



The Forgotten Essential COVID-19 Warriors - The Behavioral Health Workforce:

CBHA Tells Their Story

In early March of 2020, our lives were altered. Our staff of four CBHA employees were challenged to provide immediate and high-quality services to our member agencies in the midst of the COVID-19 pandemic. This crisis threatens the financial security of their business, and well-being of the clients they serve. Our advocacy has been put to the test, and we are certain that what we have and will continue to uncover through our data collection, will undeniably impact the way the plight of essential behavioral healthcare providers is understood within our state and beyond.

In this new world of “social distancing,” our hearts are especially warmed when we see home made signs strewn across empty store fronts and taped to windows in neighborhoods acknowledging the essential physical healthcare providers who risk their lives to extend needed care to the sick. We watch videos of communities stepping onto their balconies at a certain hour each day to join in solidarity and salute these heroes with rousing applause. This praise is well-deserved. However, we cannot help but notice that there is little acknowledgement of *essential behavioral healthcare providers*. Are we surprised? Not entirely. In fact, this oversight is akin to the way society seems to be more comfortable discussing physical health ailments while paradoxically being ashamed of acknowledging the existence of less visible behavioral health disorders. It seems that the same stigma linked to having a behavioral health condition has been extended to honoring those who provide services to these individuals.

In an effort to understand and highlight the experiences of this critical facet of the workforce, CBHA conducted a survey of our members. In the following survey summary, common themes that emerged when inquiring about challenges faced by businesses, staff and clients are discussed. Our goal is to paint a picture of the seemingly *invisible heroes* of the behavioral healthcare system who treat the *invisible conditions* of hundreds of thousands of clients across the state. We desire to reflect the *dire* needs that behavioral health organizations are facing, and will continue to face after the pandemic subsides. We stand ready to tell their story.



A Summary of CBHA's Member Agency Survey on the Effects of COVID-19

April 10, 2020

CBHA surveyed members who span community based non-profit organizations that provide mental health and substance use disorder (SUD) services to children, youth, adults, older adults and families. Thirty one member agencies participated in the survey. Of these agencies, 61 percent reported they provided mental health services and 39 percent reported providing both mental and substance use disorder services. Of those agencies that offer both mental health and SUDS services, results indicate that 78 percent provide mental health services and 19 percent provide SUD services. Collectively, this cohort serves 213,507 Californians annually.

Decreases in Service Provision Due to COVID-19

As CBHA represents small agencies with as few as one office location to large conglomerates with offices throughout the state, the range in the number of clients served reflects this diversity. Respondents reported that their client population spanned 120 to 8900 individuals each month. When asked if agencies were serving more or less clients since the COVID-19 pandemic, 52 percent responded that they were serving less clients, 39 percent reported serving the same amount of clients and 10 percent reported serving more.

When examining the number of clients served in January of 2020, approximately 50,000 were served and a 4 percent decrease was seen when this question was compared to the number of clients seen in March (~48,000). While this may seem like a modest decrease, respondents indicated that even though a relatively stable number of clients are being served in some programs, the duration and frequency of services provided has decreased which is negatively impacting finances.

Participants reported that the services that were most impacted by the pandemic, resulting in significant changes in the delivery model or closure included: 1) outpatient, 2) mobile response and 3) residential services. They also indicated that non public school programs, career and work programs, re-entry services and some group service programs are discontinued.

Impact on Staff

The result of decreased service provision becomes quite tangible when examining the rate of furloughs and layoffs of staff. Agency leadership report anxiety and worry about keeping their staff safe and employed during the pandemic. Approximately 74 percent of respondents indicated that staff is unable to work due to caretaking responsibilities at home and/or treating their own COVID-19 symptoms or diagnoses.



When asked to report if furloughs had been instituted, 32 percent of respondents affirmed that they had. As it related to layoffs, 10 percent reported they laid off staff and 14 percent responded that they are making plans to furlough or layoff staff.

Though counties continue to work with providers to determine how to assist with cash flow and operations, approximately 20 percent of counties have provided written guidance offering an upfront payment methodology. For those that have, member agencies reported that this has been instrumental in allowing them to delay, and in some cases avoid, furloughs and layoffs.

