

# Ready to Respond: Behavioral Health Interventions beyond the COVID-19 Pandemic Webinar



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*Manager of Health Research, Policy and Advocacy*  
*The National Center for Health in Public Housing*

# National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



# Housekeeping

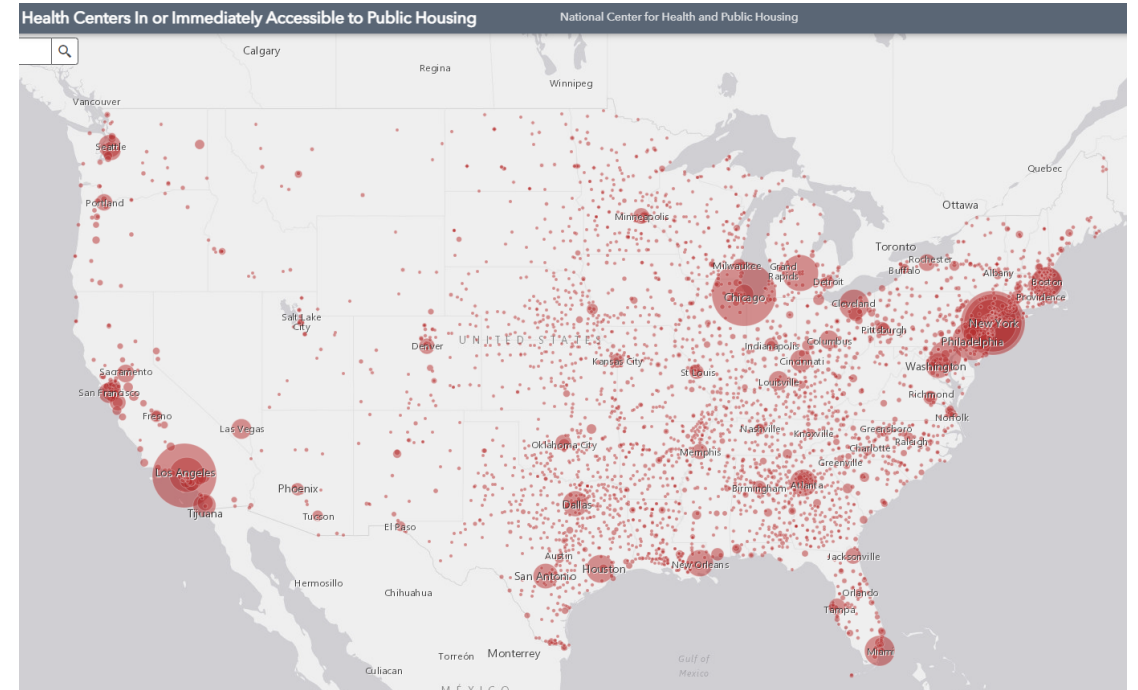
- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



# Health Centers Close to Public Housing

- 1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients
- 483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients
- 107 Public Housing Primary Care (PHPC) = 935,823 patients

Source: [2022 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

# Public Housing Demographics



1.5 Million  
Residents



2 Persons  
Per Household



38% Disabled



52% White



91% Low  
Income



43% African-  
American



26% Latinx



19% Elderly

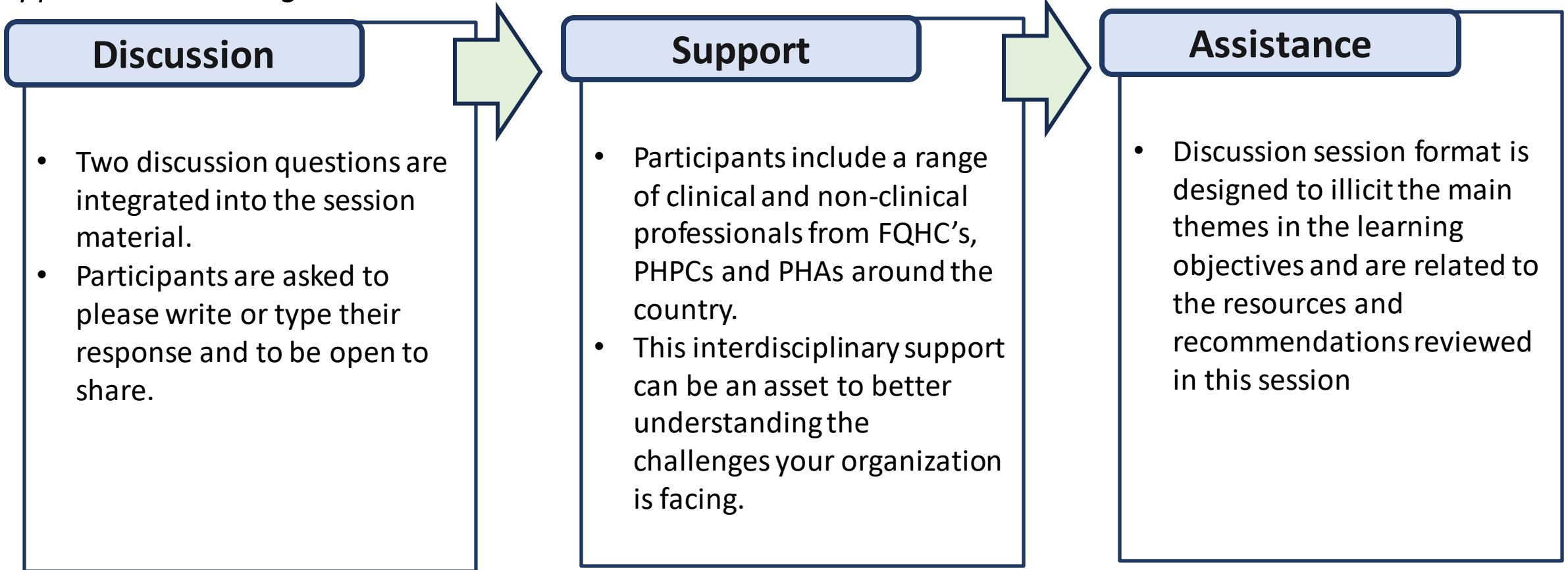


36% Children



32% Female Headed  
Households with  
Children

*This session is designed to illicit discussion, process sharing and support between colleagues. The session framework will reflect these priorities. The – Discussion – Support – Assistance model describes NCHPHs approach to Training and Technical Assistance*



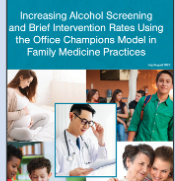
NCHPH presentations are designed to be utilized as external resources by FQHCs PHPCs and PHAs these can be freely circulated to partners and colleagues as needed.

## Research and Clinical Resources

- Cited resource links are located at the bottom right of the slides.
- Resources are publicly available and can be shared internally or externally.
- Cited research is investigated and validated during a structured review process.

### Improving Screening for Alcohol Use Disorder

#### Practice Recommendations



Resource Download: [Increasing Alcohol Screening](#)

#### Practice Recommendations

- Organizations can improve screening utilizing the “office champions” model.
- The model can be easily integrated into health center workflow.
- Integrates into existing workflow models already utilized by health centers.



## Guidance and Recommendations

- Recommendations are based on NCHPH internal research or validated external research.
- Practice recommendations presented are reviewed and validated by the NCHPH team.

**HRSA Health Center Program Practice Recommendations: HRSA Patient Survey**

**Question MEN1E\_r (recode)**  
 “During the past 30 days how often did you feel that everything was an effort all or most of the time?”

Percent of patients reporting any of these feelings in the past 30 days:

 <b>All FQHC* patients</b> <b>9.4%</b> <small>CI: 7.2-12.1</small>	 <b>All HUD-Assisted*</b> <b>17.2%</b> <small>CI: 4.8-17.5</small>
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Link to Resource: [2022 Health Center Patient Survey](#)

## Support and Consultation Resources

- NCHPH staff members and SMEs are available to FQHCs, PHPCs, PHAs and partner organization for consulting and advising services.

