Behavioral Health
Community Needs Assessment

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Introduction

Background

A trauma-informed behavioral health continuum of care is among the most urgent and important priorities for Athens-Clarke County and for the Northeast Georgia region.

Empowered by a two-year grant from Resilient Georgia and the Pittulloch Foundation, the Athens Area Community Foundation, Athens Wellbeing Project, Envision Athens, and the University of Georgia, are striving to improve birth to 26 trauma-informed practices in the Northeast Georgia region.

As community cornerstones, these partners have adopted five main aims and multiple targeted populations, formulated to align with both the priorities of Resilient Georgia and the unique needs of the area.

Background

Priorities to increase statewide capacity for and awareness of trauma-informed care:

- Promote coordinated trauma-informed practices across systems

- Advance workforce through recruitment, education, and development

- Build awareness and a common language/understanding about adversity and resilience

- Advocate for policy and systems change

- Create a substantial model for the organization and the movement

The 5 Aims

1. Provide service providers with evidence-based training that builds capacity for youth aging out of juvenile justice services.

2. Incorporate trauma-informed care into the supportive services for people living in recovery and foster care families.

3. Provide trauma-informed training and capacity building to two-generation partners providing services to homeless and transitional youth.

4. Offer Screening Brief Intervention and Referral to Treatment (SBIRT) and other related trainings to Emergency Departments, local indigent care clinics, and pediatricians in Athens-Clarke and contiguous counties.

5. Engage in a community behavioral health needs assessment to utilize data to address critical gaps for Athens and the five contiguous counties with a focus on birth to 26 years of age.

The What

Dr. Grace Bagwell-Adams, a professor with UGA's College of Public Health and Chief Investigator of the Athens Wellbeing Project, supported both Athens-area hospitals (St. Mary's Healthcare System and Piedmont Athens Regional) in conducting their 2019 community needs assessments. In these needs assessments, behavioral health needs were examined, mostly through the lens of the client/consumer.

This survey uniquely focuses upon regional behavioral health provider-side challenges and needs, in the context of the COVID-19 pandemic.

These assessments, combined with supplementary data collected by the Athens Wellbeing Project, effectively capture two sides of the same coin: they can provide a snapshot of the overall state of behavioral health in Northeast Georgia.

The How

- In November 2020, a 65-question electronic survey was created using Qualtrics
- Local providers, organizations, and coalitions were told about the survey and why it was being conducted
- A small incentive was offered to those who participated
- Overall we heard from 65 organizations with two having respondents from multiple locations, as well as 3 anonymous respondents
- Many who completed the survey said they would like to forgo the incentive and, instead, provide responses for nothing in return
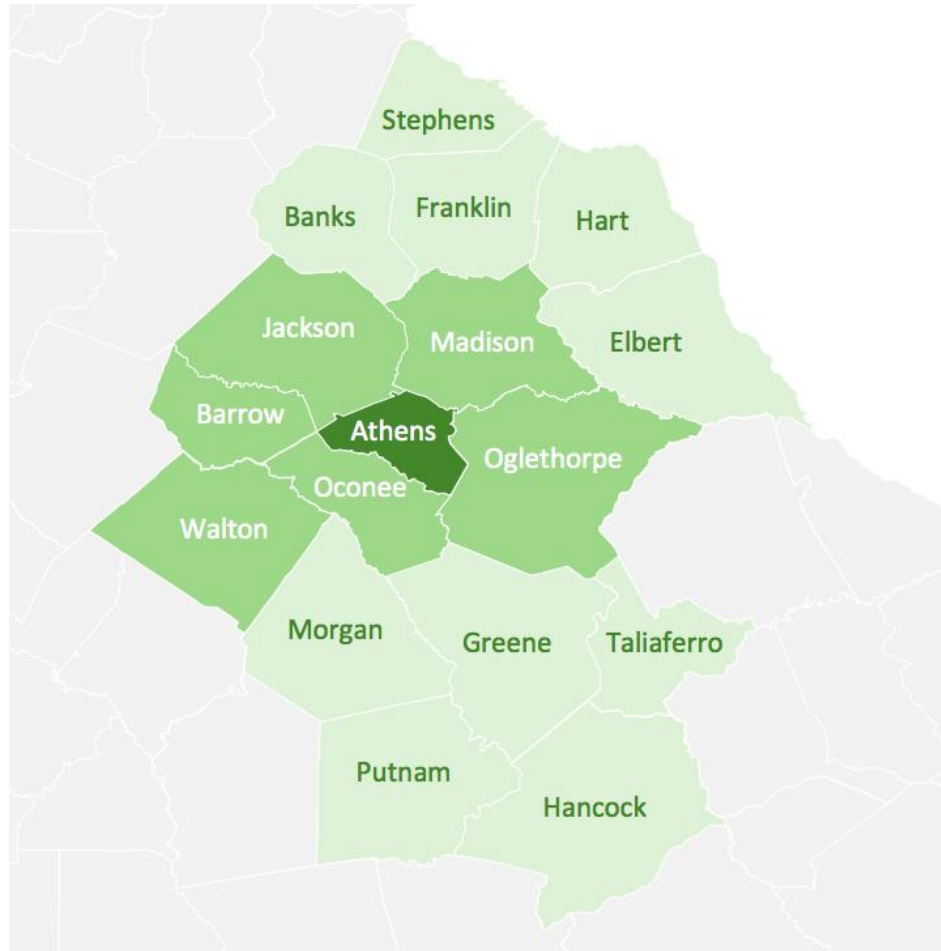- Convenience/census sampling method

