What Was, What is, and What Could Be

A conversation on youth mental health in San Diego County

San Diego Women's Foundation
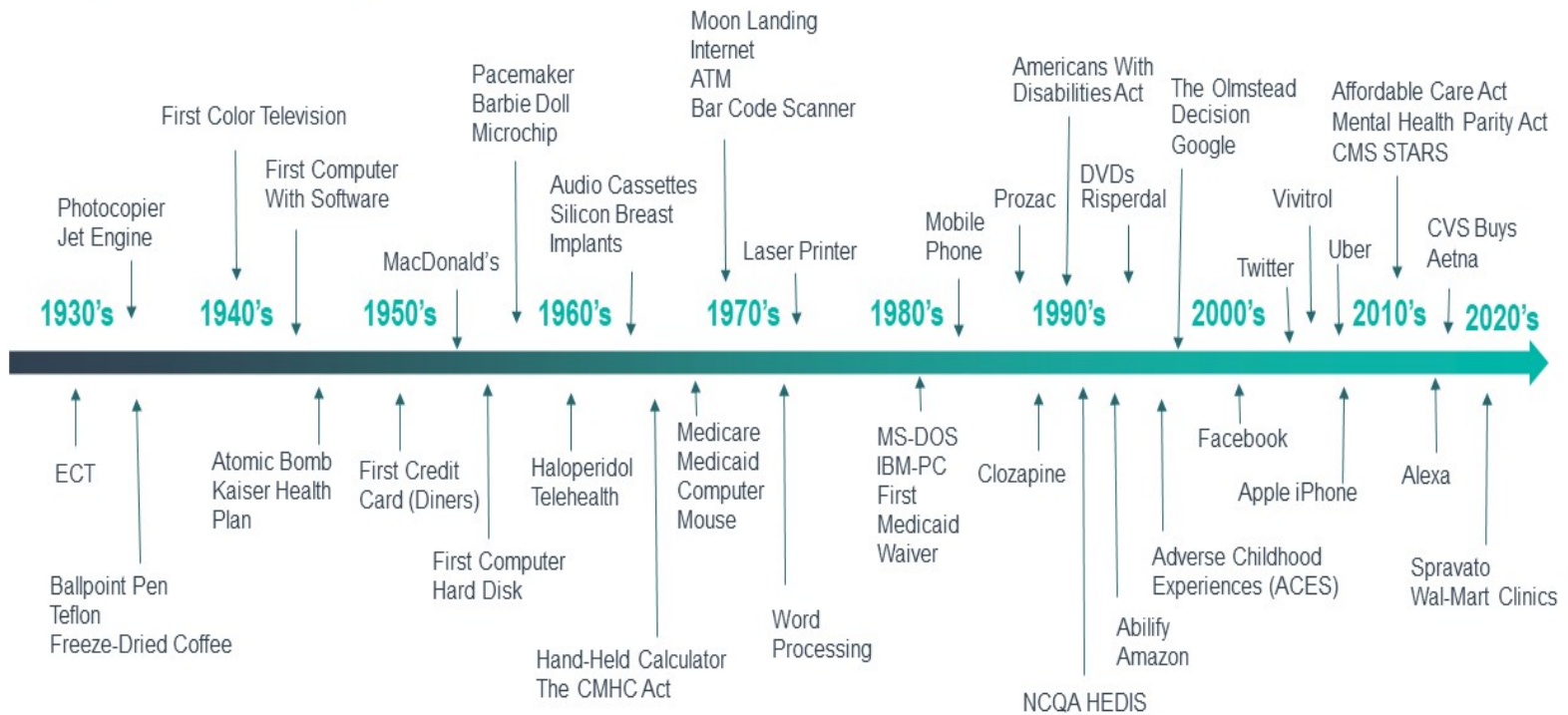
Steve Hornberger, MSW, Director of Social Policy Institute
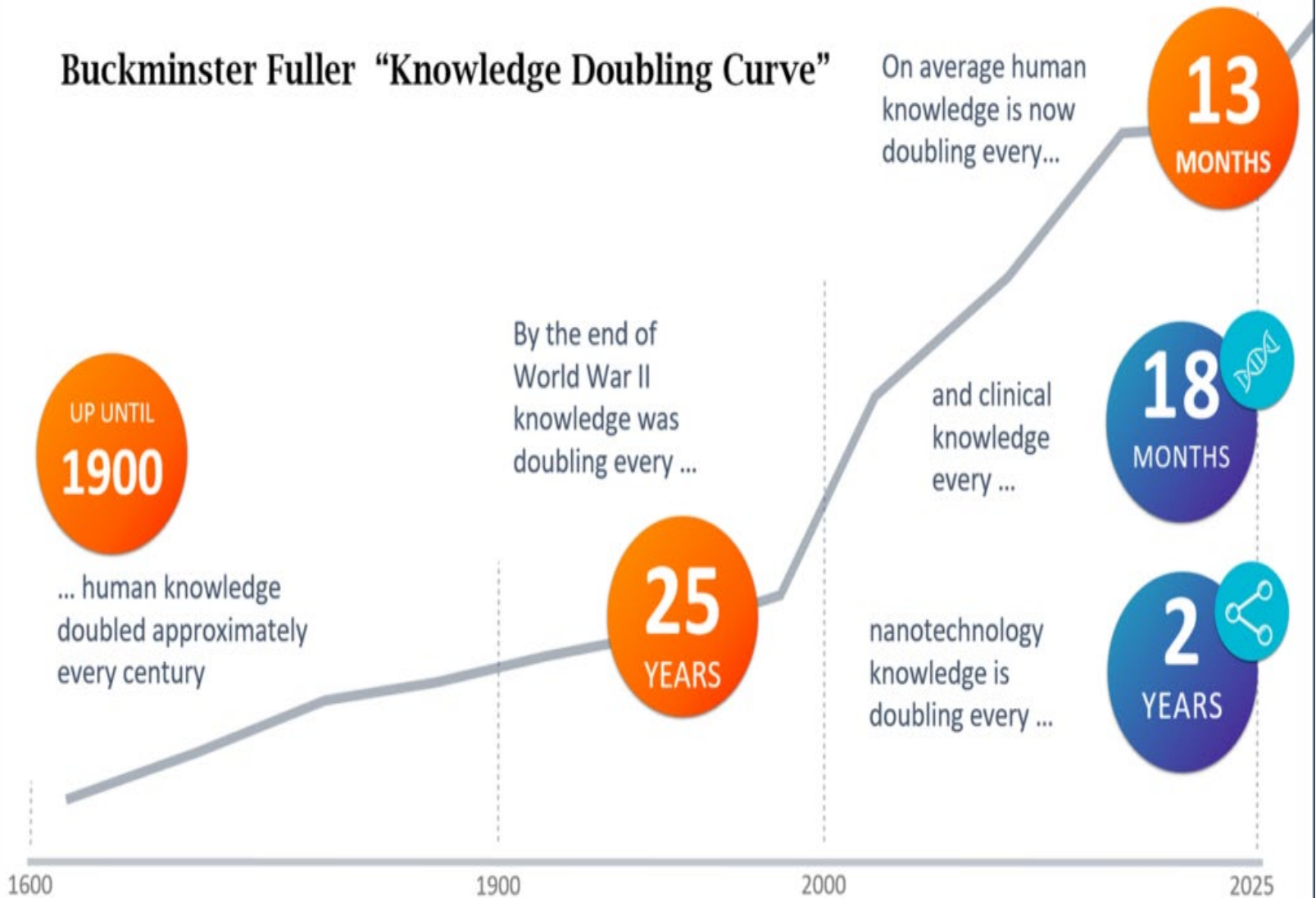
Emily Allison, MSW-MPH Candidate

October 19, 2023

Why are we here today?

❖ No one system has the mandate, resources, or reach to address both person-specific issues and the larger social conditions that may exacerbate mental health problems, such as: poverty, racism, inadequate housing, homelessness, under resourced schools, crime, and inequities.