As it relates to students, interns, practicum students and other trainees, 61 percent of respondents indicated that these populations had been significantly negatively impacted by the pandemic. Specifically, training programs instructed students to vacate positions leaving sites without their assistance and students without the ability to complete clinical hours. For those who are still working with agencies, they struggle to coordinate with supervisors who must oversee their clinical work via telehealth.

Infrastructure Needs

Infrastructure is lacking with 89 percent of survey respondents indicating their greatest needs are for PPE. Specifically, the highest ranked PPE needs include: 1) masks, 2) hand sanitizer, 3) gloves and 4) other protective gear. The requests for PPE indicate that agencies are working to continue to provide services not appropriate via telehealth, but also paints the picture of soldiers who are ill equipped to enter the war zone.

Overall, agencies are in dire need for cash advances to bolster programs that are at risk of closing, assistance for staff to allow them to participate in the workforce, direction to trainees who risk failing to complete necessary requirements for graduation and licensure and significant infrastructure support including PPE. Fulfillment of these needs will assist our members as they work to keep their doors open in order to serve clients in need of behavioral healthcare services.

Results analyzed and summarized by:

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In Their Own Words: Member Agencies Give Voice to the Impacts of COVID-19

The Threats to Ongoing Operations

1. "We had to move to working remotely quickly which meant **getting computers to everyone and establish policies, had to get PPEs and other supplies, analyze financial sustainability for the future with our contracted programs and foundations.** Created a data dashboard to inform our decisions regarding staff capacity and consumers. In residential program develop a total program to address risk at all levels and increase pay for those workers. In our homeless program the need to house safely increased so staff had **safety concerns** that we had to address. We needed to centralize food distribution and other supplies for all consumers who needed them. For those children living at home with open DCFS cases we committed to sharing weekly information regarding no shows and refusals With DCFS as well as ensuring we went to the home to see the youth."
2. "The **closure of schools has significantly impacted the number of children we serve.** The financial impact is uncertain but we anticipate to be severe. Caseloads are being reduced and consequently **staff will be laid off.** We will then be challenged with recruiting MHP to meet the needs of our children once this is over."
3. "**There are many clients we can't reach.** In addition, we have worked with seriously mentally ill patients for years to help them feel comfortable coming in. Now that they feel comfortable coming in and trust us, we have to find an alternative way to work with them. They don't have phones."
4. "These past several weeks have seen **the vulnerable communities that we serve become more vulnerable:** they are the first and hardest hit in any crisis. Job loss, housing loss, fears regarding health care costs, and increased fear, anxiety, and stress all affect our clients in out sized ways. They fear seeking testing and help for medical symptoms because of uncertainties regarding the costs. They choose to take on riskier work (e.g., meal delivery and grocery clerking) because it's what's available and they can't afford not to, despite these jobs still being poorly paid. They aren't able to engage in the mental health services we provide because: 1) they may not have access to a phone or computer with which to connect to their provider, 2) they may not have access to any confidential space, or 3) because their stress and fear activation make it difficult for them to be present for and benefit from mental health supports."



5. **“Our clients are losing their jobs, their homes, their health, and much of any sense of safety and stability that they have been able to build up in the world.** Those who are in homes are not always safe; for many of our clients home is a stressful - and sometimes dangerous place - and now it is where they are being required to stay. There is nowhere for them to go.”
6. “The agency has experienced an unexpected but **significant revenue reduction** due to the COVID-19 pandemic. In addition to the spread of the virus and the illness itself, there have been school closures, stay at home orders, social distancing and business closures. Even with agency efforts to redeploy staff as a remote workforce and to equip them to provide services via telephone and telehealth, there has been a significant **increase in customer appointment cancellations and a significant reduction in service provision.** The agency must implement a furlough/reduction in hours/cash management strategy to reduce fixed costs so that we can continue to operate direct services until prior service levels are restored and/or the agency receives assistance from county, state, and federal payors.”
7. “It was a rapid shift in the way we provide our services from very personal, all face to face in homes and the community to tele-health through phone and video. We greatly appreciate the quick approval for tele-health so that we can be strong partners in the reduction of the COVID-19 spread. Some staff adopted the new practice very quickly, while others are still struggling. The same goes **for the families and youth. It can be more challenging to engage.** We are utilizing whatever creative engagement strategies we can come up with. We are very **concerned that referrals may slow or stop**, this will actually be devastating all the way around. A community wide campaign that reaches all youth and families is necessary so that they know they can still access mental health services. Schools also need reminded that through their virtual work with students, if students aren't showing up or doing the work, there may be an issue. We can still reach out and provide support. I am very concerned about the isolation factor, this is devastating to the health and well-being of people.”
8. **“Families are deeply struggling:** layoffs, many now cooped up full time in a crowded home. Students are too poor at times to have technology to continue their education from home. **Great need for equipment and connectivity,** or they will be left behind.”



