

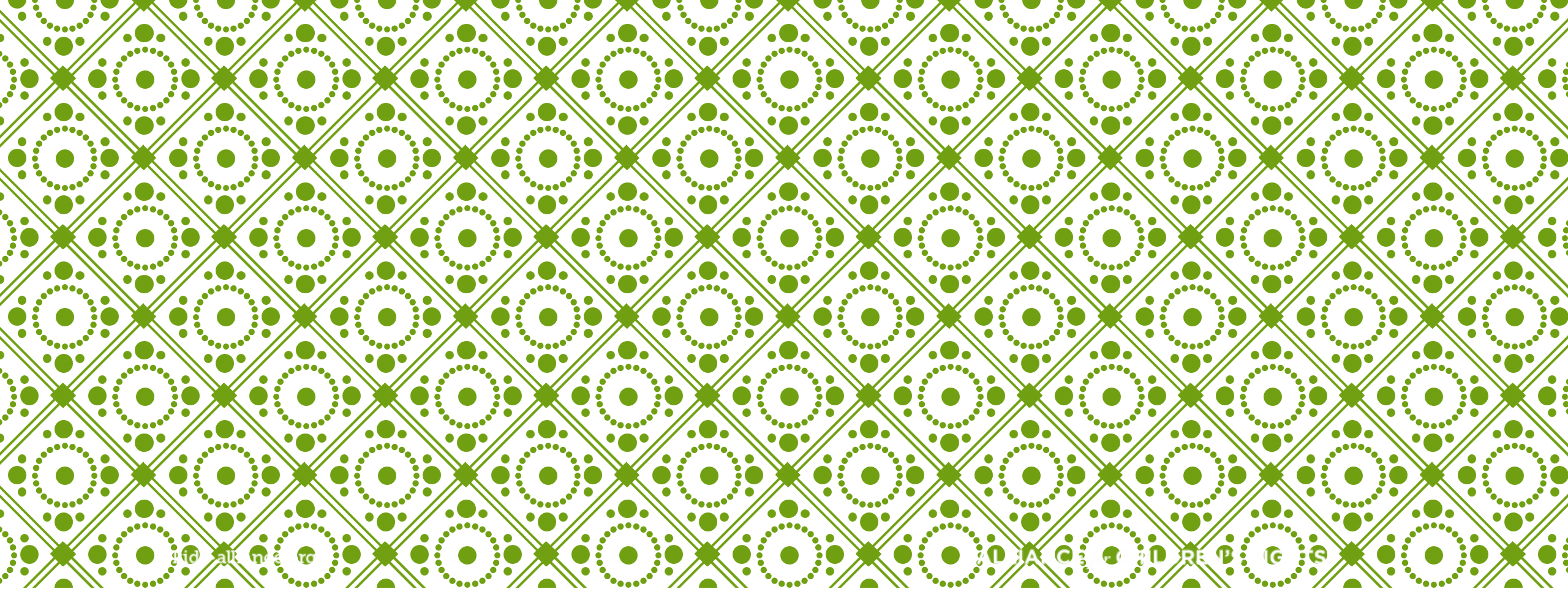
ALLIANCE
for CHILDREN'S
RIGHTS

JULY 2020 POLICY WEBINAR

Accessing Mental Health Resources in a Time of Crisis



Supporting Children, Youth, and Families in Foster Care



ACCESSING MENTAL HEALTH RESOURCES IN TIME OF CRISIS

Supporting Children, Youth and Families in Foster Care

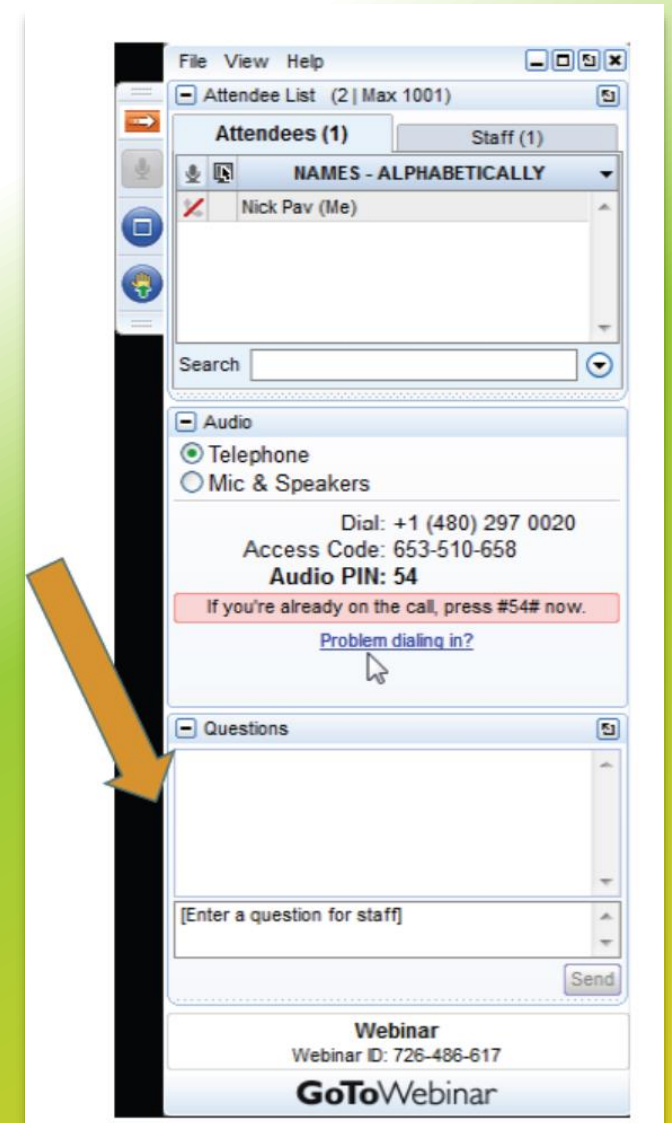
July 2020



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

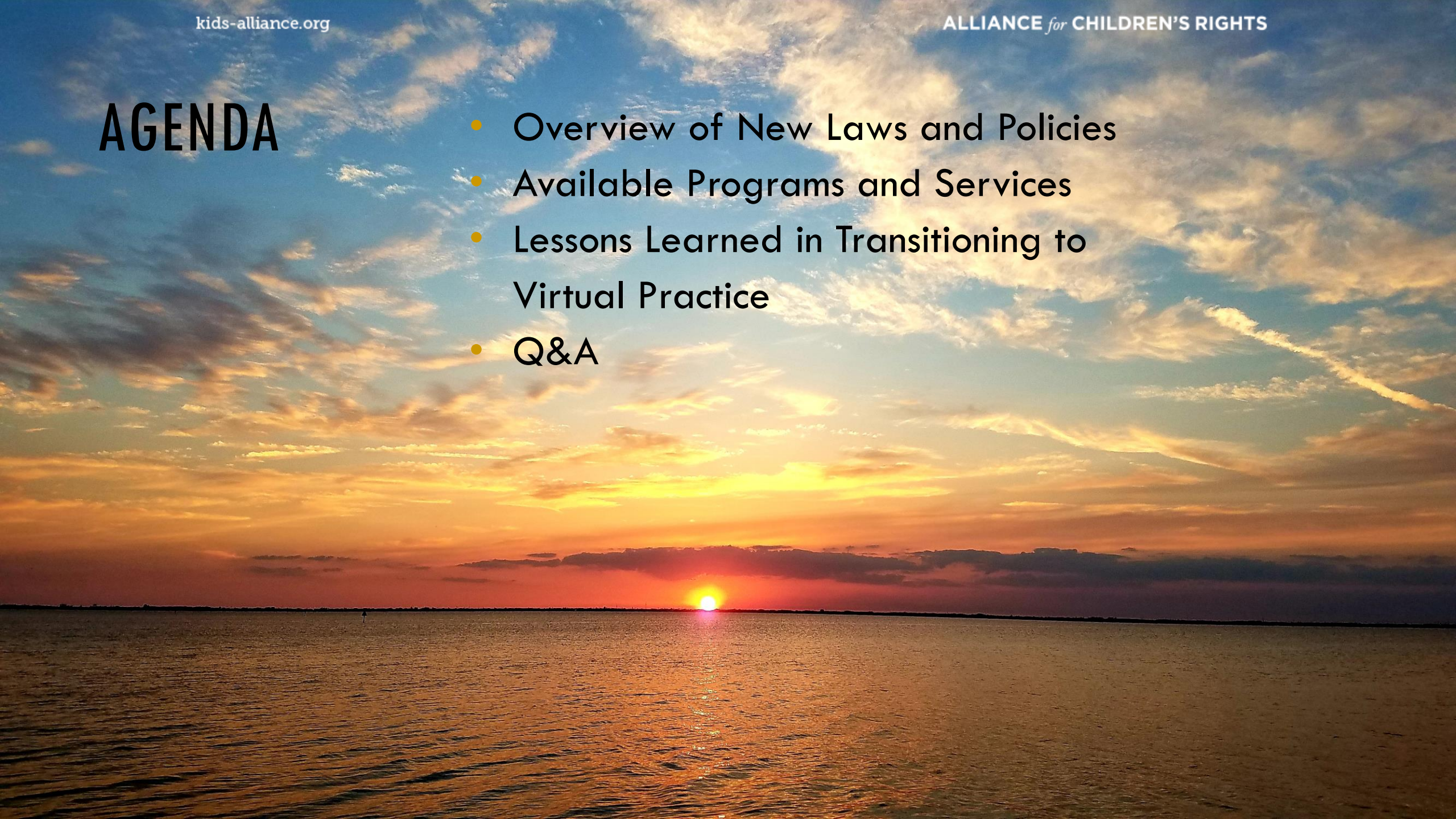
LOGISTICS

- All attendees are muted during webinar.
- Please submit questions using the “Questions” function on your GoToWebinar dashboard.
- Email Ines Rosales at i.rosales@kids-alliance.org if you experience technical difficulties.
- Webinars are recorded and archived at <http://kids-alliance.org/webinars/>
- Slides and certificate of participation will be posted at <http://kids-alliance.org/webinars/>