**Long-COVID: Mental Health and Systemic Sequelae**

Review  
**Symptoms, complications and management of long COVID: a review**

Olalekan Lee Aiyegbusi<sup>1,2,3,4,5</sup>, Sarah E. Hughes<sup>1,2,3</sup>, Grace Turner<sup>1,2</sup>, Samantha Cruz Rivera<sup>3,4,5</sup>, Charisel McMullan<sup>1,2</sup>, Joti Singh Chaudhri<sup>1</sup>, Shami Haroon<sup>1</sup>, Gary Price<sup>1</sup>, Elin Haf Davies<sup>6</sup>, Krishnarajah Nirantharankumar<sup>1,2</sup>, Elizabeth Sapey<sup>6,9</sup>, Melanie J Calvert<sup>1,2,3,4,5,10</sup>, and on behalf of the TLC Study Group

**Abstract**  
 Globally, there are now over 160 million confirmed cases of COVID-19 and more than 3 million deaths. While the majority of infected individuals recover, a significant proportion continue to experience symptoms and complications after their acute illness. Patients with “long COVID” experience a wide range of physical and mental/psychological symptoms. Pooled prevalence data showed the 10 most prevalent reported symptoms were fatigue, shortness of breath, muscle pain, joint pain, headache, cough, chest pain, altered smell, altered taste and diarrhoea. Other common symptoms were cognitive impairment, memory loss, anxiety and sleep disorders. Beyond symptoms and complications, people with long COVID often reported impaired quality of life, mental health and employment issues. These individuals may require multidisciplinary care involving the long-term monitoring of symptoms, to identify potential complications, physical rehabilitation, mental health and social services support. Resilient healthcare systems are needed to ensure efficient and effective responses to future health challenges.

Resource download: [Symptoms, complications and management of long COVID: a review](#)

Link to Resource: [NCHPH](#)



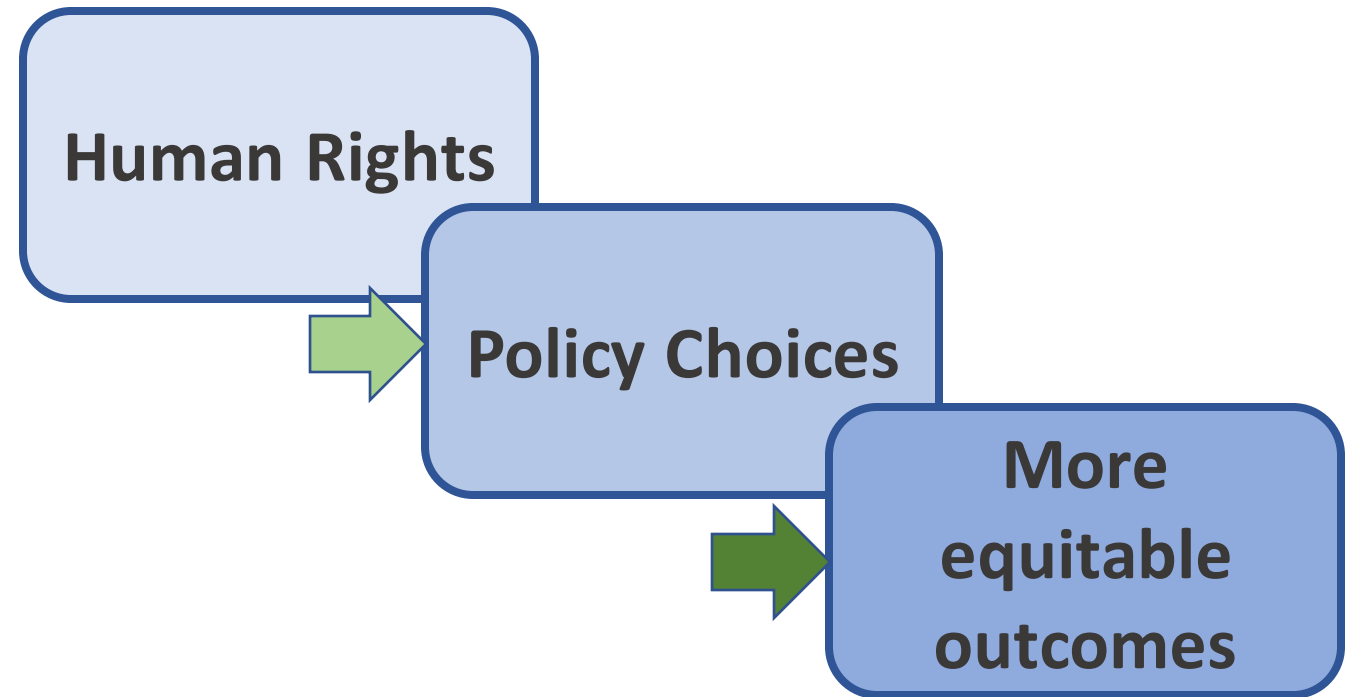
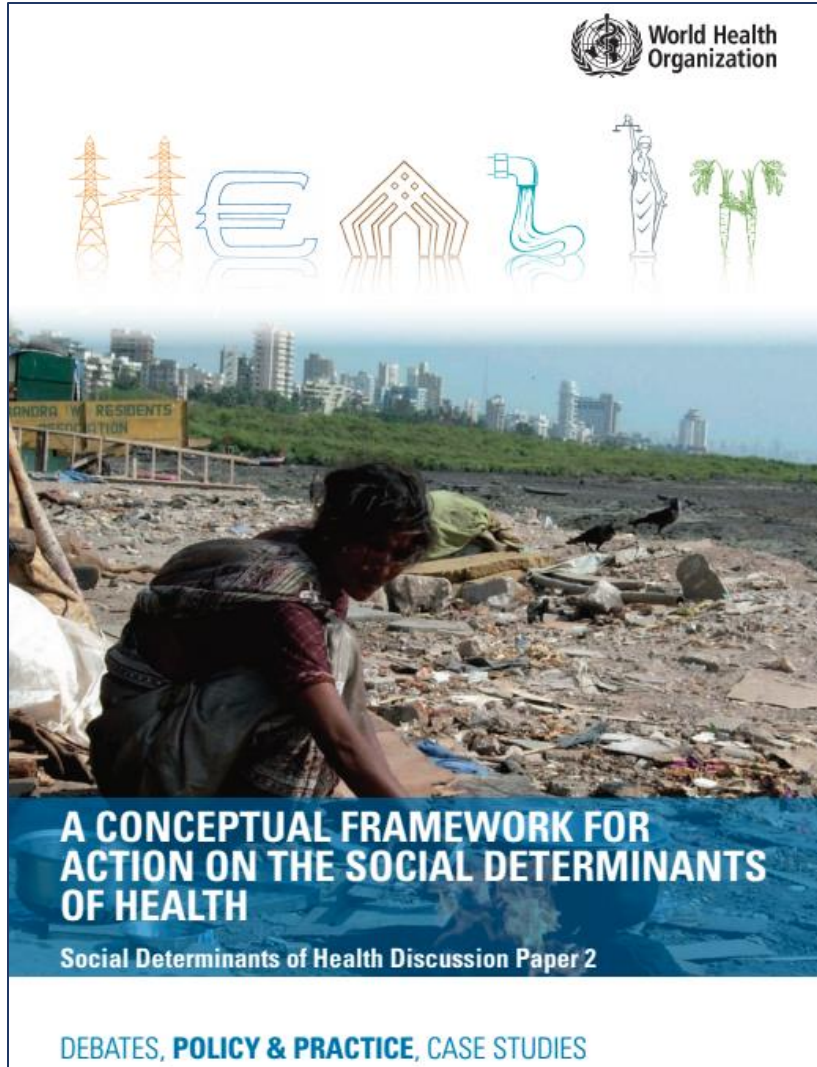


# Session content objectives

1. Discuss the impact of the COVID-19 pandemic on behavioral health and addiction treatment.
2. Review practice recommendations aimed at improving the quality and quantity of patient visits in addiction and behavioral health.
3. Present Examine behavioral health and addiction through the lens of the Social Determinants of Health (SDOH)



# WHO Conceptual Framework



Link to Resource: [WHO Conceptual Framework](#)

# The Social Determinants of Health

## Social Determinants of Health



Social Determinants of Health  
Copyright-free



Healthy People 2030

Link to resource: [Healthy People 2030](#)

# Chronic Impacts of COVID-19 Infection on Mental Health

*The persistent and long-term effects of COVID-19 infection has been shown to precipitate new or exacerbate existing behavioral health issues.*

One in 13 adults in the U.S. (7.5%)  
have had long Covid symptoms.



