

Fireside Chat: Behavioral Health

December 17, 2020

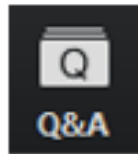
RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4664542&CustomerId=324>

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Agenda

- ***COVID Impact on Behavioral Health Needs***
- ***Telehealth and Behavioral Health Services***
- ***Lessons and Tools from the Field***
 - ***Enhanced Primary Care w/SMI: Wakebrook***
 - ***Optimizing Telehealth with Integrated Behavioral Health: MAHEC***
 - ***NC-PAL and NC MATTERS***
 - ***Resources***

The COVID Pandemic and Mental Health

Centers for Disease Control and Prevention

MMWR

Weekly / Vol. 69 / No. 32

Morbidity and Mortality Weekly Report

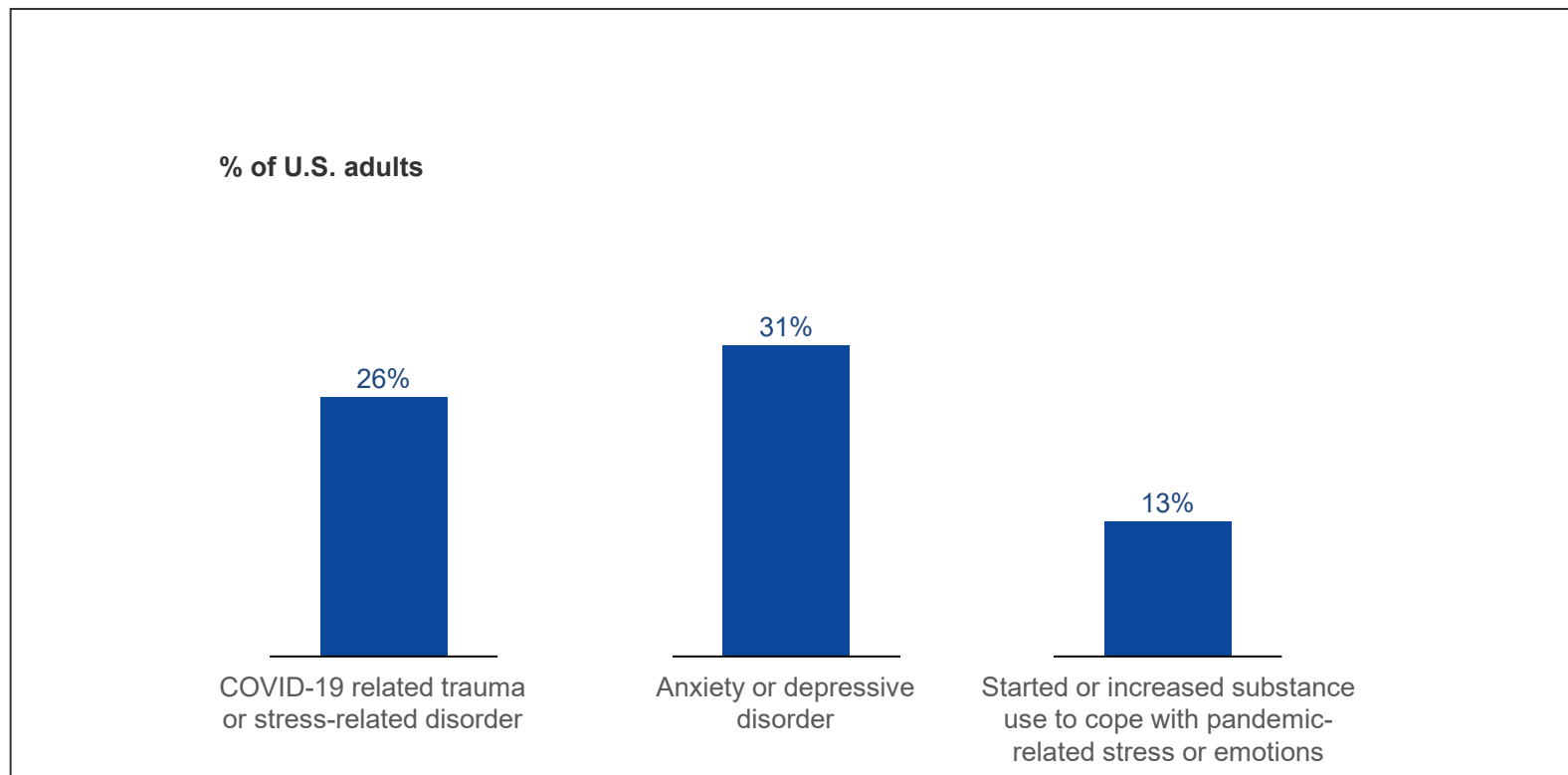
August 14, 2020

Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Mark E. Czeisler^{1,2}, Rashon I. Lane MA³, Emiko Petrosky MD³, Joshua F. Wiley PhD¹, Aleta Christensen MPH³, Rashid Njai PhD³,
Matthew D. Weaver PhD^{1,4,5}, Rebecca Robbins PhD^{4,5}, Elise R. Facer-Childs PhD⁵, Laura K. Barger PhD^{4,5}, Charles A. Czeisler MD PhD^{1,4,5},
Mark E. Howard MBBSt PhD^{1,2,6}, Shantha M.W. Rajaratnam PhD^{1,4,5}