- Send MCLE certificate to Ines Rosales at i.rosales@kids-alliance.org if requesting MCLE credit.



AGENDA

- Overview of New Laws and Policies
- Available Programs and Services
- Lessons Learned in Transitioning to Virtual Practice
- Q&A



PRESENTERS

Alliance for Children's Rights

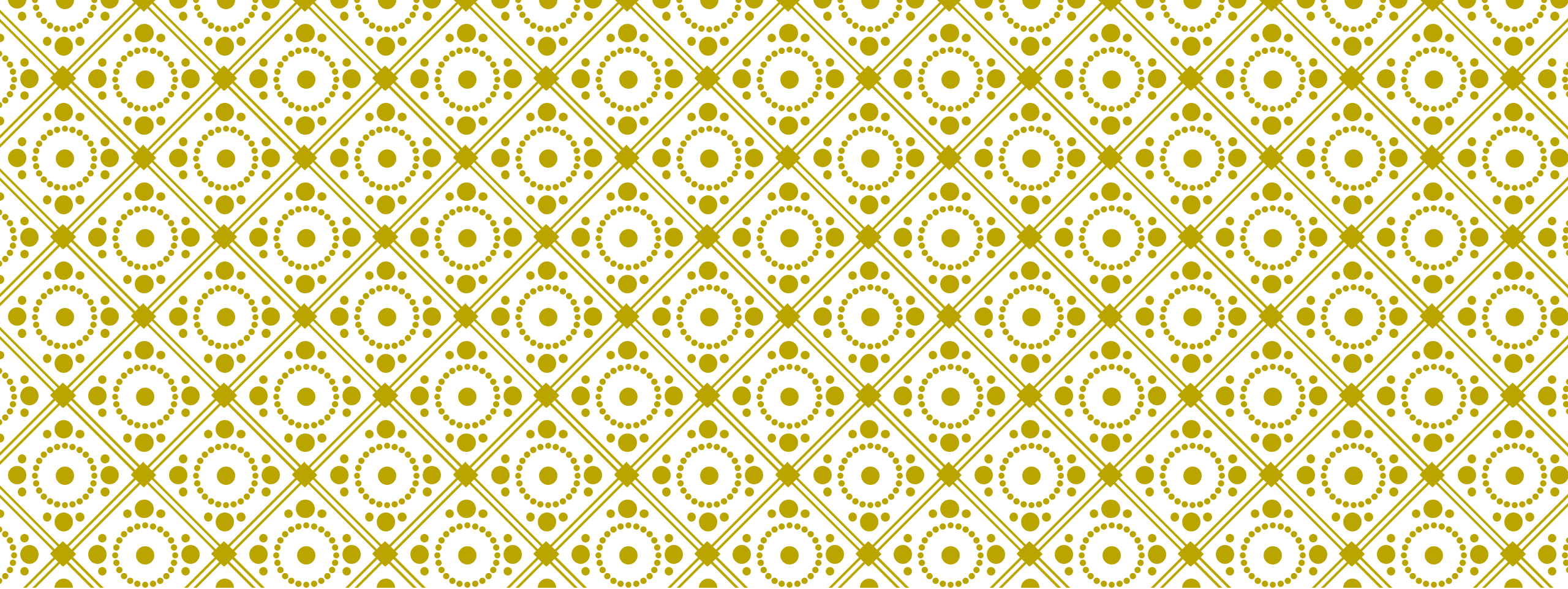
- Angie Schwartz, Vice President of Policy and Advocacy

California Behavioral Health Directors Association

- Michelle Doty Cabrera, Executive Director
- Molly Kholos, Policy Analyst
- Kim Suderman, LCSW, CBDHA Consultant

County of Los Angeles - Department of Mental Health, Child Welfare Bureau, Continuum of Care Reform Division

- Robert Byrd, PsyD, MH Clinical Program Manager III
- Gail DiRaimondo, LCSW, MH Clinical Program Manager
- Veronica Macias, PsyD, Supervising Psychologist