Brain fog: Cognitive dysfunction, memory issues, lack of mental clarity

32%

Anxiety: New onset or exacerbation of existing symptoms. Often insidious onset and difficult to diagnose.

23%

Depression: New onset and exacerbation of existing symptoms. Worsening of symptoms can be severe.

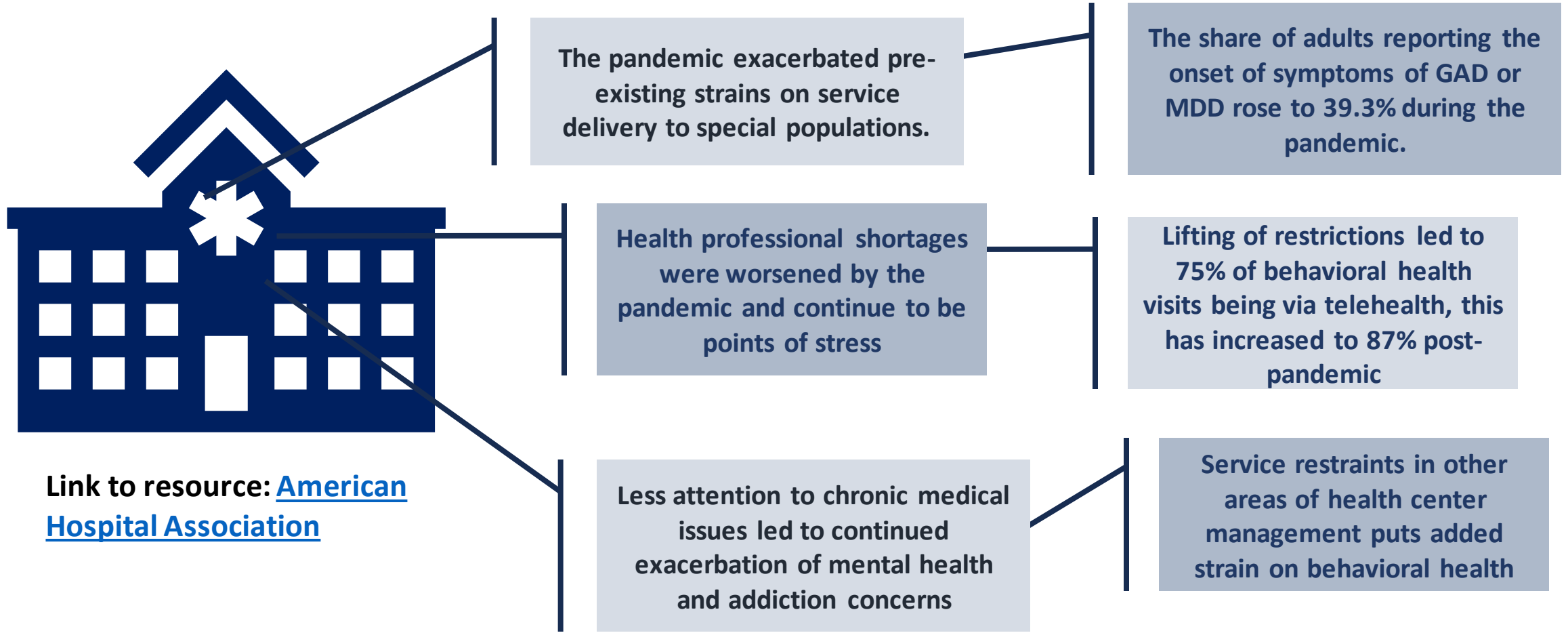
12%

Link to resource: [NIH](#)

Link to resource: [Heitzman et al](#)

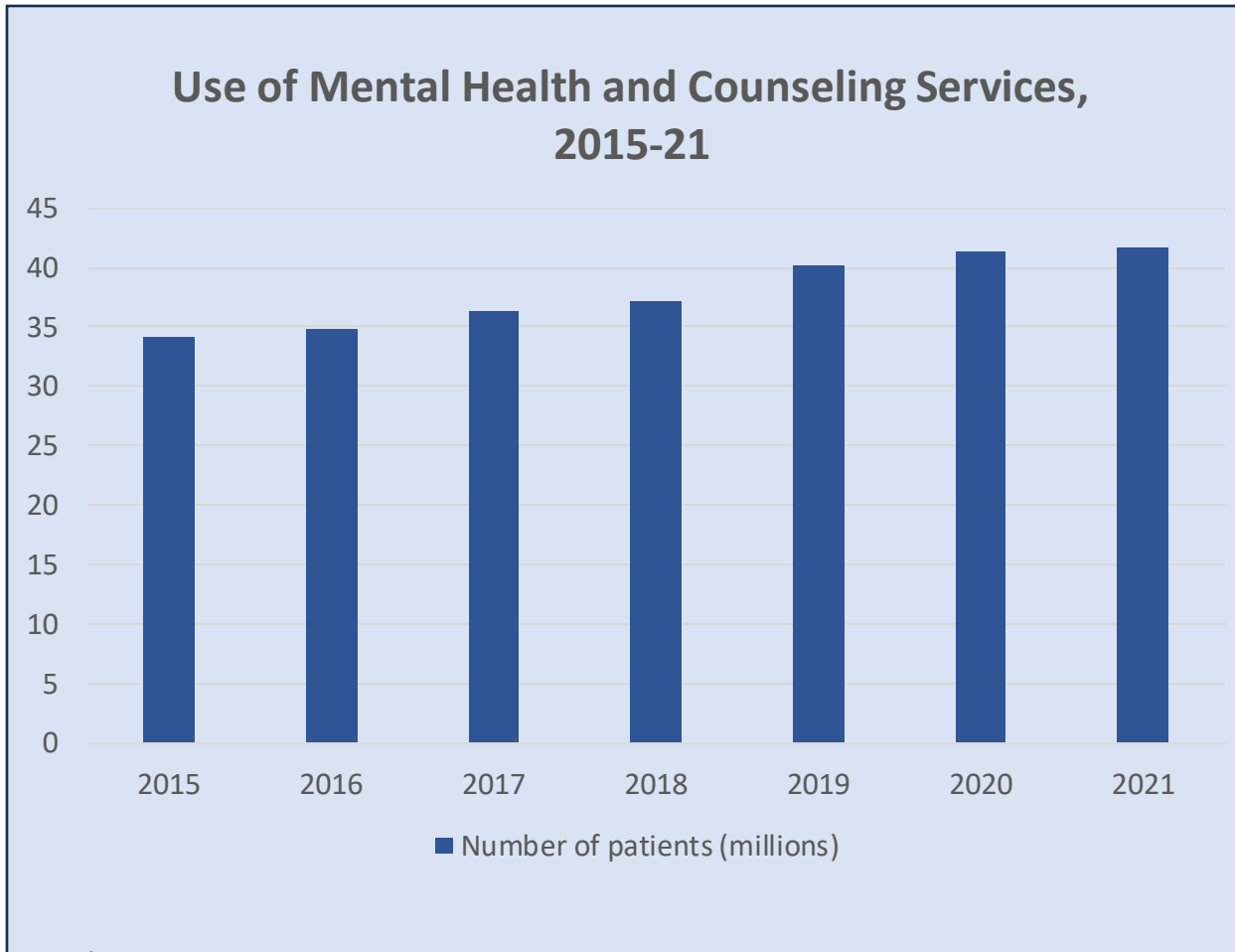
# Impact of the COVID-19 Pandemic on Service Delivery

*This session is designed to illicit discussion, process sharing and support between colleagues the session framework will reflect those priorities.*

