

Behavioral Health Community Needs Assessment

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April 14th, 2021



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

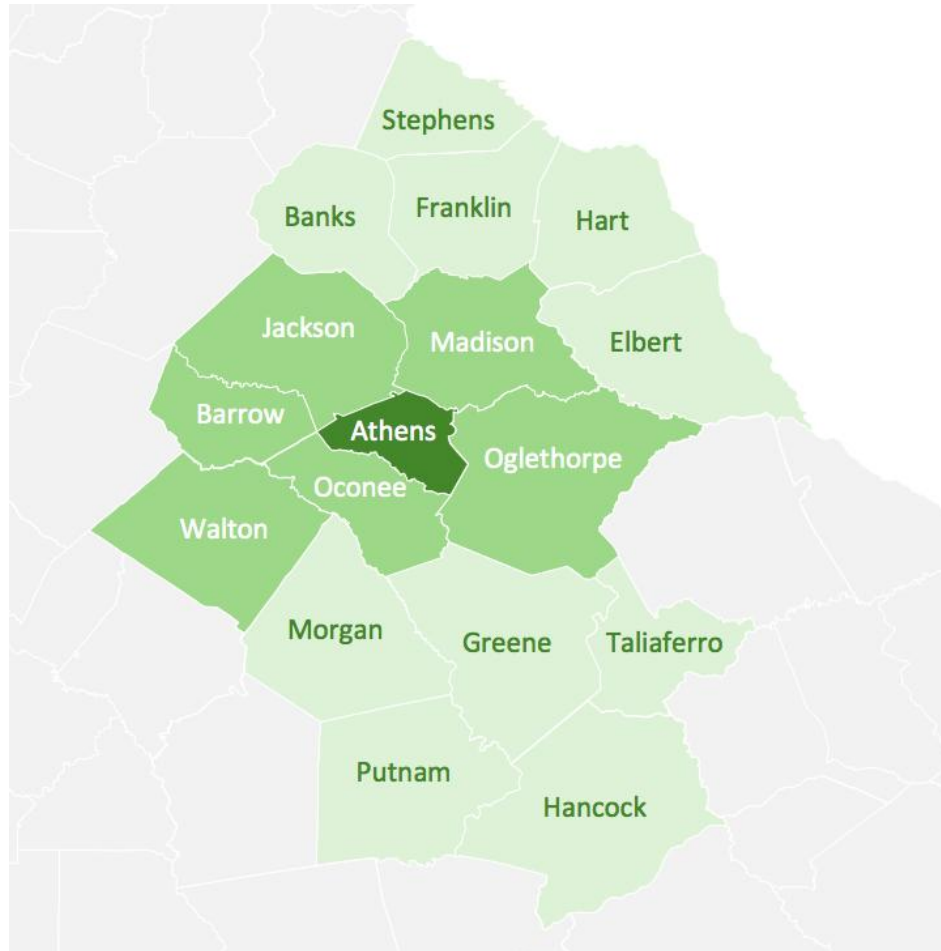
Overview

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

Operations

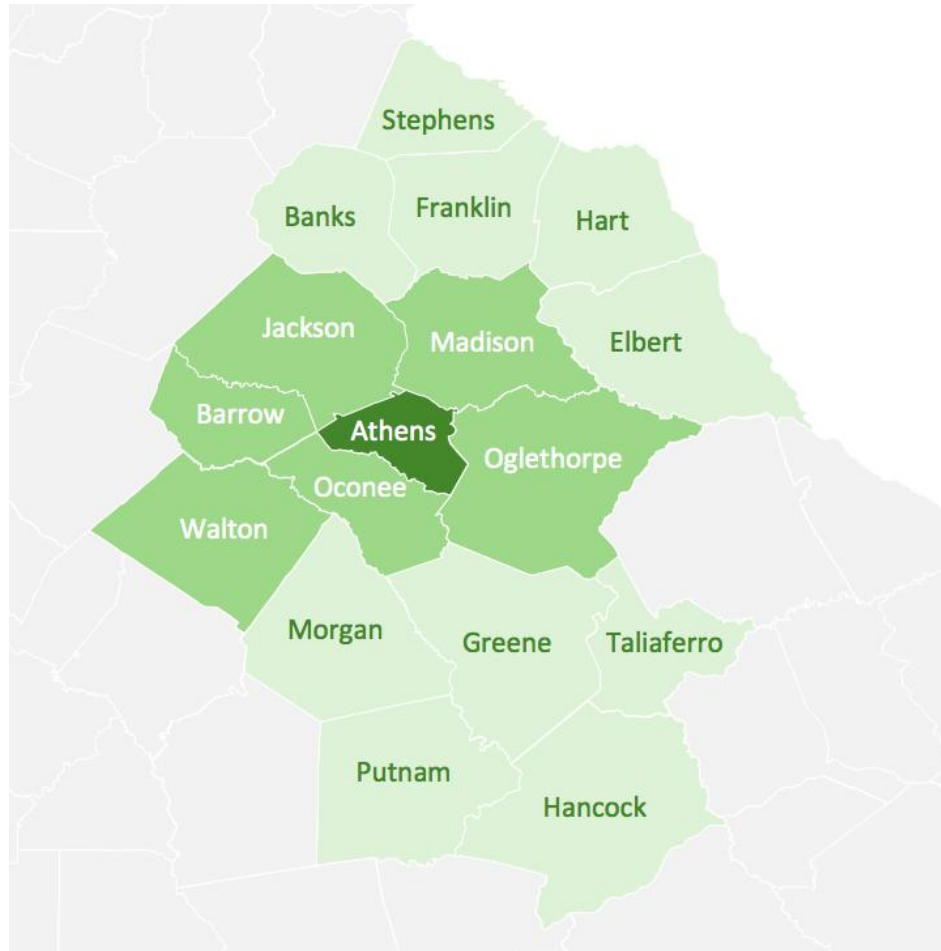
Which counties does your organization serve?



