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COMCARE

The County Managed
Care Resource

INSIGHT

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SPECIAL EDITION – 2020 YEAR-IN-REVIEW

SO MANY CHAMPIONS!



INSIGHT is published monthly by COMCARE, a program of the County Commissioner's Association of Pennsylvania (CCAP). If you wish to provide comments or feedback, please forward your comments to Lucy Kitner or Michele Denk at COMCARE at the following email addresses: lkitner@pacounties.org; mdenk@pacounties.org. Thank You.

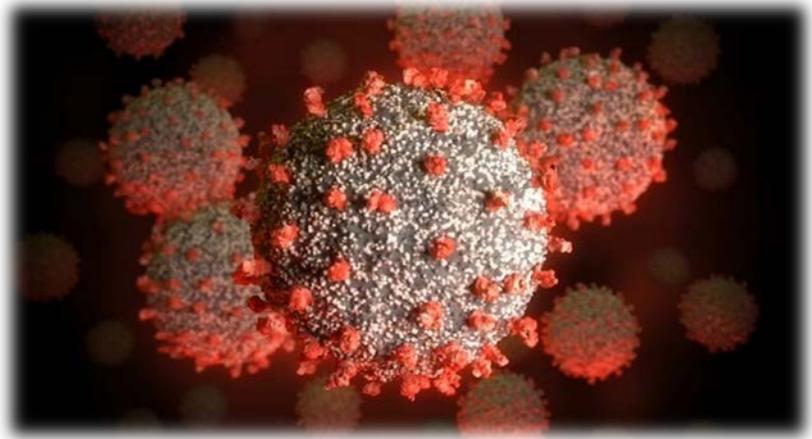
In this issue of INSight, we take a look back upon 2020. Clearly the central issue impacting us all has been the COVID-19 pandemic. The pandemic played the leading role of disrupter at every level of our lives.

We mourn for those who succumbed to the virus – at the time of this special edition, almost a million cases have been reported in Pennsylvania, and almost 24,000 Pennsylvanians have died.

Infections, quarantines, closures, turbulence in the political arena in an election year, social unrest in many major cities – polarization on many levels. We have no need to go into depth upon these categories because we have all lived them throughout 2020 – and are living in these conditions still.

In our previous issue of INSight, we chose to focus on renewed optimism. There are many things on a personal and professional level that forced us to re-prioritize our values – to slow us down to take a good long look about what is meaningful in life.

In this issue we will share with you the voices of the respondents to our 2020 Year-in-Review survey. While none of us would have chosen to endure the challenges and the losses of 2020... we have come away from the experience smarter and stronger.



We have worn masks...



We stayed home and worked...



...and ordered takeout a lot!

Our standard equipment changed...



...we learned how to participate in virtual meetings...



...and to balance work from home...



...maybe in our pajamas?



And for many of us, our homes had to be converted to classrooms, offices, meeting rooms and fitness centers.

And we discovered that we are surrounded by so many Champions! Champions who rose to many challenges to deliver healthcare, to teach children, to keep our communities safe... and to persevere under very difficult circumstances.



COMCARE conducted a survey polling County Mental Health Administrators, Drug & Alcohol Administrators, and COMCARE Board Members, for their impressions in a retrospective look back at calendar year 2020. The survey consisted of broad questions to ask about what types of operational challenges were encountered, to share heart-warming stories, lessons learned, and areas needing further attention for development. COMCARE wishes to thank those who shared their experiences, viewpoints, and examples of growth and innovation in review of a very challenging year.

The 4 survey questions are provided below. **Mostly all of the responses are unedited as presented from the respondent.** Those that were edited were done for readability not content. **The responses also have been de-identified as to the respective respondent individual, county, or service providers referenced.**

2020 Year-in-Review Survey Questions and Responses:

Q1 – What were the greatest operational challenges you or your organization faced in 2020; and how did you address / overcome them to serve your constituents or client populations?

- IT issues with regards to providing telehealth and virtual schooling; agencies having difficulty with staff retention; limited face to face visits with consumers and families; we worked with our local agencies and considered ways to use COVID-19 CARES money to support where possible.
- 2020 was a year with so many operational challenges. The pandemic caused existing problems to be greatly magnified. Probably the greatest challenge is how to successfully serve young adults who are aging out of placements. Many meetings have been convened with multiple stakeholder groups to raise awareness of this issue. The problem isn't resolved...yet. We, however, have developed strong partnerships to sort through how best to partner to develop mechanisms to support this group of young adults.
- COVID-19 limited our ability to provide in person Mental Health, Intellectual Disabilities, and Substance Use Disorder counseling services. It also restricted food distribution services.
- We are a small administrative office. When the lockdown first occurred, we worked from home for one month and then did a hybrid return to work. This did not affect our operations.
- We struggled with doing Level of Care Assessments by phone because it was never done, and we still wanted to acquire signatures ... it took an adjustment, but we were able to work through the new way of assessing and clients never went without access to drug and alcohol services.
- Staffing and coverage; scheduling; covering all needed; making sure operations continued to run smoothly and we are always serving the public
- Telehealth / remote work. Supplied staff with tools to work remotely.
- Working remotely, and Quarantine of individuals and staff who were COVID-19 positive.
- COVID 19 was greatest challenge. Addressed this by implementing telehealth services and conducting work remotely.