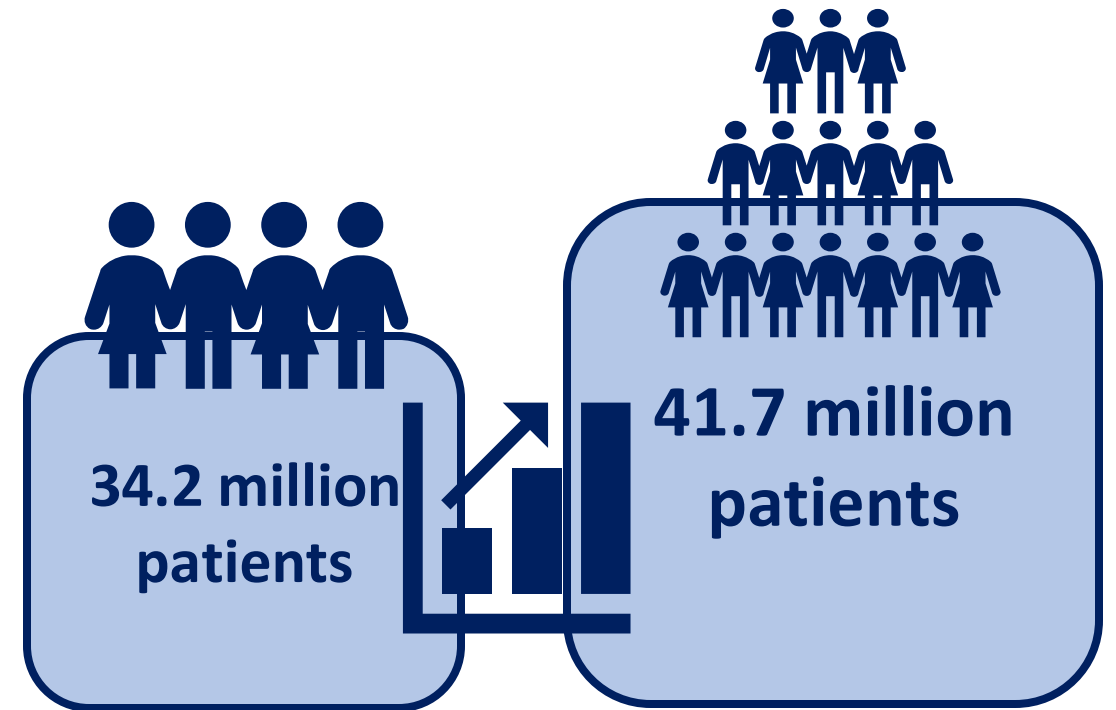


Link to resource: [American Hospital Association](#)

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Link to source: [statista](https://www.statista.com/statistics/1000000/mental-health-services/)



# Impact of the COVID-19 Pandemic on Service Delivery

## The impact of the COVID-19 pandemic on the mental health and daily life of adults with behavioral health disorders

Jessica A. Jonikas,<sup>1</sup> Judith A. Cook,<sup>1</sup> Margaret Swarbrick,<sup>2,3</sup> Patricia Nemeč,<sup>2</sup> Pamela J. Steigman,<sup>1</sup> Katherine A. Boss,<sup>1</sup> George H. Brice, Jr.

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doi: 10.1093/tbm/ibab013

© The Author(s) 2021. Published by  
Oxford University Press on behalf of  
the Society of Behavioral Medicine.

### Abstract

People with behavioral health disorders may be particularly vulnerable to the impact of the COVID-19 pandemic, yet little is known about how they are faring. A mixed-methods, anonymous needs assessment was conducted to understand changes in the lives of adults with mental health and substance use disorders since the pandemic onset. A cross-sectional, online survey was completed by 272 adults in April and May 2020, recruited from statewide networks of community programs in New Jersey and New York. Measures included the Patient Health Questionnaire-2 and the Generalized Anxiety Disorder-2 to screen for depressive and anxiety disorders. Also assessed was the pandemic's impact on sleep and dietary patterns, exposure to COVID-19 infection, and access to health care and medications. Finally, respondents were asked to describe in their own words any changes in their lives since the pandemic began. Over one-third (35.1%) screened positive for generalized anxiety disorder and over one-quarter (29.6%) screened positive for major depressive disorder. The majority reported pandemic-related changes in eating and sleeping.

### Implications

**Practice:** Pandemic-related needs of people with mental health disorders require service delivery approaches that integrate behavioral, psychosocial, and biomedical science knowledge and techniques. One such approach is evidence-based psychiatric rehabilitation that combines traditional psychiatric clinical services with interventions that promote wellness, employment, secure housing, adult education, leisure and recreation, and financial literacy.

**Policy:** To accommodate the significant and growing need for mental health services in the face of the current, worldwide, behavioral health workforce shortage, public policy should stimulate the training and deployment of the peer

Downloaded from <https://academic.oup.com/tbm/article/11/5/1162/6311111>

Resource download: [Jonikas et al](#)



# Long-COVID: Mental Health and Systemic Sequelae

Review

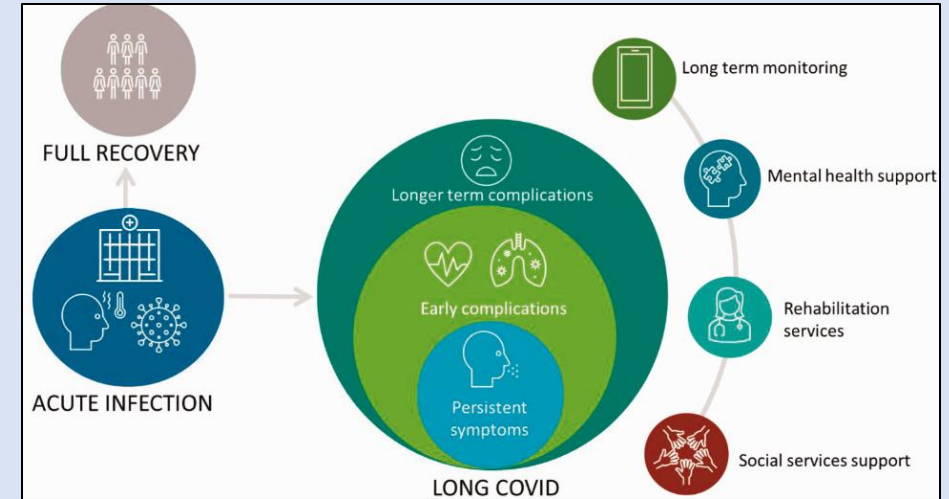


## Symptoms, complications and management of long COVID: a review

Olalekan Lee Aiyegbusi <sup>1,2,3,4,5</sup>, Sarah E Hughes <sup>1,2,3</sup>, Grace Turner <sup>1,2</sup>, Samantha Cruz Rivera <sup>1,2,4</sup>, Christel McMullan <sup>1,2</sup>, Joht Singh Chandan <sup>1</sup>, Shamil Haroon <sup>1</sup>, Gary Price <sup>2</sup>, Elin Haf Davies <sup>6</sup>, Krishnarajah Nirantharakumar <sup>1,7</sup>, Elizabeth Sapey <sup>8,9</sup>, Melanie J Calvert <sup>1,2,3,4,5,10</sup>, and on behalf of the TLC Study Group

### Abstract

Globally, there are now over 160 million confirmed cases of COVID-19 and more than 3 million deaths. While the majority of infected individuals recover, a significant proportion continue to experience symptoms and complications after their acute illness. Patients with 'long COVID' experience a wide range of physical and mental/psychological symptoms. Pooled prevalence data showed the 10 most prevalent reported symptoms were fatigue, shortness of breath, muscle pain, joint pain, headache, cough, chest pain, altered smell, altered taste and diarrhoea. Other common symptoms were cognitive impairment, memory loss, anxiety and sleep disorders. Beyond symptoms and complications, people with long COVID often reported impaired quality of life, mental health and employment issues. These individuals may require multidisciplinary care involving the long-term monitoring of symptoms, to identify potential complications, physical rehabilitation, mental health and social services support. Resilient healthcare systems are needed to ensure efficient and effective responses to future health challenges.



Resource download: [Symptoms, complications and management of long COVID: a review](#)



# Case Study

Mr. Diaz is a 54 year-old woman with a history of Substance Use Disorder, T2 Diabetes and hypertension that arrives at his PCP to for his first wellness visit since 2020.

