



Funder Network on Trauma and Resilience

March 27th, 2020

Supporting the Social and
Emotional Health of Children During
COVID-19

About the Funder Network

Vision: Foster a vibrant, engaging funder learning community that meaningfully increases the impact of individual and collective efforts to address adversity and build resilience in the Bay Area.

For additional information or to join weekly calls on Wednesdays at 10:00am PT, please email Krystle Chipman at kchipman@ncg.org

Thank you to our funders:

Blue Shield of California Foundation | Genentech | Lisa Stone Pritzker Family Foundation | The Susie Sarlo Family Fund | Zellerbach Family Foundation

Funder Network Page on NCG Website

- Upcoming Meetings & Events
- News & Resources: charter, notes from past meetings, relevant articles and reports
- <https://ncg.org/bay-area-funder-network-trauma-resilience>

RESOURCES

Charter: Funder Network on Childhood Adversity

Growing momentum around this topic - whether framed around adverse childhood experiences (ACEs), toxic stress, trauma (or otherwise) is apparent across our community. In many ways, Bay Area organizations are leading the way.

Bay Area Funders Network: Summary of Survey Findings on Child Adversity

The Bay Area Funder Network on Trauma & Resilience supported this survey in order to create priorities and scope for this network.

September Meeting Recap: Envisioning a Funder Network on Childhood Adversity

Background

[ALL TRAUMA & RESILIENCE RESOURCES](#)



About our speakers



Alex Briscoe
Principal, The California
Children's Trust



Harold S. Koplewicz, MD
President, The Child Mind Institute



Christine Stoner-Mertz, LCSW
CEO, California Alliance of Child and
Family Services





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THE SOCIAL AND EMOTIONAL HEALTH OF CHILDREN DURING COVID-19

March 2020



BEFORE COVID-19 THERE WAS A CHILDREN'S MENTAL HEALTH CRISIS



Increase in inpatient visits for suicide, suicidal ideation and self injury
for children ages 1-17 years old, and 151% increase for children ages 10-14



Increase in mental health hospital days
for children between 2006 and 2014



Increase in the rate of self-reported mental health needs
since 2005



California ranks low in the country for providing behavioral, social and development screenings that are key to identifying early signs of challenges



GASOLINE ON THE FIRE

Collateral damage of COVID-19 includes:

- **Exacerbates equity gap:** Operating outside of school structures decreases access to resources—tech, food, MH supports, child abuse screening, etc.
- **Massive disruption to children’s routines:** Increases anxiety, social isolation and erosion of social capital
- **Economic insecurity and isolation:** Increased risk of intimate partner violence.
- **Destabilization of the provider network:** Dramatic disruption in access to care—behavioral and mental health, reproductive services, etc.

The fragile children’s mental health system is at risk in the face of school closures and social distancing.



COVID-19 IS DISRUPTING ACCESS TO CARE FOR CHILDREN AND FAMILIES...



School closures disrupt access to care

95% of the state's 6 million children in public schools

40%-50% of CA youth receiving mental health access at or through their school



Social distancing impacts clinical settings

State and local social distancing requirements are limiting access to traditional outpatient settings



Lack of coordination between levels of government has been a historical challenge in CA - exacerbated by recent policy actions including 2011 realignment

It is **further strained by the rapidly changing landscape created by covid-19**



EVIDENCE OF THE DISRUPTION AND DESTABILIZATION

Mental Health America is reporting a 20% increase in mental health utilization.

“According to our screening data, we experienced a 19% increase in screening for clinical anxiety in the first weeks of February, and a 12% percent increase in the first two weeks of March.”

CBHA Provider survey found precipitous decreases in access and utilization.

“Contract behavioral health providers report a 58% decrease in provision of services, and a 42% reduction in provider staff productivity”

Sharp increases in teletherapy nationwide:

- AbleTo, a teletherapy platform that counts over 700 clinicians across the US reports utilization increased by 25%
- Talkspace, reports volume is up 25% since last month, which they attribute to coronavirus fears
- Child Mind Institute’s Covid-19 Response Webinar registered 11,000 participants in week 1



COMMUNITY-BASED PROVIDERS ARE ESSENTIAL TO THE CHILD-SERVING SAFETY NET

California's Health and Human Services safety net is in the midst of a **fundamental transformation from a publicly provided delivery system to a privately purchased delivery systems.**

Like other public utilities – power and waste management – **an increasing number of services are being provided by community-based organizations.**

Nowhere is this truer than in children's mental health. **90% of Alameda's children health system is contracted out to non-public community-based organizations.**



...AND THE IMPACT OF COVID-19 IS DESTABILIZING THE FRAGILE NETWORK OF PROVIDERS THAT SERVE CHILDREN

Revenue loss:

- Reimbursement is tied to units of service in traditional face-to-face modalities
- Contracts are designed and administered at the county level – counties vary dramatically in their capacity to respond to the crisis quickly

Workforce challenges:

- Providers face challenges accessing their own workforce and transforming practice to technology enabled modalities

Governor Newsom's clarification of essential workforce:

“Behavioral health workers (including mental and substance use disorder) responsible for coordination, outreach, engagement, and treatment to individuals in need of mental health and/or substance use disorder services.”



