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A Resource Center for Today's Case Manager

Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic



Ben Miller, PsyD
Chief Strategy Officer
Well Being Trust



MaryBeth Kurland, CAE
Chief Executive Officer
Commission for Case Manager Certification



A Resource Center for Today's Case Manager

Agenda

- Welcome and Introductions:
 - Commission for Case Manager Certification
- Presentation:
 - Ben Miller, PsyD, Chief Strategy Office, Well Being Trust
- Question and Answer Session





A Resource Center for Today's Case Manager

Learning Outcomes Overview

After the webinar, participants will be able to:

- Describe the importance of addressing mental health during COVID-19
- Explain solutions for advancing mental health and addiction
- List three actions they can take as Case Managers



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CareManagement



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Commission for Case Manager Certification

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- Issue Briefs

COVID-19 Virus Information

To assist our community & protect our staff & volunteers taking several immediate steps.

READ MORE

CM Learning network® CCMC
PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

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CDMS



COVID-19 Resource Page

<https://ccmcertification.org/covid-19-virus-information>



The screenshot shows the CCMC website's COVID-19 resource page. At the top, there is a navigation bar with links for LOG IN, FIND A CCM, CCM VERIFICATION, JOBS, FOUNDATION, MEDIA, and CONTACT. Below this is the CCMC logo and a search bar. A main navigation menu includes links for About CCMC, Get Certified, Stay Certified, Develop Others, and Workforce Development. The main content area is titled "COVID-19 Virus Information" and features a section for "Additional Resources" with a list of links to podcasts, blogs, and surveys. To the right, a "Fast Facts" box lists key aspects of CCMs' jobs. At the bottom, there is a call to action "To Our CCM and CDMS Community:" accompanied by the CCMC logo, a group icon, and a photo of a woman.

CCMC
Commission for Case Manager Certification

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About CCMC - Get Certified - Stay Certified - Develop Others - Workforce Development -

COVID-19 Virus Information

Additional Resources:

- Listen to our Take a Listen™ COVID-19 podcasts featuring:
 - MaryBeth Kurland, CAE: COVID-19: The Commission's updates affecting certification and renewal applicants and New World Symposium participants
 - Michelle Baker, BS, RN, CRRN, CCM: Four tips to help you get a handle on the COVID-19 pandemic
 - Jared Young, Psy.D., CAC, LCSW, CCM: What are we feeling during COVID-19 and how can we manage those feelings?
 - Chikita Mann, MSN, RN, CCM: Tips for successfully handling social isolation during the COVID-19 pandemic
- Blog | [Understanding the enemy: A curated list of COVID-19 resources for case managers](#) by MaryBeth Kurland, CEO, CCMC
- See the "Checking in with our CCMs" survey results based on responses from thousands of Certified Case Managers
- [A Message to Our CCM & CDMS Community – Response to COVID-19](#)
- [April 2020 CCM Exam Candidate Notification](#)
- [Changed New World Symposium 2020 registration from in-person to virtual attendance](#)
- [A Call to PACE Providers](#)
- [New World Symposium Partner, Marriott, Community Caregiver Rate](#)

Fast Facts

CCMs say the aspects of their job that are most vital are:

- *Ensuring appropriate care*
- *Educating and empowering clients*
- *Coordinating care*
- *Helping clients identify issues and set goals*
- *Helping clients move from one care setting to the next*

