



Behavioral Health in the Post-COVID-19 World

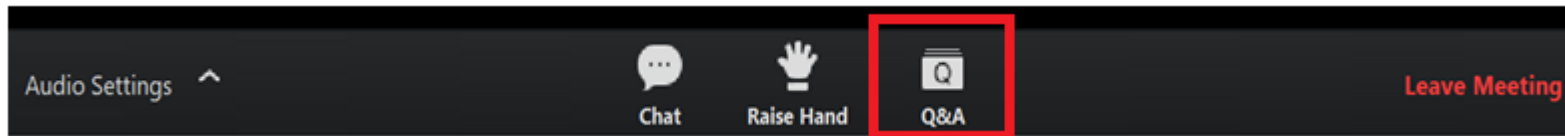
February 9, 2021

Vision: Healthy Communities, Healthy People

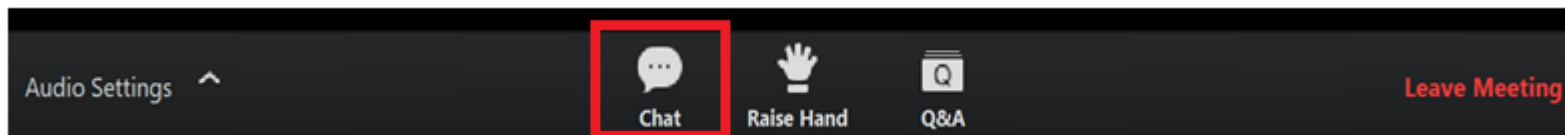


Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the webinar, please message us through the chat feature or email healthcenter_BHTA@jbsinternational.com.



Continuing Education

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Health Center Program Patients

HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:



Source: Uniform Data System, 2019

Presenters



Fran Basche

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Advocates for Human
Potential



Todd Mandell

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Potential

Agenda

1. Understanding the Context

- Need
- Cost
- Burnout
- Reduction in accessing care
- Increase in telehealth

2. Telehealth: What happens next?

3. Lessons learned

- Screening for SDoH
- Social Connectedness

4. Going forward



Objectives

Upon completion of this webinar, participants will be able to:

1. Describe two practices that support primary and behavioral health staff in building on lessons learned during the COVID-19 pandemic
2. Name two action items their health center can take to reconfigure behavioral health programs and systems.
3. Identify two potential opportunities for improving service delivery to benefit patients.

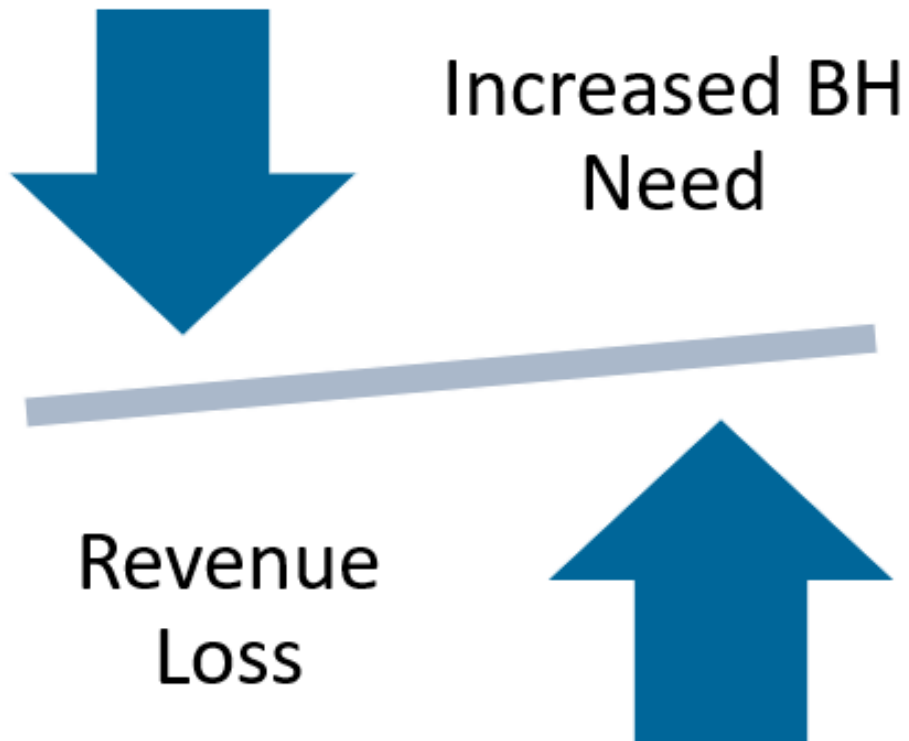
Polling Question #1

What are the **two** most **challenging** effects that the pandemic has had on your integrated behavioral health program in the past year? *(Please pick two.)*