❖ The adverse impacts of mental and physical health are too complex for only the health system to address

❖ Community collaboration across all sectors is required to address this growing public health concern

Current Data Points

- 40% increase in hopelessness between 2009-2019
- 21% of children were diagnosed with behavioral problems - 2019
- Almost 1 in 5 suffer with depression - 2020
- Suicide 2nd leading cause of death 10-14 year olds - 2020
- 37% of HS self report poor MH - 2021
- 22% seriously contemplated suicide - 2021

  - ❖ **Significant disparities and inequities exist between, race, ethnicity, language spoken, LGBTQ+, SES and place**

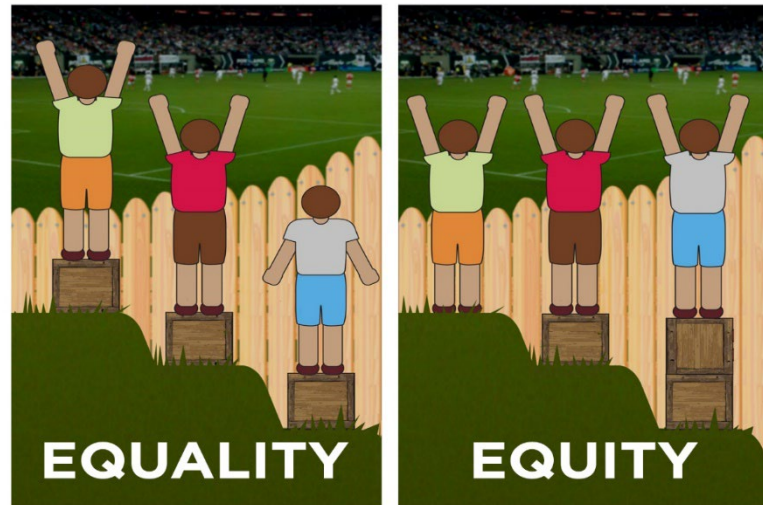# BH Continuum of Care
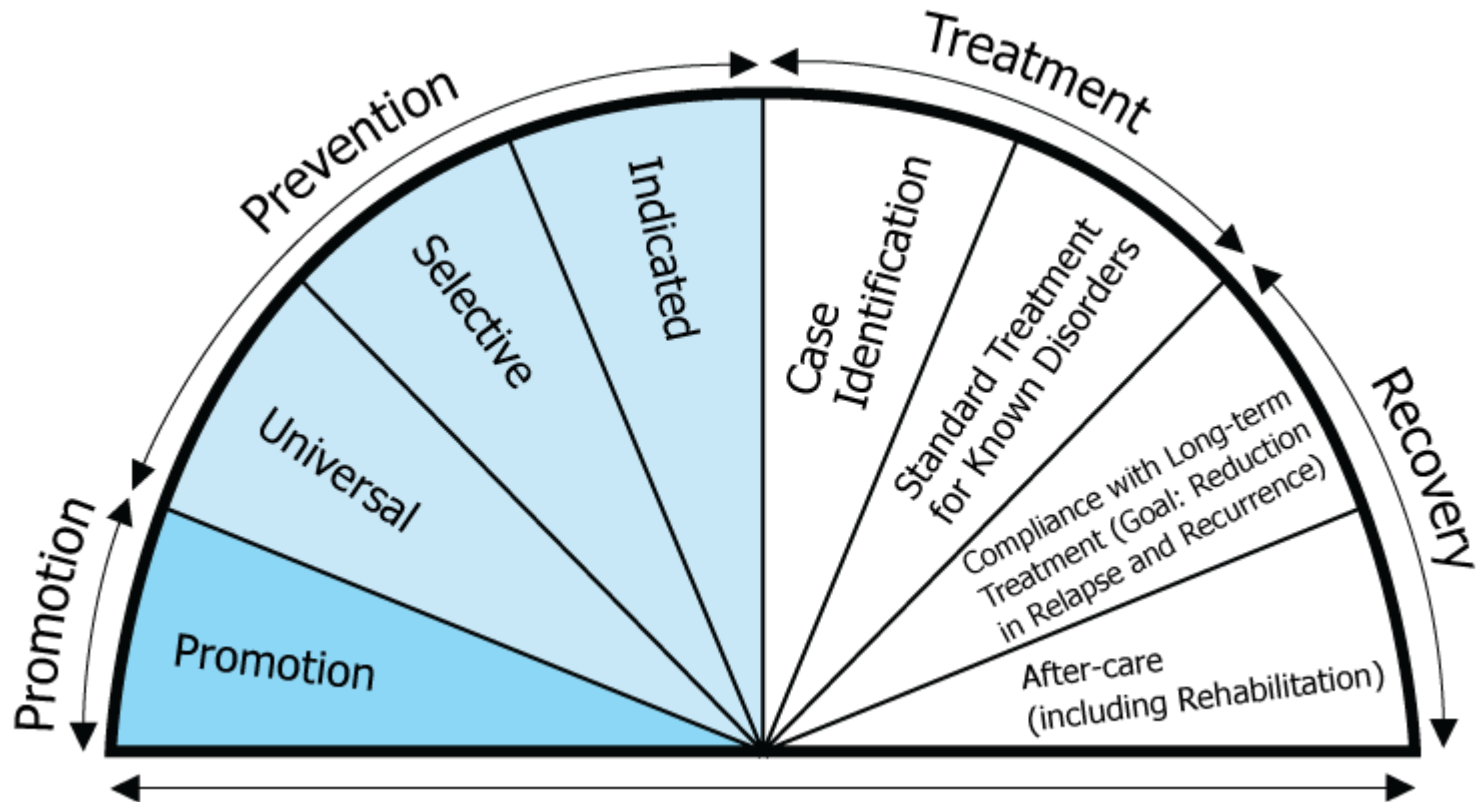
Multiple public and private agencies have roles and responsibilities
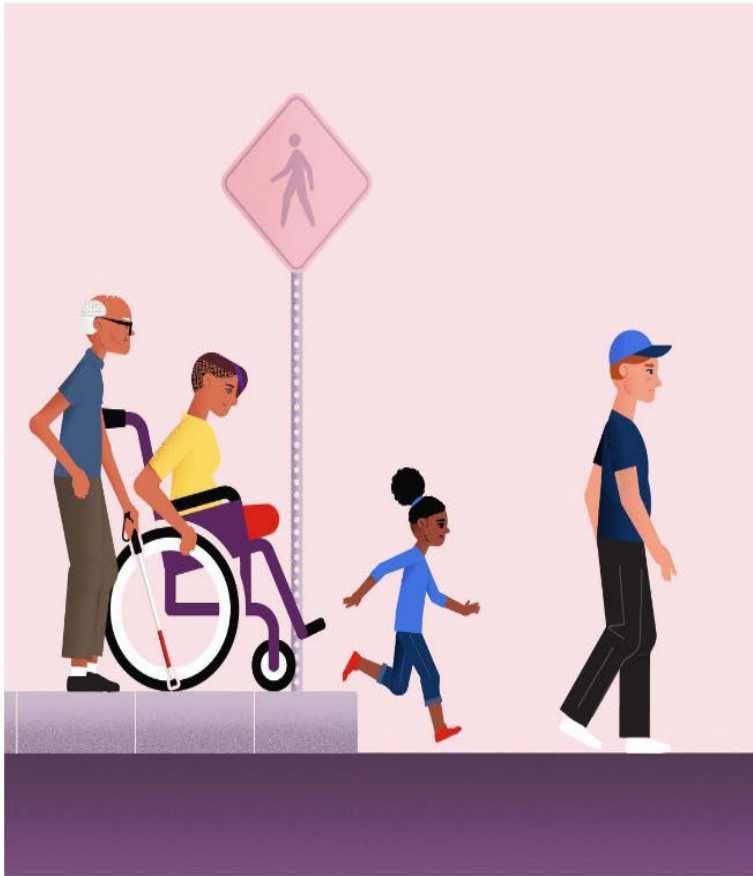
What is Equity?

Equity is achieved when one's identity cannot predict the outcome

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.

EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.
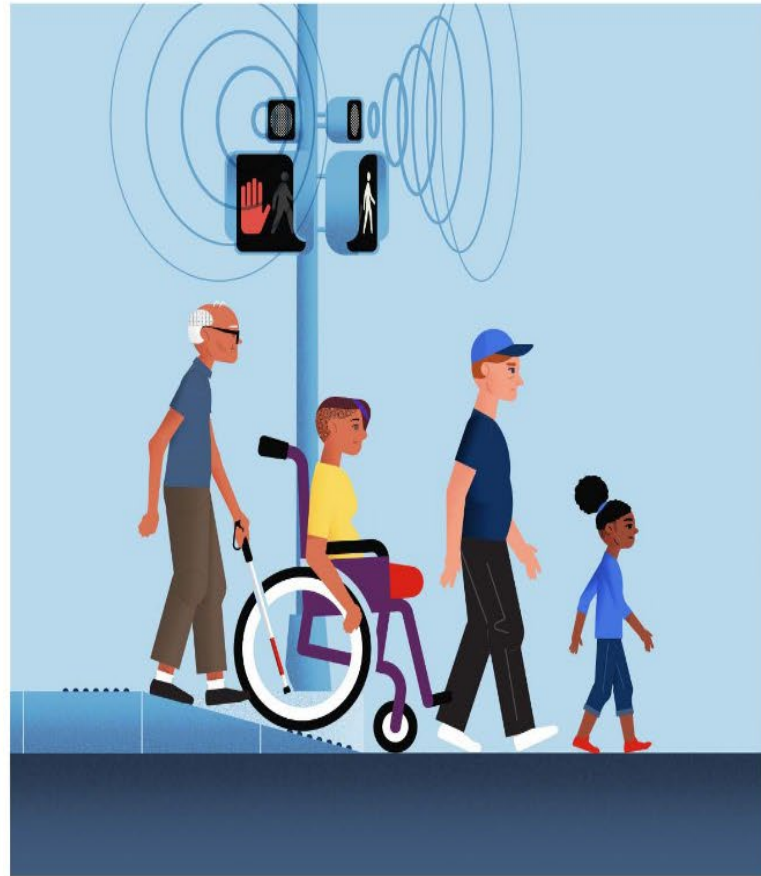
Structural Racism
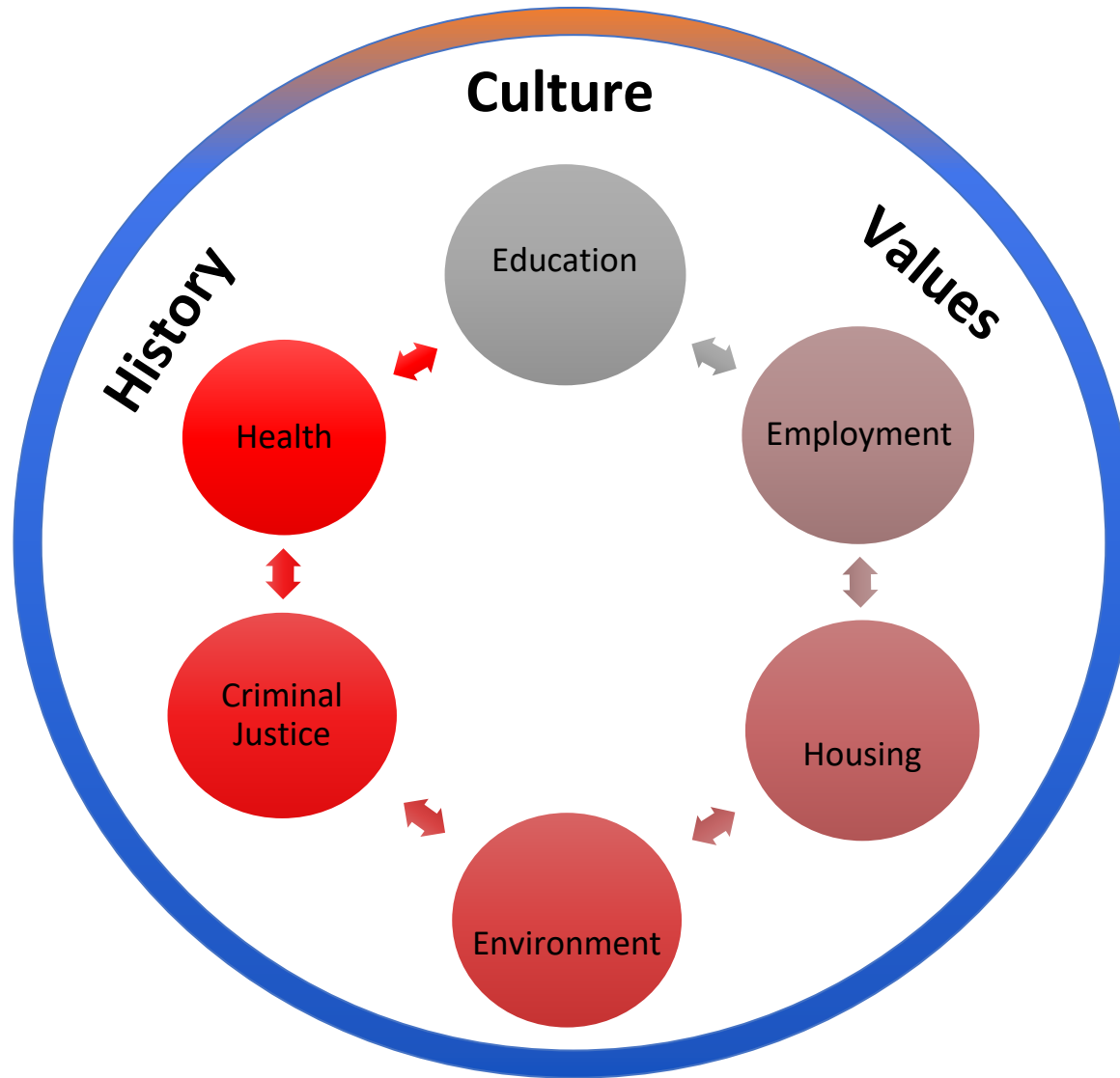
What is Structural Racism?

It describes the complex ways that **history, public policies, institutional practices and cultural representations** (e.g., stereotypes, norms) interact to maintain racial hierarchy and inequitable racial group outcomes; thereby allowing **privileges** associated with **"whiteness"** and **disadvantages** associated with **"color"** to endure and adapt.

The Future-Minded Leader ladder

Result
Readiness with uncertainty

Navigating
Empowered, confidence, enthusiasm

Exploring
Pragmatism, worst-case scenario, gathering diverse inputs

Envisioning
Curiosity, optimism, brainstorming

Pillars Of Access & Availability

Effectiveness

Convenience

Geographic Proximity

Patient - Centeredness

Timely Service
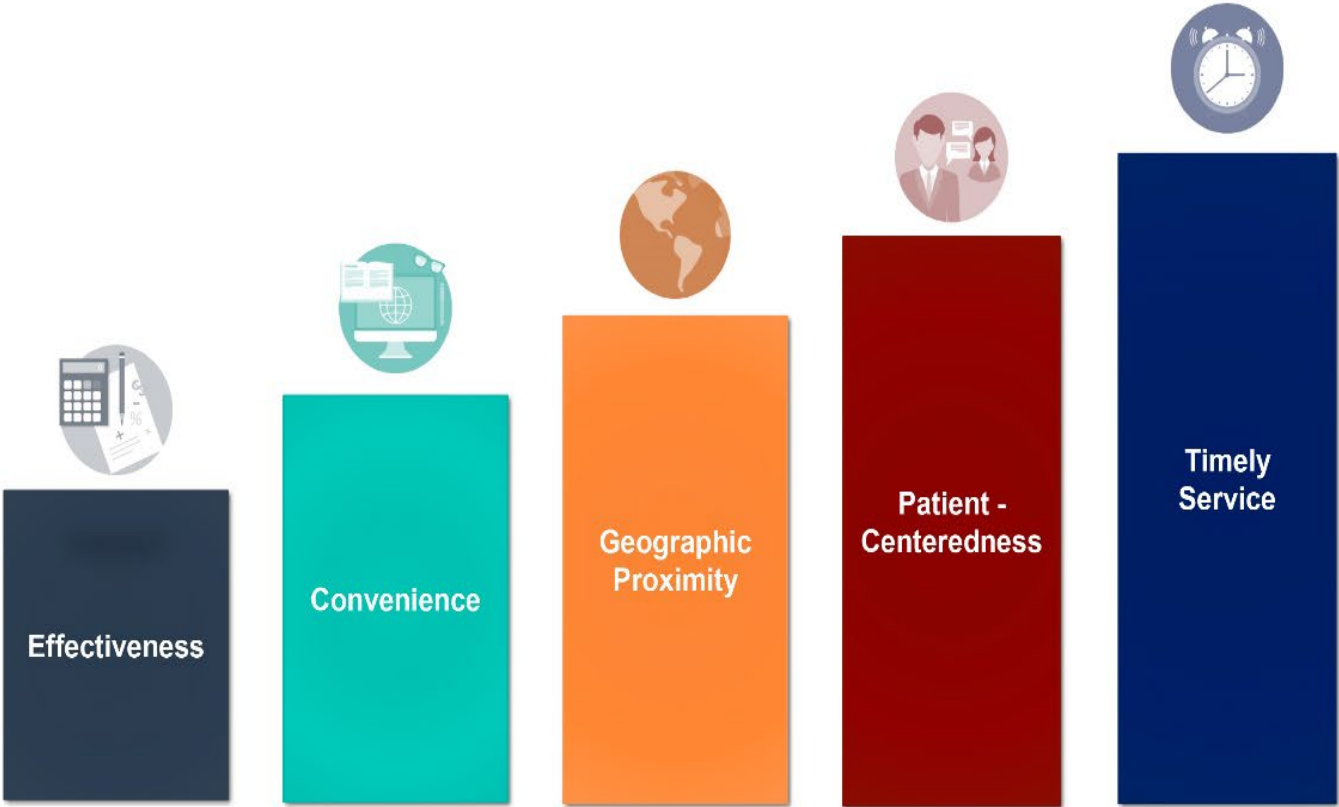
❖ **DHCS launched CalAIM to improve the quality of life and health outcomes for Californians by implementing a broad delivery system in addition to program and payment reforms.**