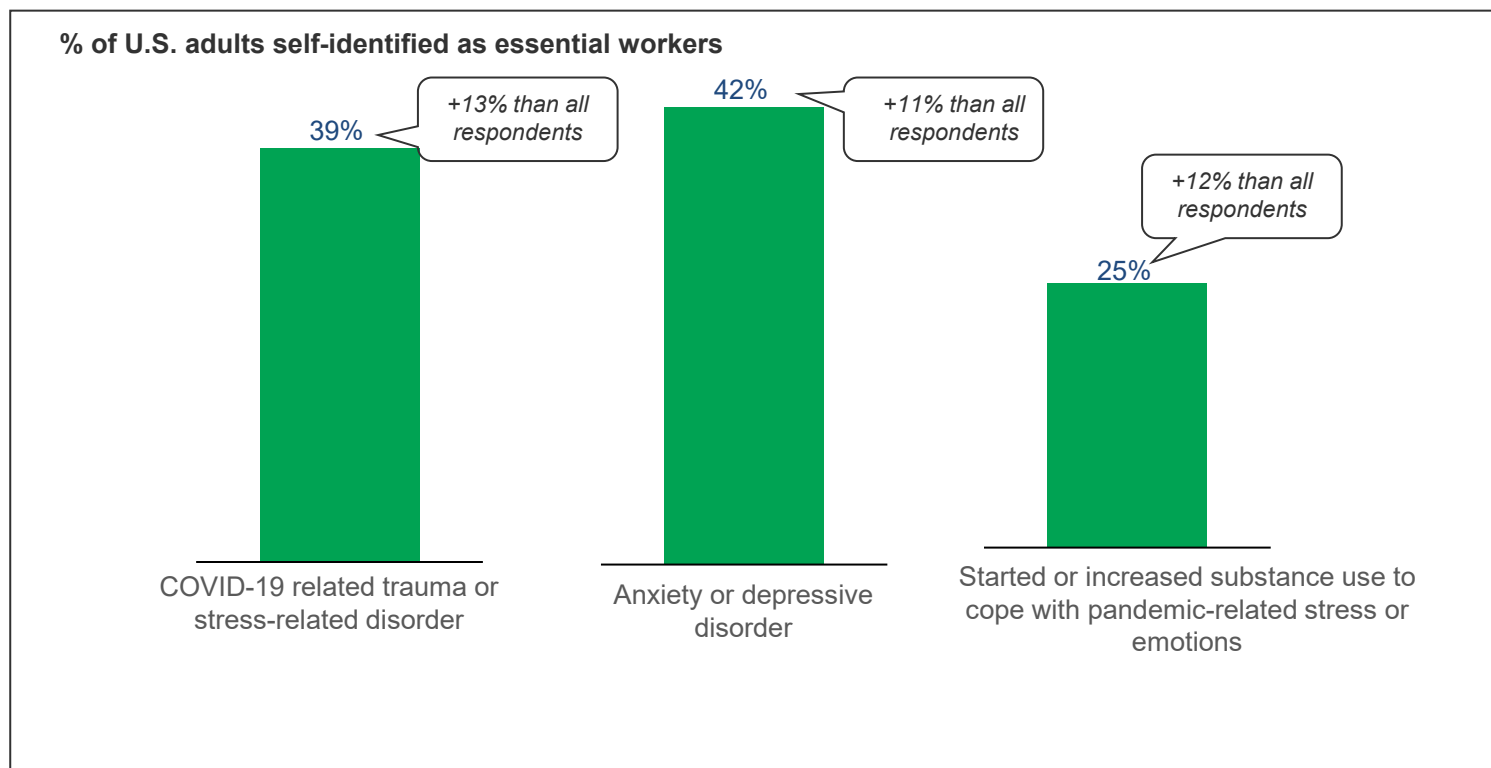
- **41% of all U.S. adults have experienced at least one adverse mental or behavioral health symptom**
- **As of late June 2020, as many U.S. adults have seriously considered suicide in the past 30 days as are diagnosed with diabetes (10.7% and 10.2%, respectively)**
- **Depressive disorder prevalence is nearly 3.5 times higher than in 2018 (24.3% compared to 7.2%), the most recent year for which data is available by SAMHSA**
- **25% of “essential workers” have either started or increased substance use to cope with pandemic-related stress or emotion and 21.7% have seriously considered suicide in the past 30 days**

Prevalence rates for mental health disorders and substance use are high...



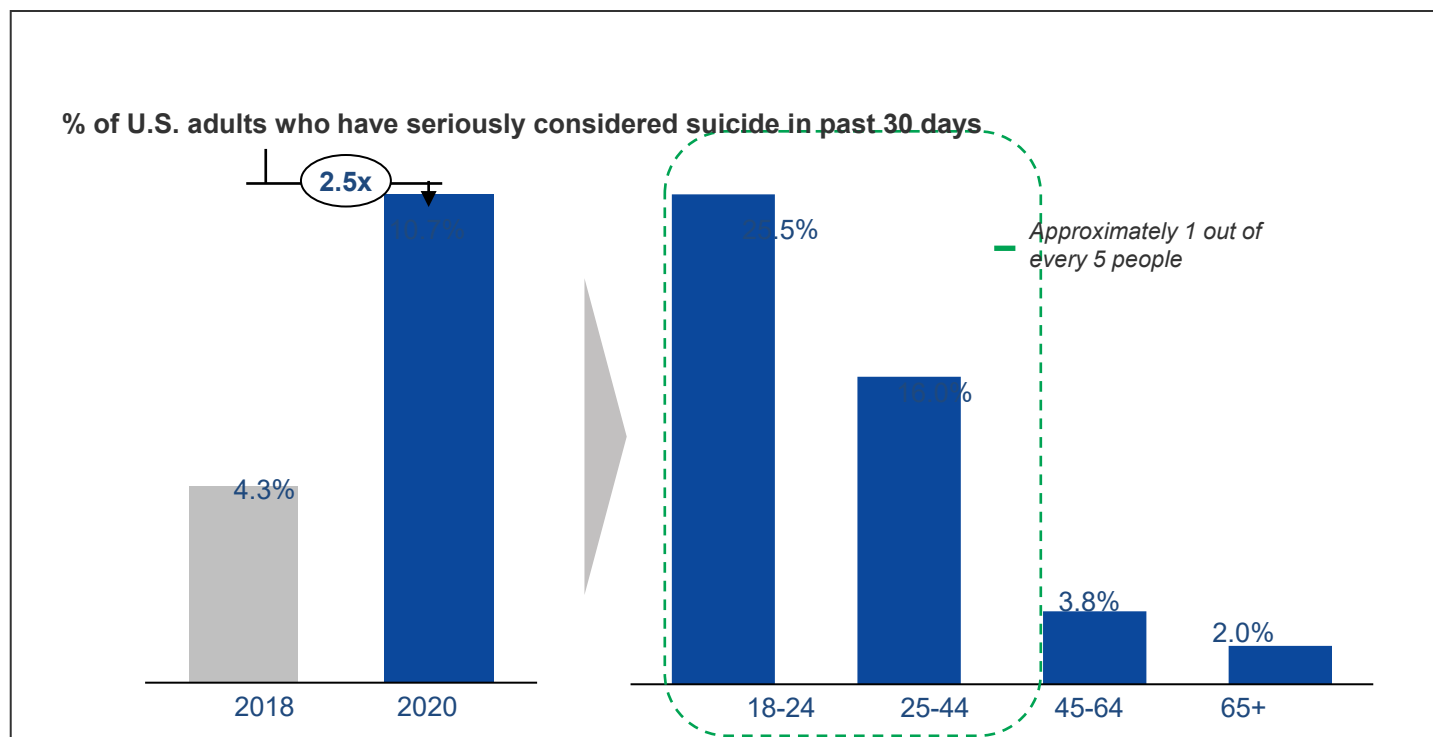
Source: Czeisler, ME, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. Morbidity and Mortality Weekly Report. US Department of Health and Human Services, Centers for Disease Control and Prevention. 14 Aug 2020; 69(32): 1049-1057.

... and their prevalence is significantly higher for adults who identified themselves as “essential workers”



Source: Czeisler, ME, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. Morbidity and Mortality Weekly Report. US Department of Health and Human Services, Centers for Disease Control and Prevention. 14 Aug 2020; 69(32): 1049-1057.

Suicidal ideation among adults is now 2.5x higher than in 2018, driven by 18-44 year-olds



Sources: Czeisler, ME, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020. Morbidity and Mortality Weekly Report. US Department of Health and Human Services, Centers for Disease Control and Prevention. 14 Aug 2020; 69(32): 1049-1057.
Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2018.