- Increased burden on providers and system due to increase in patients' mental health needs
- Increased burden on providers and system due to increase in patients' substance use disorder (SUD) treatment needs
- Revenue loss due to pandemic restrictions or reduction in patient visits in other areas of the health center
- Workforce issues (e.g., layoffs due to revenue loss, behavioral health staff burnout, significant staff turnover)
- Providers' worry about medical, behavioral, economic, and social impact of pandemic on patients

Understanding the Context

What has happened in behavioral health care over the course of the year?



- Burnout among workforce
- Less preventive care
- Increase in telehealth

Increasing Need – Mental Health

Compared to the same time last year, symptoms are more prevalent:

	April—June 2019	April—June 2020
Anxiety disorders	8.1%	25.5%
Depressive disorders	6.5%	24.3%
Serious suicidal ideation within the last 30 days	4.3%	10.7%

- Approximately 25% of adults report trauma-related stress disorder due to COVID-19.
- Young adults, Hispanic people, African-American people, and those receiving treatment for pre-existing psychiatric conditions were disproportionately affected.



(Czeisler et al., August 2020)



Increasing Need – SUD

- **Started or increased substance use due to socioeconomic fallout from COVID-19 (13.3%)**
 - Unpaid caregivers (33%)
 - Hispanic people (22%)
 - Individuals with less than a high-school diploma (22%)
- **Overdose deaths topped 81,000 in 12 months ending May 2020 –the most ever recorded**
 - Synthetic opioid overdoses are up 38.4%
 - Cocaine overdoses are up 26.5%
 - Methamphetamine overdoses are up 34.8%

(Czeisler et al., June 2020; Centers for Disease Control and Prevention, 2020)



Increasing Need – SUD (cont'd.)

Higher Likelihood of Contracting COVID-19	
Individuals with . . .	Versus those with no SUD
Any SUD	1.5x
Opioid use disorder	2.4x
Alcohol use disorder	1.4x

More Severe Symptoms of COVID-19		
	Hospitalizations	Deaths
Individuals with SUD	41%	9.6%
Individuals without SUD	30%	6.6%



(Wang, Kaelber, Xu, & Volkow, 2020)



Revenue Loss



Source of infographic: <https://www.nachc.org/wp-content/uploads/2020/04/Financial-Loss-Fact-Sheet.pdf>

Revenues are projected to drop 30%, even with increased federal support.

Burnout Among Workforce

A Mental Health America study reveals healthcare workers are:

- Stressed out and anxious
- Worried about exposing loved ones
- Emotionally and physically exhausted
- Not getting enough emotional support
- Struggling with parenting

(Mental Health America, 2020)



Patients Avoiding Care

- 41% of adults in the United States have delayed or avoided medical care.
 - 12% avoided urgent or emergency care.
 - 32% avoided routine care.
- Avoidance of urgent and emergency care was more prevalent among:
 - Unpaid caregivers for adults
 - Persons with underlying medical conditions
 - African-American people, Hispanic people, and young adults
 - Persons with disabilities

(Czeisler et al., June 2020)



Increase in Telehealth



- 95.4% of health centers report use of telehealth.
- Urban centers are more likely to provide more than 30% of visits virtually than those in rural regions.
- Telehealth use by providers and patients is promoted as a safe and effective method of care.

(Demeke et al., 2020; Health Resources & Services Administration, n.d.; Centers for Medicare & Medicaid Services, n.d.)

What Happens Next?

How does an agency make necessary accommodations as integrated behavioral health patients, providers, and systems respond to what we hope will be a post-COVID world?



