Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic

Ben Miller, PsyD
Chief Strategy Officer
Well Being Trust

MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification
Agenda

- Welcome and Introductions:
  - Commission for Case Manager Certification

- Presentation:
  - Ben Miller, PsyD, Chief Strategy Office, Well Being Trust

- Question and Answer Session
After the webinar, participants will be able to:

- Describe the importance of addressing mental health during COVID-19
- Explain solutions for advancing mental health and addiction
- List three actions they can take as Case Managers
Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic

MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification
COVID-19 Resource Page

https://ccmcertification.org/covid-19-virus-information

COVID-19 Virus Information

Additional Resources:

- Listen to our Take a Listen™ COVID-19 podcasts featuring:
  - MaryBeth Kurland, CAE: COVID-19: The Commission's updates affecting certification and renewal applicants and New World Symposium participants
  - Michelle Baker, BS, RN, CRN, CCM: Four tips to help you get a handle on the COVID-19 pandemic
  - Jared Young, Psy D., CAC, LCSW, CCM: What are we feeling during COVID-19 and how can we manage those feelings?
  - Chikita Mann, MSN, RN, CCM: Tips for successfully handling social isolation during the COVID-19 pandemic

- Blog | Understanding the enemy: A curated list of COVID-19 resources for case managers by MaryBeth Kurland, CEO, CCMC
- See the “Checking in with our CCMs” survey results based on responses from thousands of Certified Case Managers
- A Message to Our CCM & CDMS Community – Response to COVID-19
- April 2020 CCM Exam Candidate Notification
- Changed New World Symposium 2020 registration from in-person to virtual attendance
- A Call to PACE Providers
- New World Symposium Partner, Marriott, Community Caregiver Rate

Fast Facts

CCMs say the aspects of their job that are most vital are:

- Ensuring appropriate care
- Educating and empowering clients
- Coordinating care
- Helping clients identify issues and set goals
- Helping clients move from one care setting to the next

To Our CCM and CDMS Community:
Checking in with our CCM community

**COVID-19 Impact to CCMs**

**Final Survey Results**

How have you been impacted personally by the pandemic?

- Loss of or reduction in income: 30.7%
- Clinical Health Issues: 21.4%
- Mental Health Issues: 20.8%
- Food Scarcity: 16.4%
- Loss of a loved one: 5.5%
- Other: *38.7%*

*Produced by Health2 Resources, 2020 ©CCMC 05.01.2020*
Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic

Ben Miller, PsyD
Chief Strategy Officer
Well Being Trust
In the face of a global crisis, we are at a critical pivot point for mental health in our country and policy makers must rise to the challenge.

While progress has been made, work remains to be done.
PAIN IN THE NATION

Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)

1999

PainInTheNation.org
Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2017

Source: Trust for America’s Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC
$425M is just .56% of the total amount invested in the airline industry

2% of the $185 billion sent to health care as a whole
Mental illness is epidemic within the coronavirus pandemic

In the face of a global crisis, we are at a critical pivot point for mental health in our country and policymakers must rise to the challenge.

Benjamin F. Miller  Opinion contributor
Published 1:46 p.m. ET Apr. 8, 2020

The New York Times

The Science of Helping Out
During a crisis, the people who cope best are those who help others.

'We Carry That Burden.' Medical Workers Fighting COVID-19 Are Facing a Mental Health Crisis
An unprecedented rise in unemployment

Unemployment insurance claims by week

Source: US Department of Labor
Macroeconomic Conditions and Opioid Abuse
Alex Hollingsworth, Christopher J. Ruhm, Kosali Simon

NBER Working Paper No. 23192
Issued in February 2017, Revised in March 2017
NBER Program(s): Health Care, Health Economics, Labor Studies, Public Economics

We examine how deaths and emergency department (ED) visits related to use of opioid analgesics (opioids) and other drugs vary with macroeconomic conditions. As the county unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%) and the opioid overdose ED visit rate per 100,000 increases by 0.95 (7.0%). Macroeconomic shocks also increase the overall drug death rate, but this increase is driven by rising opioid deaths. Our findings hold when performing a state-level analysis, rather than county-level; are primarily driven by adverse events among whites; and are stable across time periods.

Opinion

Mental Health in the Age of the Coronavirus
The struggle between fear and comfort.