Overview

1. Operations
2. Finances
3. Telehealth
4. Clients
5. MAT & Naloxone
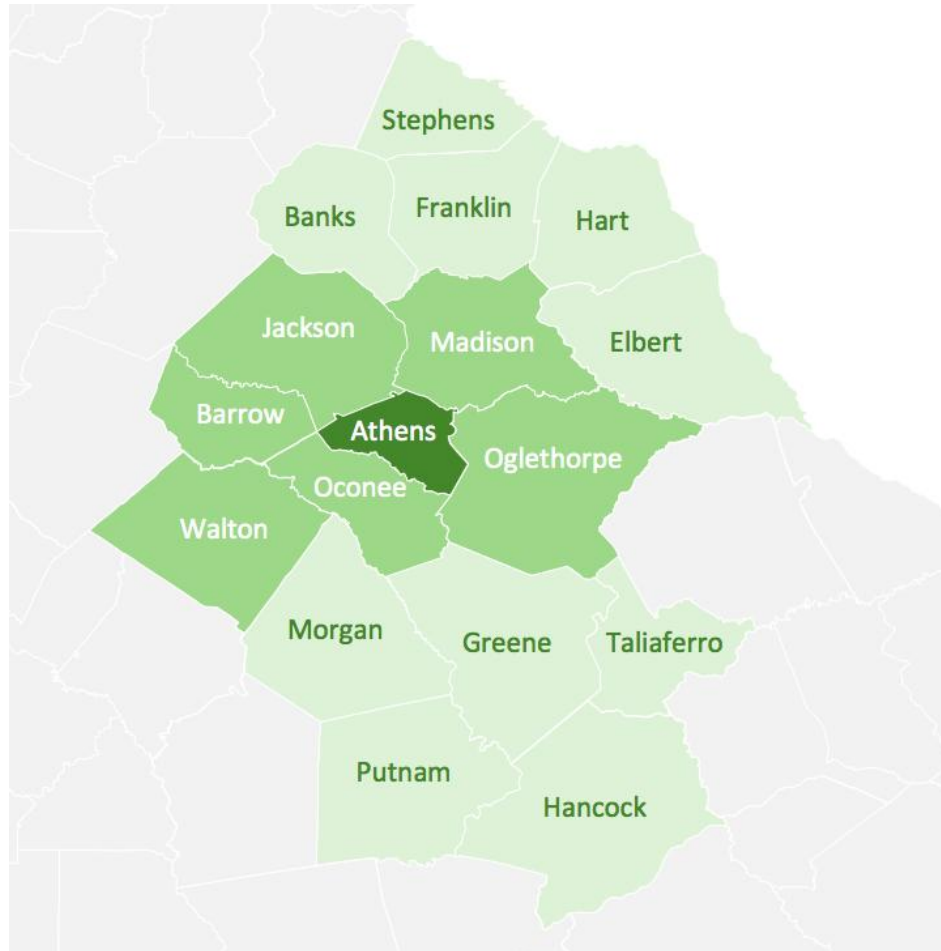6. Open Ended & Qualitative Responses

Operations

Which counties does your organization serve?

County	Value
Clarke	65
Oconee	56
Barrow	45
Jackson	43
Oglethorp	41
Madison	39
Elbert	30
Morgan	28
Greene	27
Banks	22
Franklin	17
Hart	15
Walton	10
Stephens	10
Hancock	8
ALL	8
Putman	7
Taliaferro	6
Fulton	2
Gwinnett	1
Dekalb	1
Cobb	1

How many people does your organization employ?