Polling Question #2

What are the **two** most **positive** changes in behavioral health programs from the past year of challenges related to COVID-19? *(Please pick two.)*

- Increased individual provider capacity for telehealth for behavioral health
- Increased system capacity (EHRs, technology, billing, etc.) for telehealth for behavioral health
- Patients' positive response to, and increased use of telehealth
- Improved workflows to support more efficient integrated service delivery (onsite or virtual warm handoffs, etc.)
- Increased focus on integration of primary care and behavioral health
- Increased understanding of social determinants of health (SDOH) among health center staff and in the larger community

Lessons Learned

- ✓ Screening for SDOH must take place.
- ✓ Social connectedness plays a significant role in wellness.
- ✓ Telehealth works.
- ✓ Providers' well-being is essential.

Screening for SDOH

SDOH data increases health center capacity to:

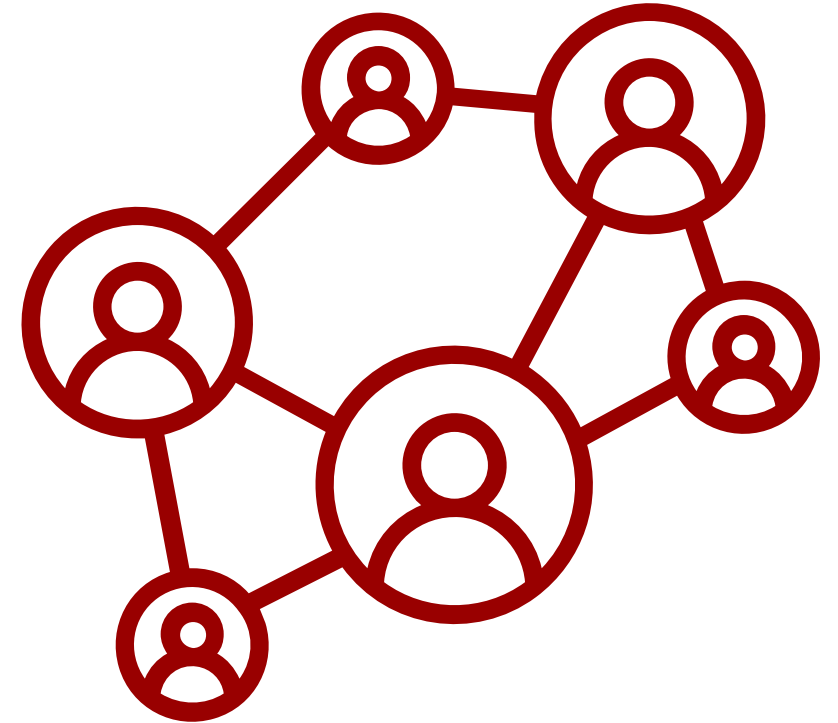
1. Define and document the increased complexity of patients.
2. Better target clinical care.
3. Enable providers to demonstrate the value they bring to patients, communities, and payers.
4. Advocate for change at community and national levels.

(de la Cruz & Mussetter,
2020)



Social Connectedness

- Humans are naturally social.
- Isolation and loneliness negatively impact health.
- Individuals with strong social relationships have a 50% greater survival rate.
- Social connection (**with physical distancing**) during the COVID-19 pandemic is important to physical and emotional health.



Polling Question #3

What has been your experience with the use of telehealth for **behavioral health care** since the pandemic?

- We are not using telehealth at all for behavioral health.
- We implemented telehealth for behavioral health but have had many challenges with it.
- Telehealth has been somewhat helpful in providing access to behavioral health.
- Telehealth has been very helpful in providing access to behavioral health.

Telehealth

Telehealth now covers a greater range of conditions and facilitates greater access to care.

- Reduces impact of patient surge on facilities.
- Conserves personal protective equipment.
- Reduces transmission of COVID-19.



Telehealth During COVID-19

- Federal and State agencies have facilitated the use of telehealth during the pandemic.
- Office for Civil Rights (OCR) and SAMHSA have issued guidance regarding privacy protections and telehealth:
 - OCR will waive potential penalties for HIPAA violations arising out of good-faith use of telehealth.
 - SAMHSA guidance on 42 CFR, Part 2: Providers have discretion to determine whether a bona fide medical emergency exists.

[COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance \(samhsa.gov\)](#)
[Notification of Enforcement Discretion for Telehealth | HHS.gov](#)



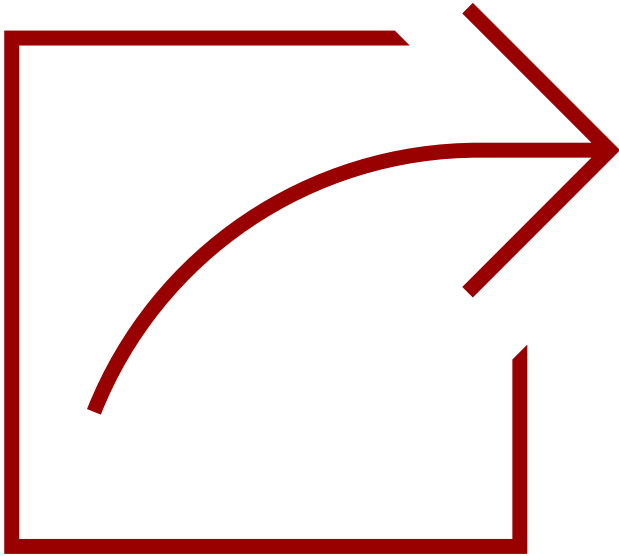
Providers' Well-being

- Organizational commitment
- Workforce assessment
- Leadership
- Policy
- Efficiency of work environment
- Support



(Berg, 2021; Mack
2020)

Going Forward



How do we apply lessons learned to future behavioral health services?

Health Center Adaptive Responses

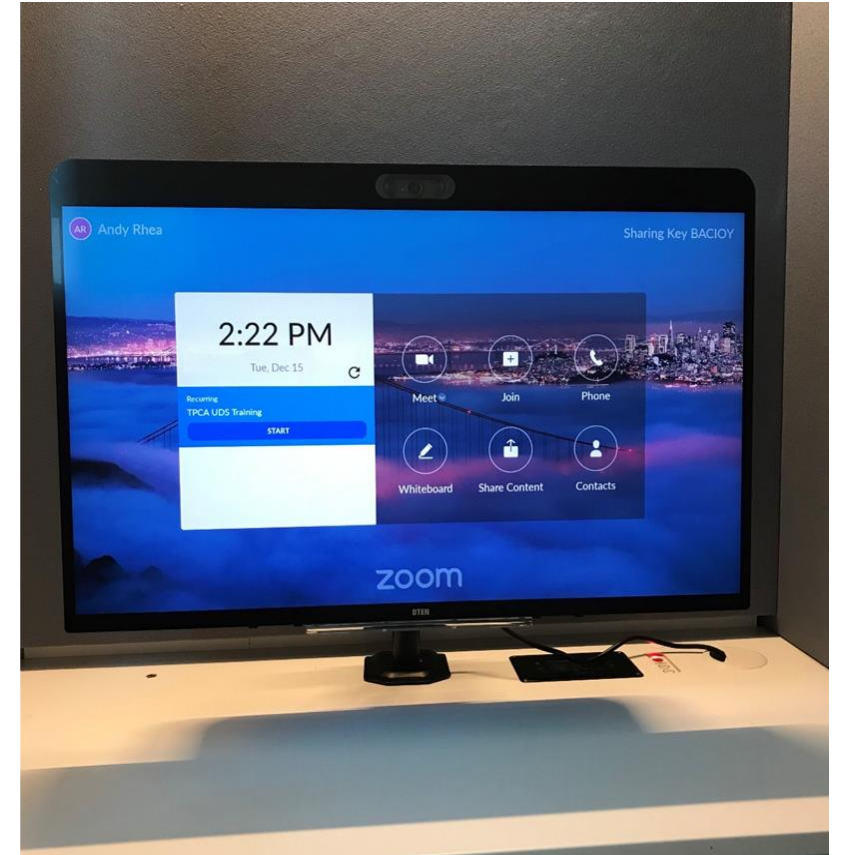
- Population Health:
 - Bay Area Community Health
 - **Wellness Calls** to 27,000 adult clinic patients to (1) screen for COVID-19 and offer treatment resources if needed, and (2) inform patients of resources for food, transportation, legal guidance, and medical options during shelter-in-place restrictions.
 - Los Angeles Department of Health Services
 - Phone screenings to support food insecurity services.
 - Food banks including links to community resources and internal food banks.
 - Expanded use of on-site food pantries.