By David Brooks
Opinion Columnist
April 2, 2020
Structural Inequality: The Story and Opportunity of the COVID-19 Pandemic
Interventions: Focus on Minority Mental Health

- Mental health impacts will mirror disproportionalities in the physical health impacts of the COVID-19 pandemic
- Identify Direct, Indirect, and Structural Racism as a Determinant of Mental Health (Paradies et al, 2015)
- Direct resources to screen and treat depression, anxiety, stress disorders, and other outcomes to African American, LatinX, and Asian communities
- Direct design of mental health interventions towards outcomes that are associated with **structural disparities** such as employment, education and housing inequities, rather than focusing on individualized narrative re co- morbidities and health behaviors
<table>
<thead>
<tr>
<th>Year</th>
<th>Slow (1%)</th>
<th>Medium (1%)</th>
<th>Fast (1%)</th>
<th>Slow (1.3%)</th>
<th>Medium (1.3%)</th>
<th>Fast (1.3%)</th>
<th>Slow (1.6%)</th>
<th>Medium (1.6%)</th>
<th>Fast (1.6%)</th>
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<tbody>
<tr>
<td>2020</td>
<td>9,859</td>
<td>9,333</td>
<td>8,343</td>
<td>12,817</td>
<td>12,133</td>
<td>10,846</td>
<td>15,774</td>
<td>14,932</td>
<td>13,349</td>
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<tr>
<td>2021</td>
<td>18,347</td>
<td>16,103</td>
<td>12,209</td>
<td>23,851</td>
<td>20,934</td>
<td>15,871</td>
<td>29,355</td>
<td>25,765</td>
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<td>2022</td>
<td>15,879</td>
<td>11,840</td>
<td>5,832</td>
<td>20,642</td>
<td>15,392</td>
<td>7,581</td>
<td>25,406</td>
<td>18,944</td>
<td>9,331</td>
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<td>2023</td>
<td>13,410</td>
<td>8,025</td>
<td>1,261</td>
<td>17,434</td>
<td>10,433</td>
<td>1,639</td>
<td>21,457</td>
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<td>2024</td>
<td>10,394</td>
<td>3,973</td>
<td>-</td>
<td>13,512</td>
<td>5,164</td>
<td>-</td>
<td>16,630</td>
<td>6,356</td>
<td>-</td>
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<tr>
<td>2025</td>
<td>7,651</td>
<td>870</td>
<td>-</td>
<td>9,947</td>
<td>1,131</td>
<td>-</td>
<td>12,242</td>
<td>1,392</td>
<td>-</td>
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<tr>
<td>2026</td>
<td>7,103</td>
<td>316</td>
<td>-</td>
<td>9,234</td>
<td>411</td>
<td>-</td>
<td>11,365</td>
<td>506</td>
<td>-</td>
</tr>
<tr>
<td>2027</td>
<td>5,732</td>
<td>-</td>
<td>-</td>
<td>7,451</td>
<td>-</td>
<td>-</td>
<td>9,171</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2028</td>
<td>4,086</td>
<td>-</td>
<td>-</td>
<td>5,312</td>
<td>-</td>
<td>-</td>
<td>6,538</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2029</td>
<td>3,812</td>
<td>-</td>
<td>-</td>
<td>4,956</td>
<td>-</td>
<td>-</td>
<td>6,099</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>96,273</td>
<td>50,460</td>
<td>27,644</td>
<td>125,155</td>
<td>65,598</td>
<td>35,937</td>
<td>154,037</td>
<td>80,735</td>
<td>44,230</td>
</tr>
</tbody>
</table>

Types of Recovery: Slow—Same as Great Recession; Medium—Twice as Fast; Fast—Four Times as fast.
HEALING THE NATION

Advancing Mental Health and Addiction Policy
Framework for excellence in mental health and well-being

The framework for excellence in mental health is a guide for changemakers at every level of society who seek to improve mental health outcomes and promote well-being for millions of Americans.
HEALING THE NATION
Advancing Mental Health and Addiction Policy

https://healingthenation.wellbeingtrust.org/
Health Systems
Integrate mental health care where people seek physical care

See Solutions

Judicial System
Avenues to aid those with mental health concerns

See Solutions

Education System
Childhood is a critical time to improve mental health

See Solutions

Workplace & Unemployment
Maximize mental health outcomes across situations

See Solutions

Whole Community
Concrete steps to span sectors

See Solutions
What can be done?