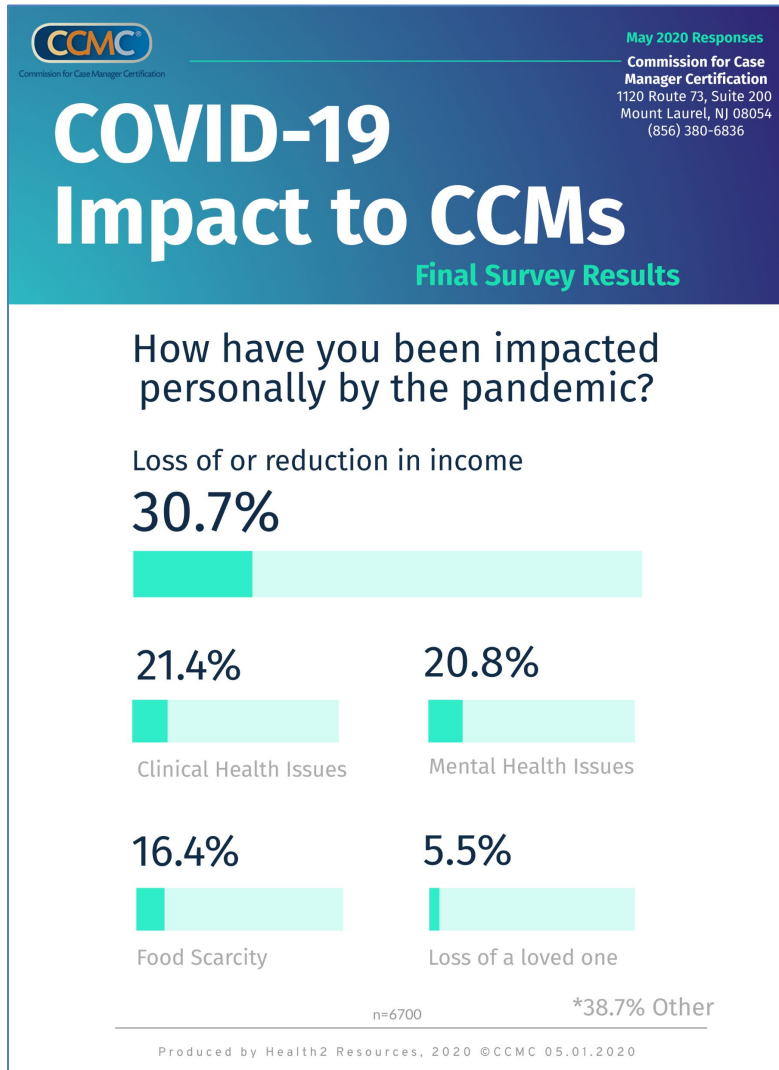
CCMC
Commission for Case Manager Certification





To Our CCM and CDMS Community:

Checking in with our CCM community





A Resource Center for Today's Case Manager

Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic



Ben Miller, PsyD
Chief Strategy Officer
Well Being Trust



Healing the Nation: Advancing Comprehensive Mental Health and Addiction Policy

Benjamin F. Miller, PsyD





In the face of a global crisis, we are at a critical pivot point for mental health in our country and policy makers must rise to the challenge.

While progress has been made, work remains to be done.

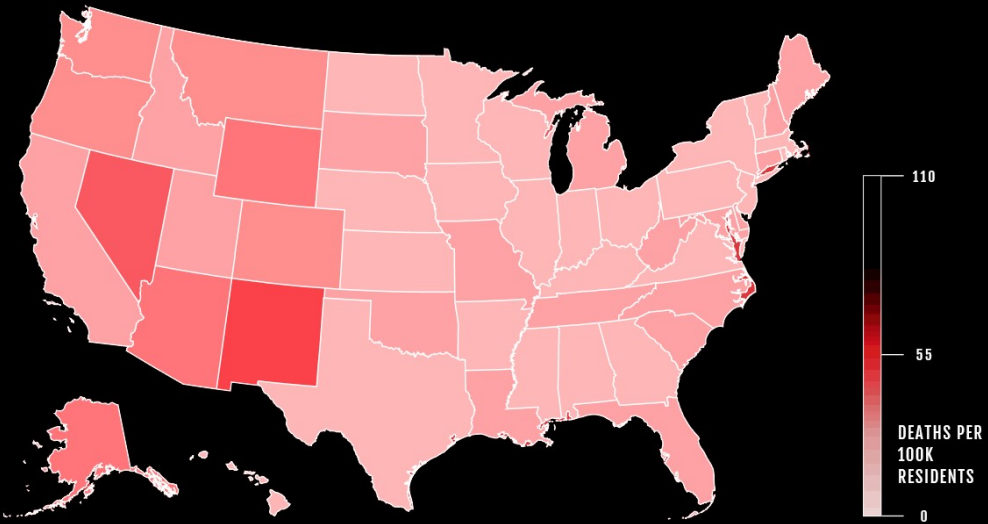




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PAIN IN THE NATION

Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)



