NK PRESENTS

Improving Access to Behavioral Health

How Leading Providers Are Bringing Equity to Mental Health

50 YEARS NKARCHITECTS

Everyone deserves better mental health.

Healthcare providers have devoted increased attention to mental and behavioral health — a need expected to intensify after COVID-19 — but barriers to access have long kept people from getting the care they need, particularly in minority groups or under-resourced communities.

In December 2021, NK Architects convened a virtual panel with the region's leading behavioral health experts to discuss the challenges they face in expanding access. They addressed new initiatives and care models, the policies and regulations needed to support them, and the ways in which design and technology can help. Their goal — to improve mental health in our communities, for everyone.

Panelists

Elizabeth Sullivan, Assoc. AIA, LEED GA, EDAC

Healthcare Practice Leader,
NK Architects

Moderator

Dr. Faith Dyson-Washington

Chief Executive Officer,
Community Behavioral Health

Faith is a native Philadelphian and licensed psychologist with more than 20 years' experience within the behavioral health industry. As a highly respected leader, administrator, and practitioner who has provided clinical leadership and consultation to numerous Philadelphia provider agencies throughout her career, Dr. Washington specializes in evidenced-based practices and therapies, clinical operations and behavioral health policy.

Patricia A. Toole

President and Chief Hospital Executive,
Hackensack Meridian Health Carrier Clinic, Inc.

Trish is president and chief hospital executive of Hackensack Meridian Carrier Clinic. located in Belle Mead, NJ, the largest private behavioral health facility in the state. She most recently served as vice president of administrative services and has been an officer for the corporation. She joined the Strategic Planning Department at Carrier Clinic in 1993 after working as an account executive in the advertising field.

Debra L. Wentz, PhD

President and CEO, New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA)

Executive Director,
New Jersey Mental Health Institute (NJMHI).

Debra represents 160 behavioral healthcare provider organizations and promotes equal access to quality mental health and substance use services through development of policies and best practices, training, research, and anti-stigma and antidiscrimination campaigns.

Theresa C. Wilson, MSW, LCSE

President and CEO, South Jersey Behavioral Health Resources (SJBHR)

Executive Vice President,
Inperium of New Jersey

In 2018, through Theresa's efforts, behavioral health provider SJBHR officially affiliated with Inperium to secure the future viability of SJBHR by partnering with a larger organization and benefitting from shared resources, resulting in enhanced efficiencies.

What are some of the current trends in behavioral health?

Faith

Our enrollment is at a historic high in Philadelphia County. Typically, our numbers hover at approximately 620,000 eligible residents, but since the pandemic, we've reached around 725,000. That is half of the entire city of Philadelphia — and yet utilization is down by 14%. While that's not terrible, where is the surge we expected?

We are seeing surges, especially in our child and adolescent population. Some of that is post-pandemic: as schools went virtual, kids either didn't find the camaraderie and the wraparound support services that they would in school, or they faced challenges in their home environments. Our LGBTQ community, the discrimination and lack of support, is a huge initiative for us: we're surging in this arena, maybe because there's a bit more courage in finding programs or seeking out services. And in opioid overdoses we're seeing tremendous surges as well.

Trish

20.6% ➡

In a typical year (2019) one in five U.S. adults suffers from a diagnosable mental illness. (NIMH)

31% ➡

During COVID, the number of U.S. adults reporting anxiety or depression had increased to 31% by June 2020 ...

42%

... and continued increasing to 42% by December 2020 (CDC).

44.8%

Fewer than half of U.S. adults with mental illness receive treatment. (NIMH)

Faith

The data has shown that most of what we are experiencing in terms of bed capacity can be attributed to staff shortages. During the height of the pandemic, there was a need to quarantine and isolate, impacting providers' ability to maintain adequate staffing. In Philadelphia, we also had two major hospital closures — Hahnemann in August 2019 and Mercy in March 2020 — both of which have created quite a bit of pressure on our crisis system.