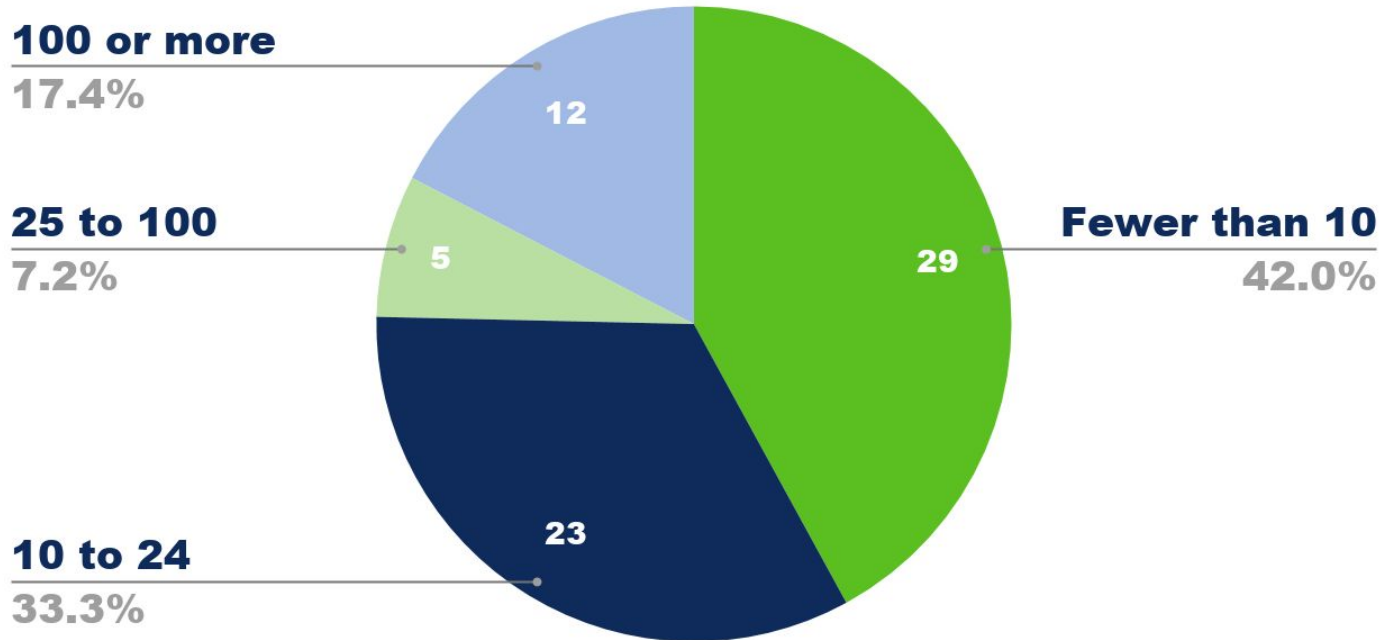


In which counties does your organization have a physical location?





How many people does your organization employ?



Which best describes your organization?