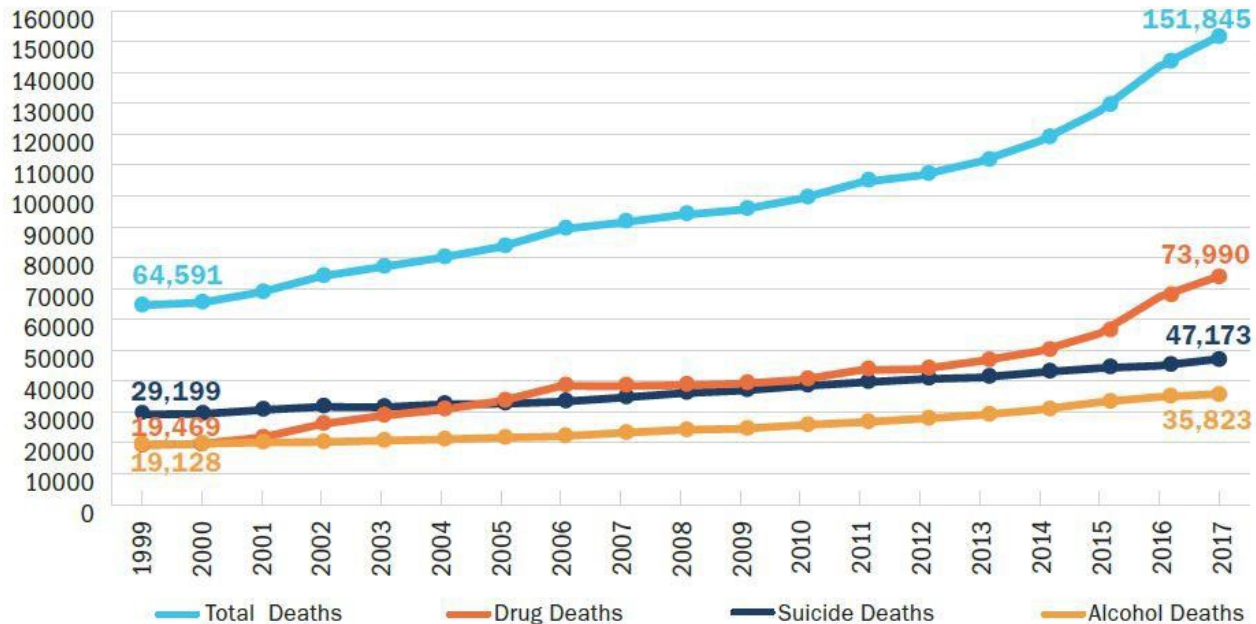
1999



PainInTheNation.org



Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2017



Source: Trust for America's Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC

\$425M

is just .56% of the total
amount invested in the airline
industry

OR

2%

of the \$185 billion sent to
health care as a whole





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FEATURED
Hidden Common Ground

FEATURED
Nation's failed weed war

COVID-19
Expert Q&As

News Sports Entertainment Life Money Tech Travel [Opinion]

OPINION This piece expresses the views of its author(s), separate from those of this publication.

Mental illness is epidemic within the coronavirus pandemic

In the face of a global crisis, we are at a critical pivot point for mental health in our country and policymakers must rise to the challenge.

Benjamin F. Miller Opinion contributor

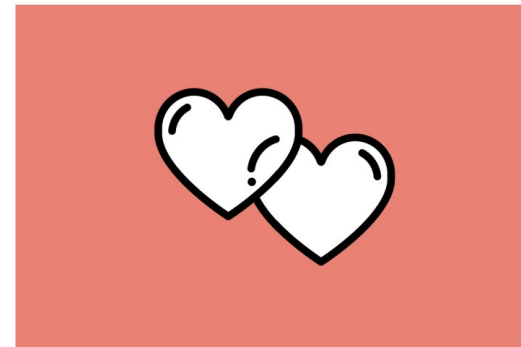
Published 1:46 p.m. ET Apr. 8, 2020



The New York Times

The Science of Helping Out

During a crisis, the people who cope best are those who help others.