COVID-19 Disease and Psychiatric Illness

Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA



Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison



- Study of EMR data from 62M patients, 62,354 developed COVID
- Psychiatric illness found to be independent risk factor for developing COVID (RR 1.65)
- COVID illness also led to increased incidence of psychiatric illness (hazard ratio 2.1)

Impact of COVID on Children



Contents lists available at [ScienceDirect](#)

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Review article

Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations[☆]



Shweta Singh^a, Deblina Roy^{b,*}, Krittika Sinha^c, Sheeba Parveen^c, Ginni Sharma^c, Gunjan Joshi^c

^a Additional Professor, Department of Psychiatry, KGMU Lucknow, India

^b Psychiatric Nursing, Department of Psychiatry, King George's Medical University, Lucknow, India

^c Department of Psychiatry, King George's Medical University, Lucknow, India

- Children and adolescents adversely affected by:
 - Lockdown, Stay at home orders, social distancing
 - School closure
 - Economic impacts
- Children with special healthcare needs particularly impacted
- Concerns for increases in child abuse and domestic violence

NC Behavioral Health Impacts of COVID-19

Behavioral Health Indicators

- **Anxiety & Depression**

- Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9*
- Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent*.
- Nationwide mental health related pediatric ED visits increased and remained elevated through October**

- **Substance Use – Alcohol & Opioids**

- Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20***
- Recent nationwide survey found 1 in 4 respondents reported binge drinking at least once (up from 1 in 6)+
- 21% increase in opioid overdose ED visits in 2020**

- **Suicide**

- Too early to have good data
- NC firearm background checks surged since March 1 by 58% ***
- Historically suicides by firearms in NC are higher than national average

• <https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Report/8pt5-q6wp> and <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

** MMWR Morb Mortal Wkly Rep 2020;69:1675–1680

*** <https://www.wwaytv3.com/2020/07/27/north-carolina-liquor-sales-see-12-jump-during-fiscal-year/>


+<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health>

**<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/OpioidOverdoseEDVisitsMonthlyReports/StatewideOpioidOverdoseSurveillance-ED-Data-July2020.pdf>

*** <https://abc11.com/gun-sales-background-checks-how-to-buy-a-handgun-covid-19/6071522/>

*Hope is
on the
Line*

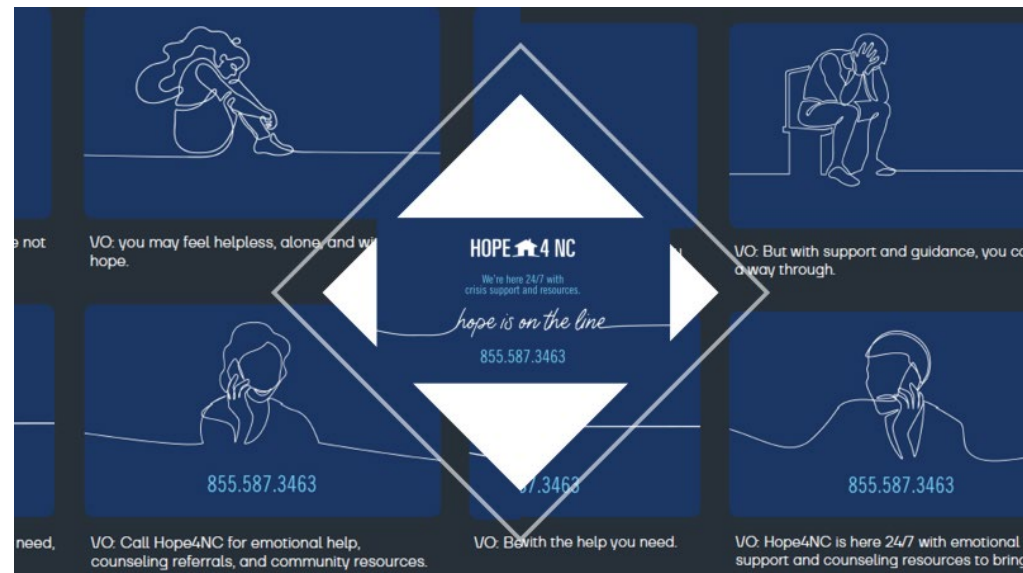
*Hope- tu
linea de
esperanza*


HOPE  4 NC

We're here 24/7 with
crisis support and resources.

hope is on the line

855.587.3463



HOPE  4 NC

We're here 24/7 with
crisis support and resources.

hope is on the line

855.587.3463

VO: you may feel helpless, alone, and without hope.

VO: But with support and guidance, you can get away through.

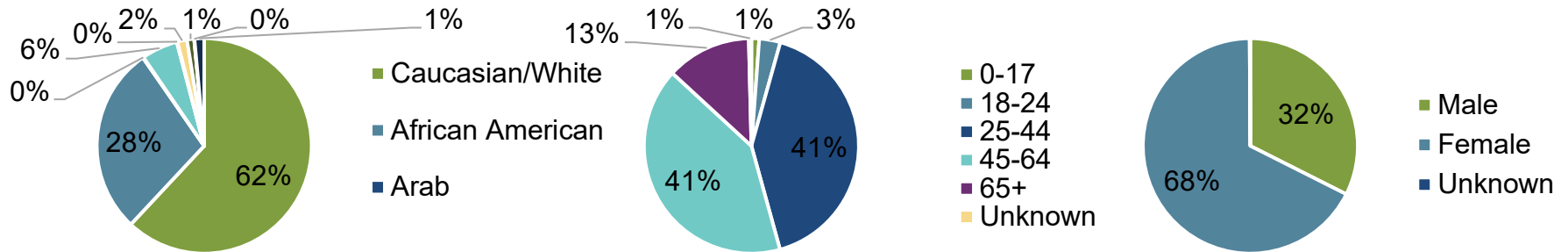
VO: Call Hope4NC for emotional help, counseling referrals, and community resources.

VO: Bewith the help you need.

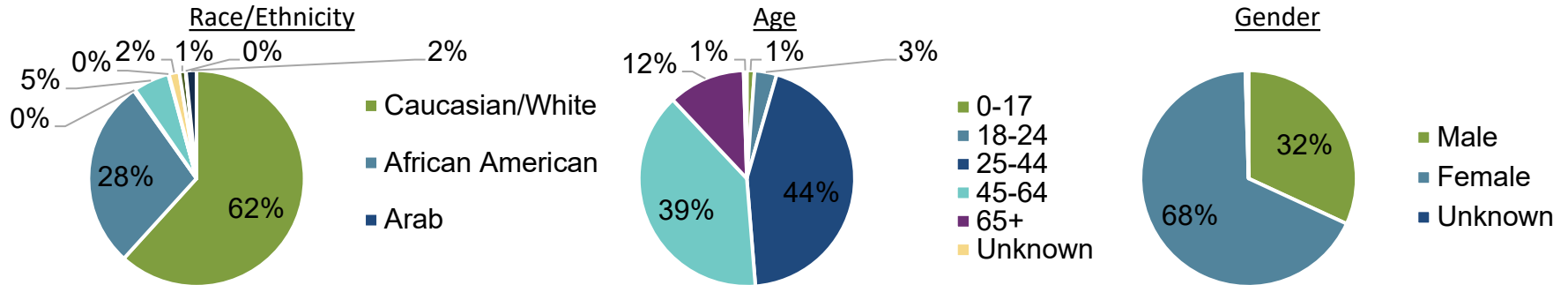
VO: Hope4NC is here 24/7 with emotional support and counseling resources to bring

Hope4NC Trends

Hope4NC, Hope4Healers Demographics – 04/20 to 9/20



Hope4NC, Hope4Healers Demographics – 04/20 to 10/20



Behavioral Health Resources During COVID-19

Behavioral Health Temporary vs. Permanent Changes

Outpatient (CCP 8C) and Inpatient

- Builds upon changes to CCP 1H (e.g., origination/distance site; technology rules)