100 or more
17.4%

25 to 100
7.2%

10 to 24
33.3%

12

5

29   **Fewer than 10**
42.0%

23
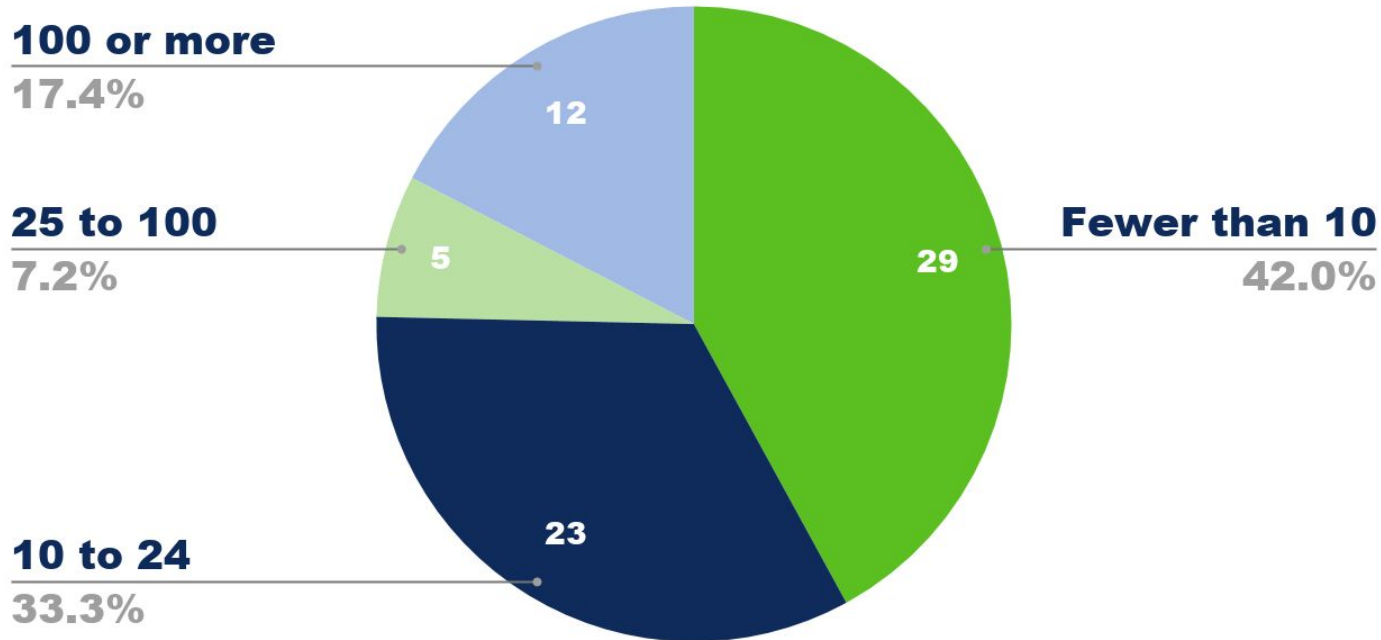
Which best describes your organization?

Organization	Count
Certified Community Behavioral Health Clinic	1
Primary or Specialty Clinic or Ambulatory Care Facility	1
Federally Qualified Health Center	1
Rural Health Clinic	1
Hospital/health system	2
Other	3
Recovery Community Organization	3
Crisis service center	5
Opioid Treatment Program	8
Community Mental Health Organization (not a CCBHC)	10
Social service agency	12
Substance Use Disorder Treatment Organization	12
Primary or Specialty Private Practice	24

How have the following changed since COVID-19?

	Increased	Stayed the Same	Decreased
Total # of beds	8.3%	58.3%	33.3%
Available beds	25.0%	41.7%	33.3%
Overall demand for services	71.9%	14.0%	14.0%

Personal Protective Equipment (PPE)

- **13%** had experienced issues with availability AND did not have enough at the time of the survey