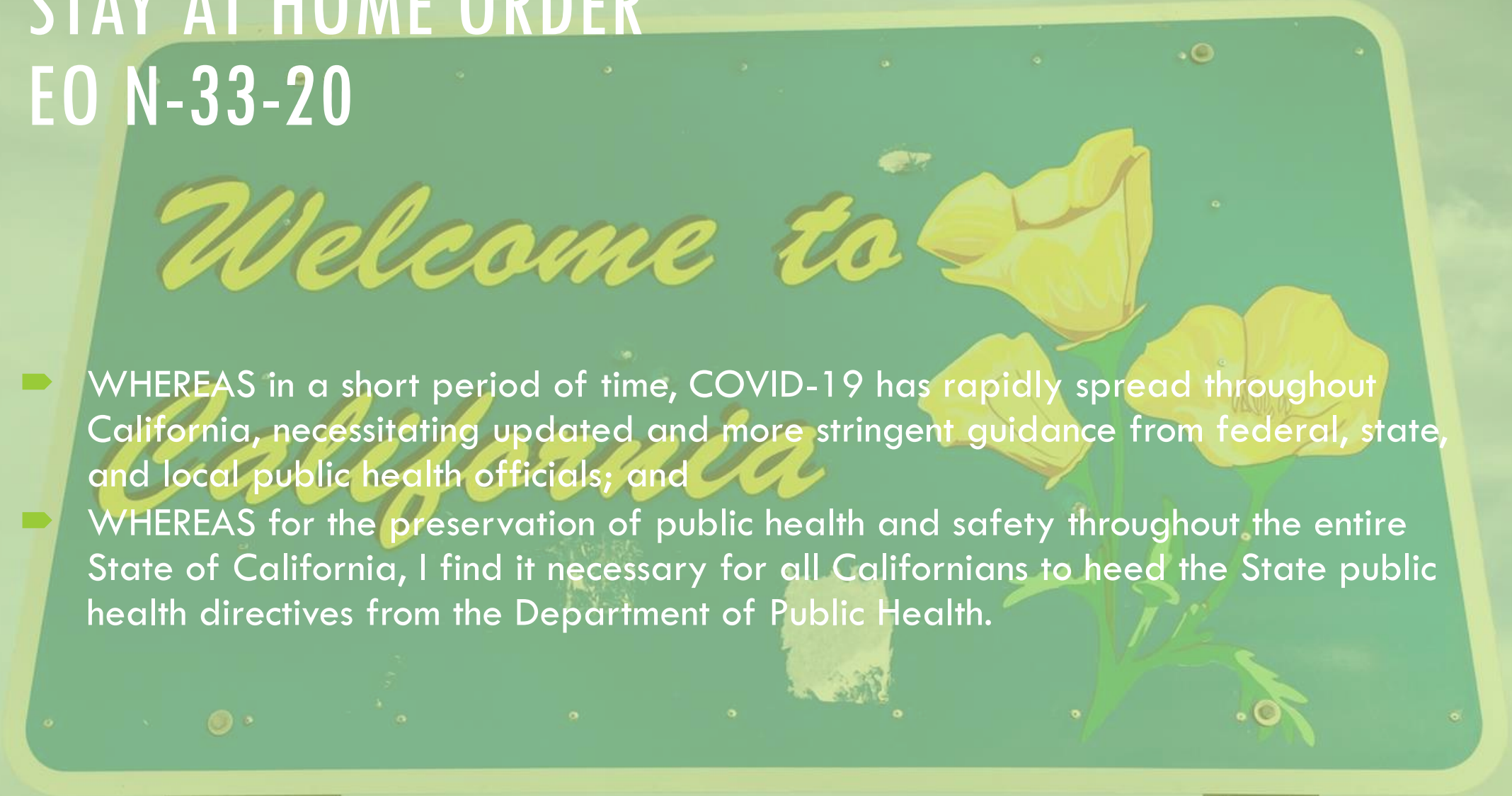


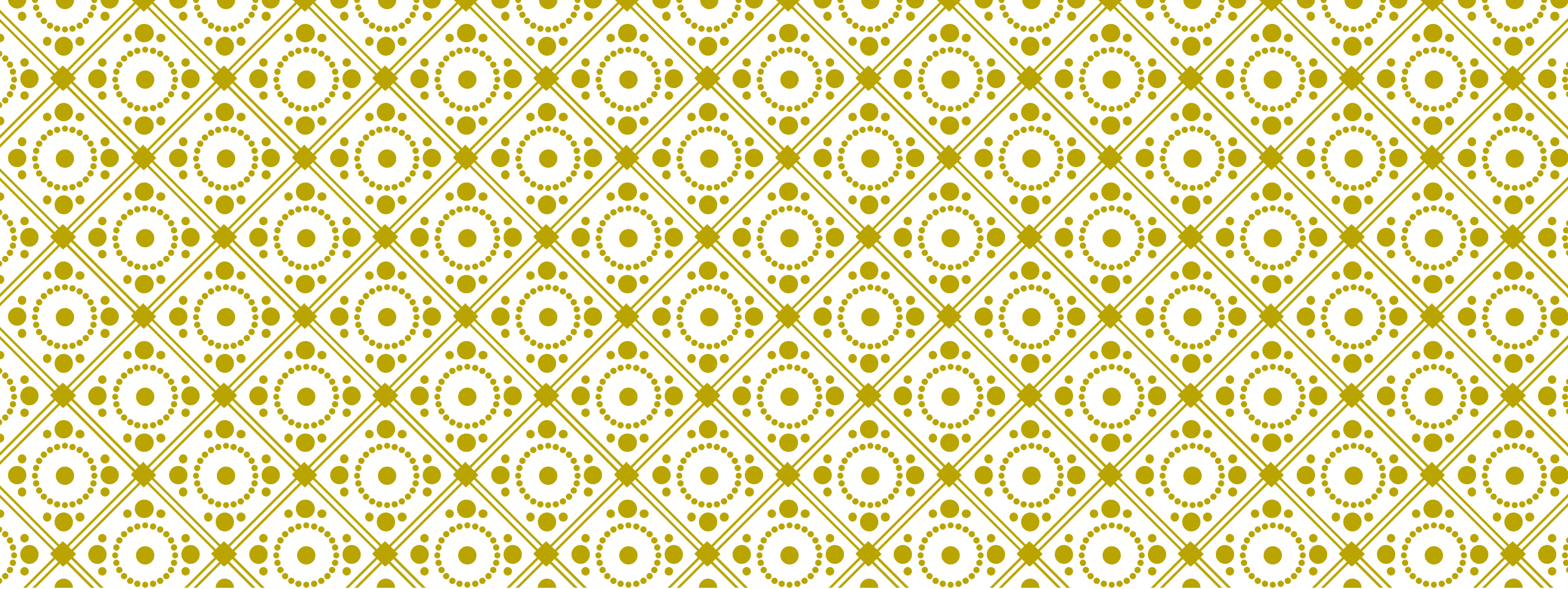
PANDEMIC UPENDS CALIFORNIA MENTAL HEALTH CARE SYSTEM

Supporting Children, Youth and Families in Foster Care

STAY AT HOME ORDER

EO N-33-20

- 
- A green rectangular sign with rounded corners and a yellow border, mounted on two wooden posts. The sign features the text 'Welcome to' in a yellow cursive font and 'California' in a larger yellow cursive font below it. To the right of the text is a yellow flower with three petals and a green stem with two leaves. A small white butterfly is flying above the flower. The sign is set against a background of a cloudy sky.
- WHEREAS in a short period of time, COVID-19 has rapidly spread throughout California, necessitating updated and more stringent guidance from federal, state, and local public health officials; and
 - WHEREAS for the preservation of public health and safety throughout the entire State of California, I find it necessary for all Californians to heed the State public health directives from the Department of Public Health.