Meeting the Surge with Adaptive Reuse

To quickly address the opioid epidemic and rising substance abuse issues, NK Architects is helping Hackensack Meridian Health convert a former religious retreat into **the Retreat & Recovery at Ramapo Valley**. The first phase provides outpatient addition treatment in a restored carriage house set within a serene landscape.

What is the biggest contributor to staff shortages?

Faith

Outside of obvious quarantine and isolation protocols, folks are also reconsidering what they want to do for a living. Behavioral health is challenging work. It takes a certain type of person to serve patients, and people are asking: Is this what I want to do? Is it worth it? Am I being paid enough? Can I do something else? Do I want to put myself at risk? Are there other options for me? All those issues that hadn't been addressed before — work, satisfaction, employee engagement, even compensation — are at the surface now.

Our salaries are not as competitive as Amazon and Wawa; our state system has not been able to fully fund us. Providers have worked hard to ensure that services are provided, but it's difficult to reduce cost and continue to provide quality care.

Terri

18%

About 18 percent of healthcare workers in the U.S. have quit their jobs since February 2020. (Becker's Hospital Review)

EXIT

One in five physicians, and two in five nurses, intend to leave practice within two years. (AMA)

-2.7M

As many as 2.7M healthcare workers say they are unlikely to remain in the field after COVID-19. (Health Exec)

HELP WANTED

By 2030, demand for behavioral health staff is expected to grow in every category, from 3% more school counselors to 15% more nurse practitioners. (HRSA)

WHAT IS THE BIGGEST CONTRIBUTOR
TO STAFF SHORTAGES?

Trish

So much of our media is talking about burnout or healthcare workers being depressed, and it's not enticing anyone to jump into this field. So how do we reverse some of these trends? We're having discussions with local and community colleges on cultivating new programs to train and get young students excited about some of these frontline jobs that we rely on.

Workforce recruitment and retention are the greatest challenges, as we are competing in our own field for workers and with other industries that are able to offer more attractive salaries and have other aspects that make employment more appealing. We are woking with our members to increase recruitment and retention by helping them reinforce employees' engagement with their jobs and workplaces.

Debra

Supporting Staff with Uplifting Environments

At **Carrier Clinic**, generously scaled, abundantly day-lit spaces not only improve patient outcomes, they also aid retention by improving the work experience for staff.

Can you comment on the demographic challenges and shifts you're seeing?

Debra

We're very excited about our new advocacy campaign, "Diverse Faces, Many Lives." As New Jersey is the most diverse state in the nation, and mental illnesses and substance-abuse disorders are prevalent in every age, gender, ethnic, racial, religious and cultural group, our campaign features success stories and individuals from various ethnic and racial backgrounds, age groups, and the lesbian, gay, bisexual, transgender, queer or questioning community. And we see that their achievements in managing or recovering from mental illnesses and substance-abuse disorders — which contribute to many other accomplishments, such as building relationships, earning college degrees, establishing businesses — are powerful illustrations of the importance and the effectiveness of behavioral health care services.

Prevalence of mental illness in U.S. adults, by racial category (NIMH):

31.7% Two or more races

22.2% White*

18.7% American Indian/ Alaskan Native

18% Hispanic / Latino

17.3% Black / African American

16.6% Native Hawaiian / Pacific Islander

14.4% Asian

* Among U.S. adults with mental illness, White Americans are the group most likely to receive treatment (50.3%).

LGBTQ+ Mental Health (NAMI):

2x LGB adults are twice as likely to suffer from mental illness than heterosexual men and women.

4x Transgender adults are four times more likely to suffer from mental illness than cisgender men and women.

CAN YOU COMMENT ON THE DEMOGRAPHIC CHALLENGES AND SHIFTS YOU'RE SEEING?

Faith

We're looking at our provider network in terms of diversity and equity and are pleased to report that 74% of our nonprofit provider agencies are minority- or women-operated. Our goal is to ensure that our network mirrors the racial and ethnic composition of the members we serve, and we're getting there. In 2021, 80% of CBH members identified as belonging to a minority population. So we're excited about that, extending opportunities to connect to our membership.

