March 29th, 2021 SUMHI Action Update:
Impact of COVID-19 on Behavioral Healthcare in New Hampshire
Summary of Lessons to Take Forward

Virtual Platforms

Telehealth

Pros
Saves pt time
Saves staff time
Reduces barriers
Fewer NS/cancels
Others join easily
Glimpse homelife

Cons
No in-person contact
Pts may lack privacy
Lack of broadband
Tech needs/costs for patients

Keepers
>Multimodal options for telehealth (audiovisual, audio, text)
>Continued options for in-person care

Actions needed
>Legislative advocacy (Fed & State) for
- Use of audio and audiovisual platforms
- Continued telehealth reimbursement
- Cross border practice
- Improved rural broadband
- Support patient technology needs

Work-at-Home

Pros
Less travel
- Work efficiency ^
- Personal time ^
- Carbon OP v

Flexible family/work
Ease of meetings and collaboration

Cons
No in-person contact
Boundary blur
Distractions

Keepers
>Flexibility to work at home or at work to best meet work and personal needs

Actions needed
>Structured organizational and supervisor support for offsite work
>Investment in valued onsite activities

Education

Pros
No travel
Engage distant experts easily
Ease of education outreach

Cons
No in-person contact

Keepers
>Virtual educational outreach ops
>Virtual educational input ops
>In person education when convenient

Actions needed
>Maintain current efforts and system support for virtual education

Stress and Distress

Vulnerable Populations

Including people with ID/DD, mental health or substance use challenges, insecure housing, others

Stressors: Reduced support, isolation, fears, health system

Possible Value
Illuminates systems failures
Garners attention
Incr. collaboration around solutions

Burden
Suffering
Suicides
Violence

Keepers
>Heightened will to resolve systems failures
>Continued collaboration across organizations, departments, state

Actions needed
>Leverage the boarding crisis to create systems change
>Advocate for State Step-Up Step-Down program
>Advocate for staff trainings to defuse anger/violence
>Advocate for residential programming to meet needs (noted especially with respect to Moms in Recovery)

Healthcare Staff

Stressors: COVID impact on personal & family safety, long hours, understaffing, patient suffering (losses, illness & death alone), practice changes, increased patient complexity, increased patient MH challenges, less time for self-care

Possible Value
Humanizing collegial relationships
Democratizing leadership
Increasing visibility of support options

Burden
Exhaustion
Mental health suffering
Toll on physical health

Keepers
>Humanized and democratized relationships between all staff and between staff and leadership
>Enhanced staff supports and awareness of supports

Actions needed
>Proactive leadership
>Self-advocacy

Compilation of Major Change Themes

Key discussion points from four breakout session discussions along with key points from the slides of four presentations provided at the March 29th Action Update. Speakers and break out session participants were asked to identify the positive and negative impact of COVID-19 on: 1) care of people with behavioral challenges and 2) their own work experience. They also considered what changes should be kept going forward and what actions are needed to do that. The following includes many verbatim statements. Note: page one of this document is a further distillation of this information.

- **Virtual platforms**
  - **Telehealth**

    Changes noted
    - Audio only and audiovisual permitted
    - Reimbursement as for in person
    - Cross border practice easier
    - Discretion with HIPAA

    ▪ Positives
    - More flexibility for both patients and staff
    - Saves time and reduces barriers to care for patients
      - Transportation
      - Childcare expenses/arrangements
      - Less time off from work
      - More available time often means less stress
    - Saves time for clinicians
      - No changing locations, finding patients, waiting for rooms
      - Increased teaching and clinical debrief time pre and post
    - Providers may get a better feel of patients homelives
    - Can include more people (family, staff) more easily
    - Bookings not limited by room need, increased scheduled patients
    - Fewer cancellations and no shows
      - Due to weather or car breakdowns, etc
      - Staff can reach out if patient forget.
    - Providers can work despite being home with sick kids etc. (Psych)
    - Retention in care appears good, possibly better, for established patients (preliminary data DH ATP)
    - Some patients prefer telehealth visits (61% of palliative care)

    ▪ Negatives
    - Loss of human interaction
    - Better communication for some patients in person. (esp around sensitive topics
    - Lack of broadband access in rural areas
    - Lack of hardware and software among many patients
    - Cost of devices and minutes for patients

- Lack of privacy to conduct visits in some homes
- Having to care for kids at home during visit
- Retention may be same or worse for some patients, particularly new patients (preliminary data DH ATP & MIR)
- Removed many structural barriers, but MH crisis still persists
    - Increase in workforces still needed
    - Innovation in delivery still needed
- Rural pops with higher barriers to care