- To implement new initiatives that were started prior to COVID-19 and working remotely. Continued working together, figuring out zoom and virtual meeting platforms so initiatives could be implemented.
- Assisting providers with staffing challenges.
- Working remotely in the beginning was a challenge but we adapted with time. We were also faced with the necessity to furlough staff, which was a tough decision and we actually had a staff member who did not return after the furlough, so now we are short staffed but able to shift things around to make sure clients are being served.
- COVID-19
- The greatest operational challenge was working remotely during the pandemic. It was a change in the way we normally operate; though we overcame it by providing staff with the capabilities to work from home without negatively impacting client services.
- Managing operations in a new age of remote work from home environment due to COVID 19 to ensure the health and safety of staff while ensuring that members remain supported and served within the parameters of social distancing.
- COVID-19
- Working remotely without face-to-face contact throughout most of 2020 was the greatest challenge we faced. With the need to provide virtual and telehealth services, our ability to financially support our providers through this transition was of the highest priority. Creating a guarantee financial support to our "mission critical" providers allowed consumers to continue their treatments without a disruption in their care.
- The necessary COVID-19 response required extra work and adaptation by everyone. We responded by adjusting Reinvestment work plans to overcome situational barriers resulting in vulnerable individuals able to be housed or receive other needed supports. We want to recognize that the state moved quickly to suspend regulations, such as requirements for hard copy signatures on treatment plans and treatment consents, in addition to opening telehealth. This also allowed for us to implement rapid alternative payment arrangements (APAs), a swiftly designed technology Reinvestment plan, and CARES Act county funds to help keep providers solvent and responsive to individuals' needs. Vulnerable individuals were able to be housed or receive other necessary supports.
- It was a challenge making a rapid, unplanned shift toward telehealth and adapting to a new way of supporting families. Overall, the support needs of youth and families increased during this time, as many aspects of their lives had been interrupted. However, families did not have to experience mental health service disruptions since providers worked quickly to change their operations and provide services in a creative way to children and their families. This required providers to also develop creative strategies for engagement of new families as well as sustaining engagement with existing families who were accustomed to traditional methods of treatment. Our sense is that the state, county, Magellan, and providers worked together to meet this challenge.
- Fiscal, Connection, Communication: OMHSAS and ODP were valuable partners in the implementation of Appendix K (ODP) and approval of necessary waivers for MH Base-funded services to ensure the health,

safety, and fiscal viability of our vendors was maximized. Aside from addressing fiscal concerns, Connection and Communication played the largest roles in meeting the challenges. County staff across the ID/A, MH Base, and EI Units quickly pivoted to virtual support and increased frequency of this virtual support to ensure providers had the latest information, tools, and access to “group think/collaboration” from the County as well as other providers available to them to navigate the crisis.

- Congregate Care Housing and Treatment Facilities: While many facilities attempted to adapt their environments to include space for isolation, many could not do this and/or they had to significantly reduce their “bed” or “slot” capacity. This made some individuals technically homeless and/or significantly limited access to supports to and from higher levels of care like inpatient. The system saw “back-up” especially in terms of admissions to residential housing programs. To address individuals with disabilities who found themselves homeless due to COVID-19, i.e. discharged from facilities who stated they could not support individuals who tested COVID-19 positive and individuals who could not safely recover in their own or families’ homes for a variety of reasons, [County] developed and implement an Alternative Care Site which involved a hotel willing to dedicate a floor to meet this need. [Provider] partnered with [County] to provide at least daily behavioral health virtual support to individuals as well as coordinated for meal and personal needs deliveries to individuals and on-site Security. County Medical Reserve Corps volunteers provided the physical health daily virtual support. This remains a resource which is seeing increased utilization at this time.

Q2 – What were some unexpected (heartwarming) stories of success amidst the adversity?