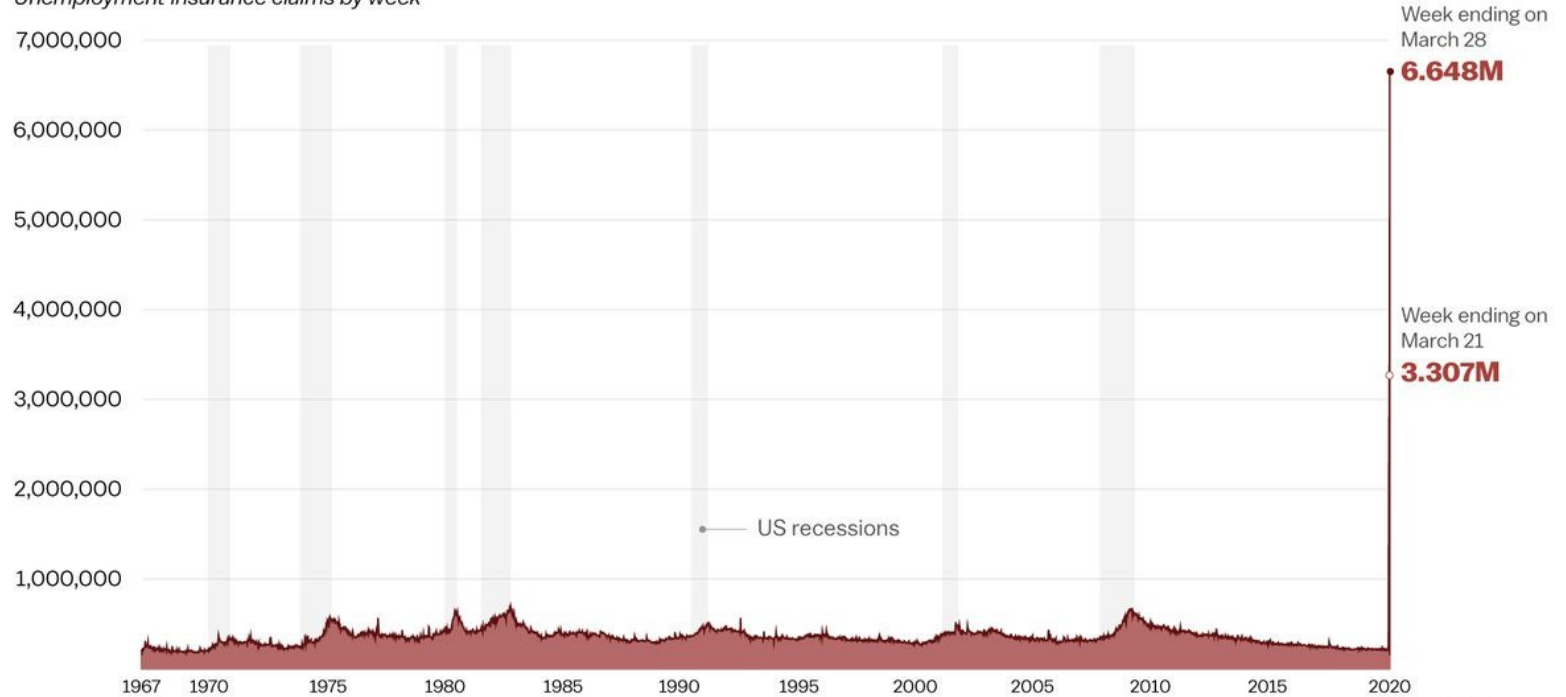
HEALTH • COVID-19

'We Carry That Burden.' Medical Workers Fighting COVID-19 Are Facing a Mental Health Crisis