NEW LAWS, POLICIES & BUDGET

Supporting Children, Youth and Families in Foster Care

MEETING THE CHALLENGES OF THE COVID-19 PANDEMIC

- Budget Overview / Fiscal Impacts to Programs and Services
- Executive Orders / Telehealth Policies
- Digital Divide

BEHAVIORAL HEALTH COUNTY FUNDING VIA REALIGNMENT

- Behavioral health realignment revenues are **projected to decline by 13%** from 2018-19 to 2019-20 and remain at this lower level in the foreseeable future.
- This decline represents **a loss of approximately \$710 million to behavioral health** in the current and budget year.
- Because Realignment resources are often leveraged to draw down federal funds, **CBHDA estimates counties would lose approximately \$1 billion in Realignment funds absent any additional allocations.**
- The June budget includes \$750 million in state General Fund to backfill revenue losses for all realigned programs, across health and human services and \$250 more if new federal relief funds are secured.
 - **County behavioral health could receive around \$230 million of this funding.**

- Between FY 18-19 through to FY 22-23, CBHDA estimates county behavioral health MHSA funds will drop by an estimated 19% due to the economic downturn
- FY 20-21 budget recognizes the COVID-19 disruptions that put MHSA resources in jeopardy at a time when county behavioral health agencies desperately need these funds to address rising mental health needs.
- Approximately half of MHSA funds are used to fund Medi-Cal specialty mental health services.



MHSA

MENTAL HEALTH SERVICES ACT

FAMILY URGENT RESPONSE SYSTEM (FURS)

- FURS is intended to **provide immediate support for current and former foster youth and caregivers** 24 hours a day, 7 days a week, for youth and caregivers who are experiencing emotional, behavioral or other difficulties and need immediate help.



DIVISION OF JUVENILE JUSTICE

- The Division of Juvenile Justice currently houses approximately 800 youth.
- The May Revision proposed to transfer the responsibility for managing all youth to local jurisdictions and direct a portion of the state savings to county probation departments.
- Services for youth with acute needs are already scarce.

K-12 EDUCATION

FY 20-21 budget allocates \$5.53 billion in discretionary federal funds and General Fund for one-time COVID-19 closure impacts on schools and children, including:

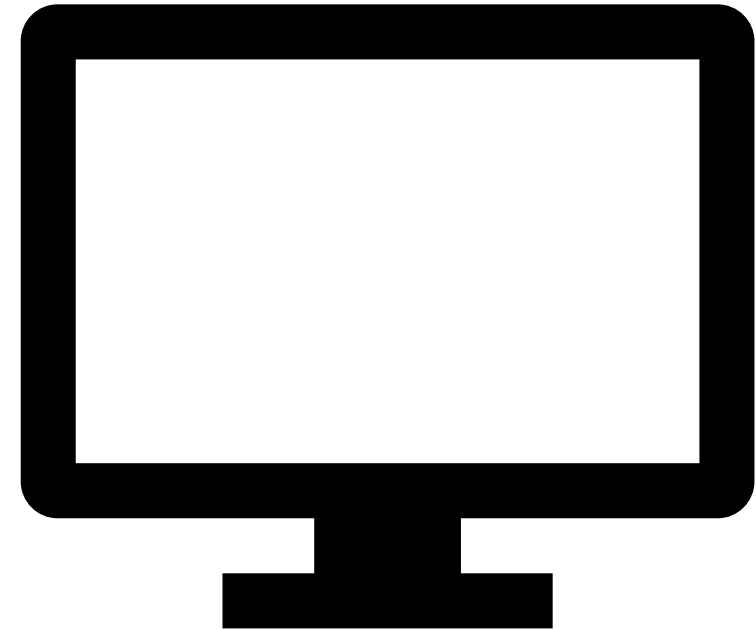
- \$1.5 billion to all local education agencies (LEAs), based on special education enrollment for learning loss.
- \$980 million based on local control funding formula (LCFF) for learning loss to all LEAs.
- \$112.2 million for LEA school meal reimbursements during summer and COVID-19 closures and \$45 million for existing Community School models.



TELEHEALTH POLICIES / VIRTUAL PLATFORMS

“It is imperative to reduce the spread of COVID-19 and protect health care workers, including through the use of telehealth services, where possible, for any reason.”

“The Department of Health Care Services (DHCS) and Medi-Cal providers require flexibility to meet the challenges posed by the COVID-19 pandemic.”



[Executive Order N-43-20](#)

[Executive Order N-55-20](#)