• Get people working
• Get people connected
• Get people facts
• Get people care
What are we doing?

• Advancing the social movement for mental health
  • Policy and political muscle
  • Financial engine
  • Consistency in vision and goal
Two bold ideas

Workforce and Community
Workforce
People live in a mental health professional shortage area

Annual cost or economic burden of major depression

111m

$210B
The problem

- Fifty-five percent of U.S. counties have no practicing mental health clinician
- Seventy seven percent of people with mental health conditions report unmet mental health needs due to lack of clinicians.
- Not to mention there’s a serious lack of diversity within the small workforce.
  - “According to a 2004 study, non-Hispanic Whites accounted for 76% of all psychiatrists, 95% of psychologists, 85% of social workers, 80% of counselors, 92% of marriage and family therapists, and 90% of psychiatric nurses in marked contrast to the composition of the U.S. population, which is nearly one-third Latino, African American, Asian American, or Native American/Pacific Islander and also undergoing growth.”
### Exhibit 1. Projected Supply and Demand for Behavioral Health Occupations in the U.S., 2017-2030

<table>
<thead>
<tr>
<th></th>
<th>Adult Psychiatrists</th>
<th>Child &amp; Adolescent Psychiatrists</th>
<th>Nurse Practitioners</th>
<th>Physician Assistants</th>
<th>Psychologists</th>
<th>Social Workers</th>
<th>Marriage &amp; Family Therapists</th>
<th>Addiction Counselors</th>
<th>Mental Health Counselors</th>
<th>School Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated supply, 2017</strong></td>
<td>33,650</td>
<td>8,090</td>
<td>10,450</td>
<td>1,550</td>
<td>91,440</td>
<td>239,410</td>
<td>53,080</td>
<td>91,340</td>
<td>140,760</td>
<td>116,080</td>
</tr>
<tr>
<td><strong>New entrants, 2017-2030</strong></td>
<td>10,270</td>
<td>5,000</td>
<td>9,520</td>
<td>1,770</td>
<td>49,400</td>
<td>367,520</td>
<td>39,190</td>
<td>33,300</td>
<td>72,860</td>
<td>158,440</td>
</tr>
<tr>
<td><strong>Attrition b, 2017-2030</strong></td>
<td>(14,850)</td>
<td>(2,810)</td>
<td>(2,770)</td>
<td>(350)</td>
<td>(29,670)</td>
<td>(82,760)</td>
<td>(18,080)</td>
<td>(28,030)</td>
<td>(45,150)</td>
<td>(52,640)</td>
</tr>
<tr>
<td><strong>Change in work patterns c</strong></td>
<td>(2,050)</td>
<td>(450)</td>
<td>(300)</td>
<td>(80)</td>
<td>(7,730)</td>
<td>(10,800)</td>
<td>(1,540)</td>
<td>(2,730)</td>
<td>(4,150)</td>
<td>(3,750)</td>
</tr>
<tr>
<td><strong>Projected supply, 2030</strong></td>
<td>27,020</td>
<td>9,830</td>
<td>16,900</td>
<td>2,890</td>
<td>103,440</td>
<td>513,370</td>
<td>72,650</td>
<td>93,880</td>
<td>164,320</td>
<td>218,130</td>
</tr>
<tr>
<td><strong>Total Growth, 2017-2030</strong></td>
<td>(6,630)</td>
<td>1,740</td>
<td>6,450</td>
<td>1,340</td>
<td>12,000</td>
<td>273,960</td>
<td>19,570</td>
<td>2,540</td>
<td>23,560</td>
<td>102,050</td>
</tr>
<tr>
<td><strong>% growth, 2017-2030</strong></td>
<td>-20%</td>
<td>22%</td>
<td>62%</td>
<td>86%</td>
<td>13%</td>
<td>114%</td>
<td>37%</td>
<td>3%</td>
<td>17%</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Demand</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated demand, 2017</strong></td>
<td>38,410</td>
<td>9,240</td>
<td>10,450</td>
<td>1,550</td>
<td>91,440</td>
<td>239,410</td>
<td>53,080</td>
<td>91,340</td>
<td>140,760</td>
<td>116,080</td>
</tr>
<tr>
<td><strong>Projected demand, 2030</strong></td>
<td>39,550</td>
<td>9,190</td>
<td>12,050</td>
<td>1,670</td>
<td>95,600</td>
<td>268,750</td>
<td>57,970</td>
<td>105,410</td>
<td>158,850</td>
<td>119,140</td>
</tr>
<tr>
<td><strong>Total growth, 2017-2030</strong></td>
<td>1,140</td>
<td>(50)</td>
<td>1,600</td>
<td>120</td>
<td>4,160</td>
<td>29,340</td>
<td>4,890</td>
<td>14,070</td>
<td>18,090</td>
<td>3,060</td>
</tr>
<tr>
<td><strong>% growth, 2017-2030</strong></td>
<td>3%</td>
<td>-1%</td>
<td>15%</td>
<td>8%</td>
<td>5%</td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Adequacy of Supply, 2030</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Projected Supply (minus) Demand</strong></td>
<td>(12,530)</td>
<td>640</td>
<td>4,850</td>
<td>1,220</td>
<td>7,840</td>
<td>244,620</td>
<td>14,680</td>
<td>(11,530)</td>
<td>5,470</td>
<td>98,990</td>
</tr>
</tbody>
</table>