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

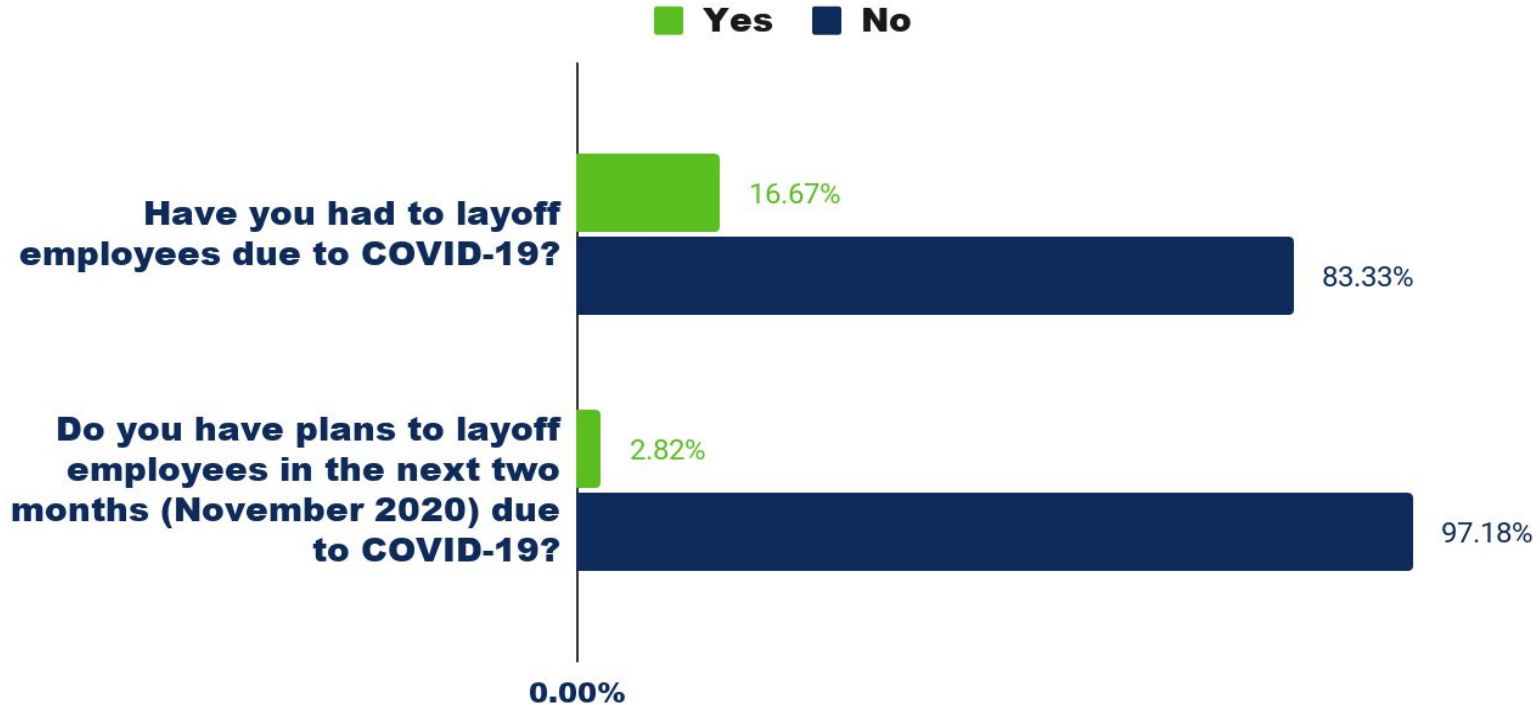
Finances

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

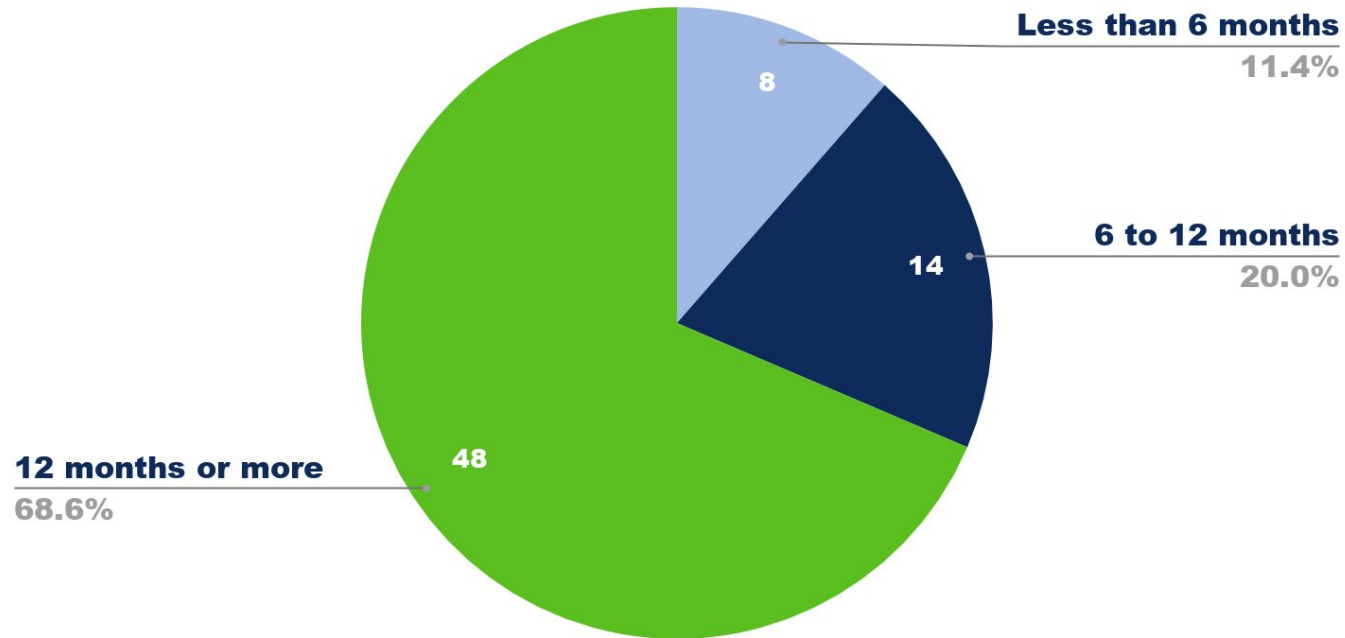
Changes in finances due to COVID-19

- 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



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?



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%
Group therapy	34.3%
Provider education	21.9%
Medication management	15.1%
Psychiatric appointments	9.6%

Couples Counseling	5.5%
Family counseling	4.1%
Medical appointments	2.7%
Family education	2.7%
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.**”