An unprecedented rise in unemployment

Unemployment insurance claims by week



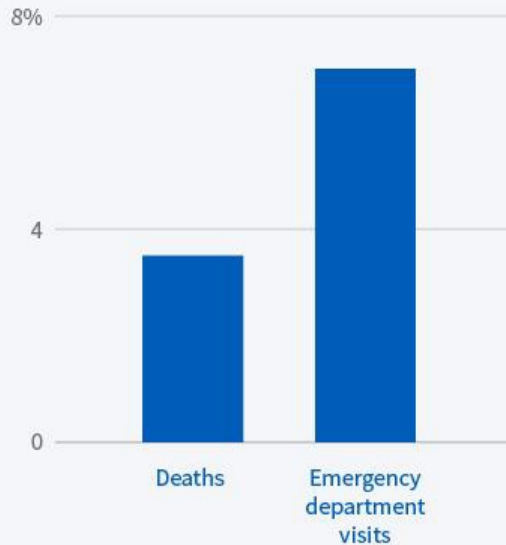
Source: US Department of Labor





Opioid Events and Unemployment

Increase in opioid overdose events per 1 percentage point increase in unemployment



Source: Researchers' calculations using data from the Centers for Disease Control and Prevention and from the State Emergency Department Databases

Macroeconomic Conditions and Opioid Abuse

Alex Hollingsworth, Christopher J. Ruhm, Kosali Simon

NBER Working Paper No. 23192

Issued in February 2017, Revised in March 2017

NBER Program(s): Health Care, Health Economics, Labor Studies, Public Economics

We examine how deaths and emergency department (ED) visits related to use of opioid analgesics (opioids) and other drugs vary with macroeconomic conditions. As the county unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%) and the opioid overdose ED visit rate per 100,000 increases by 0.95 (7.0%). Macroeconomic shocks also increase the overall drug death rate, but this increase is driven by rising opioid deaths. Our findings hold when performing a state-level analysis, rather than county-level; are primarily driven by adverse events among whites; and are stable across time periods.

Opinion

Mental Health in the Age of the Coronavirus

The struggle between fear and comfort.



By David Brooks
Opinion Columnist

April 2, 2020



Interventions: Focus on Minority Mental Health

- Mental health impacts will mirror disproportionalities in the physical health impacts of the COVID-19 pandemic
- Identify Direct, Indirect, and Structural Racism as a Determinant of Mental Health (Paradies et al, 2015)
- Direct resources to screen and treat depression, anxiety, stress disorders, and other outcomes to African American, LatinX, and Asian communities
- Direct design of mental health interventions towards outcomes that are associated with **structural disparities** such as employment, education and housing inequities, rather than focusing on individualized narrative re co- morbidities and health behaviors





Table. Possible Additional Deaths of COVID-19 Recession on Deaths of Despair, Alternative Scenarios