- **24%** had experienced issues with availability

- **10%** did not have enough at the time of the survey

- **53%** had not experienced issues with availability and had enough at the time of the survey
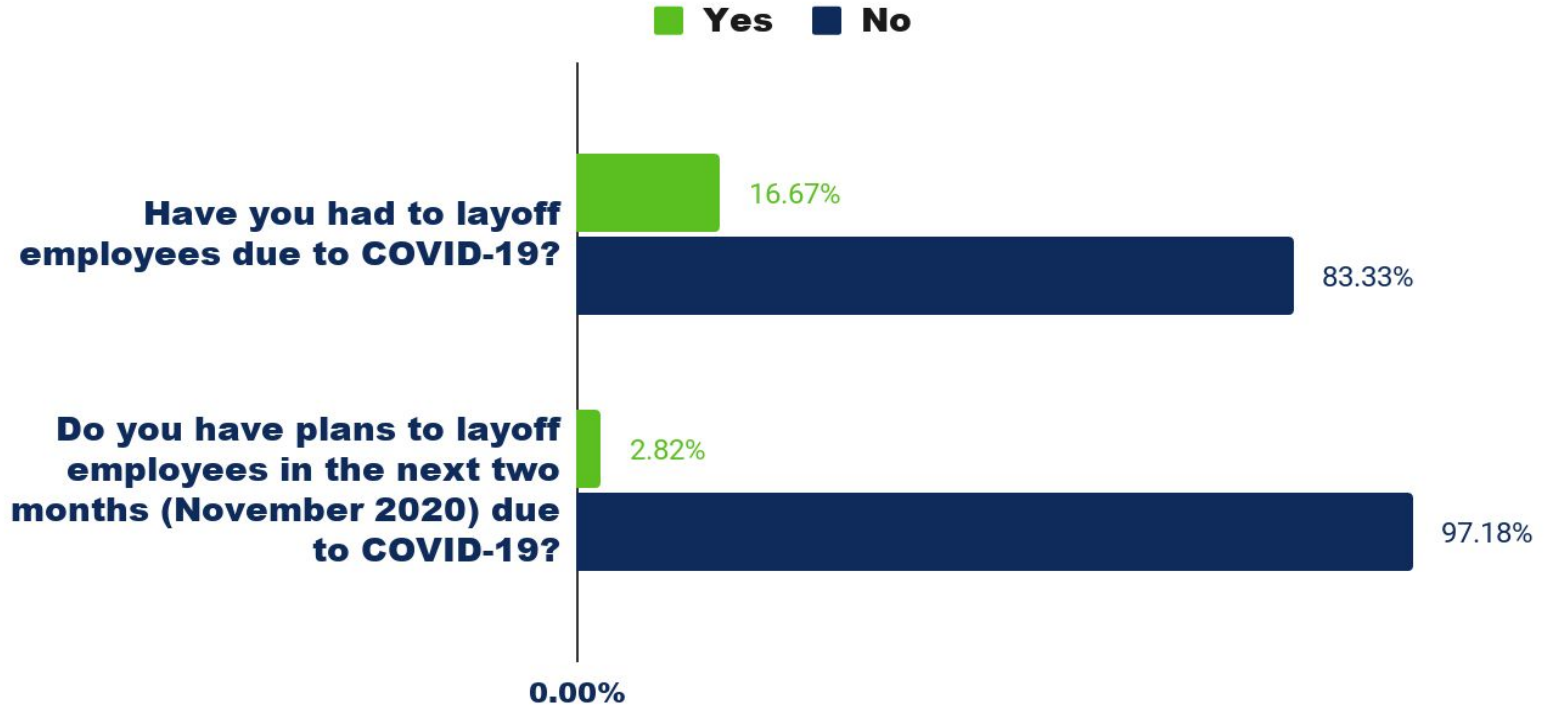
Finances

Since the start of COVID-19, how have funding opportunities changed?

- **33%** reported experiencing a decrease in funding opportunities

- **30%** reported experiencing slower rates of receiving funds

- **39%** reported increased difficulty in receiving funds

Changes in finances due to COVID-19

- For **60%** of organizations, operational expenses have increased during the COVID-19 pandemic

- For **41%** of organizations, operational margins have decreased during the COVID-19 pandemic

Yes ■ No

Have you had to layoff employees due to COVID-19?
- 16.67%
- 83.33%

Do you have plans to layoff employees in the next two months (November 2020) due to COVID-19?
- 2.82%
- 97.18%

0.00%

The 2 organizations that reported having plans to lay off employees in the near future had made layoffs previously.

Under the current conditions of COVID-19 (November 2020), how long can your organization survive financially?