- Through this difficult time, we have definitely developed a stronger relationship with law enforcement. We are grateful for this partnership and look forward to it continuing to grow. Earlier this year we were able to provide suicide prevention training to both Law enforcement and EMS workers.
- Increases in the delivery of telehealth services for client population kept clients connected to counseling thus keeping suicide and overdoses at a minimum. Also, expanded distribution of naloxone keep reversals at a high level. We also develop a Grab and Go Food Pickup system which resulted in an increase in the number of families receiving food.
- Our case managers were able to continue to get our clients into treatment. we were able to do Narcan drive-through. Telehealth was also important for treatment and case management.
- I believe for our very rural county it was the support of our Commissioners during a very unstable time and their understanding of what their staff were going through from adjusting to working remote to families dealing with sickness and the need for better technology.
- Staff and co-workers stepping up and helping each other; caring about one another and going out of their way for sick / positive coworkers - doing little things like grocery shopping after work and leaving the groceries on the doorstep.
- The general resilience of our workforce even during such unbelievably difficult times.
- We were humbled by the manner our "boots on the ground" continued to work to get people into treatment.

- Clients successfully engaged via telehealth methods.
- Our BCMs, and Implementation of our new Outreach Caseworker in the school districts has been able to support families, individuals and students suffering with food and housing insecurity, and getting our most vulnerable individuals supports and services they needed.
- One provider's all-out effort to continue to provide services to their individuals during the COVID shut down.
- I don't have any heartwarming stories per say, but my dogs did appreciate having me home with them; we got into a morning routine. A sad story that I have was that my furloughed case manager was not able to collect because they were not in the position long enough so they finally they had to seek other options, which was hard for my department because we put much time into training them and now have to do it over again. I felt helpless because I didn't have any answers to give them on why they weren't able to receive the COVID-19 unemployment benefits and didn't get much help from [other entity] either.
- People coming together to help.
- The [County] SCA was able to assist close to 350 individuals and families attain housing support and other ancillary support services as a result of compliance in treatment through the DHS SOR-Funding Housing Grant Initiative.
- I always find myself in awe and inspired by the adaptability of the members we serve. Often times, in the field of human services and specifically mental health, there is a presumption that the individuals we serve will not possess the ability or fortitude to adapt and persevere during difficult, unanticipated times and then they prove time and again that their life experiences and challenges have taught them to survive despite whatever life challenges they with.
- D&A Providers were able to remain open and adjust to tele-health treatment options.
- We have seen creative engagement, treatment, celebrations, and program graduations occur during very challenging times.
- Saw tremendous creativity, especially in residential congregate sites, and camaraderie among providers and funders. For those who participated in the Alternate Care Site, individuals were incredibly grateful for and benefited from the opportunity. Having this safe physical and supportive environment helped many individuals continue in recovery. Relapse and prolonged homelessness would have been the alternative had the hotel with its accompanying support not been a possibility.
- The need to pivot to virtual support was incredibly embraced by [Provider]. The variety and number of supports that are available through them have exponentially exploded and have engaged thousands of individuals. Folks are engaged who have never accessed services previously and they are meeting a need that the "system" would not necessarily know of or be meeting and a need that has definitely increased during the pandemic. They are supporting the whole individual by offering social connection, however that may look, i.e. not only psychoeducational/behavioral health support, but also recreational activities virtually as well. They also have very late night and holiday/weekend offerings.

Q3 – Looking forward with optimism, what are some of the lessons learned that will drive permanent change and improvements?

- Some staff proved to be more efficient and productive with telework and therefore, options for limited telework are being considered by the County. Staff have shown their resilience with adjusting to policy changes and have learned how to best help coworkers during times of crisis.
- We will continue to strengthen our partnership with our first responder community.
- We will continue the Grab and Go Food Distribution Program. It is more efficient and safer way to deliver food products. Telehealth and expansion of 211 services will continue in the county. It has been a major tool used to keep individuals connected to counseling and recovery support services.
- Individuals can adapt and work from home via Zoom or other platforms.
- I believe that there now has to always be an option for Level of Care Assessments to be done via telephone because in our rural county it has really helped to remove the transportation barrier. I will be looking at purchasing a document signing system to help streamline the process of required signatures.
- Resiliency and staying hopeful even when things were at their darkest.
- Remote work / telehealth
- We now have to learn how develop effective virtual formats for programming, for example in Prevention and Early Intervention.
- Organization must maintain a state of readiness, including possession of applicable technology and software accounts, to fully transition to remote operations with no advance notice.
- Trusting the workforce to work remotely. I imagine less travel in my future now that professionals realize we can do some meetings virtually.
- The ability to provide services remotely.
- The use of technology to attend meetings will be helpful in the future for meetings that we would not otherwise be able to attend.
- Life is fragile.
- We will approach each challenge as an opportunity to grow. Instead of rejecting change, we will embrace change and find ways to work with it.
- Telehealth has increased member engagement and compliance with appointments. Show rates are much higher than what has been noted during a traditional in person environment. Telehealth is not a one size fits all and is not preferred by everyone, but it is something that as a system we must look at as an added option in our menu of choices available to individuals.
- Tele-health options
- The ability to work virtually was a success and will be a change to care that will stay.