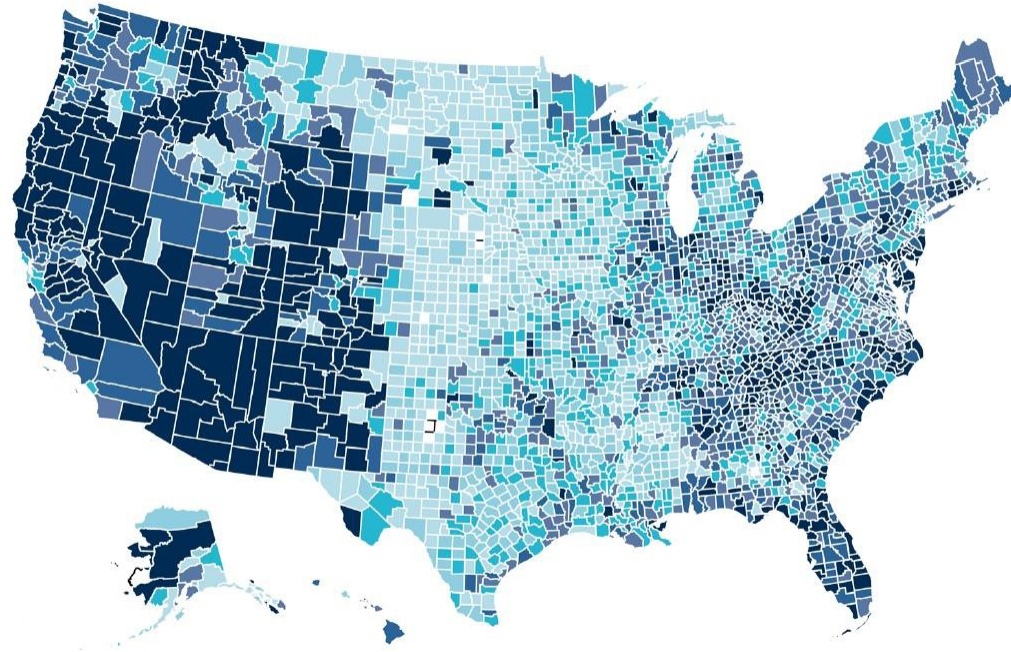
	Percent Change in Mortality with One Point Increase in Unemployment								
	1% increase			1.3% increase			1.6% increase		
	Slow	Medium	Fast	Slow	Medium	Fast	Slow	Medium	Fast
2020	9,859	9,333	8,343	12,817	12,133	10,846	15,774	14,932	13,349
2021	18,347	16,103	12,209	23,851	20,934	15,871	29,355	25,765	19,534
2022	15,879	11,840	5,832	20,642	15,392	7,581	25,406	18,944	9,331
2023	13,410	8,025	1,261	17,434	10,433	1,639	21,457	12,841	2,017
2024	10,394	3,973	-	13,512	5,164	-	16,630	6,356	-
2025	7,651	870	-	9,947	1,131	-	12,242	1,392	-
2026	7,103	316	-	9,234	411	-	11,365	506	-
2027	5,732	-	-	7,451	-	-	9,171	-	-
2028	4,086	-	-	5,312	-	-	6,538	-	-
2029	3,812	-	-	4,956	-	-	6,099	-	-
Total	96,273	50,460	27,644	125,155	65,598	35,937	154,037	80,735	44,230

Types of Recovery: Slow—Same as Great Recession; Medium—Twice as Fast; Fast—Four Times as fast.



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ESTIMATED ADDITIONAL DEATHS OF DESPAIR, COUNTIES 2020-2029



Crude Rate per 100,000 ■ (9.22,37.27] ■ (6.90,9.22] ■ (5.08,6.90] ■ (3.62,5.08] ■ (1.73,3.62] ■ [0.00,1.73] □ No data

<https://wellbeingtrust.org/news/new-wbt-robert-graham-center-analysis-the-covid-pandemic-could-lead-to-75000-additional-deaths-from-alcohol-and-drug-misuse-and-suicide/>



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A dark blue silhouette of the United States map is filled with a dense collection of small, colorful human figures. The figures vary in appearance, including different ages, ethnicities, and abilities, with some figures using wheelchairs. The figures are arranged to fill the entire shape of the map.