PHE Temporary Flexibility	Permanent Status
Enabled group, family and crisis psychotherapy codes for telehealth	Keep permanently in updated CCP 8C
Expanded the eligible provider types to deliver select assessment and psychotherapy services via telehealth (LMFT, LCMHC, LCAS and associate level licensures in addition to LCSW-A & LPA).	Keep permanently in updated CCP 8C
Enabled delivery of <u>psychotherapy codes</u> via telephone.	Keep with changes in updated CCP 8C. Changes: <ul style="list-style-type: none">• no longer reimbursing telephonic psychotherapy at parity with in-person• sunsetting the ability for psychiatric prescribers to bill for telephonic psychotherapy as an add-on to an E&M service.
Enabled telephone “assessment and management” codes (98966-98968) for licensed therapists	Sunset this flexibility with the end of the PHE
Waived initial prior approval and reauthorization.	Sunset this flexibility with the end of the PHE
Inpatient Psychiatric E&M: Enabled telehealth for subsequent/discharge day E&M	Keep permanently

Behavioral Health Temporary vs. Permanent Changes

“Enhanced” BH Services (CCP 8A, 8A-1, 8A-2, 8A-6)

- Builds upon changes to CCP 1H (e.g., origination/distance site; technology rules)

PHE Temporary Flexibility	Permanent Status
Enabled the delivery of a subset of enhanced mental health and substance abuse services to be delivered via telehealth.	Sunset this flexibility with the end of the PHE with 2 exceptions: <ul style="list-style-type: none">• Diagnostic Assessment and MCM are being updated to explicitly permit use of telehealth• Ambulatory and Non-Hospital Medical Detox are being updated to explicitly permit physician assessments via telehealth
Waived the following for select services: <ul style="list-style-type: none">• Face-to-face requirements• Initial authorization and reauthorization• Beneficiary to staff ratios and minimum service availability• In-person supervision by a team member (allowed virtually by agency staff)• Select training requirements• Requirement for service to be at a licensed location	Sunset these flexibilities with the end of the PHE
Youth Facility Based Crisis: Allowed QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Telehealth assessment may be provided by the psychiatrist. The other flexibilities will sunset at the end of the PHE.

Behavioral Health Temporary vs. Permanent Changes

Research Based BH Treatment for Autism (CCP 8F)

- Builds upon changes to CCP 1H (e.g., origination/distance site; technology rules)

PHE Temporary Flexibility	Permanent Status
Enabled the delivery via telehealth.	Temporary policy is being extended permanently.
Allowed for telephonic delivery of services if telehealth was not available.	Temporary policy is being extended permanently and guidelines were added for delivering services via telephone.

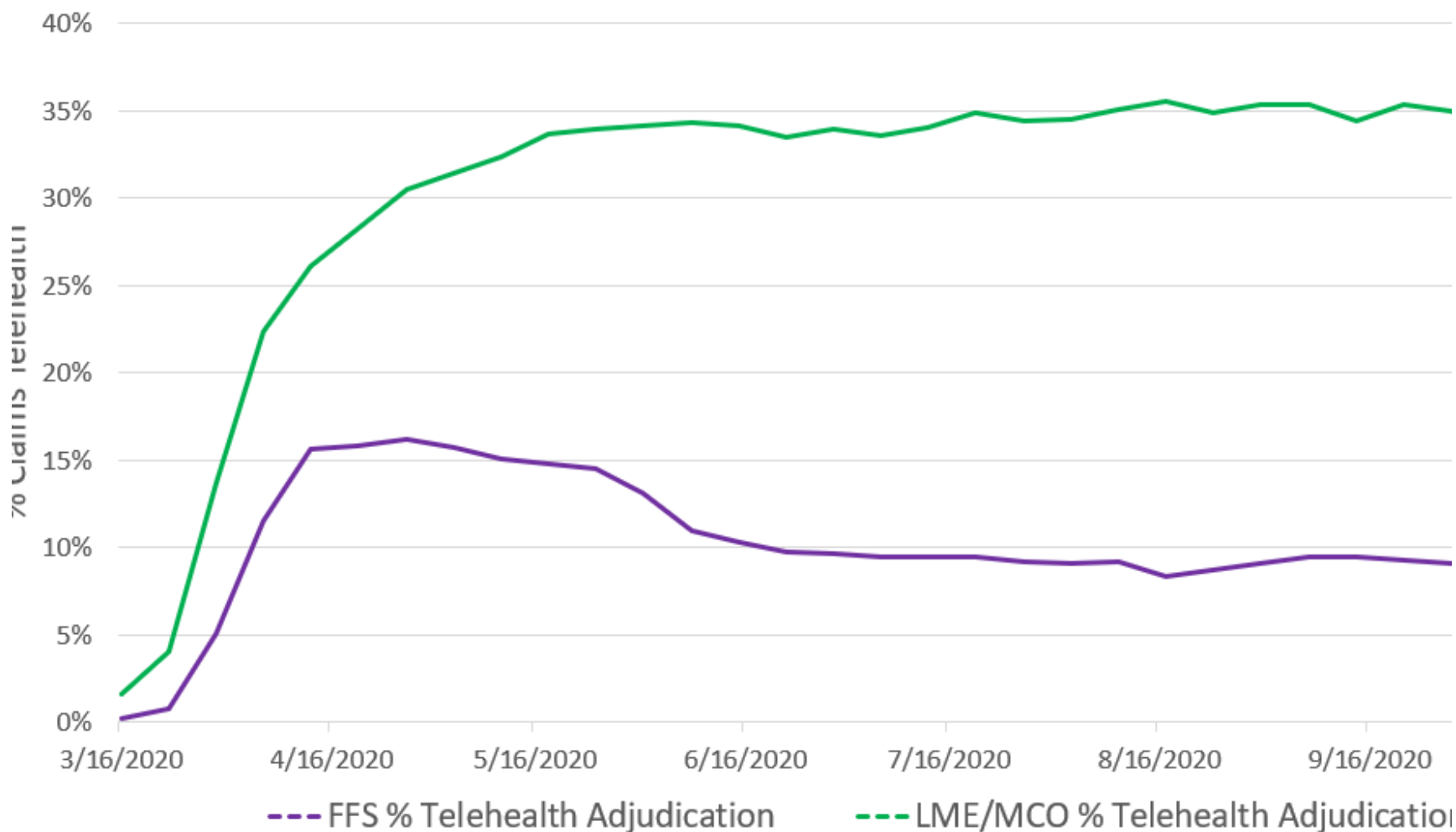
Behavioral Health Temporary vs. Permanent Changes

Peer Supports Services (CCP 8G)

- Builds upon changes to CCP 1H (e.g., origination/distance site; technology rules)

PHE Temporary Flexibility	Permanent Status
Enabled the delivery of peer supports services via telehealth or telephonically.	Temporary policy is being extended permanently for telehealth and telephonically with parameters.
Waived the following for select services: <ul style="list-style-type: none">• Requirement that telephone time be less than 20% of total service time• Initial authorization and reauthorization• In-person supervision• Beneficiary to staff ratios• Select training requirements	Sunset these flexibilities with the end of the PHE