Access to Telehealth: Cherokee Health Systems



Virtual Access Point



Integrated Behavioral Health and Pharmacy

- Behavioral health department conducted Zoom-based walk-in service, including access to MAT (*Fenway Health*)
- Remote warm hand-off with behavioral health or pharmacy providers during primary care visits (*Bluegrass Community Health Center*)
- Integrated huddles now include pharmacy staff (*Vocational Instruction Project (VIP) Community Services*)



Adaptations Addressing Social Determinants of Health

- Bronx Community Health Network: Expanded SDOH program from 10 to 21 partner health centers. **Increased access and outreach focused on reducing food insecurity.**
- Hudson River Healthcare: Partnered with NYC to offer **primary care, referrals, and psychiatry to individuals discharged from jails and shelters** through mobile van, kiosks, and telemedicine.
- Affinia Healthcare: **Expanded efforts to decrease blood pressure in disadvantaged populations** by improving health literacy and addressing food insecurity with a mobile fresh food bus and fresh food prescriptions.

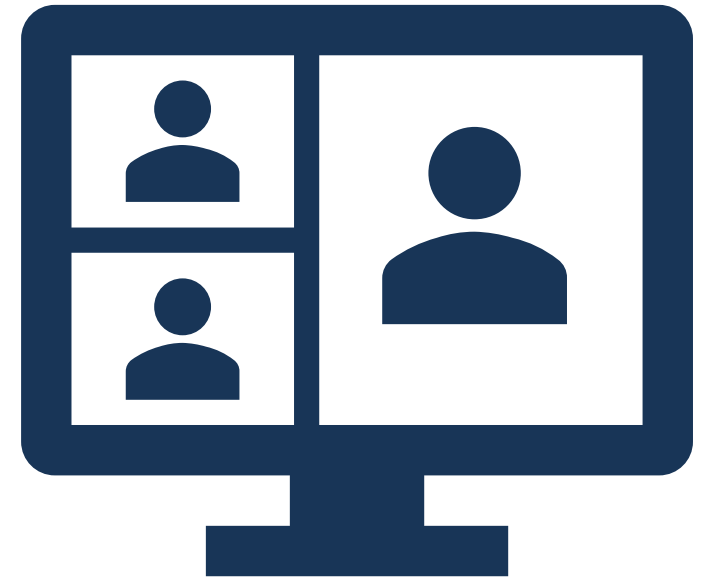


Discussion Question #1

What practices or action items will **you** pursue to accommodate mental health and substance use disorder (SUD) demands at your health center?

(e.g., telehealth, provider well-being, SDOH, connectedness, integrated care, etc.)

Please submit your answers in the chat box.



Discussion Question #2

What will you focus on **first** to build on lessons learned about telehealth from your COVID-19 experience?

Please submit your answers in the chat box.



Q&A



TA Offerings for Health Centers

- **One-on-One Coaching**
- **Webinars**
- **Strategies for Community Outreach: How Health Centers Can Use Social Media for Social Marketing**
- **Virtual Site Visits to Improve Outcomes**
- **Communities of Practice (CoPs)**



Current TA Opportunities

Communities of Practice:

- **Integrated Behavioral Health**
 - Tuesdays, beginning February 02, 2021 from 2:30-4:00 ET
- **Implementing Telehealth to Sustain Integrated Behavioral Health**
 - Thursdays, beginning February 04, 2021 from 2:30-4:00 ET
- **Social Determinants of Health and Integrated Care**
 - Tuesdays, beginning April 27th from 2:30 – 4:00 ET
- **Two Sides of the Sustainability Coin: Integrated Behavioral Health and Value-Based Reimbursement (VBR)**
 - Thursdays, beginning April 29th from 2:30 – 4:00 ET

Registration Links Coming Soon!



Current TA Opportunities (cont.)

Upcoming Webinar:

- **Integrated Primary and Behavioral Health Care Services and Value-Based Reimbursement (VBR)**
 - **Wednesday, March 3rd 3:00 – 4:00 pm ET**

To register go to: <https://bphc-ta.jbsinternational.com/>



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- We will also email you a link to the Satisfaction Assessment.

Please take **2 – 3 minutes** to complete the Satisfaction Assessment directly following this session.

Thank you!



Thank You!



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Resources for Self-Care and Burnout Prevention

- [IHI Guide-to-Promoting-Health-Care-Workforce-Well-Being.pdf](#)
- [Self-Care Starter KitSM - University at Buffalo School of Social Work - University at Buffalo](#)
- [Health Care Provider Well-Being \(ucdenver.edu\)](#)



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