CalAIM Seeks to:

1. Identify and manage member risks and needs through **Whole Person Care** approaches while addressing **Social Drivers of Health**

2. Move Medi-Cal to a more **consistent and seamless system** by reducing complexity

3. Improve **quality outcomes, reduce health disparities**, and drive delivery system transformation and innovation through **value-based initiatives**, modernization of systems, and **payment reform**

CalAIM Care Management Continuum

Enhanced Care Management (ECM) is for the **highest-need members** and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

Basic Population Health Management (BPHM). BPHM is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

Transitional Care Services are also available for all Medi-Cal Managed Care Plan (MCP) members transferring from one setting or level of care to another.
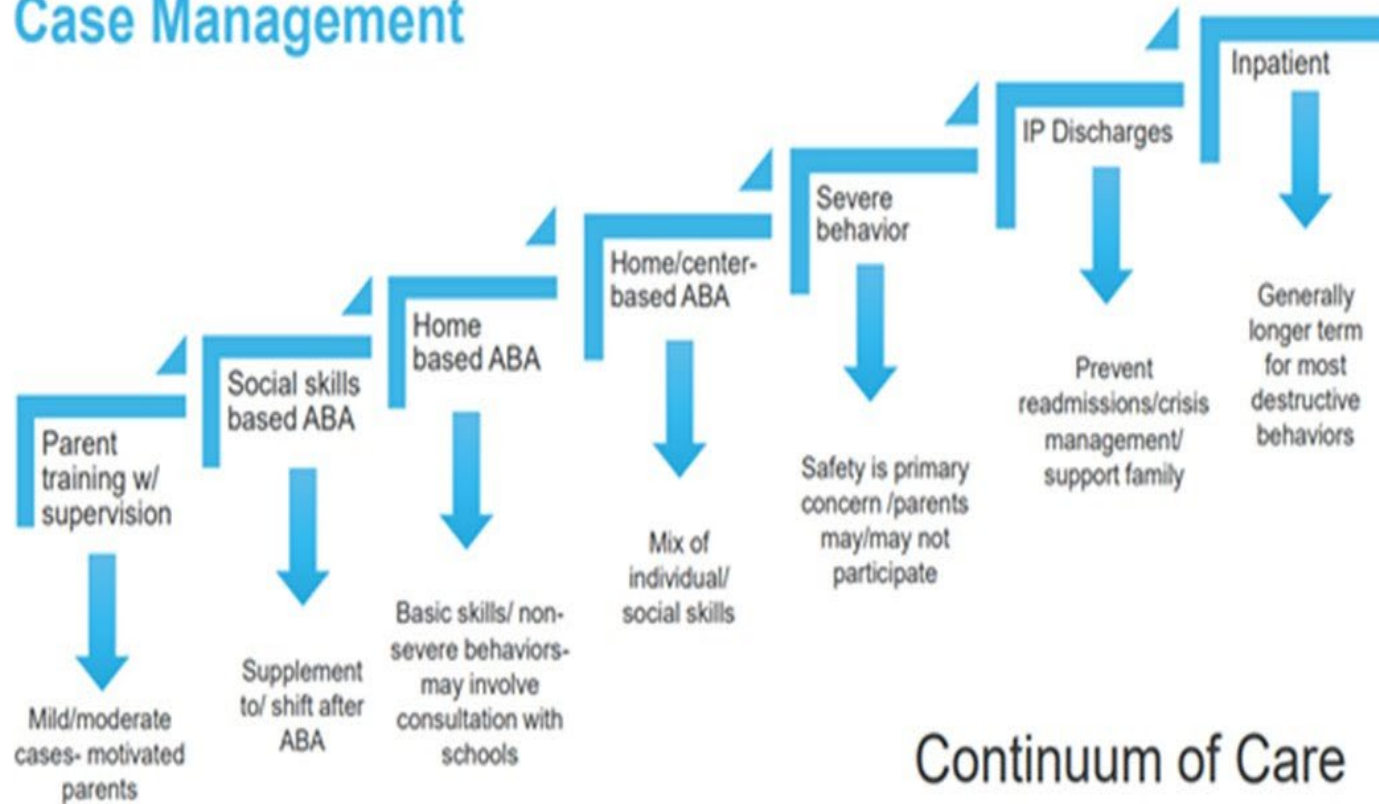
DHCS Menu of Options:

The 14 Community Supports

|			
Housing Transition Navigation Services	Housing Deposits (Move-In Assistance)	Housing Tenancy and Sustaining Services	Short-term Post-Hospitalization Housing
Recuperative Care (Medical Respite)	Respite (for caregivers)	Day Habilitation Programs	Nursing Facility Transition / Diversion to Assisted Living Facilities
Nursing Facility Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptions (Home Modifications)	Meals/Medically Tailored Meals
	Sobering Centers	Asthma Remediation	

