Changes in Behavioral Healthcare from Pre-COVID to Today

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Amanda Gorman's Challenge

- The new dawn blooms as we free it
- For there is always light,
- if only we're brave enough to see it
- If only we're brave enough to be it

Greetings & Best Wishes

I bring greetings and best wishes to each of you from the American Academy of Social Work and Social Welfare.

Where We Are Going Today

- Behavioral Health/Care Pre-COVID-19
- COVID-19 and Behavioral Health/Care
- Implementing Population Behavioral Care
- Implementing Integrated Care
- Implementing Value-Based Purchasing
- Steps Going Forward

Behavioral Health Conditions are Pervasive.

Context of Behavioral Health and Care -1

- 25% of adults and 20% of children and adolescents have diagnosable behavioral health conditions (annual prevalence).
- About 6% of adults and 9-13% of adolescents have serious and persistent mental health conditions.

Context of Behavioral Health and Care -2

- More than 11% of those age 12 and older use illicit drugs, and more than 2% use prescription drugs for nonmedical purposes.
- Drug overdose deaths exceed 93,000 per year.
- Almost 50,000 persons die by suicide each year.
- About 8.5 million persons have co-occurring mental health and substance use conditions.

Behavioral Care Can't Meet Current Demand.

Context of Behavioral Health and Care -3

- No more than half of adults and a quarter of children and adolescents with behavioral health conditions receive <u>any</u> care at all.
- Only about 20% of these adults receive care from a behavioral health provider; 80% receive care from a primary care provider.
- Many who do not receive care are homeless or incarcerated in city and county jails.

Context of Behavioral Health and Care -4

- The behavioral care field suffers from a severe human resource crisis—senior providers are leaving and junior providers are not entering in sufficient number.
- Much more reliance is being placed on peer supporters, virtual care, and self-care.
- Behavioral care has been very slow to adopt integrated care approaches.

Now, let's shift gears....

Times Really Have Changed



COVID & Behavioral Health -1

- COVID-19 and its mitigation strategies have generated a behavioral health pandemic.
- A CDC survey conducted in June 2020 shows:
 - 41% of adults had at least one mental or behavioral consequence.
 - ▶ 31% anxiety or depression
 - 26% trauma or stress

COVID & Behavioral Health -2

- 13% increased substance abuse
- ▶ 11% contemplated suicide
- Even more concerning:
 - > 33% of unpaid caregivers contemplated suicide
 - > 25% of those 18-24 contemplated suicide
 - 22% of essential health workers contemplated suicide
- More recent data from CDC suggests that these rates have climbed to 50+% since January of 2021, and are now receding slightly.

▶ Thus, We are in a Behavioral Health Pandemic.

Behavioral Care Also Has Changed



COVID and Behavioral Care -1

- In one month (April 2020), behavioral care transitioned from interpersonal to virtual. This has led to important learnings.
- Behavioral care had great difficulty acquiring PPE.
- Mental hospitals and local jails deinstitutionalized rapidly, leading to problems in local communities.

COVID and Behavioral Care -2

- Revenue of behavioral care organizations fell 40-50%, and has now mainly recovered.
- Important gains made in expanding virtual behavioral care may be limited unless permanent extensions can be achieved through Federal Medicaid and Medicare.
- The estimated financial shortfall in behavioral care is about \$38 billion. Overall: In states, \$500 billion; in counties, \$150 billion. About half of this has been included in the American Rescue Plan: \$300 billion for states; \$69 billion for counties.

▶ The Future of Behavioral Care is Uncertain at Present.

What can be done?

- The current crisis in behavioral care can be partially mitigated through implementing population behavioral care (Prevention always is preferred over treatment.); integrated care; and value-based purchasing
- Such changes also will mitigate personal behavioral health crises in the community.

Context of Pop. Behavioral Care-1

- Although coming only slowly, population behavioral care now is seen as critical to the future of the behavioral care field, including for crisis care.
- Underlying Model:
 - ▶ Negative Social/Physical Determinants of Health \rightarrow
 - ▶ Personal and Family Trauma \rightarrow
 - \blacktriangleright Health and Behavioral Health Consequences \rightarrow
 - Need for Care and Support

Context of Pop. Behavioral Care - 2

- Trauma causes about 85% of all behavioral health conditions.
- Example: Adverse Childhood Experiences (ACEs)
- Example: Trauma Informed Care & Trauma Informed Recovery
- Now recognized that persons in the behavioral care field also will need training in public health and community interventions. Joint degrees are becoming more common.

Important Strategies We Can Pose:

- We can use population behavioral care strategies to prevent and reduce the behavioral health and social effects of COVID-19 and its mitigation efforts.
- We can use population behavioral care strategies to prevent and reduce personal behavioral health crises that occur in the community.

Moving Toward Integrated Care

Moving Slowly Toward Integrated Care

- The Affordable Care Act set the stage for personcentered care and integrated care service delivery.
- Behavioral healthcare has been slow to adopt these changes, primarily because of fears about losing jobs and closure of care organizations.
- Comprehensive Community Behavioral Health Clinics have shown that it is feasible for behavioral healthcare to serve as the host for integrated care.
- Virtual care delivery has brought renewed interest in integrated care because it removes some of the organizational impediments.

Next Steps in Integrated Care

- Integrated care likely will expand to incorporate social services.
- Healthcare will continue to adopt integrated care at an accelerating rate.
- The number of Comprehensive Community Behavioral Health Clinics will continue to grow, much like the original Community Mental Health Center Program

Moving Very Slowly Toward Value-Based Purchasing

- Although primarily suspended by the Trump Administration, federal efforts to implement valuebased purchasing have now resumed in the Centers for Medicare and Medicaid Services.
- The goal is to bring Medicare under a value-based purchasing model, and then to extend that work to Medicaid.
- Many health entities are developing value-based purchasing capacities.
- Many fewer behavioral healthcare entities are doing so.

Next Steps for Value-Based Purchasing

- It seems likely that managed care entities will continue to adopt value-based purchasing protocols for behavioral healthcare provider entities.
- The clear implication is that behavioral healthcare entities will need to develop data capacity to compute accurate population capitation rates and to store, analyze, and maintain outcome and performance information.
- National leadership and technical assistance will be needed to facilitate these transitions.

• We can put it all together.

Putting It All Together

- Community Level Prevention Through Addressing the Social and Physical Determinants of Health
- +
- Community Level Population Behavioral Care to Reduce Behavioral Health Crises and to Target Care Needs More Accurately
- +
- Expansion of Integrated Care to Reduce the Care Delivery Crisis Facing Behavioral Healthcare
- +
- Expansion of Value Based Purchasing to Align Behavioral Healthcare with Healthcare Delivery Practices

Commentaries

My commentaries are available at Behavioral Healthcare Executive (<u>www.behavioral.net</u>)

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