**Notes:** All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

* For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

* Includes retirements and mortality.

* For example, changes from full-time to part-time hours, or vice versa.
Why the workforce shortages?

• Aging workforce
• Low salaries
• Lack of resources
• Fewer people entering into the profession
A clear taxonomy for getting workforce right

• **The current workforce** (who’s out there doing what, for whom, now?)

• **The future workforce** (pipeline – how can we get more trained to work in settings where people are)

• **The community workforce** (the unlicensed workforce e.g. peer support services)
The current workforce

• How do we better assess who is doing what, where, and for whom?
• Can we “retread” the current workforce to be better positioned to address mental health and addiction needs?
## A Tale of Two Approaches

<table>
<thead>
<tr>
<th>Component of Care</th>
<th>Traditional</th>
<th>Integrated</th>
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<tbody>
<tr>
<td>Access</td>
<td>Referral</td>
<td>Point of Primary Care</td>
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<tr>
<td>Scope of Service</td>
<td>Mental Health Diagnoses</td>
<td>Overall Health Function</td>
</tr>
<tr>
<td>Scheduling</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Collaboration of Care</td>
<td>Individual Provider</td>
<td>Team Based</td>
</tr>
<tr>
<td>Health Record</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Administrative Operations</td>
<td>Separate</td>
<td>Shared</td>
</tr>
<tr>
<td>Payment</td>
<td>Separate</td>
<td>Global</td>
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<tr>
<td>Communication</td>
<td>Minimal</td>
<td>Frequent &amp; Timely</td>
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<tr>
<td>Focus of Care</td>
<td>Provider-Centric</td>
<td>Patient-Centric</td>
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<tr>
<td>Approach to Care</td>
<td>Case by Case</td>
<td>Population-Based</td>
</tr>
<tr>
<td>Efficiency of Delivery</td>
<td>Fragmented &amp; Inconsistent</td>
<td>Coordinated and Aligned</td>
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<tr>
<td>Structure</td>
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</tr>
</tbody>
</table>
What are the range of mental health services?

I. Psychosocial barriers to care
II. Medical health problems requiring behavioral or psychological intervention
III. Mental Health and Substance Use Problems
IV. Multimorbid Mental and Physical Health Problems
V. Severe Mental Health

Community
The community

- Peer support services
- Community Health Workers
- Promotoras
Community considerations

• Consistent definition
• Training program/standard
• Paying workers livable wage
• Accountability
Example of Policy Recs

• The federal government should expand funding programs that build institutional capacity to offer mental health specialties, such as the Behavioral Health Workforce Education and Training Program, and include incentives in other funding sources, such as Graduate Medical Education and Graduate Nursing Education.

• The federal government should expand programs that provide direct incentives for individuals to enter the mental health workforce, such as the National Health Service Corps or the Minority Fellowship Program.
Thank you!

ben@wellbeingtrust.org

@miller7

healingthenation.wellbeingtrust.org
Question and Answer Session

Ben Miller, PsyD
Chief Strategy Officer
Well Being Trust

MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification
Thank you!

Commission for Case Manager Certification
1120 Route 73, Suite 200, Mount Laurel, NJ 08054
1-856-380-6836 • Email: ccmchq@ccmcertification.org
www.ccmcertification.org