Roles of CBOs in CalAIM

Increase Quality and Access to Care for Hard-To-Reach Patients

Effective and Equity-Driven Strategy for a "Whole-Person" Care Approach

Address Social Determinants of Health
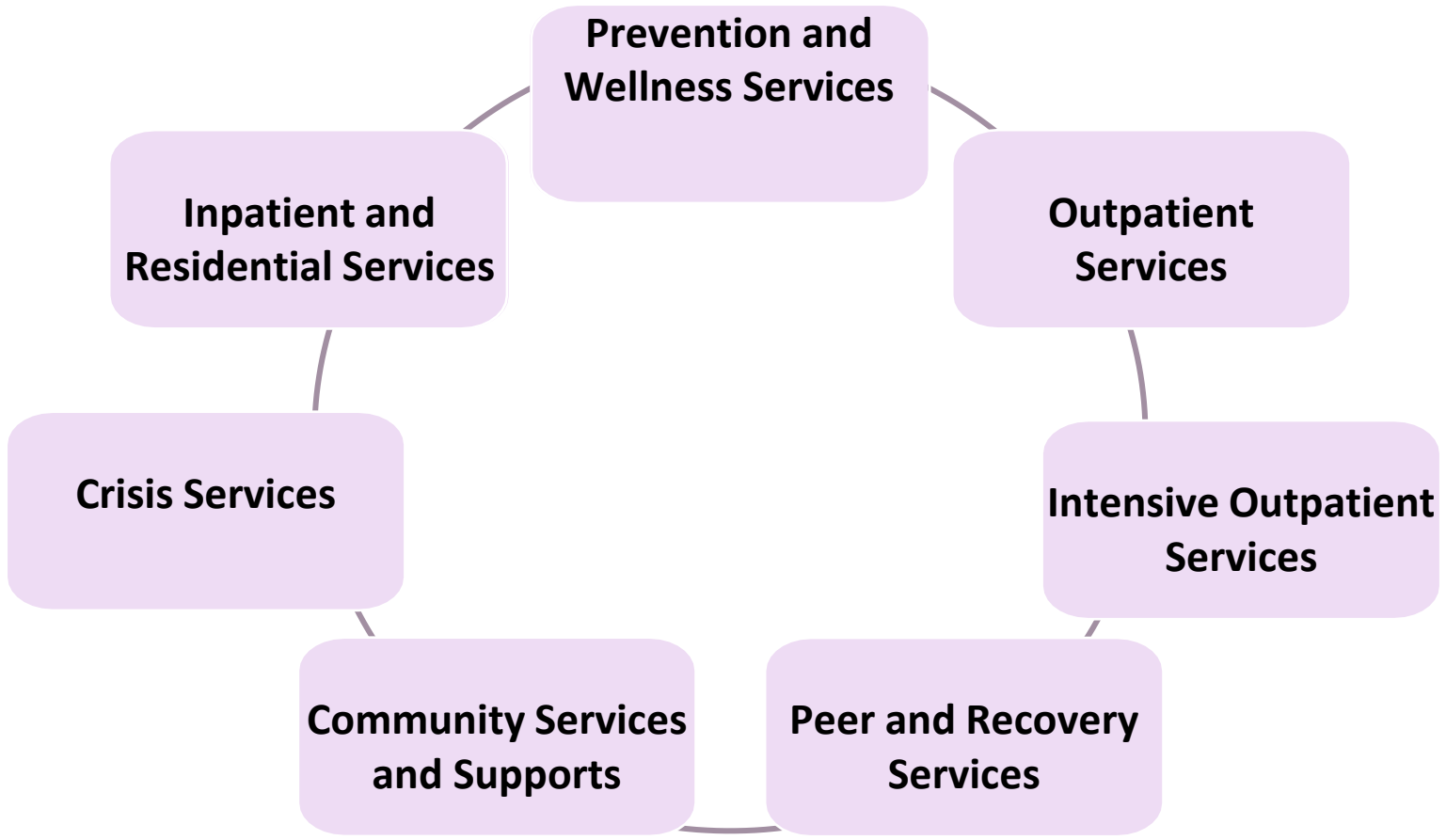
Whole School, Whole Community, Whole Child Model

- The child in the center is at the focal point of the model; the child is encircled by the "whole child" tenets in green: being "healthy, safe, engaged, supported, and challenged."

- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child's learning and health.

- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.

- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in

Social Drivers of Health

❖ The non-medical factors that may influence health outcomes

❖ The conditions in which people are born, raised, work, live, and age

❖ The wider set of forces and systems shaping the conditions of daily life, including: economic policies and systems, development agendas, social norms, social policies, and political systems (American Psychiatric Association, 2022)

Social drivers account for 40% of health outcomes

10% Physical environment

20% Health care

30% Health behaviors

40% Socioeconomic factors

"County Health Rankings Model," University of Wisconsin Population Health Institute, countyhealthrankings.org, accessed August 10, 2021.
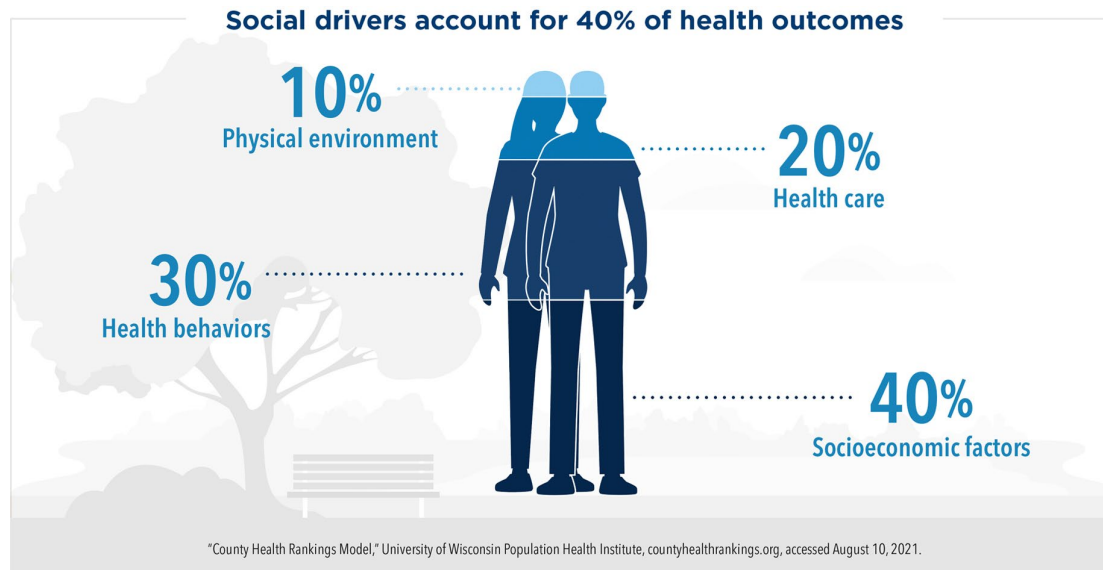
The Social Ecological Model

Societal
(policy, culture, norms)

Community
(relationships among organizations)

Organizational
(organizations, social institutions)

Interpersonal
(family, friends, social networks)