9. "Staff and patients are stressed and **doing without much needed PPE** and food and household supplies. Staff shortages add additional burden on other staff still reporting to duty."
10. "Essential treatment professionals are struggling to deliver care **remotely lacking needed telehealth equipment** Many patients do not have the needed equipment to participate in telehealth services and many simply do not what to use it."
11. "**Family members of staff and patients are worried** and want their family members to remain home and not go to work or stay in care for fear of virus. This places much more stress on patients and staff."
12. "While government agencies have been very responsive in many areas trying to help and this is greatly appreciated, there are still many **rules and regulations that hinder providers in this crisis.**"
13. "We have the safety of our staff at the forefront of our minds. However, we also have direct service requirements by the counties in which we serve as essential service providers that we continue to have to meet. We have to provide services to homeless to help educate them, get them off the street and get them physical and mental health care if they need it. This is critical and **we are part of the pipeline that if we fail to do our job, the emergency room departments will be even more over-run.** We also have staff that are "co-responders" and go out with police every day to help with clients who have mental health issues. I went out with my team and a client who suffered from Bipolar but had also just smoked meth, was thrashing around kicking the police car and spitting at us. However, since we are not considered medical staff, **we have not been given any PPE.** I as the CEO, have had to petition local community members to make us masks, and donate other items to hobble together the best PPE we can assemble including buying rain slickers so staff can protect their clothes. This oversight of not including mental health field workers in the PPE high priority is highly problematic and emblematic of the continued failure to make mental health and SUD a priority in this state."
14. "It has been very difficult in the previous few years to hire and retain staff. We have been understaffed for years. Now **we are faced with furloughing these very staff**, as our agency is primarily school based, and as we have Fee For Service contracts, we are not billing enough services to pay costs (primarily staff salaries). The crisis will soon



gradually improve, and client demand will return, perhaps increase due to COVID stress. We are concerned that if we furlough, staff will not return as they may leave the Bay Area due to high housing cost.”

15. "Our agency has shifted successfully to providing services remotely. We are providing our full range of services - including mental health, health, housing, employment, financial and wellness services - using tele-health and through distancing precautions and protective gear. The COVID-19 crisis, however, has left the populations we serve with a number of special needs. Because they are now homebound, many of our clients who are **seniors or those with disabilities, have a harder time securing food and basic necessities.**"
16. "The most vulnerable population are those on the streets who have not yet been connected to an outreach team. Agencies **need adequate PPE** in order to protect both themselves and those who are homeless, and agencies are handicapped by the lack of protective gear."
17. "What we are hearing from kids:
 - a. "My anxiety has never been so high!" "I hear my parents yelling about money all the time now." "Is this virus like cancer? My mom died of cancer." "I have to talk to you later in the evening because my mom and I are now sharing a phone and she has it while she works at the hospital. I hope she doesn't get it."