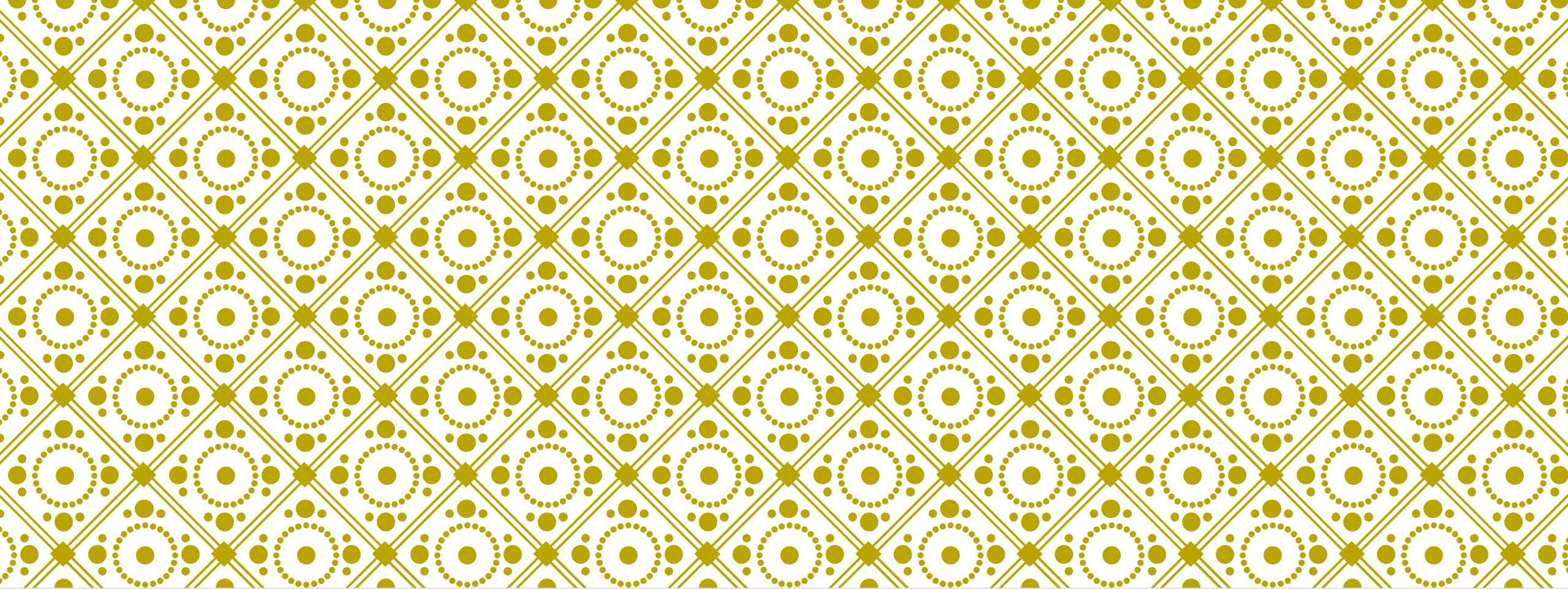
RESIDENTIAL CARE FACILITIES

- Caring for children and youth in residential care facilities who are at risk of exposure to COVID-19 or who have contracted the virus.
- Use of Emergency Care Facilities.

DIGITAL DIVIDE

- Closing the gap for counties and clients who need access to technology to receive supportive services via telehealth or through virtual platforms.
- Thus far, there have been no dedicated state resources to address the digital divide.