Individual

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

Economic Stability

Healthy People 2030
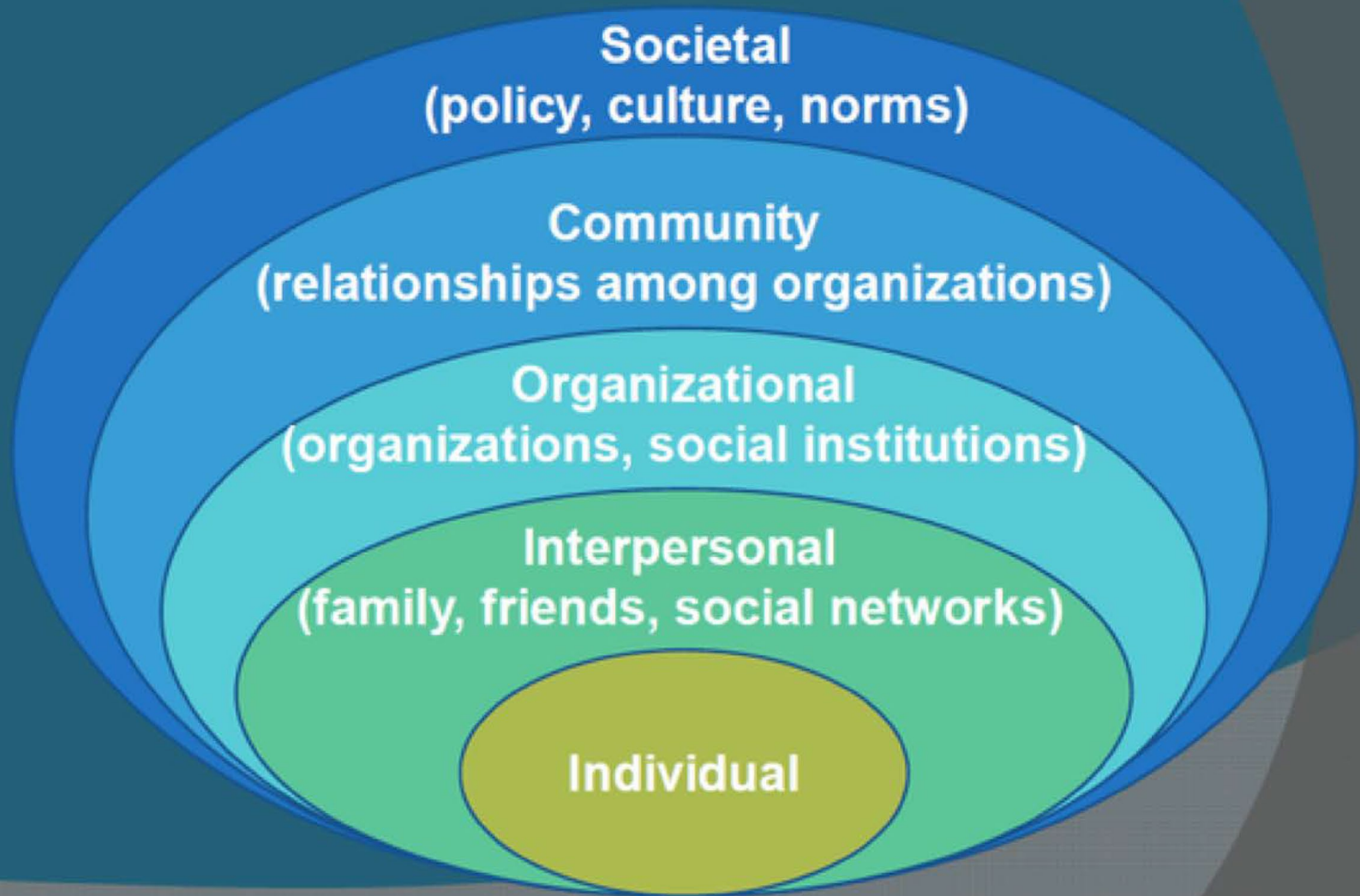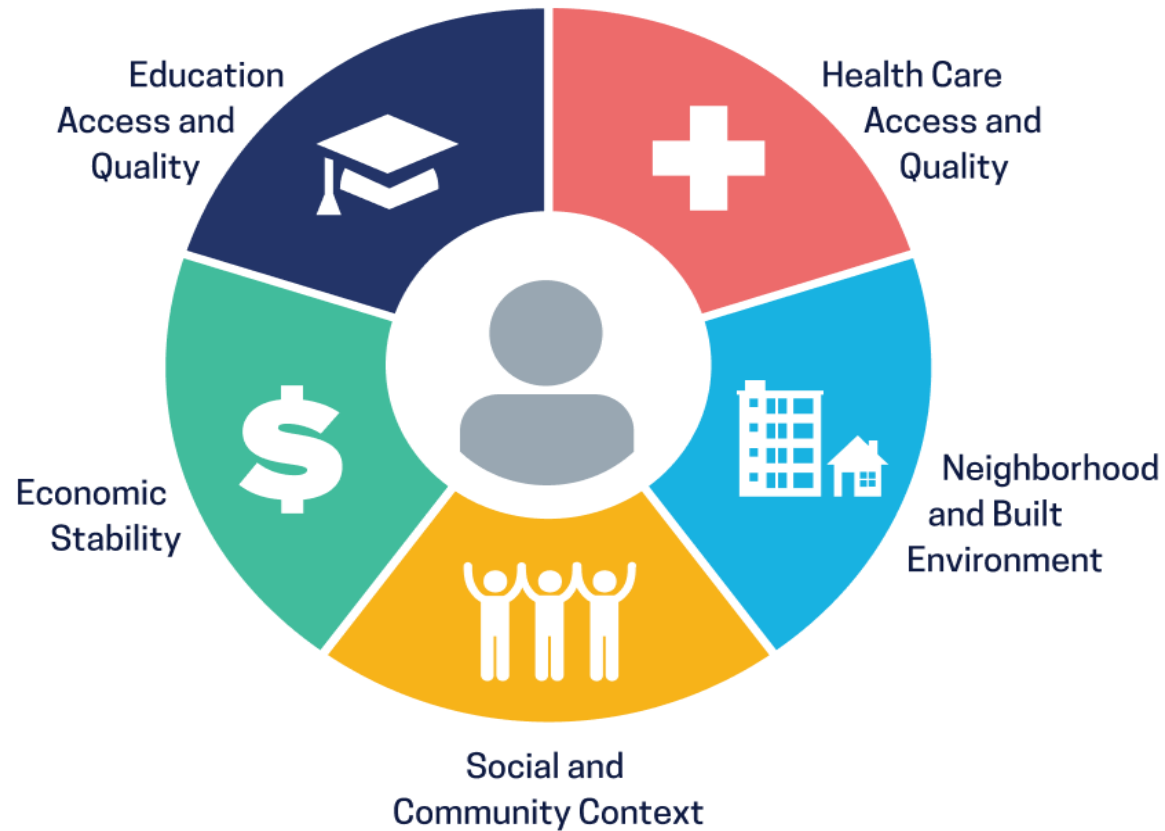
SYSTEM

SYSTEMIC CAUSES
The fundamental causes of the social inequities that lead to poor health.