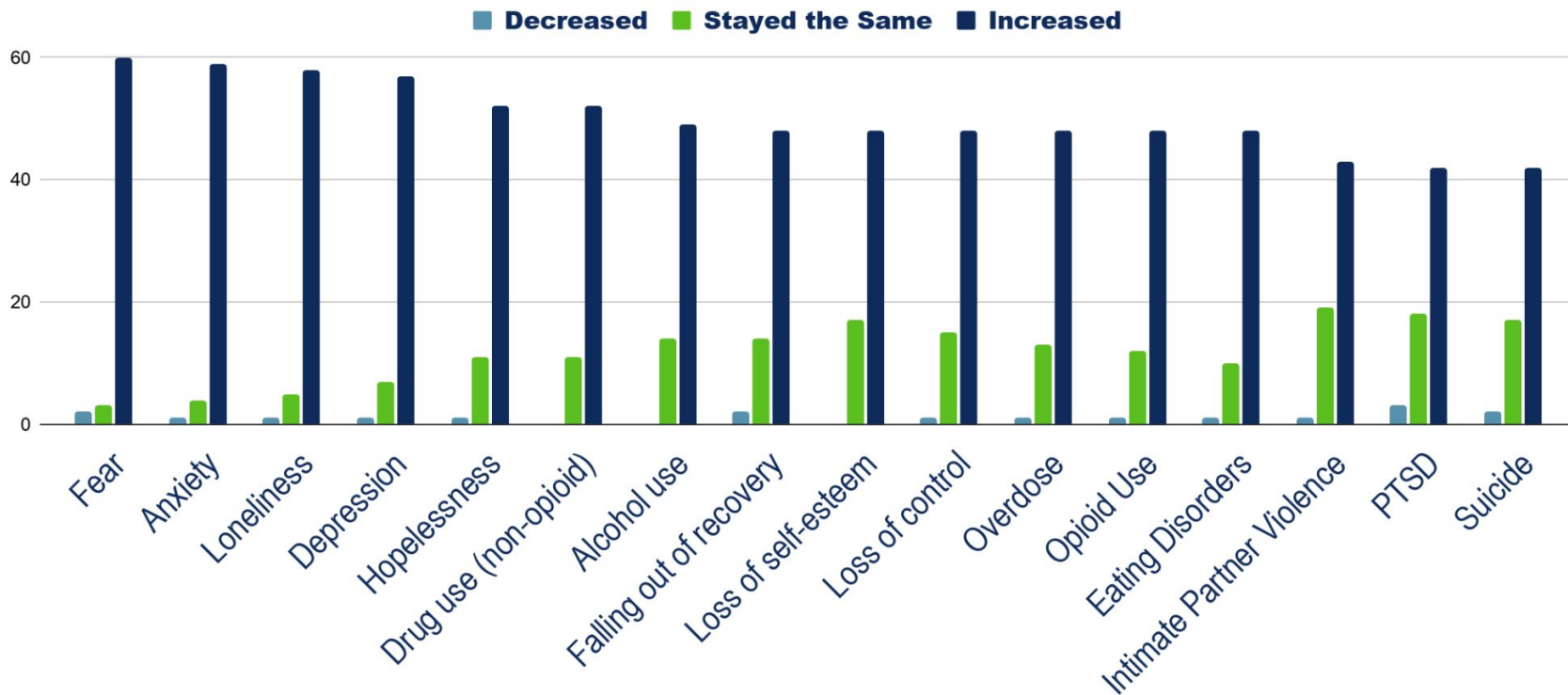
**more
telehealth**



**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 (24%) 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 or naloxone

17% that offer both MAT and 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.

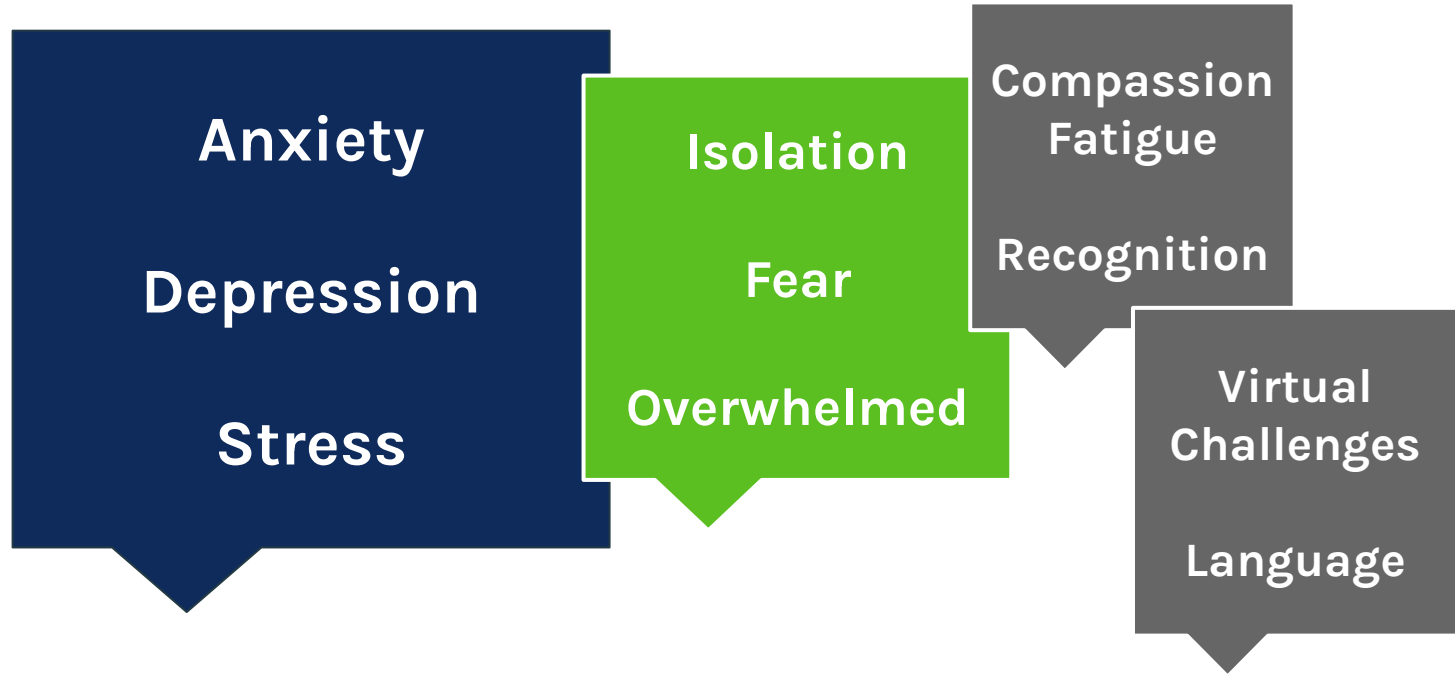
Open Ended & Qualitative Responses

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



**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

Sarah McKinney, Athens Area Community Foundation
President & CEO

Erin Barger, Envision Athens Project Manager

Jacob Lambeck, Athens Area Community Foundation

Meg Bramlett, Athens Wellbeing Project Doctoral Fellow

Harrison Huang, Athens Wellbeing Project Intern

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Resilient Georgia

Pittulloch Foundation

Thank you and questions

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