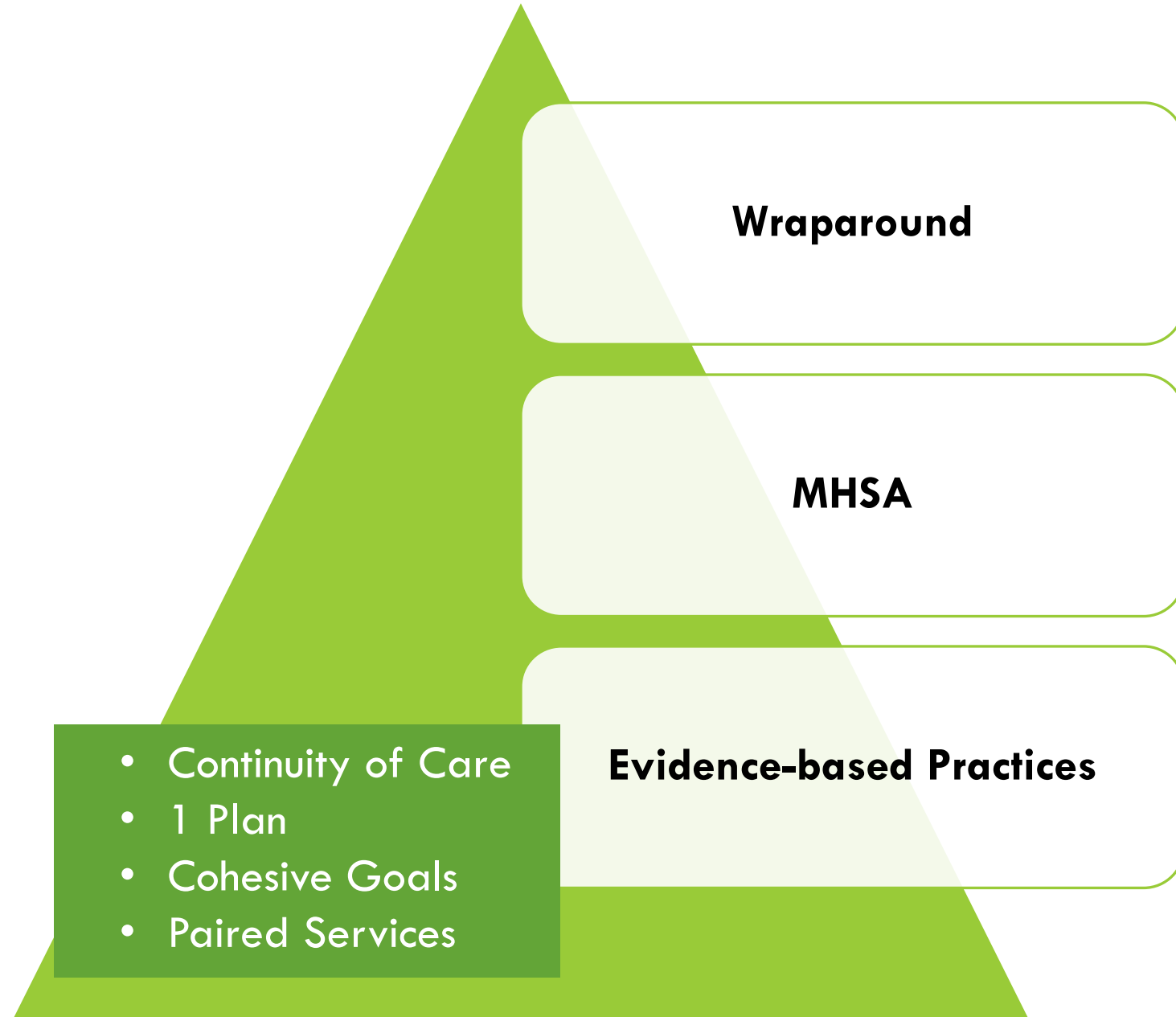




AVAILABLE PROGRAMS & SERVICES

Supporting Children, Youth and Families in Foster Care

PROGRAMS



PROGRAMS

*Medi-Cal EPSDT
Specialty Mental
Health Services*

Partnership in Action:
*LA County DMH –
School Partnership*



Outpatient
Services

TBS



ICC & IHBS



TFC



PLACEMENTS



LA COUNTY COVID-19 IMPACT: TEMPORARY SHELTER CARE FACILITY

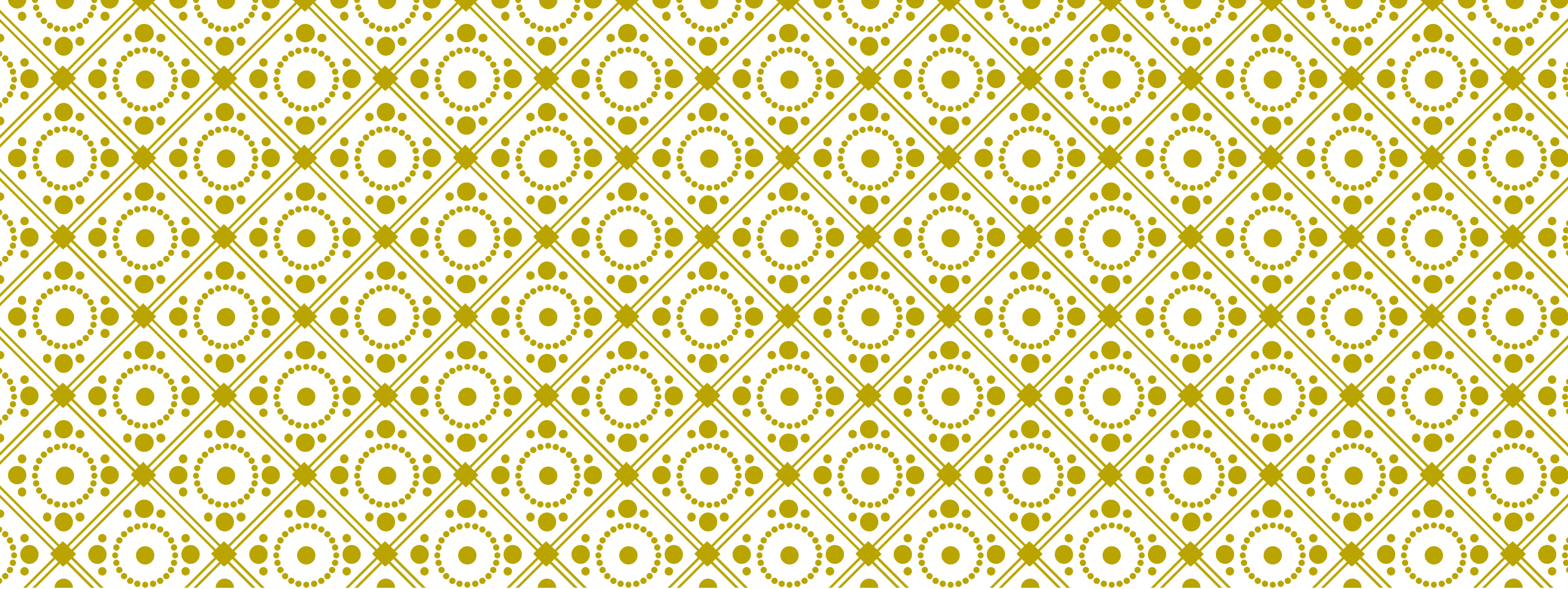
- County testing protocols do not always allow for a definitive negative test before admission
- Because TSCFs in LA County are on the same site as an STRTP, keeping separation between the two populations
- Revision of staffing patterns
- Difficulty securing more permanent placement for COVID-19 positive youth
- Unforeseen positive impact – the TSCF census overall has actually been lower since the COVID-19 pandemic began
- County developed a plan utilizing Airbnb sites as an alternative to safely house and isolate COVID-19 positive children and youth
- DCFS and DMH provided PPE to all facilities

LA COUNTY COVID-19 IMPACT: INTENSIVE SERVICES FOSTER CARE

- Children's Intensive Services Reviews were discontinued and shifted to virtual program oversight and technical assistance:
 - Post-placement consultation calls
 - Placement preservation meetings
 - Follow-up on incident reports
 - Coordination of teaming
- DCFS identified resource parents who were willing to accept COVID-19 positive youth
- Modification of Provider Roundtable Meeting
- Modified resource parent training plan
- Sharing of resources with ISFC providers

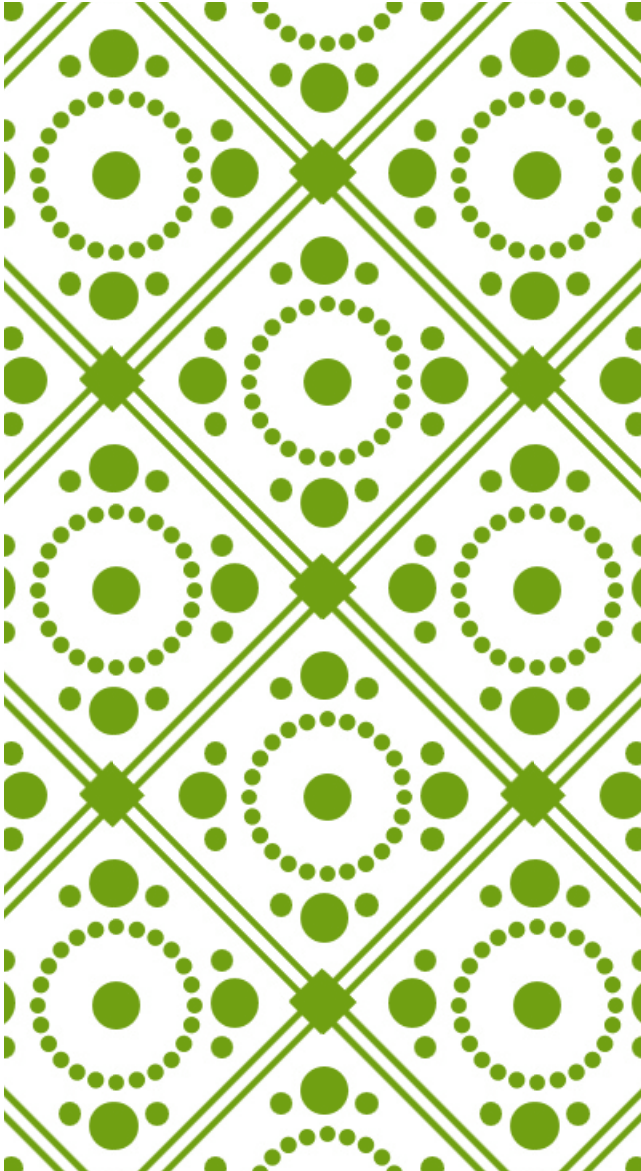
LA COUNTY COVID-19 IMPACT: SHORT TERM RESIDENTIAL TREATMENT PROGRAM

- MHPA and Medical Certification shifted to remote reviews
- Children's Intensive Services Reviews discontinued and shifted to virtual program oversight and technical assistance:
 - Weekly Check-in Calls
 - Virtual CFT Observations
 - Virtual CFT Placement Preservation Meetings
 - Consultations as needed throughout the week on problem solving and adapting practice, working with systems, teaming
- Provider Meeting to Virtual Platform
- Adaptations to procedures with our partners
 - Development of a Disaster Service Plan
 - Developed handout for providers on frequently asked questions
 - Developed COVID screening questions to IPC process
 - Partnered with DCFS to deploy recreational vehicle trailers to STRTP sites to aid in isolation capacity for COVID-19 positive youth



LESSONS LEARNED IN TRANSITIONING TO A VIRTUAL PRACTICE

Supporting Children, Youth and Families in Foster Care



Need for connection and community

- COVID-19 adds another layer of trauma for children & youth
- Visitations are challenging or non-existent
- AWOLs have increased

LESSONS LEARNED IN TRANSITIONING TO A VIRTUAL PRACTICE

NUTS & BOLTS OF PRACTICE CHANGE

Acknowledge

Need for connection and community

Recognize

Recognize the losses caused by COVID-19

Provide

Intentionally provide trauma informed care

Support

Intentionally support youth to avoid loss of placement

Support

Intentionally support caregivers

Protect

Protect confidentiality while providing flexibility of services

NUTS & BOLTS OF PRACTICE CHANGE

Adapting practice – ISFC

- Service provision is now approximately 95% telehealth
- When in person, physical distancing
- School engagement
- Physical activity as part of mental health treatment

NUTS & BOLTS OF PRACTICE CHANGE

Adapting practice – STRTP

- STRTPs with established MHPA: 85% face-to-face services, STRTPs without MHPA: 95% telehealth services
- Weekly calls with Heads of Services
- Consultation regarding youth engagement in programming and staff teaming
- Changing the practice space – virtual and outdoors