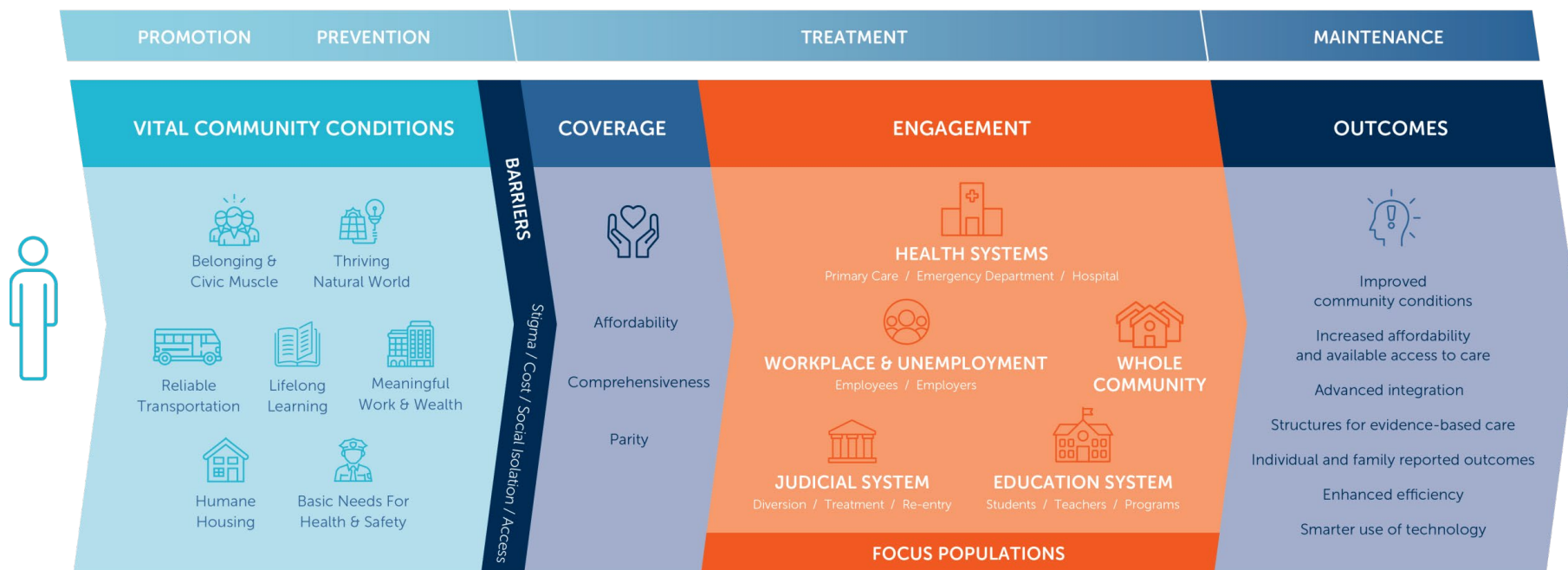
HEALING

THE NATION

Advancing Mental Health and Addiction Policy

Framework for excellence in mental health and well-being

The framework for excellence in mental health is a guide for changemakers at every level of society who seek to improve mental health outcomes and promote well-being for millions of Americans.





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Advancing Mental Health
and Addiction Policy

SOLUTIONS FOR:
Health Systems ▾

Judicial System ▾

Education System

Workplace & Unemployment

Whole Community

HEALING THE NATION

Advancing Mental Health and
Addiction Policy



<https://healingthenation.wellbeingtrust.org/>



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Advancing Mental Health
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SOLUTIONS FOR:
Health Systems ▾

Judicial System ▾

Education System

Workplace & Unemployment

Whole Community



Health Systems

Integrate mental health care where people seek physical care

[See Solutions](#)



Judicial System

Avenues to aid those with mental health concerns

[See Solutions](#)



Education System

Childhood is a critical time to improve mental health

[See Solutions](#)



Workplace & Unemployment

Maximize mental health outcomes across situations

[See Solutions](#)



Whole Community

Concrete steps to span sectors

[See Solutions](#)



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What can be done?

- Get people working
- Get people connected
- Get people facts
- Get people care



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What are we doing?

- Advancing the social movement for mental health
 - Policy and political muscle
 - Financial engine
 - Consistency in vision and goal



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Two bold ideas

Workforce and Community



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Workforce



111m

People live in a mental health
professional shortage area

\$ 210B

Annual cost or economic
burden of major depression





The problem

- Fifty-five percent of U.S. counties have no practicing mental health clinician
- Seventy seven percent of people with mental health conditions report unmet mental health needs due to lack of clinicians.
- Not to mention there's a serious lack of diversity within the small workforce.
 - “According to a 2004 study, non-Hispanic Whites accounted for 76% of all psychiatrists, 95% of psychologists, 85% of social workers, 80% of counselors, 92% of marriage and family therapists, and 90% of psychiatric nurses in marked contrast to the composition of the U.S. population, which is nearly one-third Latino, African American, Asian American, or Native American/Pacific Islander and also undergoing growth.”