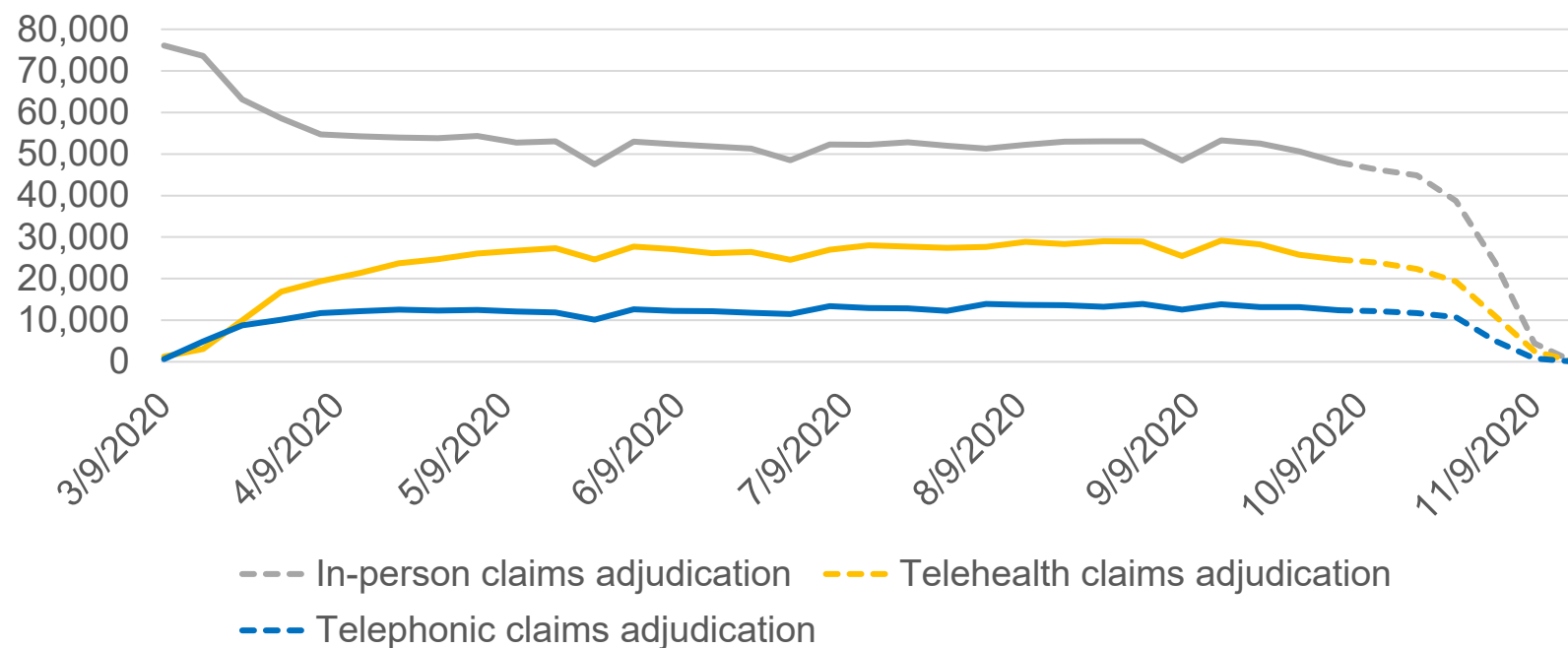
% Telehealth¹ for Physical vs. Behavioral Health | 3/16/2020 – 11/16/2020



Remote encounters that include both audio and video

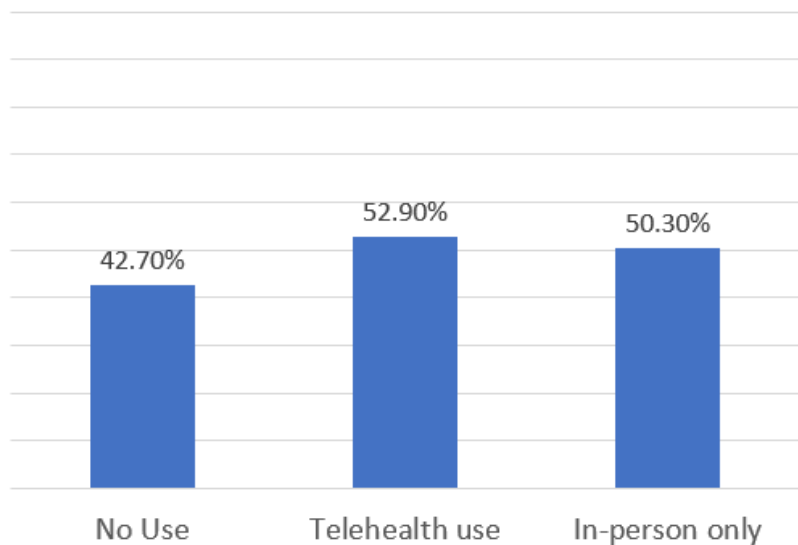
Telehealth, Telephonic, and In-person Behavioral Health Encounters Volume

03/09/2020 - 11/22/2020

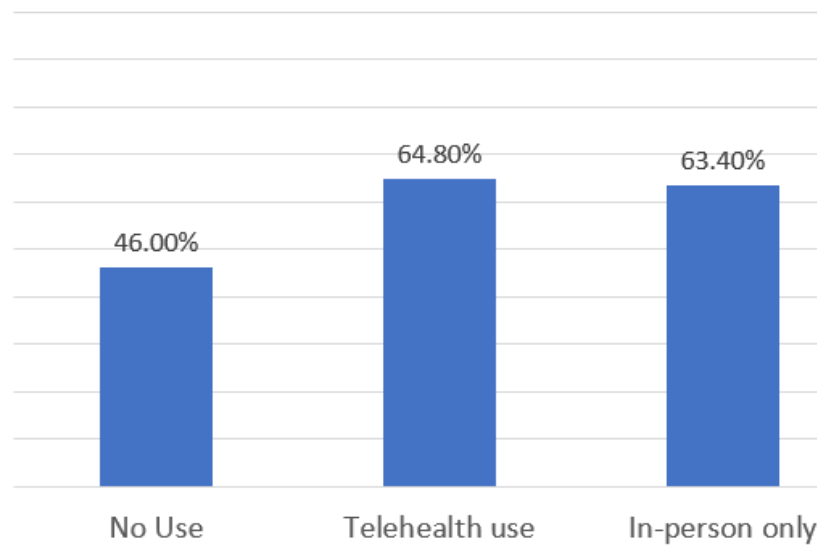


Medication use from June-August was higher for beneficiaries that received some services during March - May