Less than 6 months
11.4%

8

6 to 12 months
20.0%

14

12 months or more
68.6%

48
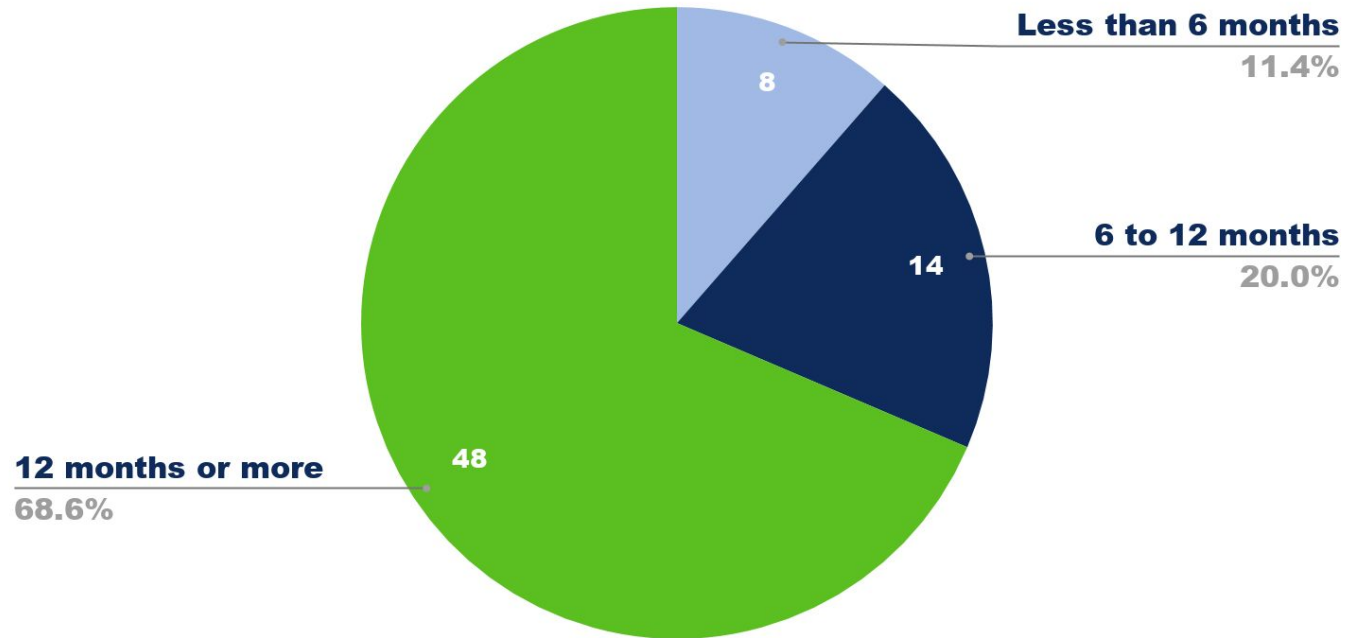
BIG PICTURE

71% of organizations have had to reduce, suspend, or discontinue services since COVID-19

Telehealth

The Health Resources Services Administration defines telehealth as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

What telehealth services do you provide?

Individual therapy	64.4%		Couples Counseling	5.5%
Group therapy	34.3%		Family counseling	4.1%
Provider education	21.9%		Medical appointments	2.7%
Medication management	15.1%		Family education	2.7%
Psychiatric appointments	9.6%		Other	9.6%

BIG PICTURE

Prior to COVID-19, only **30%** of providers used telehealth.

Currently, **77.5%** do.

75.9% plan to continue use after the pandemic.

In what ways has telemedicine has affected your quality of care?

"Recovery is based on community. Having group or individual therapies online takes the community element out of it."

"It has expanded our capacity in many ways! Our patients with transportation issues have access where they may have struggled to get rides to appointments before. It has helped to reduce no-show rates."

"Telehealth has made it possible to increase our footprint of where we are able to serve. It has also made therapeutic services more accessible for those who do not or have limited transportation and/or mobility."