COMMUNITY

SOCIAL DETERMINANTS OF HEALTH
Underlying social and economic conditions that influence people's ability to be healthy.
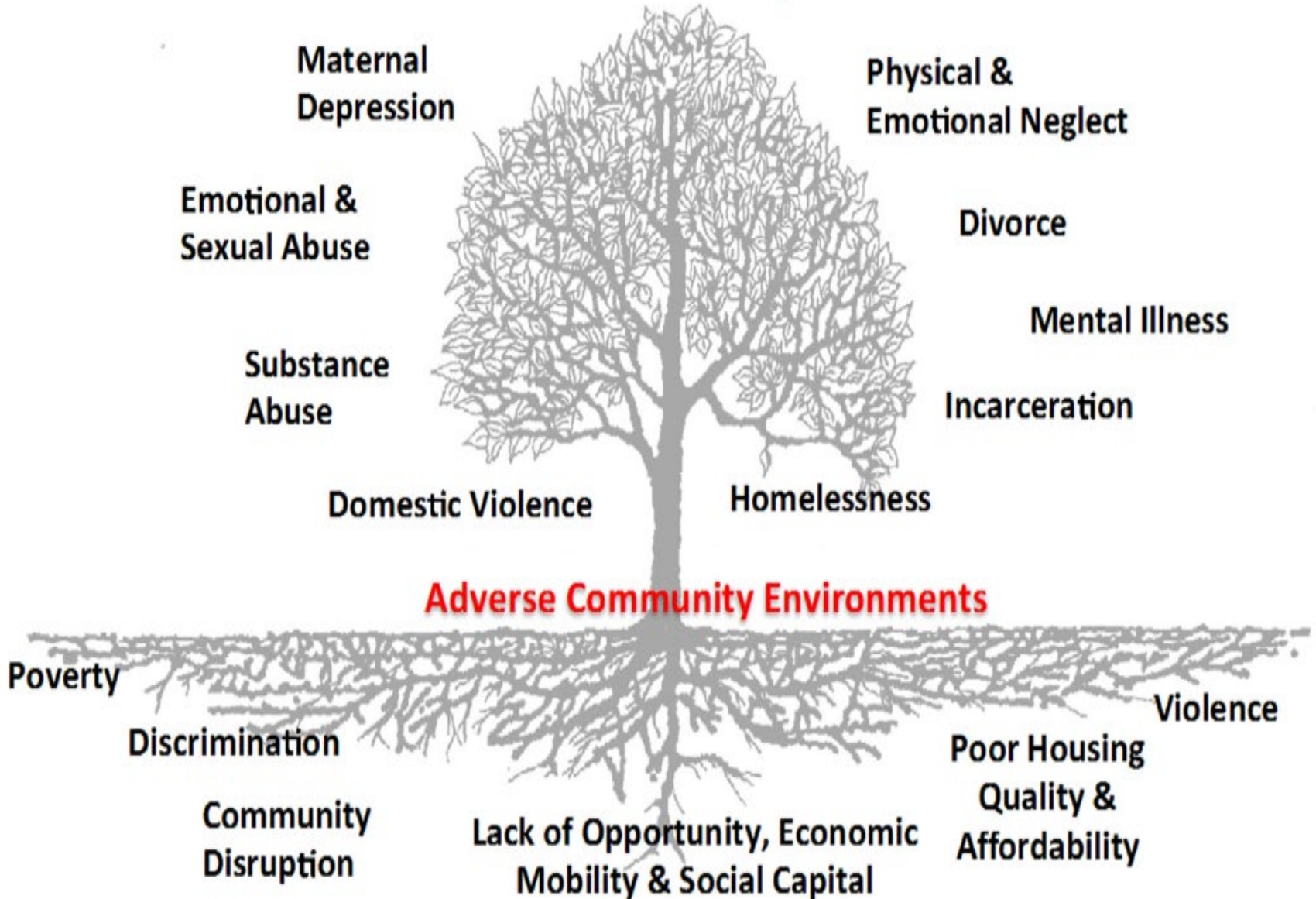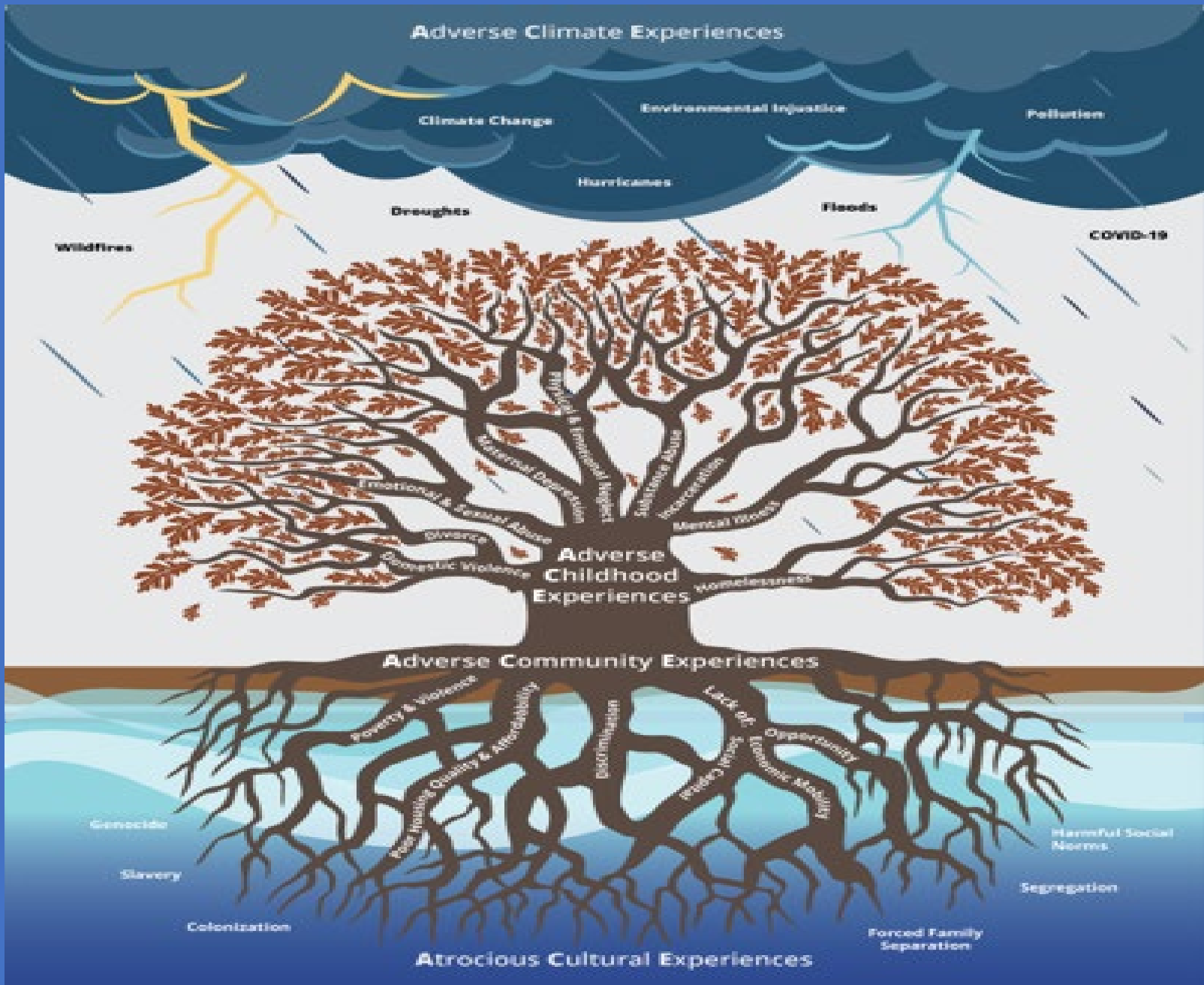
PERSON

SOCIAL NEEDS
Individuals' non medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

Factors that can shape the Mental Health of Children and Youth

- **Societal** - Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

- **Environmental** - Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, and climate change

- **Community** - Relationships with peers, teachers and mentors; faith community; school climate, academic pressure, community support

- **Family** - Relationships with parents, caregivers, and siblings; family mental health; financial stability, domestic violence; trauma

- **Individual** - Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, and coping skills

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

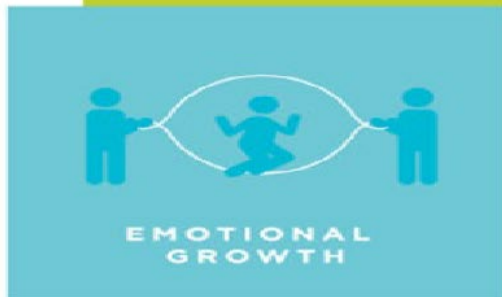# What is the HOPE Framework?
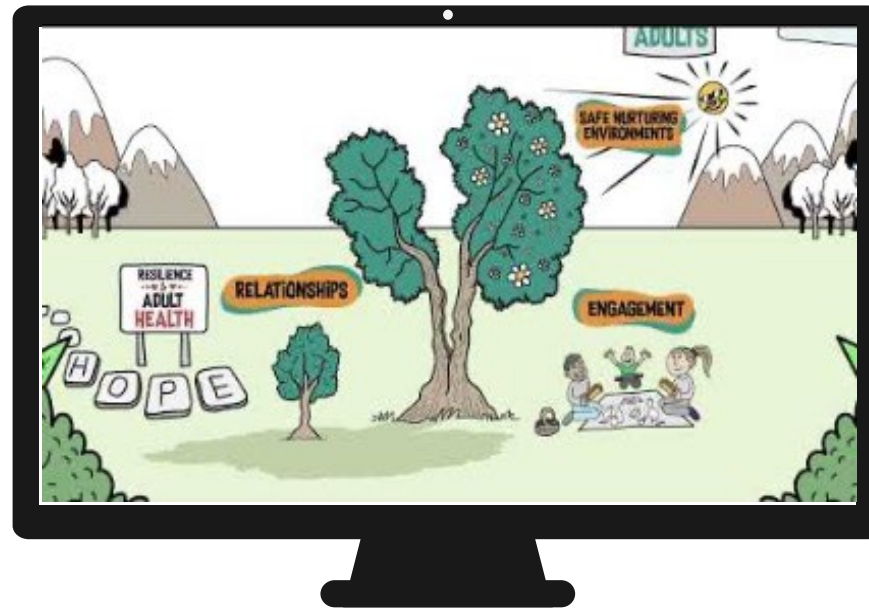
Relationships with other children and with other adults through interpersonal activities.

Safe, equitable, stable environments for living, playing, learning at home and in school.

Social and civic engagement to develop a sense of belonging and connectedness.

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Higher PCEs in Childhood Improve Adolescent Outcomes

National Longitudinal Survey of Australian Children

5000 children followed from birth to early adolescence

HOPE Framework

Validated in Prospective Study
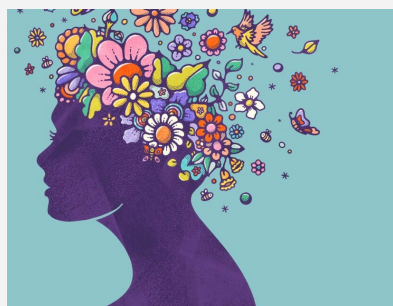
Improved Mental Health

Better Academic Skills

Source: Guo, Shuaijun, et al. "Measuring positive childhood experiences: testing the structural and predictive validity of the health outcomes from positive experiences (HOPE) framework." Academic Pediatrics 22.6 (2022): 942-951.

