Webinar: New services should achieve more than preserving status quo

New modes of service delivery brought on by the COVID-19 crisis will fall short if they simply try to duplicate what was being offered in behavioral health organizations before the pandemic, three leaders of prominent provider agencies suggested in a May 20 webinar.

“The on-demand expectation has risen,” Jeff Richardson, M.S.W., vice president and chief operating officer at the Maryland-based Sheppard Pratt Health System, said during the event co-sponsored by the National Council for Behavioral Health and Mental Health Corporations of America. Richardson urged viewers to consider “how we can use technology to change the experience of care, not just replicate what we’ve always done.”

Bottom Line…
The novel coronavirus crisis has presented behavioral health providers with an opportunity to rethink traditional services, not simply duplicate them in a different format.

A Tucson, Arizona-based mental health and addictions treatment center has incorporated elements of its specialized trauma healing programs to help nurses, psychologists, physicians, social workers, health care technicians, respiratory therapists and other front-line health care workers receive comprehensive, personalized services to help them process traumatic experiences and improve their mental health.

The Healthcare Heroes program, launched a month ago, addresses burnout, compassion fatigue and depression already common for many health care workers, along with other challenges of trauma and grief felt during the COVID-19 pandemic.

Bottom Line…
A series of specialized trauma recovery programs has launched in Tucson, Arizona, to address the unique toll and emotional challenges front-line health care workers are facing during COVID-19.

The organization’s trauma program uses an integrative approach along with medical intervention to assist individuals along their healing journey. “We decided to take that program, refine it and target it to what’s going on right now through COVID-19, in particular, the challenges facing front-line workers,” Jaime W. Vinck, MC, LPC, NCC, group CEO for Sierra Tucson, told MHW.

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The letter points to the announcement by the CMS that audio-only telephone communications would be considered a reimbursed telehealth service for behavioral health care. “We have heard from constituents and providers how important this flexibility is for individuals living in areas with poor internet connectivity, or those who do not have access to video telecommunication devices for care,” members wrote.

Bridging care gap

“Without regular access to behavioral health services, we are concerned that thousands of individuals will be seeking emergency care, with many turning to substance misuse or suicide risks,” members wrote. “Telehealth is proving to be a successful means in bridging this gap of care, and it is critical that once the COVID-19 pandemic subsides, access to behavioral health services does not.”

“The flexibility for provision of services created by the CMS, frequently been maintained. One of the primary ways access has been maintained is through telehealth be continued throughout the emergency period and made permanent post-COVID-19, he said.

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“The whole idea is to help frontline workers, including mental health workers, understand they are not alone, they’re not in isolation and that others are feeling the same thing,” Vinck said. “We don’t look at people as a diagnosis. We look at the mind, body and spirit.” Coping in each of those areas is essential, she noted. “Healing is based on the relationship between the practitioner and the individual,” said Vinck. “That’s a very important component.”

Services and activities offered through the programs include assessments in adverse childhood experience, resilience and coping self-efficacy, along with yoga, equine-assisted therapy, mindfulness and nutrition.

At Sierra Tucson, the following tagline has been added to employees’ signature line in their emails: “Essential Workers. Bringing Hope. We’re here for you.”

Program tiers

Sierra Tucson has launched three Healthcare Heroes program tiers for health care providers on its 160-acre campus in the hills outside Tucson:

• The Renew & Heal five-day residential program is for health care workers who are in need of recovery and revitalization from the intensity of their work during the pandemic.
• Trauma Intensive is a 14-day residential program for health care workers who are aware of the impact their work had on their lives and who feel that their overall functioning has declined due to the intensity of their work during the pandemic.
• Trauma Healing is a 30-day or longer residential program for health care workers who are aware of the significant impact their work has had on their lives and who may possibly have prior trauma that has been exacerbated by their work during their pandemic.

The 30-day program allows for a multitude of healing opportunities, including a four-day family program. “We look at other family dynamics,” Vinck said. For individuals suffering from mental illness, mental health challenges or substance use disorders, their challenges can impact the entire family, she said.

“We have both residential treatments and wonderful outpatient programs,” she said. The program is geared for residential treatment. “We thought to bring [patients] in and let them step out of their lives,” said Vinck. The facility, located in the

‘It will be important to evaluate the changes that occurred during COVID-19 to determine what changes should be preserved post-COVID-19.’

Brian Hepburn, M.D.
Many LGBTQ youth who die by suicide are bullied before their death

A new study looking at hundreds of LGBTQ youth who died by suicide finds that many were bullied before their death, adding to a growing body of evidence showing how bullying can result in deadly consequences, CNN Health reported. The study, published May 26 in JAMA Pediatrics, found that death records of LGBTQ youth who died by suicide were about five times more likely to mention bullying compared to records of non-LGBTQ youth. Younger children appeared to be at greatest risk. Two-thirds of LGBTQ children age 10 to 13 who died by suicide, for example, were bullied before their death. In the new study, researchers looked at death records of about 10,000 youth age 10 to 19 who died by suicide. The records, stored in a Centers for Disease Control and Prevention database, included narratives based on reports from coroners, medical examiners and law enforcement. Family, friends, diaries, social media posts, text messages and suicide notes all informed those narratives.

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How are you faring during this crisis? We’d like to hear from you.

During this pandemic, many organizations have been forced to make quick shifts to work-from-home arrangements or other accommodations. What creative ways has your organization adopted to support your workforce during this COVID-19 crisis? Be as specific in your comments as possible. You may email your comments to vcanady@wiley.com.

We briefly noted

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