- What to keep
    - Option to use telehealth, including audio only, when appropriate.
        - Multimodal engagement options are needed (text, portal, telehealth, audio)
    - Option for in person care and multidisciplinary engagement for more complex or newer patients person and for those who prefer
- Actions needed
    - Advocate for consistent Federal and State policies facilitating
        - Audio only as well as audiovisual visits
        - Continued reimbursement for telehealth
        - Cross-state border practice
    - Technology supports
        - Smart phones, pads or computers for those with need and unlimited data cards (MIR)
            - State/Federal support MIR)
            - Charitable access in interim
        - Improved broadband in rural regions
            - State/Federal infrastructure support
        - Secure text options for asynchronous communications
        - Technical assistance for patients
            - Engage CHW/Resource specialists to assist patients
            - Hotlines/entry point to engage vulnerable patients
        - Technical assistance for staff

- **Work from Home**
    - Positives
        - Less travel to and from work freeing time for
            - Family
            - Outdoor
            - Exercise
        - Less travel to and from meetings freeing time for
            - More efficient work and team efforts
        - More flexible work/home hours permitting
            - Greater availability to meet personal and family needs
            - Working around other needs
        - Multi-tasking sometimes possible
            - Eg Making dinner while attending some types of meetings
        - Enhanced relationships in some circumstances

        - Meeting colleagues' families, glimpses of their lives etc.
        - Greater capacity for collaboration across departments, divisions, institutions
        - Ability to engage with clinicians and educators and consultants from a distance
      - Ability to attend more diverse educational offerings virtually
      - Decreased carbon footprint
    - Negatives
      - Difficulty setting boundaries on work, trouble disconnecting
      - Isolation from colleagues, miss in-person interactions and informal time
      - Note: work capacity varies by household, larger families may have more distractions
    - What to keep
      - Flexibility to work at home and work at work depending on personal circumstances and work demands
    - Actions needed
      - Organizational & supervisor support
      - Proactive investment in the things that make coming back in-person valuable - does everyone want to continue work from home?
      - Creativity in maintaining valuable components of in-person work ('water cooler' chat) while remote
  - Education
    - No need to travel to conferences
    - Easily engage experts from far away
    - Offer education regionally and distance

- **Increased distress among vulnerable populations** and others (children, families, people)
    - Populations noted to be struggling
      - People with intellectual and developmental disabilities
        - Less supports available
        - Not understanding changes, struggling
      - People with mental health issues
        - People with severe psychosis not willing or not able to take their meds
        - Capacity of Comm Mental Health centers is stretched
        - More adolescents and kids presenting with MH issues
      - People with substance use disorders
        - Not having in-person meetings is difficult (the opposite of addiction is connection)
        - High dose fentanyl users requiring methadone, transition more difficult during COVID-19
        - More suicide attempts

        - Even more evident that program success for individuals is about treatment AND fundamental social supports
    - People with insecure housing: housing more difficult than ever
- Positives
    - Highlights underlying failures in our mental system and must compel change
    - More people and organizations talking about housing solutions
    - Increasingly apparent that relationship between hospitals and community mental health centers is essential
    - Enhancing collaboration between silos (noted between DH ObGyn & Psych Depts, among others)
- Negatives
    - MH Boarding crisis in EDs has escalated . Burden on EDs
        - Longer waits for MH placement (State Hospital and others)
        - Longer waits for DC from State hospital and others)
    - Patients suffering: more people with suicidal ideation
    - Patients becoming violent sometimes in clinical settings (ED)
    - Families less willing/able to take patients home
- Keepers
    - Collaboration on several levels: between departments, between organizations and with the state
    - Team thinking - we've learned that in the face of challenge, team thinking brings innovation
    - Hope that the collective raised consciousness of the mental health crisis, so intricately enmeshed in the COVID19 pandemic, will continue to bring about discussion and policy changes
    - Appreciation of the multimodal needs of patients
- Actions needed
    - Leverage the boarding crisis and other fractures in the BH system to make fundamental changes going forward
    - More training for staff in how to defuse and, if necessary, protect themselves in violence
    - More apparent need for a residential program for Moms in Recovery
    - Give phones to patients who don't have them: more apparent that finding out if a patient has a phone to contact provider when in need is fundamental.
    - State to start Step Up and Step Down

- **Increased stress among care providers**
    - New or increased Stressors
        - Stress of potential COVID exposure
            - Fear for personal safety
            - Fear for family safety
        - Long clinical hours, understaffing
        - Transitions from in person to virtual care in some settings
        - Experiencing patients'

        - Stress and suffering
        - Losses
        - Illness in isolation
    - Emergency Department changes
        - Types
            - Increased complex chronic illness related to deferred care
            - Increased mental health challenges
        - Impact
            - Staff exhaustion
- Positives
    - Demands for collaboration and systems revisions to effectively address COVID is
        - Driving new collaborations and cooperative pathways (eg psychiatry revisions, ObGyn and psych collaboration)
        - Driving innovations
    - Humanizing collegial relationships and revising divisions of responsibilities
    - Enhanced efforts among leadership and others to
        - Create positivity.
        - Increase visibility of options for support
- Negatives
    - Stress!
    - increased mental health challenges
    - Increased interpersonal stress
    - Toll on physical health
- What to keep
    - Collaboration and cooperation
    - Humanization of relationship
- Actions needed
    - Continuing leadership
        - Working to humanize, connect, reward openness
        - Support awareness of support options