Mr. Diaz sees and intake nurse who performs and check of his vitals, has labs drawn and performs an SDOH Screen as part of facility standard intake procedure. His results reveal the following:

**BP: 164/92**

**HR: 78**

**RR: 18**

Results from his last visit in 2020 reveal the following

**BP: 128/78**

**HR: 68**

**RR: 16**

The intake nurse notes that Mr. Diaz appears nervous and diaphoretic. She also notes that during the blood drawing Mr. Diaz could not hold their hands still for more than a few moments without shaking.

The results of Mrs. Diaz's SDOH screener reveal the following:

## Appendix

### *WellRx Questionnaire*

DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

### WellRx Questions

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1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

Yes

\_\_\_\_\_ No

2. Are you homeless or worried that you might be in the future?

Yes

\_\_\_\_\_ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

Yes

\_\_\_\_\_ No

4. Do you have trouble finding or paying for a ride?

Yes

\_\_\_\_\_ No

5. Do you need daycare, or better daycare, for your kids?

\_\_\_\_\_ Yes

No

[Link: To Resource](#)

\_\_\_\_ Yes

6. Are you unemployed or without regular income?

\_\_\_\_ Yes

7. Do you need help finding a better job?

\_\_\_\_ Yes

8. Do you need help getting more education?

\_\_\_\_ Yes

9. Are you concerned about someone in your home using drugs or alcohol?

\_\_\_\_ Yes

10. Do you feel unsafe in your daily life?

Yes

11. Is anyone in your home threatening or abusing you?

\_\_\_\_ Yes

\_\_\_\_ No

No

No

No

No

\_\_\_\_ No

No

---

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

[Link: To Resource](#)

### Discussion Question 1

**Please take a moment to write or type your response to the following:**

What sorts of clinical supports would this patient benefit from?

What types of programmatic supports would be used at your facility?

### Discussion Question 2

**Please take a moment to write or type your response to the following:**

What challenges might present when linking this patient to addiction and mental health services?

Alcohol and Substance use in the 2022 Health Center Patient Survey	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Ever used alcohol	73.8	68.1-79.5	77.9	67.2-85.9	0.38	78.5	65.3-87.6	0.51
Used alcohol in past 12 months		23.3-33.1	34.5	21.7-50.1	0.52	31	11.8-60.1	0.94
Discussed alcohol use with provider in past 12 months		11.0-18.6	10.6	5.6-19.4	0.42	9.1	76.6-83.2	0.52
Ever used cocaine		12.2-17.6	21.4	14.5-30.6	0.023	23.5	11.8-36.6	0.73
Ever uses amphetamine		9.3-15.2	12.1	7.5-19.1	0.58			0.56
Ever used inhalants		2.6-4.9	4.3	1.7-10.2	0.69			0.59
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012			0.08
Ever used hallucinogens	12.7	9.9-16.0	6	3.3-10.4	0.19			0.52
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65

**95% Confidence Interval  
(95% range of real possibility)**

**P – value  
(statistical significance)**

\* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

Link to Resource: [2022 Health Center Patient Survey](#)

<b>Alcohol and Substance use in the 2022 Health Center Patient Survey</b>	<b>All other Housing (%)</b>	<b>95% CI</b>	<b>All HUD-assisted* (%)</b>	<b>95% CI</b>	<b>p</b>	<b>Public Housing (%)</b>	<b>95% CI</b>	<b>p</b>						
Ever used alcohol	<b>All patients (reference group)</b>	17.1	75.9	65.0-85.0	0.38	79.5	65.0-95.0	0.51						
Used alcohol in past 12 months									11.1	7.5-14.8	0.52	10.4	5.7-18.3	0.94
Discussed alcohol use with doctor, past 12 months														
Ever used cocaine	14.7	12.2-17.6	21.4	14.5-30.0	0.023	23.5	14.0-30.0	0.73						
Ever uses amphetamine-type stimulants	11.9	9.3-15.2	12.1	7.5-19.1	0.58	10.4	5.7-18.3	0.56						
Ever used inhalants	3.6	2.6-4.9	4.3	1.7-10.2	0.69	5.7	13.5-21.2	0.59						
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08						
Ever used hallucinogens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52						
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87						
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8						
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65						

\* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

Link to Resource: [2022 Health Center Patient Survey](#)



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Ever used alcohol	73.8	68.1-78.7	77.9	67.2-85.9	0.38	78.5	65.3-87.6	0.51
Used alcohol in past 12 months	27.9	23.3-33.1	34.5	21.7-50.1	0.52	31	11.8-60.1	0.94
<b>Discussed alcohol use with doctor, past 12 months</b>	<b>14.4</b>	<b>11.0-18.6</b>	<b>10.6</b>	<b>5.6-19.4</b>	<b>0.42</b>	<b>9.1</b>	<b>76.6-96.2</b>	<b>0.52</b>
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\* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

Link to Resource: [2022 Health Center Patient Survey](#)

## Emotional Wellbeing and Housing Status: 2022 HRSA Health Center Patient Survey

n (weighted) = 27,224,243

Symptoms reported in past 12 months	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Any feelings of worthlessness	15.2	12.2-18.7	21.1	13.7-30.1	0.15	26.1	15.0-41.4	0.046
Any feelings that everything is an effort	29.8	25.4-34.5	43.1	32.4-54.6	0.009	40.7	27.5-55.4	0.13
Feeling everything is an effort all or most of the time	9.4	7.2-12.1	17.2	10.9-23.5	0.012	9.4	4.8-17.5	0.86
Any feelings of hopelessness	18.3	15.2-21.7	24.1	16.1-34.5	0.17	29.5	17.5-45.4	0.06
Feeling hopeless most or all of the time	3.8	2.6-5.6	5.4	2.5-11.2	0.4	5.4	1.7-15.5	0.58
Any feelings of restlessness or fidgeting	34.3	29.6-39.4	42.1	33.9-50.8	0.067	41.3	27.6-56.6	0.35
Any feelings of nervousness	39.12	34.3-44.1	40.9	31.73-50.7	0.07	39.5	26.9-53.7	0.9
Feeling nervous all or most of the time	8.3	6.3-10.9	10.9	6.9-17.0	0.28	12.7	6.3-24.0	0.24
Any feelings of extreme sadness	29.1	25.2-33.3	41.1	31.6-51.3	0.013	44.6	30.1-60.1	0.034

\* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs



## Emotional Wellbeing and Housing Status: 2022 HRSA Health Center Patient Survey

n (weighted) = 27,224,243

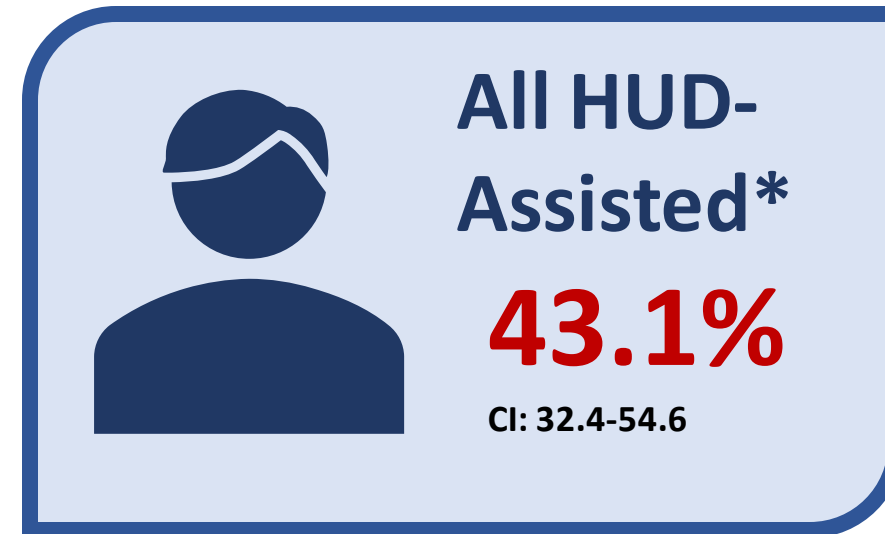
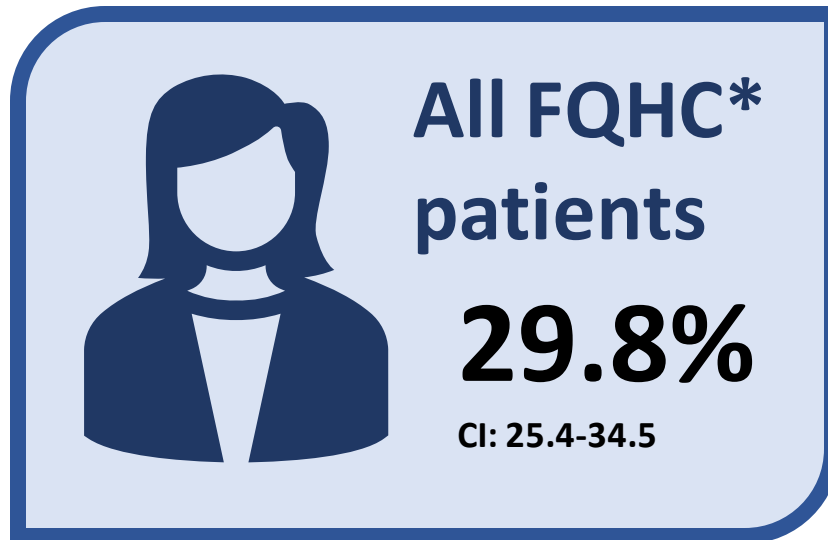
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Any feelings of worthlessness	15.2	12.2-18.7	21.1	13.7-30.1	0.15	26.1	15.0-41.4	0.046
<b>Any feelings that everything is an effort</b>	<b>29.8</b>	<b>25.4-34.5</b>	<b>43.1</b>	<b>32.4-54.6</b>	<b>0.009</b>	<b>40.7</b>	<b>27.5-55.4</b>	<b>0.13</b>
Feeling everything is an effort all or most of the time	9.4	7.2-12.1	17.2	10.9-23.5	0.012	9.4	4.8-17.5	0.86
Any feelings of hopelessness	18.3	15.2-21.7	24.1	16.1-34.5	0.17	29.5	17.5-45.4	0.06
Feeling hopeless most or all of the time	3.8	2.6-5.6	5.4	2.5-11.2	0.4	5.4	1.7-15.5	0.58
Any feelings of restlessness or fidgeting	34.3	29.6-39.4	42.1	33.9-50.8	0.067	41.3	27.6-56.6	0.35
Any feelings of nervousness	39.12	34.3-44.1	40.9	31.73-50.7	0.07	39.5	26.9-53.7	0.9
Feeling nervous all or most of the time	8.3	6.3-10.9	10.9	6.9-17.0	0.28	12.7	6.3-24.0	0.24
Any feelings of extreme sadness	29.1	25.2-33.3	41.1	31.6-51.3	0.013	44.6	30.1-60.1	0.034

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## Question MEN1B\_r (recode)

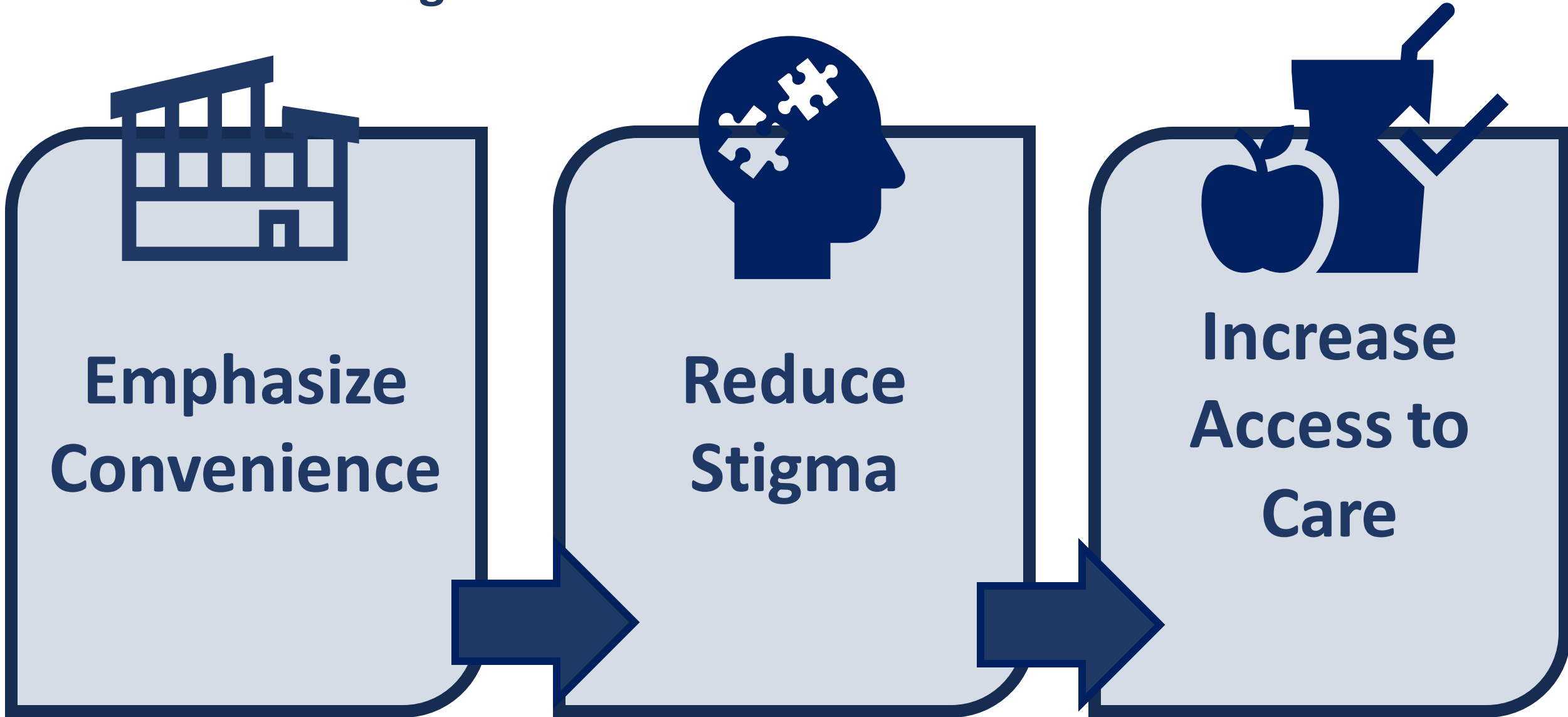
“During the past 30 days how often did you feel that everything was an effort”

**Percent of patients reporting any feelings of nervousness in the past 30 days:**



Link to Resource: [2022 Health Center Patient Survey](#)