PREPARING CHILDREN AND YOUTH FOR TELEHEALTH VISITS

- Providers worked with DCFS and Philanthropy to identify ways to obtain the technology families needed to engage in telehealth
- ISFC staff provided detailed support to children/families regarding accessing telehealth platforms
- Identification of safe/private locations in the home
- Planning with youth on how they can communicate to the treatment provider if they feel their privacy is not being respected during sessions
- Provided youth with worksheets that focused on rehab topics that could be done ahead of time and gone over during session

ISFC

PREPARING CHILDREN AND YOUTH FOR TELEHEALTH VISITS: STRTP

Identify a primary STRTP staff to support the child in preparing for sessions

Identify which virtual platform will be convenient/comfortable for the child and STRTP staff who will be supporting the child

Discuss and plan with STRTP and child where in the facility/home the child will have privacy/minimal interruptions

Problem solve how to minimize distractions in the location selected and to have a Plan B location

Discuss child's level of comfort and engagement with telehealth sessions to problem solve and identify the frequency of sessions and length

Discuss child's interests and support the therapist in creating an agenda that will enhance engagement

- Developed groups (social and therapeutic) to get youth to form connections and to help youth working on similar goals
- Engaging in more family therapy so the youth are still getting those interactions
- Team strategizing to keep youth occupied so resource parent could communicate collateral info
- Honoring youth burnout with video conference from school – shifting to phone

ISFC

SUPPORTING TELEHEALTH VISITS

SUPPORTING TELEHEALTH VISITS

- Provided STRTP with **suggested activities** that focused on rehab topics that could be done to keep youth engaged
- **Developed groups** (social and therapeutic) to get youth to form connections and to help youth working on similar goals
- **Increased family therapy** so youth are still getting those interactions
- **Increased communication** between STRTP staff and therapist to discuss youth's needs, challenges and successes occurring in and outside of sessions to adapt sessions and interventions
- **Provided STRTP with additional resources/webinars** on telehealth services and adapting practice



ST RTP

UNDERSTANDING CHALLENGES AND BENEFITS OF TELEHEALTH

- Effectively assessing whether or not a youth can benefit from telehealth services:
 - *Does the youth want to participate in telehealth services?*
 - *Do they still want some portion of the services in-person?*
 - *Are they capable of engaging in telehealth?*
 - *Is there a safe and private place to participate in telehealth sessions?*
- Frequency and duration of sessions need to be adapted – increased frequency, decreased duration
- Need to obtain the appropriate equipment (both the agency and the client)
- Effectively modifying skill at identifying warning signs/risk virtually
- The need to verbalize things that are typically communicated non-verbally and asking to clarify/confirm observations of facial expressions or changes in tone of voice
- Requires increased collaboration and teaming
- Increased screen time due to virtual schooling impacting youth desire to participate in telehealth
- Challenges in crisis response

UNDERSTANDING CHALLENGES AND BENEFITS OF TELEHEALTH

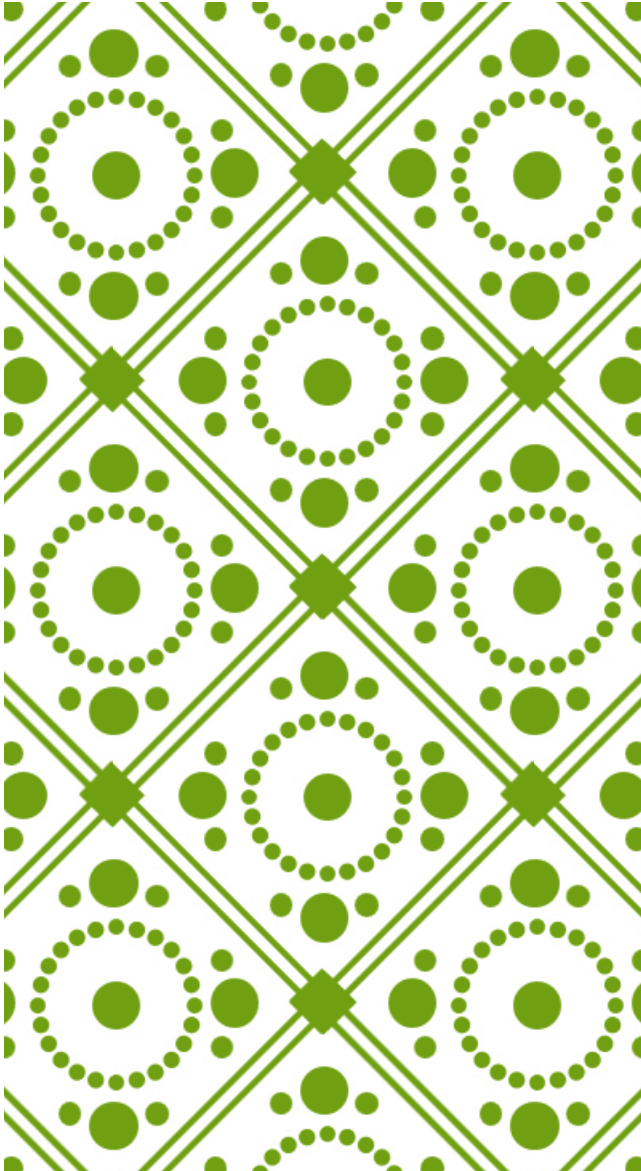
- **Ability to maintain contact** with someone through time of social distancing
- **Some youth respond more positively** to telehealth – different level of intimacy
- **Increased flexibility** around time of sessions
- **Youth are often already comfortable communicating through virtual means**
- **Decreased appointment cancellation** for non-intensive outpatient services
- **Increased convenience** for clients who rely on public transportation
- **Increased number of appointments/services** provided with less time consumed by travel
- **Potential for reduced staff burnout**
- **Decreased wait-time for medication follow-up appointments**
- **Ability to integrate informal supports and family members** into treatment due to reduced barriers of time and distance

