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are greatest, officials stated.

Sheppard Pratt, since its founding in 1853, has evolved to grow into a national best practices organization, said Stephen Merz, FACHE, COO of Sheppard Pratt Solutions. “This is an incredible time of opportunity and challenge in behavioral health care,” Merz told MHW. “Communities are basically screaming for support, information and knowledge to achieve” behavioral health care in their respective communities.

Merz noted that every three years hospitals and health care systems across the country assess their needs in a survey, and are often citing mental health services, suicide rates and overdose rates as top key areas that need attention.

In looking at the health care marketplace, there are very few options where hospitals and health care organizations can go to for trusted providers to address behavioral health care needs, he noted.

Some health care systems may be unable to provide a full comprehensive assessment for patients with behavioral health needs, he noted. Their structure might not be aligned with community behavioral health organizations. Harsh K. Trivedi, M.D., president and CEO of Sheppard Pratt, “saw a huge need and wanted to find a way to take our experts and expand to a national market,” said Merz. “We’re taking what Sheppard Pratt is doing locally and regionally and expanding to a national market.”

Although the launch of the new division was recently announced, Sheppard Pratt had embarked on this initiative a good part of the year already, added Merz.

‘The fundamental criteria we have is to offer high-quality services.’

Stephen Merz, FACHE

Services

Among its services, Sheppard Pratt Solutions will provide management services for healthcare systems and organizations that have no specific skill set or expertise in the area of behavioral health, Merz noted. “We will become the expert services management company,” he said.

Helping with developmental services for organizations looking to build new programs, establish new facilities or offer a new level of care is another area to address, he said.

The behavioral health care needs for children and adolescents have certainly been impacted by COVID-19. “The downside is that it has really impacted youth suicide,” said Merz. Suicide has been increasing now more than ever before, he said. “Substance use services has also unfortunately become a significant area of need nationally,” Merz said.

One of Sheppard Pratt’s client hospitals, based in Oklahoma, has pointed to a significant number of patients in its ER department, mostly youth with co-occurring substance use disorders, he said.

Sheppard Pratt Solutions partnerships include management services contracts, consulting arrangements and development projects. The new division intends to partner with like-minded organizations, Merz said. “There are a lot of players in the field,” he said, adding that there is a need for organizations that are committed to a high-quality behavioral health care system.

The services Sheppard Pratt Solutions will offer will be quite comprehensive, said Merz. “The fundamental criteria we have is to offer high-quality services,” he said.

TA organizations supporting MH workforce during pandemic

As the pandemic continues to bring about structural changes in the public mental health sector, including a shift to telehealth and financial strain for community mental health organizations and clinicians — not to mention a risk of burnout among clinicians and staff — technical assistance (TA) organizations have supported community mental health providers in adapting to these changes, an opinion piece in the October issue of Psychiatric Services stated.

As restrictions imposed during the initial phase of the pandemic are gradually lifted, many clinics are now recalibrating workflows, anticipating possible new outbreaks and planning for the “new normal” of care delivery, Benjamin Druss, M.D., M.P.H., professor and Rosalynn Carter Chair in Mental Health in the Rollins School of Public Health at Emory University, stated in his Open Forum.

Much of the support available to public-sector providers in the United States is offered in the form of government-funded technical assistance, Druss noted. Technical assistance represents a continuum of activities, ranging from basic education and training to targeted, time-limited consultation and learning through intensive implementation support, aimed at helping organizations to implement and sustain evidence-based treatment, he stated.

This opinion piece, “Supporting the Mental Health Workforce During and After COVID-19,” is the first to specifically address how technical assistance organizations have been supporting the mental health workforce, Druss told MHW.

Technical assistance is most commonly provided by intermediary and purveyor organizations, specialized entities that support either a
single evidence-based practice (surveyor organizations) or multiple practices (intermediary organizations), Druss stated.

**Three domains**

Druss notes a focus on three domains that could have a lasting effect on community mental health care: the shift from in-person to virtual treatment, which affects how services are delivered; changes in regulations and financing, which affect service uptake and sustainability; and well-being and burnout among clinicians who provide the treatments.

He outlines examples from SMI Adviser, a national intermediary organization funded by the Substance Abuse and Mental Health Services Administration that provides technical assistance to individuals, families and clinicians who treat people with serious mental illnesses.

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‘Public-sector systems also have the opportunity to use new federal funding to build mental health infrastructure.’

Benjamin Druss, M.D., M.P.H.

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1. **Telehealth and telesupervision.** Although some competencies developed by mental health clinicians for in-person services translate to telehealth, others require new skill sets, the opinion piece stated. Existing guidelines for training competencies have required tailoring to the evolving regulatory and practice environment, including teleprescribing and privacy regulations. As clinics reopen for in-person care, providers will need guidance to determine which patients are most appropriate for ongoing telehealth care and how best to combine virtual and in-person visits.

Tele supervision can improve access to qualified supervisors, particularly for rural and underserved public-sector organizations and clinicians adopt not only best clinical practices but also best management and fiscal practices that will allow them to remain solvent and recruit and retain high-quality staff.

2. **Addressing fiscal challenges.** While the current crisis has resulted in short-term funding challenges for community mental health organizations, it has also created new opportunities for billing for telehealth and telephonic services, more efficient workflows with fewer no-show visits and opportunities for more flexible clinic hours, according to the Open Forum. Technical assistance with billing and financing can help.

3. **Preventing and addressing burnout.** Burnout not only affects staff morale and retention but can also adversely affect quality and safety of patient care. Interventions addressing provider burnout fall into two broad categories: those targeting stress and coping among individual providers and those facilitating organizational changes, which help organizations to address provider workload, foster communication among providers and cultivate a sense of teamwork.

These two approaches can each be effective, and combining them may provide synergistic benefits in addressing provider burnout, Druss noted. “Efforts need to support both self-care for individual clinicians and organizational environments where they work,” Druss said.

**SMI Adviser**

The SMI Adviser has offered webinars and provided updated information on telehealth privacy regulations and reimbursement strategies, guidance for clinicians and patients in preparing for telehealth sessions, and virtual learning collaboratives to help clinicians adopt telehealth and digital technology.

The “new normal” of mental health care delivery will continue to incorporate telemental health going forward. “The shift to telemental health is likely to endure and become a part of the new normal,” said Druss. “Public-sector systems also have the opportunity to use new federal funding to build mental health infrastructure.”

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For more information about SAMHSA’s SMI Adviser, visit https://smiadviser.org.

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filed documents asking that the timetable for these improvements be extended because the state intends to appeal Reeves’ latest ruling. That stance has rankled some mental health advocates, who say the judge’s remedial order largely reflects service enhancements that state officials have said they already have been implementing.

“There’s no evidence that the Attorney General’s Office is grasping that this case is about a civil rights violation,” Joy Hogge, executive director of the organization Families as Allies, told MHW. “They think they got in trouble for not having enough services.”

Hogge said there has appeared

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