What our parents are saying:

 - a. "I'm trying really hard not to show how stressed I am but I know the kids can pick up on the tension." "His dad has been laid off and now we are trying to find food and more work – all while I'm supposed to be the teacher to my 2 kids!" "When will I ever feel safe again?"
18. "We have been lucky, minimal concrete impact from this perspective. Biggest concern is **maximum contract allowance and being able to absorb extra costs** COVID-19 has forced us to endure."
19. "We have had to furlough staff, but we are asking staff to **see more patients**. This is all before our surge."
20. "Staff performing telehealth are **struggling to engage younger clients.**"



21. "We **cannot meet productivity standards** to earn sufficient revenues to cover all of our costs in some programs. Residential programs and their personnel are at greatest risk and most in need of supplies. Residential revenues also dramatic decreased."
22. "One major issue we have faced is **need for groceries for older adult clients**. We have been able to cobble together food resources, but it has been complex and taken a great deal of staff time, effort, and personal risk given that they do not have adequate PPE."
23. "There are prominent impacts we have experienced to this point as a result of the COVID-19 crisis:
 - a. In our SUD/COD program 50% of our clients are homeless. They are **afraid to come in for direct services**, but due to the lack of cellphones or WiFi they are also unable to participate in tele-mental health services.
 - b. **Our program in the County jail, Project BRACE has been suspended**. This program (Breaking Recidivism & Creating Empowerment) was a source of many clients for our SUD/COD program, our free psychiatry program and our Outpatient mental health and Intensive outpatient (IOP) program.
 - c. **Our medical/dental/behavioral health integrated care clinic has seen a 75% reduction in visits**. Dental, of course is only available for emergency procedures, but medical has seen a huge reduction due to many of our clients being afraid to be in a medical facility where they might catch it. Even though we are screening everyone outside, before they are allowed into the waiting room.
 - d. My other fear is many of our homeless clients with symptoms are being directed to quarantine. What is so awful about this is they have **no place to quarantine** other than in a park or on a bench."
24. "Our staff has done a phenomenal job of moving from face to face to phone and tele-health for non-urgent services. We continue to provide office and field based services for urgent situations. **Our greatest challenge is to provide staff with adequate PPE** for those visits."

Stories of Resilience and Hope

25. "We let our staff know that **this is our mission, we are living it and will remain steadfast in providing our consumers the best care and support possible** during this difficult time which includes face to face contact as needed."



26. “We conducted a survey recently and received responses from over 50% of all colleagues and are currently performing a thorough analysis. The predominant needs that emerged thus far are: (1) the ability to work from home, (2) hazard pay, (3) supplies and PPE and (4) additional time off. In addition, 90% of survey takers reported they are worried about the impact of COVID-19 personally and/or professionally. However, **nearly 75% reported the nature of this national emergency has not significantly altered their decision to work in the behavioral health field.**”
27. “We are very lucky to be equipped to care for all our clients remotely. Our emergency teams and homeless services continue to worker on a daily basis. We have put emergency plans in place since March 1st and those **plans are working well.**”
28. “We are pleased that we have mobilized our agency to respond to the COVID 19 crisis and **have been nimble in implementing modified services.** There is a lot of creativity and energy being focused on the wellbeing of our clients and staff. We appreciate CCCBHA advocacy for providers especially for acquiring PPE and for easing of restrictions (CCL, BBS, and HIPAA).”
29. The COVID-19 Forced our organization to look at how we manage our communications with regards to anxiety disorders. **We are now actively investigating strategies for supporting mental health clinicians, classroom teachers and allied support staff.** We have also realized that the current crisis **has helped our organization to more effectively develop frameworks as well as strategies for communicating** with health support services which we will surely use in the future once the Crisis has subsided. We have also found that the discussion around mental health has become much more central to the mission and goals of our organization.”
30. "Staff have been **INCREDIBLY resilient, moving quickly** to work-from-home. They have been able to find housing for clients even in this difficult environment (we believe landlords are trying to finally be flexible because there is steady funding behind our clients, and some of their other residents may not be paying). Staff have made numerous runs to Costco and other markets (with PPE!) to secure weeks and months worth of groceries and supplies for our older adult clients. They drop them off at the door and speak with them through the window of their apartment. They are extremely touched and this greatly reduces their anxiety level!”



31. "Our staff and our clients are not the ones who need ideas on how to relieve their boredom from being stuck at home as many internet memes address. **They are busy doing everything they can to keep supporting one another, their clients, and their own families.**"

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