Any Antipsychotic fills June - Aug among those with pre-use

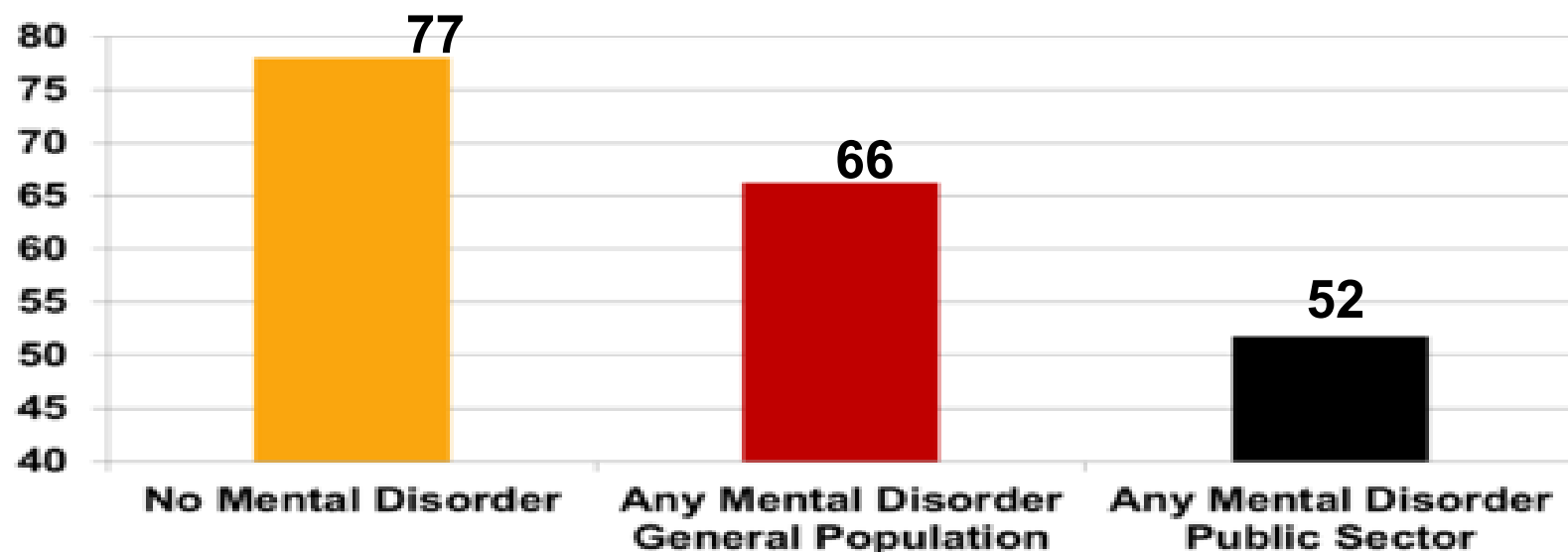


Any MOUD fills June - Aug among those with pre-use



Enhanced Primary Care for Patients with Serious Mental Illness

Life Span With and Without Mental Disorder



Bar 1 & 2: Druss BG, Zhao L, Von Esenwein S, Morato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. *Med Care*. 2011 June;49(6):599-604

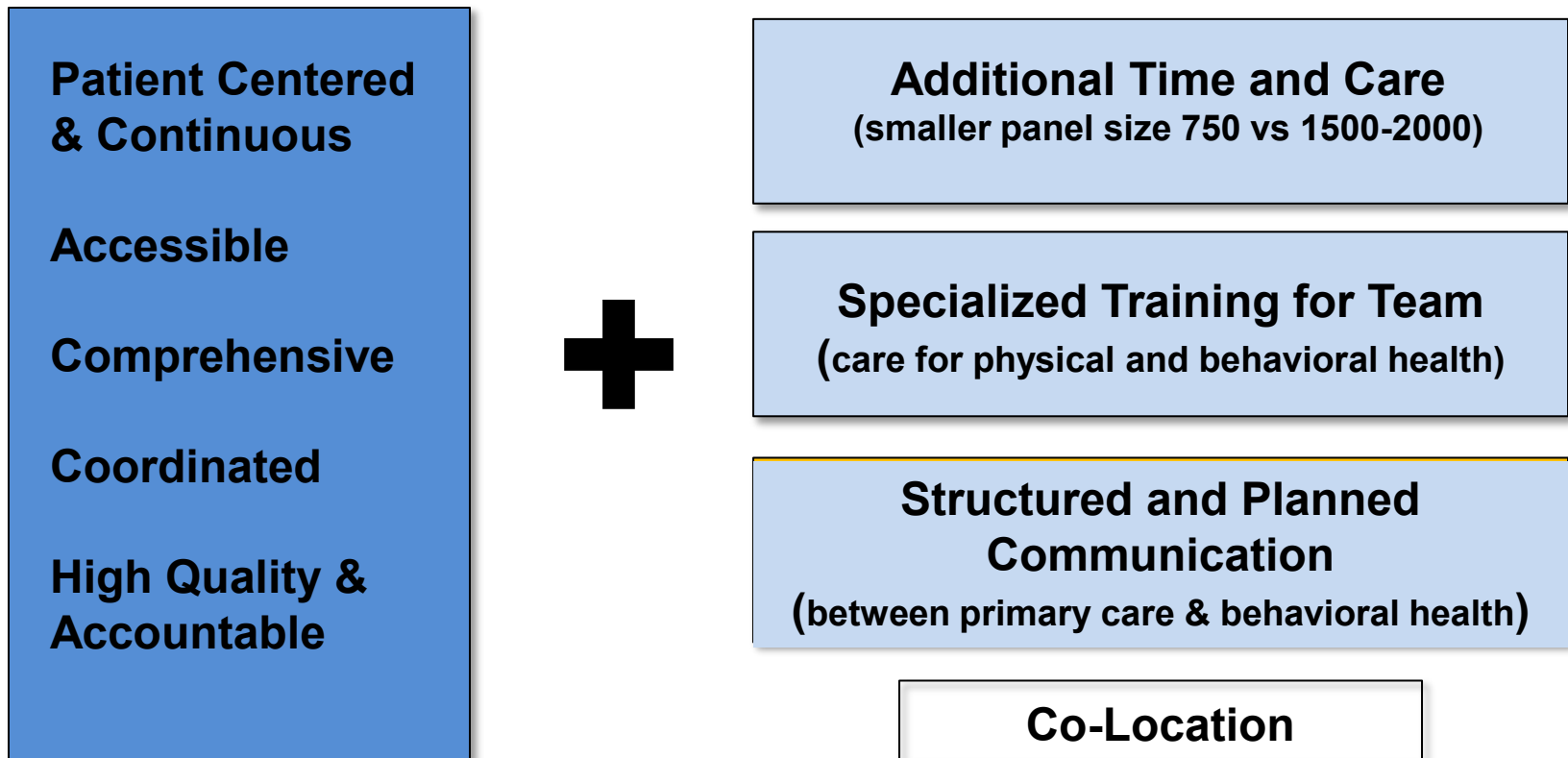
Bar 3: Daumit GL, Anthony CB, Ford DE, Fahey M, Skinner EA, Lehman AF, Hwang W, Steinwachs DM. Pattern of mortality in a sample of Maryland residents with severe mental illness. *Psychiatry Res*. 2010 Apr 30;176(2-3):242-5