To achieve social justice and equity, every individual must have access to all types of necessary services: health care, housing, supportive education, employment, transportation. This means all access must be everywhere. Our solution is to increase funding for services to match the cost of care and provide a stable workforce, which everyone's been talking about.

Debra

Integrating Care to Improve Community Health

To provide the integrated health services most needed by its Bronx community, the **SBH Health and Wellness Center** is designed around a series of linked interior "neighborhoods" devoted to behavioral health, women's health, pediatrics, urgent care, fitness, nutrition, mental wellness and community groups.

Can you talk about how integrated care affects the different populations served?

Debra

Initiatives are underway across the state in integrated care. The **certified community behavioral health clinics** offer a wide spectrum of services, particularly for the most vulnerable individuals with complex needs. They don't turn anyone away, there are no geographical boundaries, and they're 24/7. It's a great model we want to expand further, because it treats the whole person anytime, wherever they are.

Accountable care organizations, which started as the Medicaid ACO Demonstration Partnership, foster regional collaboration and sharing of accountability for quality and access to care. These efforts, which began in 2011, have evolved into four regional partnerships in Trenton, Camden, Newark and Paterson.

Accountable Care Organizations (ACOs)

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. (Centers for Medicare & Medicaid Services)

Certified Community Behavioral Health Clinics (CCBHCs)

Established by the 2014 Protecting Access to Medicare Act (PAMA), CCBHCs are required to offer nine specific coordinated, evidence-based services for people with mental illnesses and substance use disorders:

- 24/7 mobile crisis teams, and crisis stabilization
- Screening, assessment, and diagnosis
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring of key health indicators
- Targeted case management
- Psychiatric rehabilitation services
- Peer and family supports
- Tailored mental health care for members of the armed forces and veterans

Similar to Federally Qualified Health Centers (FQHCs), CCBHCs provide care regardless of an individual's ability to pay and receive an enhanced Medicaid reimbursement rate for anticipated costs of care, including for services that may not be covered by insurance. (NAMI)

CAN YOU TALK ABOUT HOW INTEGRATED CARE AFFECTS THE DIFFERENT POPULATIONS SERVED?

Debra

Another integrated care model in New Jersey is **behavioral health homes**, a service-delivery model focused on the integration of primary care, mental health services, and social services and supports for children and adults diagnosed with mental illness.

Behavioral Health Homes

Health Homes are a Medicaid State Plan option in which a team of clinicians and practitioners either delivers or coordinates delivery of all medical, behavioral and social supports required for the individual. Not a residence, it is a clinic where a person gets all health needs met and/or coordinated in one place. (NJ Division of Mental Health and Addiction Services)

We have a couple of integrated-care projects which we're excited about. We have a program with Saint Christopher's via our integrated care for kids project. This is our take on the CMS InCK model, which has been another fantastic push for integrated care. As part of this project, we're enhancing screening around social determinants of health: education, poverty, housing. We're putting integrated care navigators in these settings and care managers to help support those families and get the appropriate referrals in place. We're also working closely with Keystone First on integrated care plans for pregnant women with the aim of preventing postpartum depression in new moms.

Faith

I was on a call earlier today focused on perinatal psychiatry. We're seeking to train our network to better meet this need. I learned a great fact on our call: 50% of all pregnancies are unexpected. Who knew, right? A pivotal, pivotal time in women's lives.

What are the issues around intake, and the number of patients admitted to behavioral health via the emergency department?

We've seen surges in our emergency rooms, and it's forcing us to inventory the designs of our EDs to make sure there is a location for specialized behavioral health care to give patients dignity. Some of our EDs already have behavioral health units or areas, others do not. We have an initiative right now to do a whole intake review, to relieve the emergency departments.

Trish

We actually started the first behavioral health urgent care in New Jersey in partnership with Jersey Shore University Medical Center, in a vacant storefront attached to an existing medical urgent care center. This way, individuals that need care immediately, who may have otherwise gone to the emergency room because they couldn't get access to their doctor, can walk in and get the care they need. We started this right as the pandemic hit, and it still is going well: this year, by July, we had surpassed all of 2020 in terms of access. We found too that schools were using it, police were referring patients, as well as the community at large.