1. No Wrong Door for Family in Need of Supports and Services

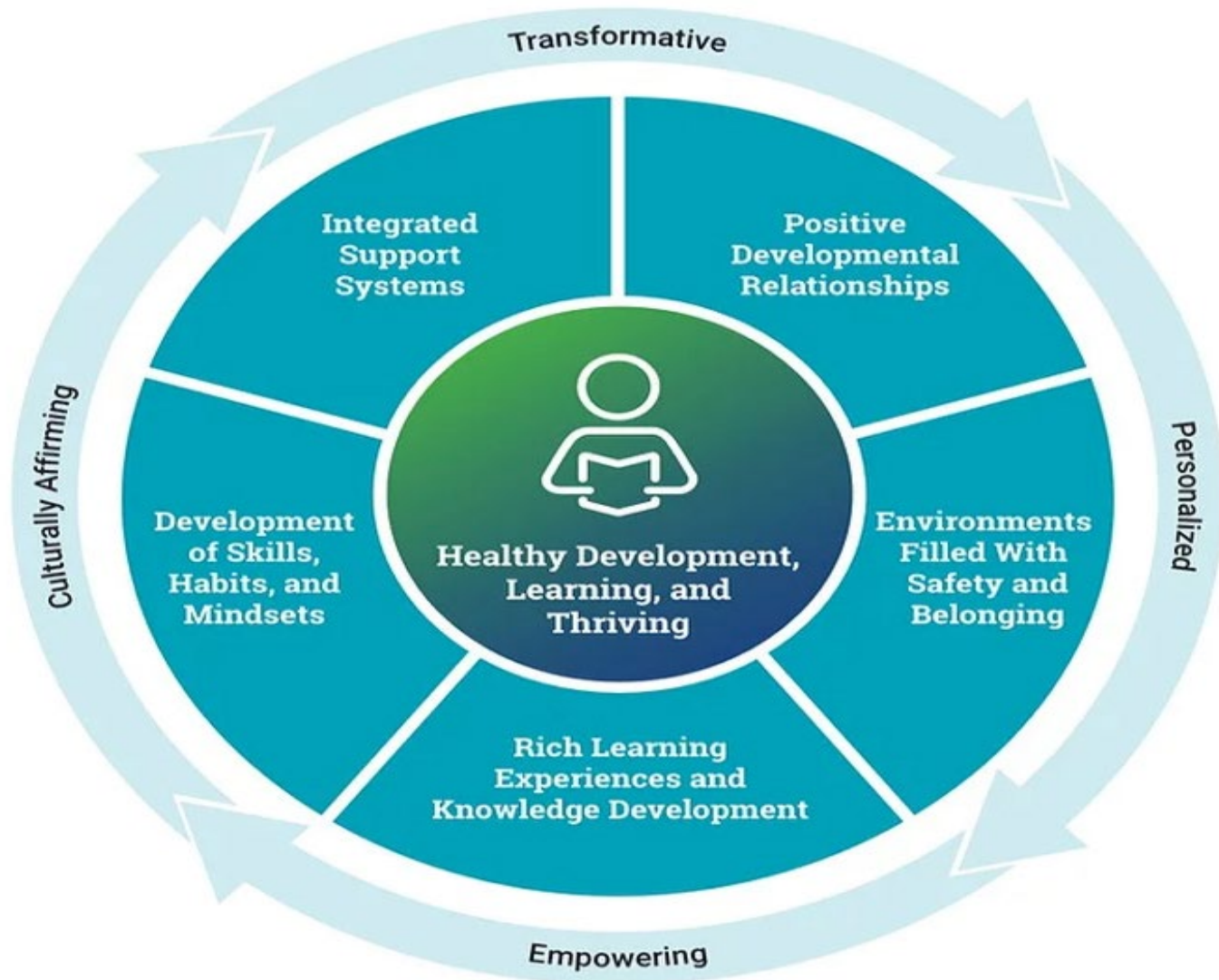A family can access prevention services through any door in the County of San Diego via self referral, community, juvenile probation and/or child welfare services.
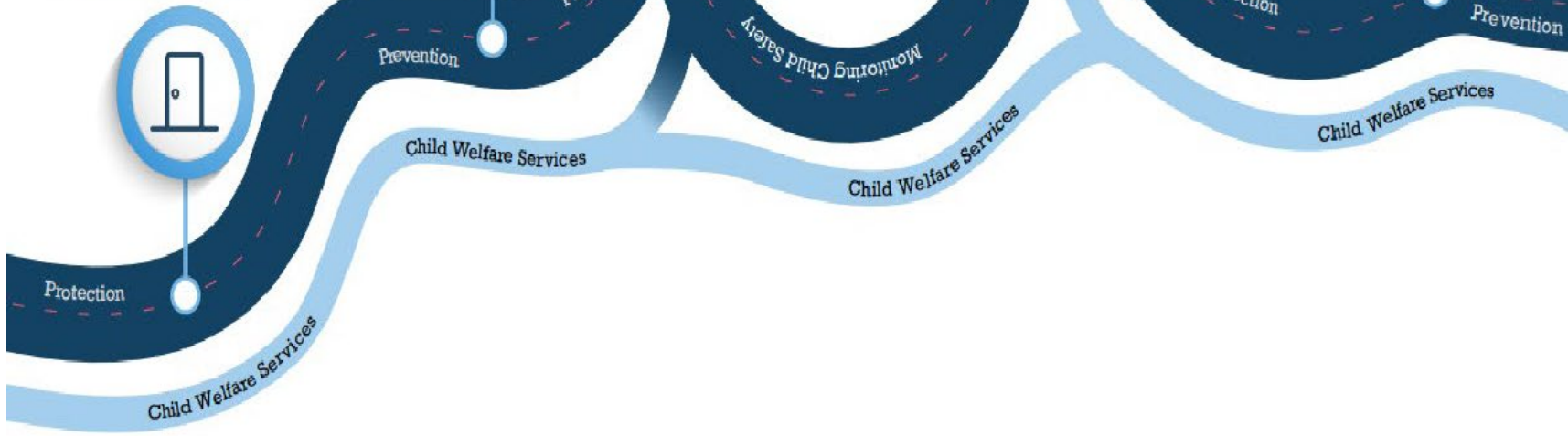
2. Prevention Hub

The role of the Prevention Hub is to provide a community-based access point to guide and support families through the prevention pathway.

3. Community Based Organizations and Tribal Partners

The community providers will engage with the family upon receipt of the referral to provide identified services.

4. Closure of Prevention Plan

Upon successful completion of the Prevention Plan closure will be honored.

Family Strengthening Supports

Monitoring Child Safety

Protection

Prevention

Child Welfare Services

The Goal

To build a community where youth affected by mental and behavioral health issues understand there are caring individuals and professionals who:

❖ Understand what they are experiencing
❖ Care about them and are available
❖ Can help them find emotional and physical safety
❖ Can support their healing, health, and wellness

How can you be involved?

- Take good care of yourself, family, friends and colleagues

- Learn more about behavioral health related issues, advocate for system collaboration, and become a change agent

- Define and monitor outcomes at four levels. The status quo is not good enough

- Be bold. Imagine a community where people live better lives, where children are safe, healthy, happy and educated, and where people can achieve their aspirations.

- Provide hope

What we can do together

❖Raise awareness

❖Find allies

❖Take action to end:
- ➢Silence
- ➢Stigma
- ➢Disparities

❖Promote upstream interventions and the many roads to recovery

Proposed Shared Vision

To create a community where all children and families are safe, well and healthy with a sense of purpose, belonging and opportunities to achieve their aspirations.

Resources

US

- https://www.samhsa.gov/find-help/988
- https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
- https://www.samhsa.gov/school-campus-health/behavioral-health-resources-youth
- https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
- https://www.psychiatry.org/getattachment/a03e07c5-bba9-4ac7-b434-9183b1e0b730/Resource-Document-Social-Determinants-of-Mental-Health-Youth.pdf

Resources Cont.

CA

- https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

- https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023.pdf

- https://cybhi.chhs.ca.gov/

- https://cybhi.chhs.ca.gov/resource/cybhi-equity-framework-and-toolkit/

- https://cachildrenstrust.org/

- https://cachildrenstrust.org/wp-content/uploads/2023/07/California-SMHS-Dashboard-by-County-2023.pdf

- https://sdsusocialpolicyinstitute.org/bb-toolkit

Resources Cont.

San Diego

- https://www.sandiegocounty.gov/hhsa/programs/bhs/
- https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/July%2010%202023%20CYF%20Council%20meeting%20packet-web.pdf
- https://www.togetherca.org/m/tfw-2/67

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The Center for Excellence in Aging & Longevity (CEAL)
https://ceal.sdsu.edu