integration.samhsa.gov

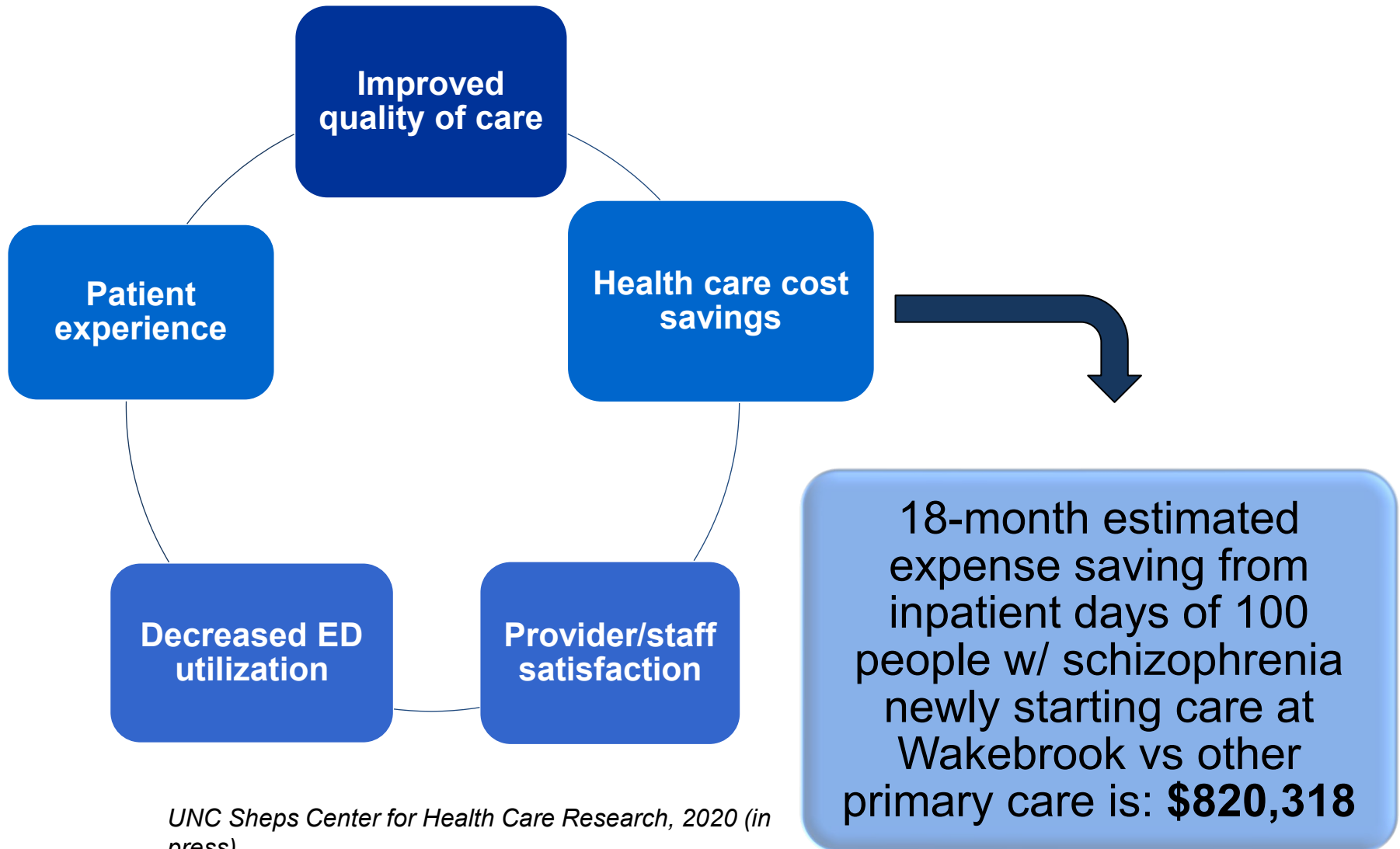
85% of mortality gap can be attributed to physical illness

Wakebrook

An Enhanced Medical Home Model for Patients with SMI



Outcomes



Optimizing Telehealth with Integrated Behavioral Health: MAHEC

Changes in Behavioral Health service delivery

Since onset of COVID-19

- **All scheduled BH appointments are conducted via tele-health**
 - Prior to Covid-19, all scheduled BH appointments were in person/in clinic
- **Same-day Behavioral Health consults / “warm handoffs” shifted to entirely tele-health for first several months**
 - Prior to Covid-19, all BH consults were in person/in clinic
 - Currently BH consults are conducted both in person/in clinic and via tele-health

Benefits of tele-health for BH services

- **No-show rate for BH appointments is greatly reduced**
 - Prior to COVID and tele-health, this was a significant issue
 - Integrated care model more financially sustainable with tele-health
- **Access to BH services greatly increased for patients who have transportation challenges or rely on use of wheelchair**
 - Per patient *"This is a game-changer, please don't go back to office-only appointments"*
 - Transportation time to/from clinic could be 4-5 hours using transport service; no longer an issue for this patient
- **Access to BH remained possible for patients who were in charge of their children's virtual schooling**

Benefits of tele-health for BH services

- **Access to BH remained possible for patients required to quarantine or at high risk**
- **Patients able to keep BH appointments without missing as much time from work**
 - Several patients have found a private space at work and obtained permission from employer to have BH appointment vs. missing a full or half day
- **BH provider able to witness and support patients in “real-life” setting**
 - E.g., parenting challenges with children; able to practice skills during appointment


Benefits of tele-health for BH services

- **Physicians able to add BH providers into medical tele-health visits**
 - Screen sharing allows for “warm handoff” to be done similarly to in-person
 - Screen sharing allows for documents, such as Safety Plans, to be viewed and completed as a team with patient, BH, and MD
- **Will be able to provide BH services during Winter months when WNC snow makes travel to clinic difficult for employees and patients**

Challenges of tele-health

- **Occasional difficulty with technology, inability to connect**
 - Most always able to switch to back up program or phone call if needed
- **Not all tele-health systems offer document sharing/signing**
- **A minority of patients report dislike of video and choose to wait until in person appointments are an option**
- **Frequently need to review privacy and safe practices with patients**
 - Private/confidential space (not in restaurant or while shopping)
 - Clarify who is in the room before sharing information
 - No video sessions while driving a vehicle!

- **Benefits far outweigh challenges**
- **Patients/ providers hopeful that same access will remain post-COVID**

A photograph of a woman with dark hair, wearing a white shirt, smiling and hugging a young girl with long dark hair, who is also smiling. They are sitting on a grey couch in front of a window with sheer curtains. The woman is wearing a red thread bracelet on her right wrist.

NC-PAL

THE NORTH CAROLINA PSYCHIATRY ACCESS LINE

NC-PAL is a federally-funded access line that **provides telephone psychiatry consultation and community referral for providers*** to address behavioral health needs of their pediatric *and* perinatal patients.

* Pediatricians, obstetricians, family physicians, physician assistants and nurse practitioners.

In addition to the access line, NC-PAL offers educational programs for both pediatric patients and perinatal patients.

1. Pediatrics

- North Carolina Telehealth Partnership for Child and Adolescent Psychiatry Access (**NCTP-CAPA**)

2. Perinatal

- North Carolina Maternal Mental Health **MATTERS** (Making Access to Treatment, Evaluation, Resources, and Screening Better)



Program Aims



Screening, Assessment, & Treatment

- Enhance systems for screening, assessment, and treatment of behavioral health disorders in pediatric patients



Continuing Education

- Support local providers through training and in the integration of maternal mental health into primary care practice

NC-PAL

- 5 Child and Adolescent Psychiatrists (CAP)
- 7 Perinatal Mental Health Specialists (PMHS)
- 4 Behavioral Health Consultants (BHC)
- 2 Data Specialists
- 5 Program Administrators



NC-PAL Calls by County

A total of 853 calls from 35 counties across both pediatric and perinatal programs

(10/1/2017 – 12/13/2020)