# Marketing Behavioral Health and Addiction Services



## Emotional Wellbeing and Housing Status: 2022 HRSA Health Center Patient Survey

n (weighted) = 27,224,243

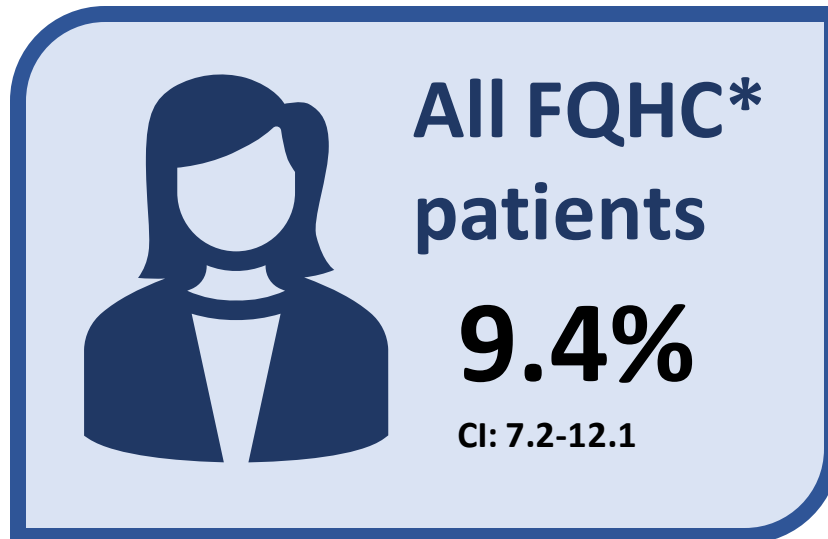
Symptoms reported in past 12 months	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Any feelings of worthlessness	15.2	12.2-18.7	21.1	13.7-30.1	0.15	26.1	15.0-41.4	0.046
Any feelings that everything is an effort	29.8	25.4-34.5	43.1	32.4-54.6	0.009	40.7	27.5-55.4	0.13
<b>Feeling everything is an effort all or most of the time</b>	<b>9.4</b>	<b>7.2-12.1</b>	<b>17.2</b>	<b>10.9-23.5</b>	<b>0.012</b>	<b>9.4</b>	<b>4.8-17.5</b>	<b>0.86</b>
Any feelings of hopelessness	18.3	15.2-21.7	24.1	16.1-34.5	0.17	29.5	17.5-45.4	0.06
Feeling hopeless most or all of the time	3.8	2.6-5.6	5.4	2.5-11.2	0.4	5.4	1.7-15.5	0.58
Any feelings of restlessness or fidgeting	34.3	29.6-39.4	42.1	33.9-50.8	0.067	41.3	27.6-56.6	0.35
Any feelings of nervousness	39.12	34.3-44.1	40.9	31.73-50.7	0.07	39.5	26.9-53.7	0.9
Feeling nervous all or most of the time	8.3	6.3-10.9	10.9	6.9-17.0	0.28	12.7	6.3-24.0	0.24
Any feelings of extreme sadness	29.1	25.2-33.3	41.1	31.6-51.3	0.013	44.6	30.1-60.1	0.034

\* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

## Question MEN1E\_r (recode)

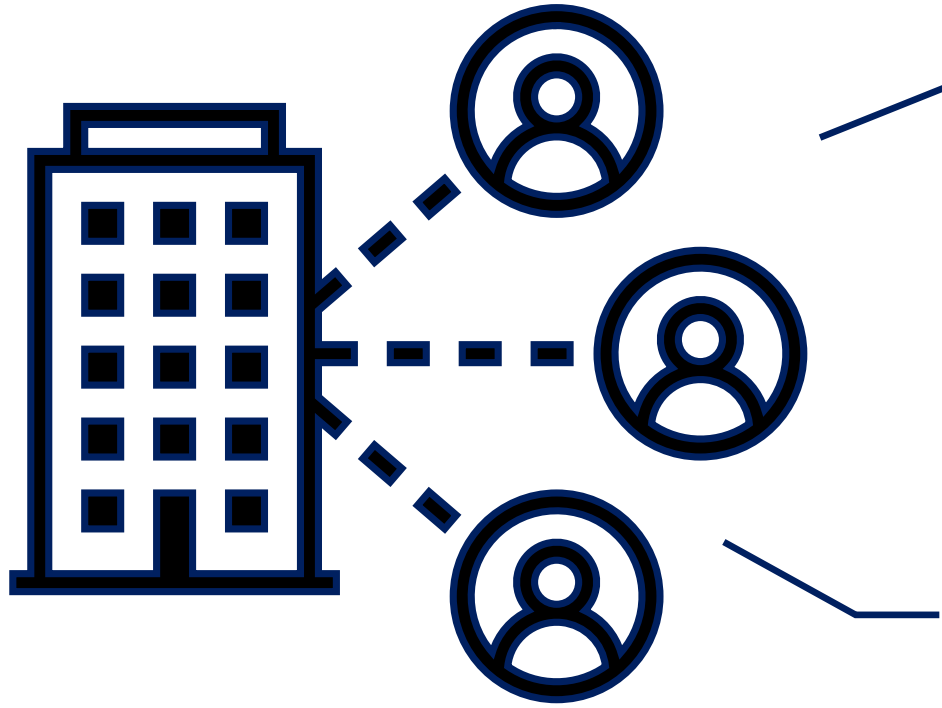
“During the past 30 days how often did you feel that everything was an effort all or most of the time?”

Percent of patients reporting any of these feelings in the past 30 days:



Link to Resource: [2022 Health Center Patient Survey](#)





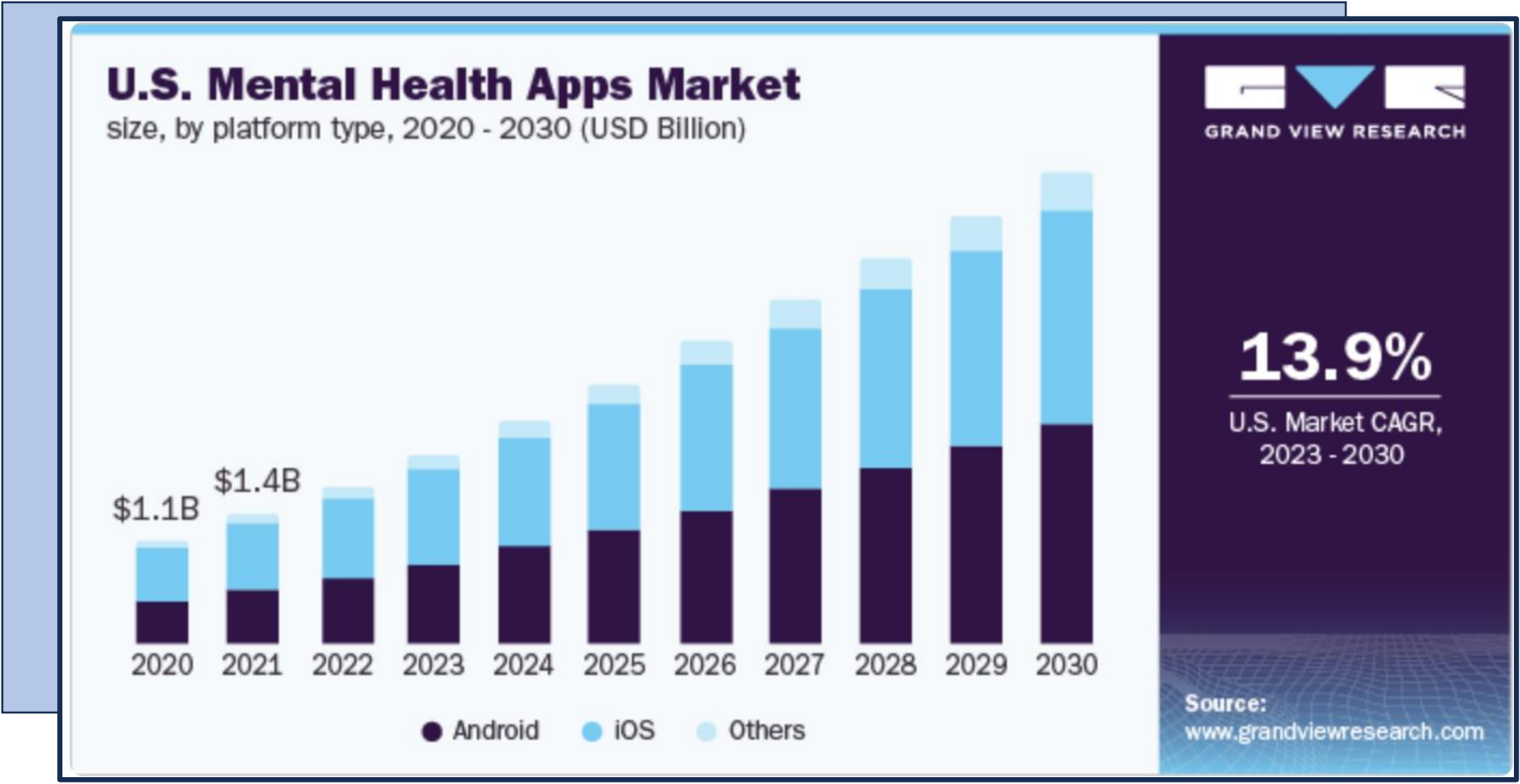
## Certified Community Behavioral Health Clinics (CCBHCs)



- **CCBHCs** serve anyone who requests care for mental health or substance use, **regardless of their ability to pay, place of residence or age.**
- Health Centers should consider **strengthening connections** with their local CCBHC network to improve access to services

Link to Resource: [CCBHCs](#)

# The use of telehealth for behavioral health post-pandemic



Link to resource: [GVR](#)



# Improving Telehealth Service in Behavioral Health

## Practice Recommendations



Link to resource: [HHS Telehealth](https://www.Telehealth.HHS.gov)

## Practice Recommendations

- Restrictions on telehealth loosened during the pandemic leading to an unprecedented expansion in capacity for service delivery.
- Many FQHCs have continued to expand their telehealth behavioral health services.
- Expanding telehealth services in behavioral health and addiction is complex and comes with significant organizational and workforce preparation.
- Following a Telehealth Expansion Plan can help reduce uncertainty and assist the decision-making and planning processes.

