



Mental Health Resources for Youth

Joint City, School District, and City College Select Committee (9/25/2020)

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

104%

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

50%

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

61%

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

43rd

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



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



Difficulties in coordination has been a historical challenge in SF—between Health Plans, SFUSD, SFDPH, and Contract Providers.

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/crisis line utilization:

- 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
- Wellspace Health’s Suicide Prevention and Crisis line from across California increased by 40 percent between February and March amid the coronavirus crisis,

COMMUNITY-BASED PROVIDERS ARE ESSENTIAL TO SAN FRANCISCO'S CHILD-SERVING SAFETY NET

...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

Workforce challenges:

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

Like other public programs – **an increasing number of services are being provided by community-based organizations.**

70% of San Francisco's Children's System of Care is granted out to contracted providers.



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.



SAN FRANCISCO IS WORKING HARD WITH OUR NETWORK TO RESPOND TO THE CRISIS.

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.

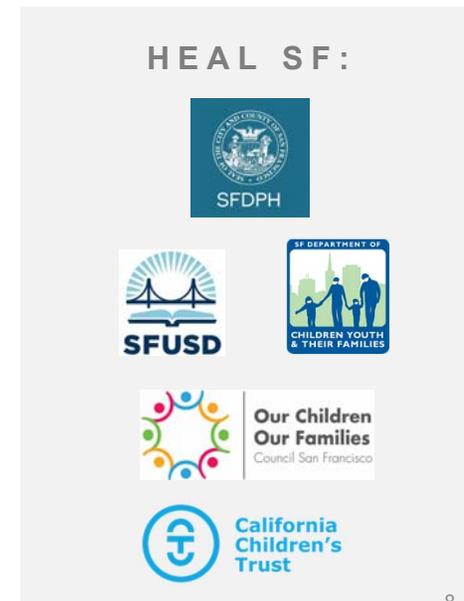
Rate adjustments with caps. Adjust Medi-Cal rates to account for short-term loss of productivity within existing contract allocations.

Prepare for increased demand.



WHAT ARE WE DOING TO SUPPORT CHILDREN AND FAMILIES?

1. **Support existing providers to shift to remote modalities** - relax reporting requirements so providers can do what they need to do at this time.
2. **Provide stabilization funding for CBOs with thin margins that are facing financial crisis.**
3. **Recording and Highlighting 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 Heal SF School Health Initiative](#)**



WHAT'S NEXT?

1. **Prioritize Revenue Maximization Strategy for DPH, SFUSD and CBOs targeting State Medi-Cal funds.**
2. **Partner all SF Elementary Schools with geographically aligned CBO services.**
3. **Prepare for Increased Demand as Economic Downturn Impacts Acuity and Safety Net Revenues.** Just when you need it most, the economic viability of safety net program is most challenged.
4. **Dedicated financing for adoption of Peer to Peer and Social Model Programs**
5. **Pull together a policy body across the City to discuss ways to better align and coordinate to the System of Care**