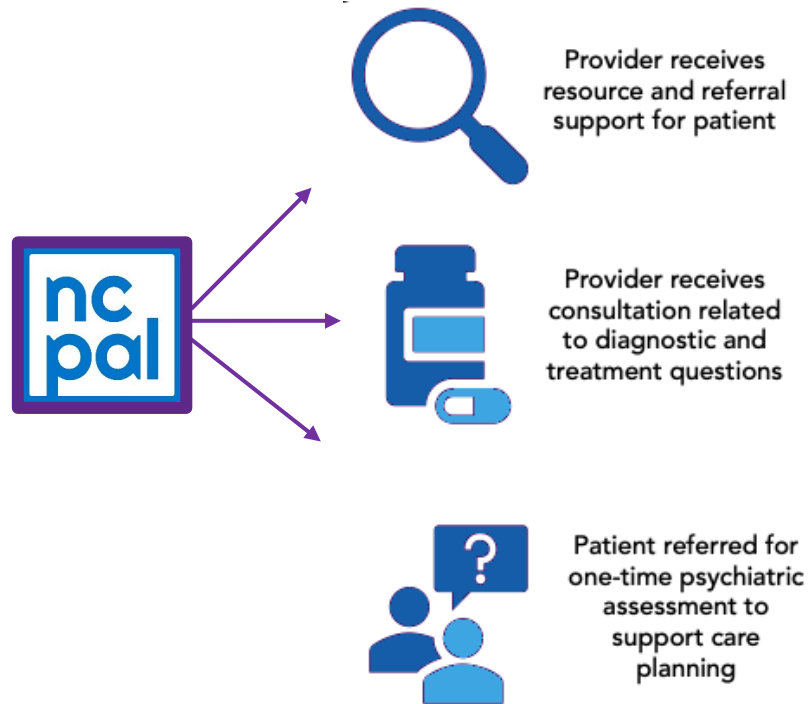
The NC-PAL Consultation Model

The Process

PRESS 1 NC-PAL Child Psychiatry

PRESS 2 NC-PAL Perinatal Psychiatry

- ❑ BHC answers call, collects patient information, and determines caller needs
- ❑ CAP or PMHS are connected to caller within 30 minutes



What do callers ask?

- Diagnostic questions
 - Screening guidance and clarification
- Medication management and algorithm questions
 - Selection, side effects, needing a second opinion
- Questions about various forms of support
 - General help with accessing mental health community resources, referrals
 - Identifying appropriate resources and referrals for specific behavioral health concerns



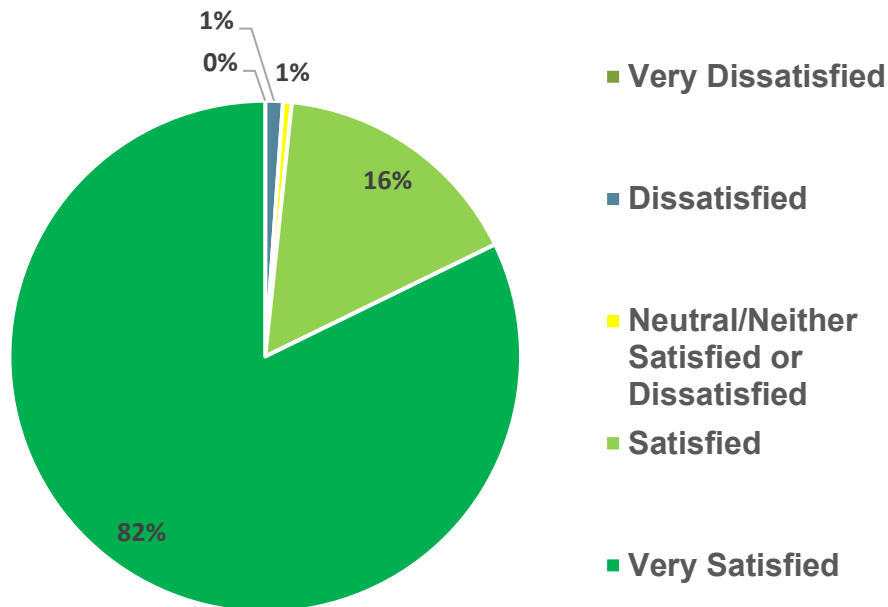
Education Initiatives

- Virtual “Lunch and learn” sessions
- REACH Institute PPP Mini-Fellowship
- Webinars
- Newsletters
- AHEC lectures
- Personalized lectures and didactics based on practice or provider requests



Satisfaction

Overall Satisfaction with consultation from NC-PAL



“This is an extremely valuable service to our state. I feel the providers went above and beyond to address my concerns and in a very timely manner....Thank you for making this much needed resource available to us!!”

November, 2020



Contact Information

- Email:
 - Pediatric – ncpal@duke.edu
 - Perinatal – ncpal@unc.edu
- Phone: (919) 681-2909
 - Pediatric – select extension 1
 - Perinatal – select extension 2
- Hours: Monday – Friday 8:00 AM – 5:00 PM
- Please note that this is not a crisis line. If you have a patient in crisis, please call **911**



Behavioral Health Resources During

Tips to reduce anxiety and stress: The American Psychological Association shares tips to cope with COVID-19 and the impact of social distancing on one's mental health.

Tips for social distancing, quarantine, and isolation: The Substance Abuse and Mental Health Services Administration suggests ways to cope and support oneself during an infectious disease outbreak.

Looking after your mental health: The World Health Organization has published tips and advice to look after one's mental health and help others who may need extra support and care.

Additional resources available to support mental health and coping with COVID-19: The Suicide Prevention Resource Center compiled a selection of web pages and information from key organizations in the field. Resources are available for general audiences, mental health professionals, health care workers/first responders, community leaders, American Indians/Alaska Natives, colleges/universities, schools, parents/caregivers, teenagers, older adults, Hispanics/Latinos, LGBTQ, faith communities, and workplaces

Behavioral Health Resources

- ***Helping Children Cope with Changes Resulting from COVID-19: The National Association of School Psychologists provides tips on helping families adjust to a “new normal.”***
- ***Resources for Helping Kids and Parents Cope Amidst COVID-19 from American Academy of Child and Adolescent Psychiatry***
- ***Resources to Support Mental Health and Coping with COVID-19: From the Suicide Prevention Resource Center***
- ***Supporting Survivors’ Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency National Center on Domestic Violence, Trauma & MH***
- ***Stronghearts Native Helpline (1-844-762-8483): Domestic, dating and sexual violence helpline for American Indians and Alaska Natives, offering culturally appropriate support and advocacy daily.***
- ***COVID-19 Prevention Supports in NC: DHHS COVID-19 information HUB***

Evidence Based Behavioral Health Messaging Aimed at Prevention



The SCOOP on Managing Stress

S Stay connected to family and friends.

Social connections build resiliency.

C Compassion for yourself and others.

Self-compassion decreases trauma symptoms and stress.

O Observe your use of substances.

Early intervention can prevent problems.

O Ok to ask for help.

Struggling is normal. Asking for help is empowering.

P Physical activity to improve your mood.

Exercise boosts mood and lowers anxiety.

HOPE  **4 NC HELPLINE 1-855-587-3463**

Supporting our frontline workers

Hope4Healers Helpline

**NC Psychological Foundation
partnership with NC
DMH/DD/SAS**

Provides mental health and resilience supports for healthcare, childcare, educators/school personnel, first responders, and other workers on the frontlines of the COVID-19 response and their families.

Available 24/7 with follow-up by licensed mental health professionals for free brief therapy (3-4) sessions.

**Do you or your family members need
FREE emotional support from being
on the COVID-19 frontlines?**

*NC Licensed Therapists
are ready to listen!*



Upcoming webinars:

- 1 Medicaid Fireside Chat: January 7, 2021 at 5:30 PM
- 2 AHEC AMH Webinar Series #2: January 14, 2021 at 5:30 PM

Q&A