Exhibit 1. Projected Supply and Demand for Behavioral Health Occupations in the U.S., 2017-2030

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
Supply ^a										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
<i>New entrants, 2017-2030</i>	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
<i>Attrition ^b, 2017-2030</i>	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
<i>Change in work patterns ^c</i>	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
Demand										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 ^d	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
Adequacy of Supply, 2030										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990

Notes: All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

^a For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

^b Includes retirements and mortality.

^c For example, changes from full-time to part-time hours, or vice versa.



Why the workforce shortages?

- Aging workforce
- Low salaries
- Lack of resources
- Fewer people entering into the profession



A clear taxonomy for getting workforce right

- **The current workforce** (who's out there doing what, for whom, now?)
- **The future workforce** (pipeline – how can we get more trained to work in settings where people are)
- **The community workforce** (the unlicensed workforce e.g. peer support services)



The current workforce

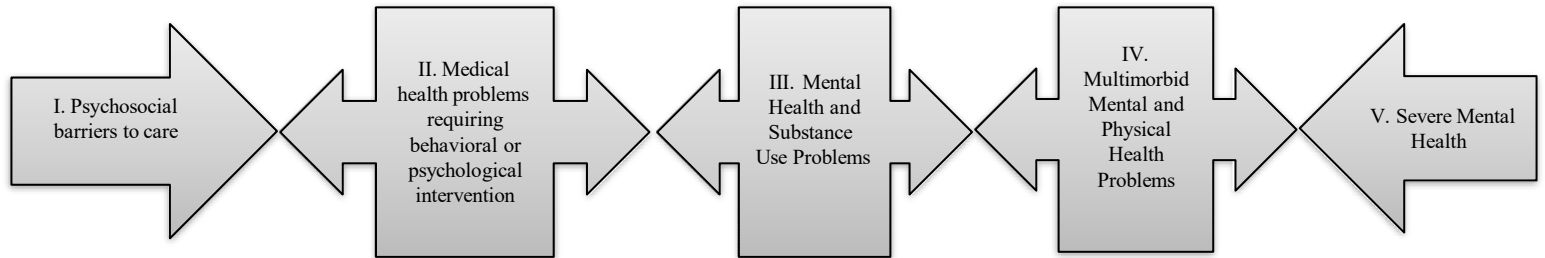
- How do we better assess who is doing what, where, and for whom?
- Can we “retread” the current workforce to be better positioned to address mental health and addiction needs?



A Tale of Two Approaches

Component of Care	Traditional	Integrated
Access	Referral	Point of Primary Care
Scope of Service	Mental Health Diagnoses	Overall Health Function
Scheduling	Separate	Shared
Collaboration of Care	Individual Provider	Team Based
Health Record	Separate	Shared
Administrative Operations	Separate	Shared
Payment	Separate	Global
Communication	Minimal	Frequent & Timely
Focus of Care	Provider-Centric	Patient-Centric
Approach to Care	Case by Case	Population-Based
Efficiency of Delivery Structure	Fragmented & Inconsistent	Coordinated and Aligned

What are the range of mental health services?



Miller, B. F., Brown Levey, S., Payne-Murphy, J. C., & Kwan, B. (2014). Outlining the scope of behavioral health practice in integrated primary care: Dispelling the myth of the one-trick mental health pony *Families, Systems & Health*. ADVANCING MENTAL, SOCIAL, AND SPIRITUAL HEALTH



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Community



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The community

- Peer support services
- Community Health Workers
- Promotoras



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Community considerations

- Consistent definition
- Training program/standard
- Paying workers livable wage
- Accountability



Example of Policy Recs

- The federal government should expand funding programs that build institutional capacity to offer mental health specialties, such as the Behavioral Health Workforce Education and Training Program, and include incentives in other funding sources, such as Graduate Medical Education and Graduate Nursing Education.
- The federal government should expand programs that provide direct incentives for individuals to enter the mental health workforce, such as the National Health Service Corps or the Minority Fellowship Program.





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Thank you!

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Question and Answer Session



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Thank you!

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