SUPPORTING CAREGIVERS

Provided caregivers with resources

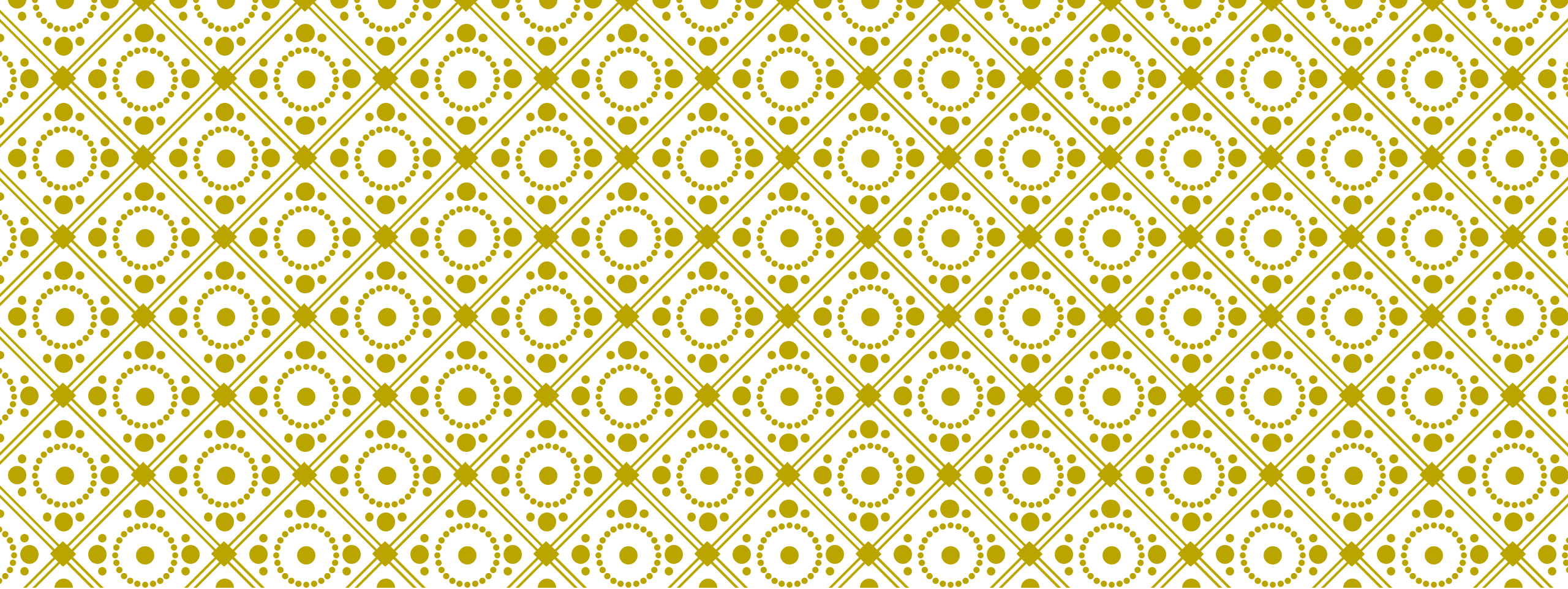
- Provided resource parents with **tips on ways to structure the day and activities** to do with the youth now that they are home instead of in school
- Provided **information/education regarding how a youth's history of trauma may impact their response** to virtual schooling and discussed interventions
- Utilizing **formal respite or informal support** from ISFC staff to help give resource parents a needed break





- **System flexibility** in responsiveness to pandemic
- **County departments partnering** together
- **Alternate placement options**
- **Increased challenges** addressing the needs of the highest-risk youth
- **Some agencies** have developed innovative activities
- **Meeting schooling challenges**

LESSONS LEARNED



MENTAL HEALTH RESOURCES

Supporting Children, Youth and Families in Foster Care

RESOURCES FOR PROVIDERS AND CAREGIVERS

- **Helping Children Cope in Emergencies:** <https://www.cdc.gov/childrenindisasters/helping-children-cope.html>
- **Resources for Supporting Children's Emotional Needs During the COVID-19 Epidemic:** <https://www.childtrends.org/publications/resources-for-supportingchildrens-emotional-well-being-during-the-covid-19-pandemic>
- **Coping With Traumatic Events:** <https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>
- **Tips for Talking With Your Health Care Provider:** <https://www.nimh.nih.gov/health/publications/tips-for-talking-with-your-health-care-provider/index.shtml>
- **Build a Teen Stress Management Plan:** <https://parentandteen.com/teen-stress-management-plan/>
- **COVID-19 Resource and Information Guide:** <https://www.nami.org/covid-19-guide>
- **Navigating a Mental Health Crisis:** <https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>

RESOURCES FOR PROVIDERS AND CAREGIVERS

- Tips to Manage Stress & Anxiety: <https://preventchildabuse.org/coronavirus-resources/#Tips-to-Manage-Stress-Anxiety>
- Parent/Caregiver Guide to Helping Families Cope With COVID-19: <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>
- Supporting Children During COVID-19: <https://www.nctsn.org/resources/supporting-children-during-coronavirus-covid19>
- Cope with stress regarding COVID-19: <https://www.end-violence.org/protecting-children-during-covid-19-outbreak#coping>

RESOURCES FOR CHILDREN

- Sesame Street in Communities: <https://sesamestreetincommunities.org/>
- *The Story of the Oyster and the Butterfly: The Coronavirus and Me:* <https://www.anagomez.org/wp-content/uploads/2020/04/OysterandButterfly-English.pdf>
- *Trinka and Sam Fighting the Big Virus:* <https://piploproductions.com/trinka-and-sam-virus/>
- *Angelina the Cat Stays Home:* <https://www.co.monterey.ca.us/home/showdocument?id=88219>

RESOURCES FOR TELEHEALTH

- Office and Technology Checklist for Telepsychological Services:
<https://www.apa.org/practice/programs/dmhi/research-information/telepsychology-services-checklist.pdf>
- American Psychological Association (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68, 791-800. <https://doi.org/10.1037/a0035001>
- Gilmore, A. K. & Ward-Ciesielski, E. F. (2019). Perceived risks of use of psychotherapy via telemedicine for patients at risk for suicide. *Journal of Telemedicine and Telecare*, 25, 59-63. <https://doi.org/10.1177/1357633X17735559>
- Yellowlees, P., Shore, J., Roberts, L. (2010). Practice guidelines for videoconferencing-based telemental health. *Telemedicine Journal and E-Health*, 16, 1074-1089. <https://doi.org/10.1089/tmj.2010.0148>
- Additional telehealth research sources: <https://telehealthfortrauma.com/research/>
- TFCBT Telehealth Resources: <https://tfcbt.org/>

RESOURCES FOR 24/7/365 CRISIS INTERVENTION

SAMSHA's Disaster Distress Helpline

- <https://www.samhsa.gov/find-help/disaster-distress-helpline>
- Call: 800-985-5990
- Text: TalkWithUs or Hablanos (for Spanish) to 66746 (subscription-based)

National Suicide Prevention Lifeline

- 800-273-8255

Trevor Project

- <https://www.thetrevorproject.org/get-help-now/>
- Call: 866-488-7386
- TrevorText: Text START to 678678

Crisis Text Line

- Text HOME to 741741

National Domestic Violence Hotline staying Safe During COVID-19

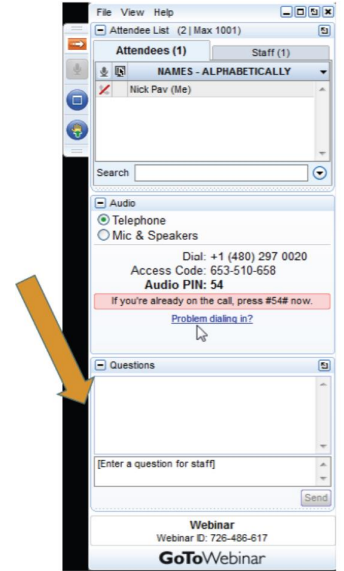
- Phone number: 1-800-799-SAFE (7233)

NAMI

- Hotline: (800) 950-NAMI (6264)

QUESTIONS

- To submit questions, click on the “Questions” panel, type your question, and click “Send”
- PowerPoint slides, webinar recording, and certification of participation will be posted at www.kids-alliance.org/webinars



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