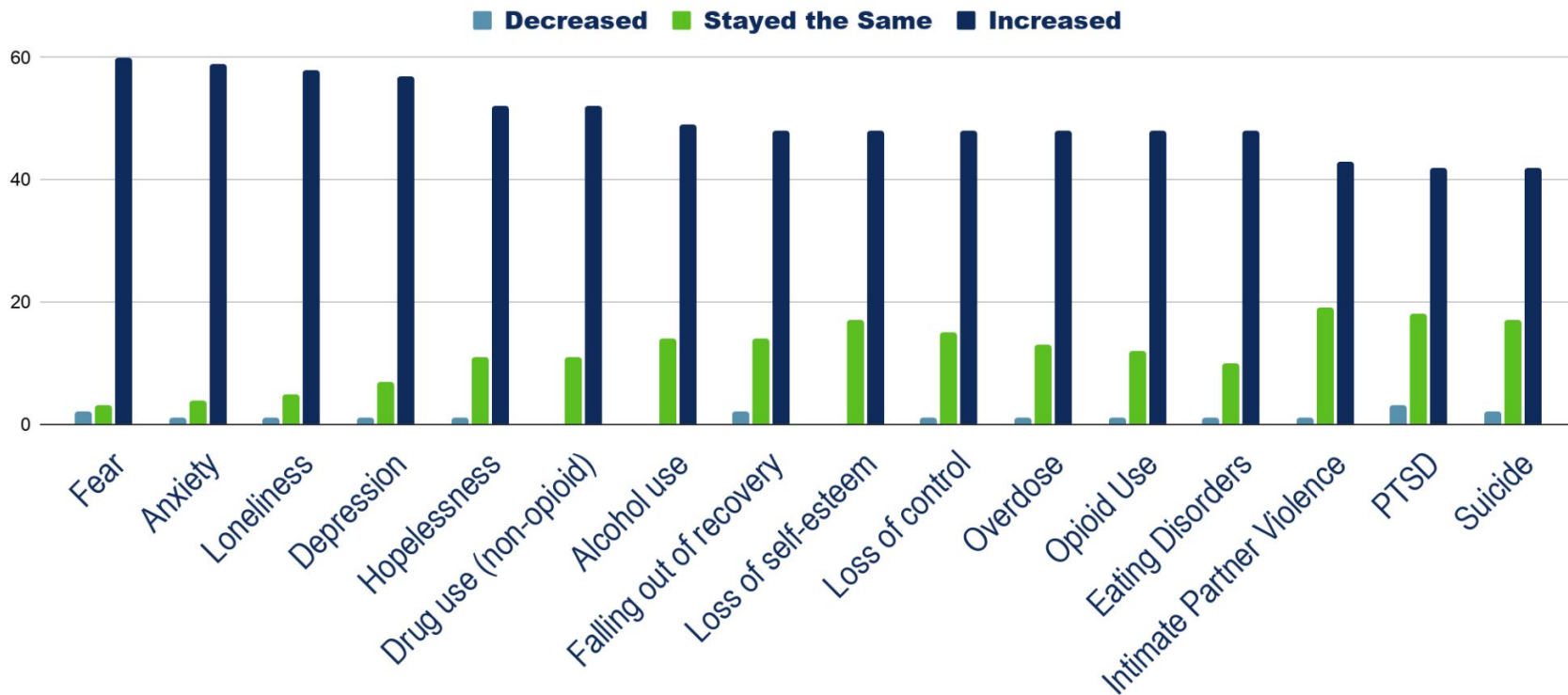"It has decreased the ability for oversight and checks for medication compliance."

more telehealth **=** **more access for rural and low income populations**

Clients

Overall, have the following increased, decreased or stayed the same?

BIG PICTURE

100% of respondents stated they had seen an increase in at least one of these symptoms or behaviors

1 in 3 respondents stated they had seen an increase in ALL of these symptoms or behaviors

Medication Assisted Treatment & Naloxone

Medication Assisted Treatment (MAT)

MAT refers to the use of medication to treat substance use disorders. Buprenorphine, methadone, and naltrexone are used to treat opioid use.

Naloxone (Narcan)

Naloxone is a medication used to treat opioid overdoses

Who is providing MAT and naloxone currently

12 (17%) organizations offer both Naloxone and MAT.

4 (6%) organizations offer MAT but not naloxone.

9 (13%) organizations offer naloxone but not MAT.

Medication-Assisted Treatment (MAT)

All organizations (14%) **that offered MAT prior to COVID-19 continue to offer MAT.**

All organizations (76%) **that did NOT offer MAT prior to COVID-19 continue to NOT offer MAT.**

Naloxone

18 (25%) organizations offered naloxone **both** prior to COVID-19 and now.
3 organizations who did **not** offer naloxone prior to COVID-19 **now do**.
2 organizations who did offer naloxone prior to COVID-19 now do **not**.

Please explain changes you have made in your MAT administration policies and procedures.

"Now offering telehealth individual and group session. Federal exception allowing more take home medication to clients."

"Patients who are more stable were able to receive increased take home doses in order to minimize traffic inside the facility."

Please explain barriers you are experiencing that prohibit your organization from providing MAT.

