**Develop communications strategy.**

**Establish infrastructure, funding and partnerships.**

**Engage public leaders.**

**Mobilize stakeholder coalition.**

**Identify short-term high value opportunities.**

**Financing:** Funding is adequate and flexible.

**Policies:** Policies are enacted that enable greater access and quality.

**Administration:** State and counties have capacity to administer re-designed service delivery system.

**Quality & Accountability:** State and counties have capacity and common metrics to measure and report quality and standards of care.

**Integrated Model:** Effective and culturally appropriate behavioral health practices and strategies are integrated into all child-serving systems and community-based settings.

**Healthy Development:** Children and their families are supported to achieve developmental benchmarks.

**Health Equity:** Children have opportunities to lead healthy and productive lives regardless of factors such as race or ethnicity, socioeconomic status, gender or residence.

**Vision for Child Well-Being:** All children in California have the needed supports and resiliency to realize their potential.