COVID-19 Behavioral Health Task Force
April 17, 2020
Agenda BH Task Force
April 17, 2020

1. Crisis Counseling Program (CCP) Overview: Tanya Stevenson, FEMA R-IX
2. SAMHSA Grant Award Update: Alisa Randall, AHCCCS
3. Suicide Prevention: Kelli Williams, AHCCCS
4. Crisis and 211 Updates: Justin Chase, CEO, CRN
5. Recap: BH Task Force Strategic Priorities and Action Steps: Sara Salek
6. Other agenda topics for today/next meeting
CRISIS COUNSELING IMMEDIATE SERVICES PROGRAM GRANT

FEMA

APRIL 17, 2020
Arizona’s IA request is still under review at HQ.
The mission of the Crisis Counseling Assistance and Training Program (CCP) is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based outreach and psychoeducational services.
Crisis Counseling Program (CCP)

- CCP/Immediate Services Program
- Considerations During the COVID-19 Outbreak
- Questions
The CCP is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes.

CCP grants may be awarded after Individual Assistance has been approved on a presidential major disaster declaration.

CCP funding supports community-based outreach by training local individuals to conduct individual needs assessments that include the identification of serious emotional distress.
The Immediate Services Program (ISP) grant provides funding for up to 60 days from the date of declaration. The application is due 14 days after the date that Individual Assistance is approved on the major disaster declaration.
Primary Services

- Individual Counseling
- Group Counseling
- Brief Educational Supportive Contacts
- Public Education Meetings
- Assessment, Referral and Resource Linkage
- Community Networking and Support
Secondary Services
Secondary CCP services have a broader reach with a focus on reaching as many people as possible.
• Development and Distribution of Educational Materials
• Media and Public Service Announcements
Primary Services Delivery Consideration:

- Consider the use of telephone, virtual, and social media outreach
- Consider establishing or expanding existing helplines.
- Consider hosting virtual support groups, via webinars, podcasts, etc..
Secondary Services Delivery Consideration:

• Consider optimizing the use of social media.
• Establish a branded program presence on popular channels, such as Facebook, Twitter, and Instagram.
• Host webinars or information sessions for the community.
• Broadcast information about coping & stress management on Facebook live, Instagram stories.
Staffing Considerations

- Consider the use of a combination of lay crisis counselors and professional credentialed staff.

- Consider using a mix of more specialist staff and fewer traditional crisis counselors, such as:

  Helpline staff
  Social Media Specialist
  Web or Technology Specialist
  Senior Care Specialist
  Access and Functional Needs Specialist
  Child Specialist
QUESTIONS
SAMHSA Emergency COVID-19 Grant

Alisa Randall
AHCCCS
AHCCCS SAMHSA Grant Award

- AHCCCS awarded 2 million SAMHSA Emergency COVID-19 Grant on April 16, 2020
- Implementation to begin April 20, 2020
Suicide Prevention

Kelli Williams
AHCCCS
Pima County Alert

Suicide rate doubled in second half of March

- n=7 (March 1-14)
- n=15 (March 15-31)

Psychological trauma of COVID listed as a concern
### Maricopa County

#### Data Plotted

- March 01, 2020 to April 11, 2020
- Based on historical data and patterns from October 2016 to present
- There is no sustained, statistically significant increase in mental health or suicide related visits in Maricopa County hospitals since the start of the COVID-19 outbreak in Maricopa County.
- One general mental health query and three suicide related queries were used

#### Important Caveat

- Healthcare seeking patterns have shifted in response to COVID-19
- The proportion of total visits that are seen in the ED only (i.e. are never admitted) is lower than normal.
- Conversely, the percent of visits that are admitted as inpatient (whether from the ED or directly) is higher than normal.
- This may be due to people not seeking care because of fears surrounding COVID-19 transmission, leaving a larger proportion of visits to be attributed to more serious conditions requiring hospitalization.
Research

2018

Highest suicide rate in the US since 1941

Risks during COVID-19

- Economic
- Psychosocial
- Access to healthcare

What can we do?

- Physical, not social distance
- Telehealth
- Smart media reporting
- “Pulling together effect”
Firearm Sales

- 2 million guns: In the January after Obama’s re-election and the Sandy Hook shooting.
- 1.9 million guns: During the coronavirus outbreak in March 2020.
- 1.1 million guns: Month of Obama’s election.
- 754,000 guns: Month of Sept 11 attacks.

Estimated gun sales per month (seasonally adjusted)
Pay Attention to Contributing Factors

COVID-19 Fear

Social Distancing/Isolation

Increase in Firearm Sales

20 Million Unemployed

Access to MHS

Suicide
National Crisis Lines

The National Suicide Prevention Lifeline

- Has NOT experienced significant changes in call volume

The Disaster Distress Helpline

- A sub-network of the Lifeline focused on providing emotional support to people affected by natural and human-caused disasters
- Has experienced significant volume increases

Crisis Text Line

- They have seen a significant increase in volume from texters
- They are up between 47%-116% depending on the day.
- About 1 in 5 texters mention the coronavirus specifically, anxiety is the top issue
Crisis and 211 Updates

Justin Chase, CRN CEO
COVID19 BH TaskForce: Recap of 4 Strategic Priorities

Sara Salek, CMO, AHCCCS
COVID19 BH Task Force: 4 Strategic Priorities

1. Implement efforts to increase resiliency amongst all Arizonans, with specific targeted strategies for populations at risk of/with behavioral health needs
2. Ensure access to crisis, outpatient, and other BH services/levels of care
3. Evaluate and enhance first responder and health care provider support services
4. Provide best practice resources for BH providers on how to minimize risk of COVID transmission
Increase Resiliency of Arizonans

1. Address the needs of all Arizonans experiencing life changes due to COVID-19
   • ADHS and ASU Center for Mindfulness, Compassion and Resilience-daily webinars for continuing mindfulness practice and support
2. Address the needs of school aged children and their families
   • PAXIS Institute: PAX GBG and other efforts to support teachers
   • BH in schools: leveraging telehealth, remaining socially connected while physically distancing
3. Address the needs of Arizonans experiencing loss during COVID-19
   • Compassion and end of life support: HOV is offering bereavement webinars and tips to memorialize and celebrate loved ones
4. Suicide prevention: targeted efforts for at-risk groups-ADHS and AHCCCS partnership
Ensure Access to Crisis, Outpatient, and other BH Services/Levels of Care

1. Maintain Statewide BH Crisis System with enhanced targeted approach to address concerns re COVID-19
   • Addition of COVID-19 Hotline
2. Maintain access to outpatient BH services while physically distancing to limit the spread
   • Expanded services available via telehealth/telephonically
   • Public media/messaging campaign
   • BH utilization tracking
Evaluate and Enhance Support Services for First Responders and Health Care Providers

1. “For Doctors, By Doctors” group of psychiatrists staffing peer hotline for fellow physicians
2. Exploring application for FEMA’s Crisis Counseling and Assistance and Training Program (CCP)
Provide best practice resources for BH providers on how to minimize risk of COVID transmission

1. Disseminate ADHS and County resources
2. Disseminate BH specific resources
   • Arizona specific developed protocol
     • Inpatient units managing T36
   • National resources including SAMHSA
BH Task Force Dashboard

• What data points do we want to track?
  o Immediately measurable
  o Expect changes weekly/monthly
  o Actionable
Thank You.