And the design of that location was interesting. The individuals that ran the medical side approached it in a concerned way: how do we set up more barriers, and how do we have emergency call systems? All important, but it surely wouldn't have that welcoming environment you see in a medical urgent care center. It was important for us to design this in a way that was inviting, but yet gave privacy and ensured security.

WHAT ARE THE ISSUES AROUND INTAKE, AND THE NUMBER OF PATIENTS ADMITTED TO BEHAVIORAL HEALTH VIA THE EMERGENCY DEPARTMENT?

Elizabeth

I know there are some behavioral health patients coming into the ED on the adolescent and pediatric side, and often, while finding them beds and transfer locations, they're holding them for a much longer period of time.

That's a great comment. Some of the pediatric psychiatrists don't want to rush to put a seven-year-old in the hospital. They want to crisis-manage them in more of an observation setting, but how do you make it safe? You don't want to put them on the floor with a 17-year-old. We're looking at our crisis, screening areas, especially in younger populations, because you may want to monitor them before you rush to put them in a hospital bed.

Trish

1 in 8

Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated 12 million visits). (NAMI)

44% ⬆

During COVID-19, mental health-related ED visits by children increased 44% over the previous year, even as overall ED visits by children decreased 43%. (CDC)

Beginning in 2005, length-of-stay (LOS) rates for 6+ hour pediatric mental health ED visits increased from 16.3% to 24.6%, and for 12+ hour visits from 5.3% to 12.7%. (American Academy of Pediatrics)

What are other alternatives for providing care — and how does telehealth factor in?

Debra

In New Jersey, for 30 years we have had a school-based youth services program in approximately 90 schools that provides not just mental health and substance use services, but also help with homework, career development, mentoring, role modeling, food security — really turning kids' lives around — and we're fighting to expand it. In the middle of the pandemic, with isolation and adolescents' and children's mental health issues skyrocketing, the program was decimated in the proposed 2021 budget.

So we took the advocacy route: we had communities, children, principals, schools, parents, counselors and legislators behind us, insisting that this program was necessary. Not only was the program restored, it got an additional $5 million last year. And we're still fighting. We would like to see this available in every school district.

We're looking at some very interesting new models in living room/home model settings where treatment is remote via all forms of telehealth. And as we evolve toward the future, treatment settings will continue to become more diverse and enter urgent care settings, churches, synagogues, mosques, pharmacies.

76%

By 2017, 76% of U.S. hospitals already had implemented some telehealth capabilities. (AHA)

38x

During COVID-19, telehealth usage surged to 78x over January 2020, then stabilized to 38x by February 2021. (McKinsey)

11% ➡ 46%

46% of U.S. healthcare patients have now utilized telehealth, up from 11% prior to the COVID-19 pandemic. (McKinsey)

Faith

Telehealth is a substantial shift for the industry. As a payer, prior to COVID, we weren't able to cover telehealth in any robust way, but in the midst of the pandemic, the state opened regulations. Not only for video but for phone-only too. They said, "if you have a phone, if you have FaceTime, any way you can, please connect with membership; please connect with your patients. This is a public health crisis, and we need to do whatever we can." I'm glad to say that with the support of the state, telehealth is here to stay.

Telehealth has broken down so many barriers. We're encouraging our provider network to think through best practices, guidelines and standards because it's not the best fit for all diagnoses and situations, but figuring out when it does work, how it works well, and using evidence-based practices is essential

We've seen surges in telehealth, and we've embraced it. One of the initiatives that the late Dr. Joe Miller was championing here at Hackensack was that of a digital hub: telehealth, phone, an app, different forms of media, all in a virtual hub, so that we can reach our clients. These are all very exciting things, but it also makes us pause, saying "how do we know the quality of that service being delivered? How do we know the professionalism of the provider? How do we do it with privacy?" The digital hub brings everyone together so you can monitor it, to make sure that the quality we want is there as well.