- Telehealth helped alleviate travel barriers for families without transportation and community-based professionals to be able to attend more sessions / team meetings and reach more families. As such, telehealth helped to improve staff scheduling, efficiencies, and productivity. It provided a new lens for thinking about service delivery. We see that flexibility and innovation drive change.
- Telehealth. Along with this, however, some folks do not have access to technology that allows for the video aspect of telehealth. If regular telephonic contact goes away as a reimbursable aspect of telehealth, this will disenfranchise some folks who have only been able to connect this way; folks who are most comfortable connecting this way (vs F/F or Video).
- Providers, counties, the State now have much more experience with how to manage this type of a disaster, so electronic processes, flexibility in policy, and utilization of technology whenever possible will hopefully endure and not revert to pre-pandemic, inefficient, antiquated policies, and processes. We also have a template now for Alternate Care Site planning beyond our Emergency Management Dept. should there be future need.

Q4 – What are some areas that need further attention (operationally) to serve your constituents or client populations?

- Ease of IT support / broadband; access to locations during cold weather months to accommodate social distancing while still providing the various services affected.
- Developing programs to serve individuals who are dually diagnosed with mental illness and developmental disabilities.
- Additional housing and transportation services are areas of concern we will be dealing with this year.
- Our rural county needs better internet access.
- Creating and passing laws / regulations that help the employee through these tough times - we need to protect and support the workforce who are out there and providing crucial services to those most in need.
- Telehealth / remote work.
- We need to provide individuals with smart phones and internet access to attend OP and IOP individual and group sessions.
- Continue to enhance technology and telehealth / remote working capabilities.
- Vaccine distribution.
- Examining how to protect transportation providers when services are shut down.
- I think we need to make sure the technology is available in all part of our system to make it easier and more seamlessly serve our clients. How do we make sure our clients are able to access the technology necessary to receive services?
- We need more community involvement and multi-system collaboration.

- Technology...the pandemic has taught myself and my agency that we need to increase our abilities from a technology standpoint, specifically in necessary equipment to achieve in a more seamless manner if necessary. Additionally, more investment in being able to assist constituents in having ready access to technology to enable them to access services and supports from a virtual platform as well.
- Staff of D&A treatment programs being identified as "essential workers" in order that they have access early on to receive the COVID-19 vaccine.
- Working with Law Enforcement to educate on diversion options to help curb unnecessary incarceration.
- How to ensure we are meeting the needs of all our youth and families, for those who prefer telehealth and for those who prefer in-person communication. How to incorporate telehealth as an option into provider operations post-COVID. Consider continuing reimbursement for virtual support, both visual and telephonic.
- Getting technology more routinely into the hands of service participants that need it.
- Utilizing technology more routinely to supplement F/F staffing (human service direct care workforce is always "hurting.").
- Holding facilities more accountable for having a mechanism / environment to isolate folks when needed and not say treatment must be interrupted and they are being discharged.
- One of our faith-based community providers which works with individuals who are homeless has seen a doubling in individuals served during this pandemic time and a 6-fold increase in temporary housing and related expenses for this increased population. Some of this is driven by unemployment during the pandemic, however, monies to support individuals who are homeless for any reason is a continually under-funded area as affordable housing is VERY hard to come by in the best of times.

Final Thought...

It is clear that there are recurring themes in the responses presented in the sections above. Telehealth and virtualizing our work and school experiences... and of course, social distancing, quarantining, and closures will permanently be fixed in our memories of 2020. But all of the adversity has given rise to re-thinking healthcare business processes... and has given rise to innovative operations and service delivery.

A study recently published in *JAMA Network Open* evaluated how health services changed in March and April 2020, during the early part of the pandemic in the United States, among 6.8 million people covered by commercial insurance. The study found that use of in-person medical services dropped by 23% in March and 52% in April, and that telemedicine services grew by more than 1000% in March and more than 4000% in April. That doesn't mean telemedicine completely replaced in-person care: The increase in telemedicine only offset about 40% of the decline in office visits.

Deidre Keeves, the Director of Connected Health Applications, from UCLA Health concluded, *"We think that telehealth is here to stay. Our patients are expecting it. Our doctors are very happy with it, and it's a great avenue for care. We're expecting that about 20% of our volume is going to continue to be through telehealth."*

Excerpted from: Murez, C., Health Care After COVID: The Rise of Telemedicine; www.usnews.com; January 2021