# Improving Telehealth Service in Behavioral Health: Telehealth Plans

*The creation of a telehealth expansion plan is a critical component of expanding behavioral health and addiction telehealth services*

**Create a telehealth roadmap:** Review existing service delivery and how new services will be integrated



**Find funding:** To cover both long-and short-term costs for insurance reimbursement delays, ensure understanding of reimbursement rules and timelines for services

**Assess patient needs:** Research the most needed behavioral health services in your area. Confirm broadband



**Develop a marketing strategy:** Update your website, advertising email and communications. This is important for recruiting patients and reducing stigma.

**Stay grounded:** Introduce new services in a stepwise fashion, one at a time with a small number of patients.



**Design your approach:** To hiring, retention, staff training, IT needs and patient communication. Organizing these into a formal report can assist in funding and approval.

Link to resource: [HHS Telehealth](#)

# The use of telehealth for behavioral health post-pandemic

## Trends in Use of Telehealth for Behavioral Health Care During the COVID-19 Pandemic: Considerations for Payers and Employers

[Norah Mulvaney-Day](#), PhD,<sup>1</sup> [David Dean, Jr.](#), PhD,<sup>2</sup> [Kay Miller](#), BA,<sup>3</sup> and [Jessica Camacho-Cook](#), BS<sup>4</sup>

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### Purpose

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In the early months of the COVID-19 pandemic, telehealth use in the United States increased dramatically as providers shifted their modes of practice to decrease risks of exposure to the virus.<sup>1,2</sup> During this time, telehealth use for behavioral health conditions far exceeded its use for general physical health conditions.<sup>1,2</sup> *Telehealth* includes health services rendered via interactive, synchronous or asynchronous, audio and video telecommunication systems. Overall, rates of telehealth use for all conditions declined later in 2020, as the initial COVID-19 surge abated.<sup>1</sup> However, these declines were primarily driven by visits for physical health conditions, while rates for behavioral health conditions remained consistently high throughout 2021.<sup>2,3</sup>

These early data suggest that the use of telehealth for behavioral health conditions resonates with both patients and providers and may be a vital component to continue to include in benefit packages offered by employers to support the well-being of their employees. These data also suggest that expanded telehealth benefits and reduced cost sharing for telehealth visits among self-insured plans and other commercial

Link to resource: [Mulvaney-Day et al](#)

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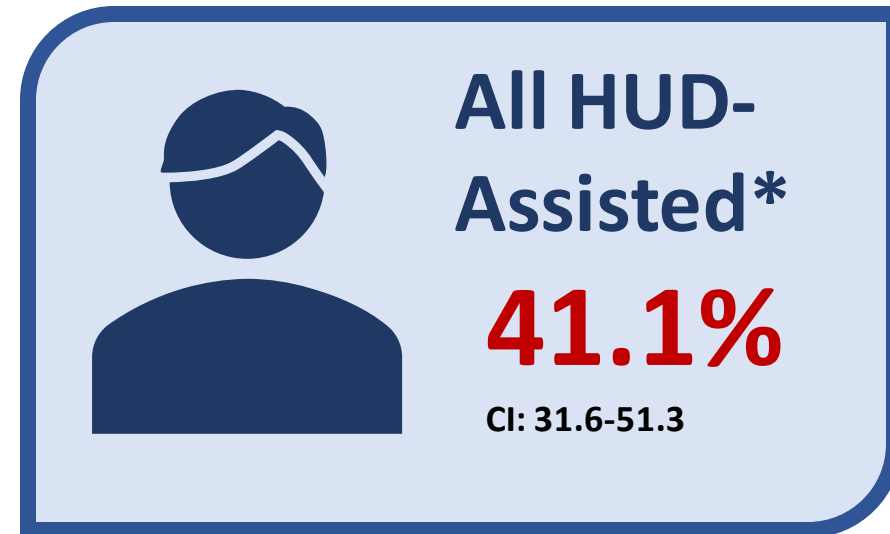
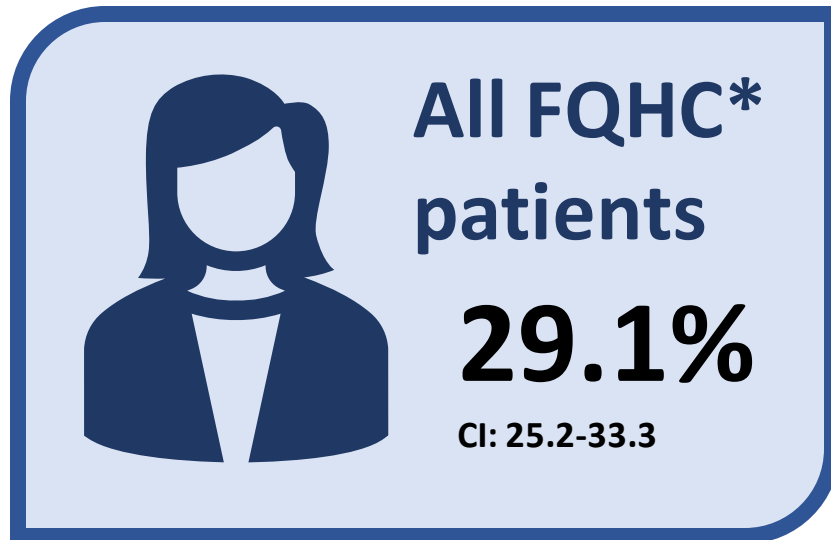
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## Question MEN1a (recode)

“During the past 30 days, how often did you feel so sad that nothing could cheer you up?”

Percent of patients reporting these feelings in the past 30 days:



Link to Resource: [2022 Health Center Patient Survey](#)



### Discussion Question 1

**Please take a moment to write or type your response to the following:**

- (a). What strategies or methods do you use to integrate the SDOH into clinical or non-clinical practice?
  
- (b). What strategies or methods do you use to integrate the SDOH into organization or program management?

## Use of home telehealth services at FQHC and PHPC locations: UDS results (2021)

	All FQHC's	PHPC's
<b>Mental health</b>	<b>93.2%</b>	<b>95.2%</b>
<b>Substance use disorder</b>	<b>66.4%</b>	<b>71.2%</b>
Chronic conditions	63.6%	58.7%
Nutrition and dietary counseling	20.4%	21.2%
Primary care	97.4%	98.1%
Provider-to-provider counseling	15.9%	13.5%
Dermatology	6.9%	6.7%
Oral health	27.1%	33.7%
Disaster management	4.3%	3.9%

## Substance use disorder treatment administration at FQHC and PHPC facilities, UDS results (2021)

	All FQHC's	PHPC's
Average number of providers with DATA waiver	5.9	8.9
Total number of DATA providers	7,436	926
Percent of health centers with no DATA providers*	30.4%	21.2%
Percent of health centers with more than 10 DATA providers*	16.1%	26.9%
Average number of patients receiving MAT	127.4	191.6
Total number of patients receiving MAT	161972	19924
No patients received MAT	39.8%	28.9%
Total clinic visits for substance use disorder	920,617	208,932
Total telehealth visits for substance use disorder	475,230	82,569

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# Q&A Session





# Complete our Post Evaluation Survey



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#### About

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by a cooperative agreement grant awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). To learn more about NCHPH, click here. To view our public housing demographics fact sheet, click here. HRSA is the Health Resources and Services Administration (HRSA), The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are underserved, isolated or medically vulnerable. Through its business and ten offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to underserved...

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# Thank you!