"Lack of funding and training on best practices and processes."

"We do not offer any services through our program, but we are open to linking our participants to these services."

BIG PICTURE

18% offer either MAT <u>or</u> naloxone

17% that offer both MAT <u>and</u> naloxone

35% offer either one or both

There was not a statistically significant net change in the number of MAT/naloxone providers due to covid

BIG PICTURE

21% of organizations that do not offer MAT responded that they willing to engage in MAT.

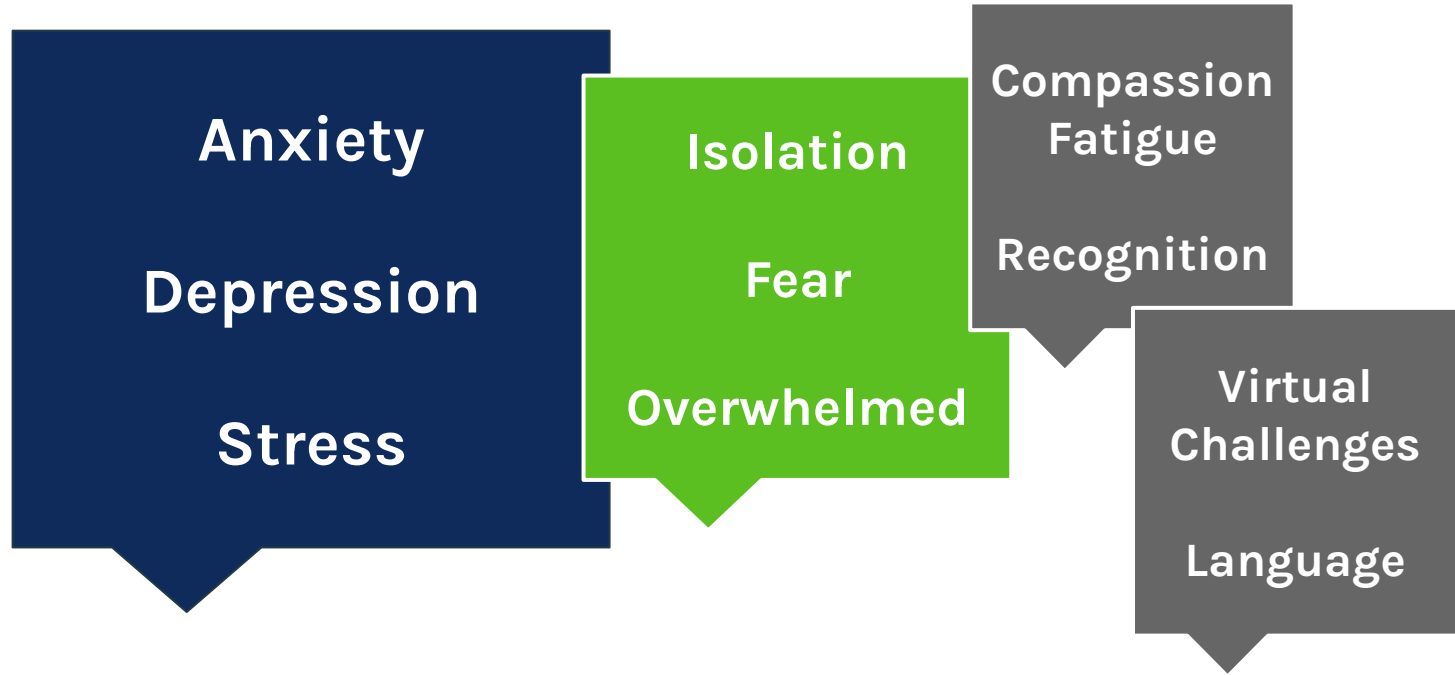We know which organizations these are and can reach out to work on facilitating this.

Open Ended & Qualitative Responses

Qualitative Data

Qualitative questions were those that allowed for free-form and open answers for respondents to express their thoughts.

There were 12 qualitative questions on this needs assessment.

Themes

Anxiety

Depression

Stress

Isolation

Fear

Overwhelmed

Compassion Fatigue

Recognition

Virtual Challenges

Language

How have the needs or presenting problems of your behavioral health clients changed since COVID-19?

"Increase in depression, anxiety, marital stress, grief, and addictions. More people requesting counseling for their children. Many grieving the lives they once had."

"Many clients are dealing with increasing bills, loss of jobs or jobs with reduced hours which is creating depression and hopelessness. Many have lost loved ones to Covid. This is fueling relapse."

