

MISSION CRITICAL: POST-PANDEMIC WELL-BEING FOR THE VULNERABLE

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The mayor of Santa Fe, New Mexico, recently announced to a group of local partners that he believes we are in the midst of a second pandemic: a behavioral health pandemic tied to the strain of COVID. Within our hospitals and clinics, we experience it daily. We see it emerging in the community, so obvious that it cannot be hidden away in a shelter or housing program that may appear to remove the problem from sight.

As a Catholic health care ministry, we are called to recognize and address the extensive fallout and ripple effects of COVID impacting the communities we serve. Whole-person care and a concern for the general well-being of our colleagues, caregivers, patients and communities is central to our identity and shared mission. If we are to get to a place of post-traumatic growth following the pandemic, we must first read the signs of the times and provide people with the care and support they are crying out for today. In Pope Francis' words, it is a time for encounter and accompaniment.

We see it in the desperate faces of people who have long-standing addictions, and when they contract COVID, suddenly they understand the serious consequences of their behaviors on their health and well-being. We see increasing aggression and violence in patients who have addictions, are hospitalized and, as they detox, demonstrate behaviors turning them into someone no longer recognizable from who they really are. We see it in the despair of adolescents who are depressed and show up in our emergency departments with suicidal ideation. We see it in the withdrawn faces of our elderly patients who have been quarantined from people they love and have sunken into hopelessness. Isolation from friends and loved ones has led to despair for increasing numbers of people, driving emergency department visits upwards. Some have a general sense of fatigue and low energy because they are just plain worn out from the pandemic. The

COVID crisis has taken a toll on the mental health and well-being of our population, only adding to the already growing number of behavioral health problems.

If hospital utilization in the behavioral health pandemic further tells the story, 48% of the CHRISTUS St. Vincent inpatient population has a secondary diagnosis of behavioral health, meaning a medical condition requiring treatment usually related to an addiction to drugs or alcohol. Over several months at the height of the pandemic, of all ventilators used inpatient within CHRISTUS St. Vincent, approximately 50% were used for patients who attempted suicide

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or abused drugs and alcohol to the point of their vital organs shutting down. This data included patients with COVID and those hospitalized for non-COVID related conditions. Typically, ventilator usage for patients with suicide attempts and a history of severe drug and alcohol abuse is between 30%–37% at CHRISTUS St. Vincent.

Prior to the COVID pandemic, in communities across the country including Santa Fe, behavioral

health problems were growing, then were made even worse as a result of the pandemic. In the CHRISTUS St. Vincent 2019-2021 Community Health Needs Assessment, behavioral health was identified as a priority with drug overdose deaths at a rate of 27.2 per 100,000 compared to 19.8 nationally. Alcohol-related deaths occurred at a rate of 66.8 in Santa Fe County, more than double the national rate of 32.2. Suicide-related deaths occurred at a rate of 26.9, again double the national rate of 13.5. Even more alarming is the fact that these are the data from 2017, prior to the pandemic. As we embark upon our next needs assessment, we anticipate the worsening conditions to show up in the results.¹

In 2011, the CHRISTUS St. Vincent Health System began the High Utilizer Group Services (HUGS) program. HUGS is an intensive wraparound and care coordination service for people with behavioral health conditions who are high utilizers of the emergency department and have high records of incarcerations. When the program began, the 25 highest utilizers of the CHRISTUS St. Vincent emergency department had a total of 618 ED visits, 489 inpatient hospitalizations and 628 jail days in 2010. Since the program began, hundreds of people have been helped to rebuild their lives. Our skilled HUGS navigators, who meet people where they are and create a caring relationship, have helped people for whom just making it through the day was a battle. Their profiles include psychiatric conditions and/or long-standing addictions, homelessness, severe trauma, limited financial means, disenfranchisement from family, food insecurity and chronic health conditions. Through the healing relationship between the patient and the HUGS navigators, people who had lost hope have been reunited with their families, successfully completed treatment, achieved stable housing, accessed primary care to address chronic health conditions and received benefits they were due but could not obtain.

The HUGS program continues to achieve results. From January to June 2020, 22 individuals had 246 visits, an average of 11 visits each. With the interventions of our navigators, there was a 52.8% reduction for the three months following

(July – September 2020). How are the lives of the 22 who received assistance improved? Nine (41%) of the 22 were successfully housed; eight (36%) accessed primary care services for the first time; and 13 (59%) were reconnected with family or other social supports. Several achieved 30-day sobriety for the first time in many years and nine (41%) achieved improved functioning in their activities of daily living, meaning they are able to access food, have transportation and can manage life on a daily basis.

This population illuminates the failures of the current service delivery system, one that is fragmented and often designed without helping patients to put their own needs first. How can a person who is homeless, mentally ill and living

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on the streets possibly show up on time, then wait an hour or two for an appointment? These are the vulnerable who fall between the cracks. Without someone to take them by the hand and provide basic skills, their health and well-being continue to deteriorate. Although the program capacity is between 20 to 25 individuals in three-month cohorts, lives are improved for between 65 and 100 people per year. We have found that the greatest success is achieved within the first three months of intensive intervention. While some require involvement beyond three months, we maintain ongoing contact with those who need the support, assuring them that we will not reject them if they are in need.

As we begin to come out of the COVID pandemic, we will continue to face huge challenges. Yet, in Catholic health care, we have a call to care for all of God's people — body, mind and spirit. We cannot do it alone, however. It takes collaboration and partnerships with local and state government, nonprofit safety net providers, churches and faith communities, policy makers and philanthropy. It takes careful assessment of all public and private funding and other resources dedi-

cated to addressing behavioral health. Careful planning and coordination of care is needed so that people who are vulnerable do not get treated like “hot potatoes” passed from one organization to another without getting the help they need.

Across Catholic health care, we share the unique responsibility of listening and hearing the voices of vulnerable populations, then passionately advocating on their behalf. We must engage community and system leaders in dialogue to ensure that strategy, decisions, policies and budgets demonstrate a tangible commitment to justice, solidarity and right relationship. It is vital that we remain intricately involved in setting ministry advocacy priorities and collaborating with stakeholders to meet the demonstrated needs of the community. This advocacy encompasses the needs of patients, residents, families and colleagues, as well as the wider community. It is our responsibility to encourage all our coworkers and community leaders to follow the Gospel values demonstrated in the example of Jesus Christ. As such, we all must play a role in helping to restore the health and well-being of our communities, always remembering that we, too, are a part of those communities.

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NOTE

1. CHRISTUS St. Vincent CHNA 2020-22: <https://www.christushealth.org/-/media/about/2020--2022-svhs-community-health-needs-assessment.ashx>.

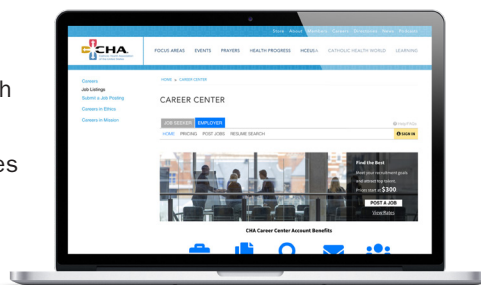
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