Trish

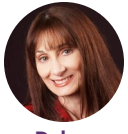
What licensing and compliance challenges are you facing?

Trish

For me, it's making sure we have the regulatory and policy backing of initiatives to expand and innovate. Some are COVID-related waivers, at least here in New Jersey, that are allowing us to expand, especially in telehealth and some of these media-related initiatives that allow us to get into the house a little easier. We need our regulators to look at this and support us to have ongoing change.

Our licensing standards are not connected to what our systems offer. The State of New Jersey Department of Licensing is not in sync with the Division of Mental Health and Addiction Services. We need to come together to review those rules or regulations, not to diminish any life and safety issues, but to have a coordinated approach.

Terri



Debra

There's an integrated care license, which, due to the pandemic, got put on the back burner while the Department of Health was addressing the health crisis. Currently, those regulations — which would be a single license, rather than separate licenses for addictions, mental health and primary care — are sitting in the governor's office, so we hope that soon they'll be proposed, then adopted and promulgated.

We've been talking about traditional and non-traditional arrangements for providing care. How do we make these more accessible and welcoming?

Terri

Our clients want access, but they don't want you and everyone else to know that they're getting care. Some buildings have major signs on them, and as providers we're proud of them, but maybe as consumers, there still is stigma attached. So when we're designing to provide the support and supervision that individuals need in behavioral health, we don't want it to stand out in the community.

Many of our individuals come in and say, "I don't want to live in a group home, I want to live in my own home." That, I believe, encourages individuals to access our services: for our consumers to recognize that we, as providers, don't look like the group homes in the neighborhood.

Inside, our physical space may look different, or it may not, but individuals should have an opportunity to participate in that design. As people move through the continuum of care, all levels should be the least restrictive they can be, while at the same time ensuring the health and safety of everyone.

Integrated Care in a Community Landmark

By adapting and modernizing the 1929 National Union Bank building in downtown Dover, NJ, the **Zufall Health Center** — a not-for-profit, federally qualified health center (FQHC) integrating primary, women's, pediatric, geriatric and behavioral health care — imparts a sense of privacy and dignity to the patients who receive treatment there.

Debra

We're evolving towards a hybrid service delivery system, so workstations need to be reconfigured to accommodate different staff on-site at different times. Social distancing has to be taken into account for meetings and training, and that will have implications on the design of conference rooms and auditoriums. All designs, regardless of what they look like, have to foster healthy practices such as social distancing, and we even need to rethink how people convene in kitchen areas, offices and other treatment settings for food storage, preparation and serving. Also in restrooms. Physical facilities have to be welcoming, relaxing and social, but still safe.

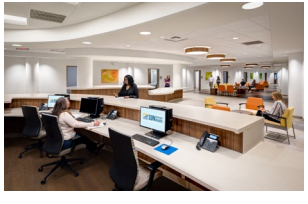
Maybe the most important factor, which ties back into our "Diverse Faces" campaign, is that we always have to take into account cultural differences and practices. All service entities need to reflect different cultures, having objects, pictures, artwork that make people feel at home. And it's really important that people are available to address clients in their own language. People are most comfortable around what's familiar, so we need to make it familiar.

Culturally Relevant, Community-Oriented Care

Boriken Neighborhood Health Center is tailored to the specific needs of its East Harlem community, providing behavioral health counseling, care coordination and referrals alongside pediatric, women's, adult, dental, nutrition, HIV/AIDS and other care services — all available in Spanish — in a former school building modernized by NK Architects.

Designing for Security and Openness

Sun Behavioral Health in Erlanger, KY, restores the personal connection between patient and caregiver, in part by eliminating physical and visual barriers at nurses' stations; at the same time, the desks' depth and counter height ensure staff safety.



"Tuning" Body and Mind with Biophilic Design

The **Eating Disorder Unit at RWJ University Hospital Somerset** helps reestablish the body's natural rhythms through biophilia — humans' inherent connection to nature — by providing outdoor views and circadian lighting that mimics the color and brightness of sunlight throughout the day. The unit also allows patients to adjust lighting and shades to give them control over their environment.

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