How has the COVID-19 pandemic affected the morale of those working at your organization?

"Our morale has waxed and waned. We have experienced the need to be more proactively supportive of employees' mental health and trauma needs. We are trying to balance increased demands with employees' self care needs and support needs. Overall, we are carefully monitoring staff morale... It is fragile during these times."

"It has been a difficult year of uncertainty, flexibility, and chronic stress that is impacting our ability to serve others well"

Please describe the two greatest challenges your organization is currently facing.

"Uncertainty about what the coming months hold has made it very difficult to plan grants and spending, as well as work plans for next year. Internally, the lack of [morale] and uncertainty has created barriers for our clinic to engage/re-engage patients."

"Recruiting and hiring and keeping staff is a huge challenge."

What else do we need to know about the behavioral health needs of our community?

"The effects [of the] pandemic are going to be long lasting and widespread. People's mental health is being placed at risk alongside those providing the care. There will need to be additional attention and funds given to community mental health in an already understaffed and exhausted system."

Acknowledgements

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Resilient Georgia

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Thank you and questions

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Under the current COVID-19 conditions, how long (in months) can your organization survive financially?

Organization Size	Mean survival length (months)	Observations
Less than 10 employees	10.1	27
More than 10 but less than 25	10.5	23
More than 25	10.3	20
All Organizations	10.3	70

Have you had to reduce, suspend, or discontinue services*?

Reduce	Suspend	Discontinue
35 (48%)	25 (34%)	11 (15%)

*organizations were able to choose more than one response to this question

Telehealth Use

Prior to COVID-19, only **30%** of providers used telehealth. Currently, **77.5%** do.

Of those currently using telehealth,
- **75.9%** plan to continue use after the pandemic
- **3.7%** plan to discontinue use
- **20.4%** are unsure if they would continue

Telehealth services were most commonly provided via
- video chats (**72.6%**)
- phone calls (**49.3%**)
- mobile applications (**20.6%**)

Do you provide services for people who are:

	YES
Pregnant	87%
Currently involved with the criminal justice system	79%
Previously involved with the criminal justice system	91%
Experiencing homelsssness	71%
In transitional housing situations	82%
In foster care	81%

Have you had issues with availability of any other items related to COVID-19?

"Early on we had issues adjusting to the sudden need for PPEs and hygiene supplies. At this time, we have adjusted and the community response has been helpful in providing supplies for our operations."

"Cleaning supplies, hand sanitizer, paper products"

"Initially the food bank was closed which impacted our clients greatly. However, other organizations stepped in and provided food."

"Technology glitches for virtual classes and visits/ examples are reliable internet, phone availability"

"Adequate technology for transitioning to telehealth service delivery"

"We had to fundraise for food, clothing and supplies during COVID-19"

Beyond PPE, does your organization have the supplies necessary to perform services for the next two months?

"We are in the process of moving our men's program, therefore we are penny pinching this year pre-covid until one of our leases expires."

"There is a sustained shortage of bike parts, which are essential to being able to provide donation bikes for our service partnerships."

What COVID-19 precautions have you implemented for people who enter your organization?

- Temperature checks
- Negative COVID test within 48 hours of entering
- Must wash hands when arriving
- Social distancing and masks enforced, provided masks and hand sanitizer
- Limiting the number of people allowed in the facility, no symptomatic individuals allowed in
- Screening questions to assess for symptoms and exposure to COVID-19
- Plexiglass dividers in public areas
- Working from home, use of telehealth services
- PTO donations and accommodating time off for employees symptomatic or exposed

- We go to them, not them to us. We refer to services, provide case management, and provide material goods including masks and sanitizing supplies. All staff and clients must wear face masks, physically distance, and hand wash, with sanitation before and after interactions. Staff are also provided face shields.
- Quarantine for clients in crisis who need to be admitted immediately and are symptomatic, staff wears PPE (masks, gloves) while interacting with clients

Please provide details about changes in services since COVID-19:

"Fewer intakes, less revenue, more expenses"

"Reduced capacity, limited referrals"

"Initial assessments are completed differently, increased telehealth, inability to safely distance clients, difficulty getting and keeping masks for clients, loss of two major programs that support our drug and alcohol clients"

"We have had to cut operational costs by 20% at the beginning of COVID which included staff members. Given that we already have a small staff compared to the number that we serve, it has created a tremendous impact on how we deliver our care. Somehow, we have managed to increase our retention rate and have had several successful completions of the program during the pandemic…"