CALIFORNIA'S MENTAL HEALTH SYSTEM IS TRANSFORMING AT LIGHT SPEED...

Tech-enabled services are approved modalities for behavioral health. State and Federal guidance has increased access to services and supports delivered remotely.

But local jurisdictions are struggling to adopt and implement this guidance and change their contracts to ensure reimbursement.

The children's mental health system will see a **dramatic decrease in outpatient capacity and it must quickly adapt to tech-enabled modalities.**



...WITH REVISED POLICY AND NEW RESOURCES FROM BOTH THE FEDS AND STATE



Federal suspension of HIPAA compliance. Guidance provides examples of services that are acceptable (Google Meet, Zoom for health care, etc.) and those that are not (Facebook).



DHCS encourages counties and providers to take all appropriate and necessary measures to ensure beneficiaries can access all medically necessary services while minimizing community spread. This includes:

- Behavioral health services via telephone and telehealth
- Minimize administrative burden and waive any additional county oversight and administrative requirements that are above and beyond DHCS and/or federal requirements.



THE TRUST HAS WORKED WITH PARTNERS ON FOUR KEY POINTS TO RESPOND TO THE CRISIS.

1. **Equivalency.** Speed the adoption of technology modalities by reimbursing them at the same rate as face-to-face. Expand the definition of therapeutic practice to place a higher value on client contact and engagement.
2. **1/12th contracting.** Follow the lead of San Francisco County to stabilize provider cash flow at 1/12 payments at actual costs.
3. **Rate adjustments with caps.** Adjust Medi-Cal rates to account for short-term loss of productivity within existing contract allocations.
4. **Prepare for increased demand.**



CAN THE FEDERAL RELIEF PACKAGE HELP?

There's money, but it's not enough and it's unclear how much will go to child-serving systems. Children have historically been last in line to receive funds.

- **SAMHSA: \$425 Million Emergency Allocation – Approximately \$40 Million to CA.** But how much for children's mental health?
- **Coronavirus Relief Fund: \$150 billion – Approximately \$15 billion to CA.** But how much for children's mental health?
- **Public Health and Social Services Emergency Fund: \$100 billion – Approximately \$10 billion to CA.** But how much for children's mental health?



WHERE CAN PHILANTHROPY HAVE THE BIGGEST IMPACT?

1. **Support existing grantees** - relax reporting requirements so providers can do what they need to do at this time.
2. **Provide stabilization funding for NPOs with thin margins that are facing financial crisis.**
3. **Fund the recording of best practices and long-term benefits of short-term crisis activity** to help ensure the system doesn't return to "business as usual" after the crisis.
4. **Fund just-in-time advocacy and technical assistance** to ensure safety net providers and systems can act quickly and effectively to take advantage of opportunities as they appear.
5. **Organize a response at scale and develop new collaborative response models.**

THE
CATALYST
CENTER



THE CATALYST CENTER: ENSURING THE SOCIAL AND EMOTIONAL HEALTH OF CHILDREN DURING COVID-19

1 Sustain and expand the behavioral health infrastructure:

Target technical assistance to the **15** counties that account for **95%** of all children's mental health utilization.

- **Innovation and Practice Transformation:** Speed the adoption of technology modalities and expand the definition of therapeutic practice to place a higher value on client contact and engagement.
- **Revenue Maximization and Reimbursement Models:** Stabilize provider networks and maximize federal revenue.
- **Technical Assistance to Child-Serving Systems and Health Plans:** Access new and emerging opportunities



THE CATALYST CENTER: ENSURING THE SOCIAL AND EMOTIONAL HEALTH OF CHILDREN DURING COVID-19

2

Expand access by establishing the Catalyst Center as a central resource for connecting families to services in their community:

- **Identify and consolidate available capacity** within the behavioral health workforce of California community-based organizations and disseminate to the public information about available services and supports.
- **Provide online live consultation**, information and referral, brief case management, and linkage services to connect children, youth, and parents to immediately available sources of mental health support.
- **Share best practices among and between systems and providers.**





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**CHILD MIND[®]
INSTITUTE**

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Sign up for future updates from the California Children's Trust:
<https://bit.ly/2WNCVpk>

