

A large, colorful illustration of a diverse group of people of various ages, ethnicities, and genders. They are dressed in a variety of styles, from professional business attire to casual clothing. The illustration is positioned on the right side of the slide, partially overlapping the text area.

CRISIS MANAGEMENT FOR COVID 19

Phase 45: Reducing Burnout and Increasing Mental Health Support, & Legal and Regulatory Updates

*Presented by:
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and
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INTRODUCTIONS



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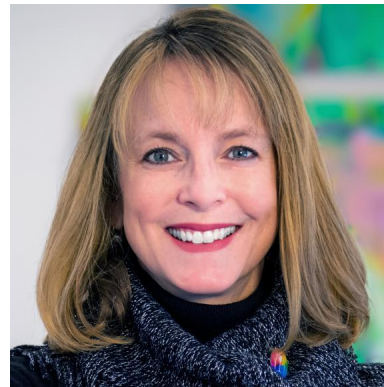
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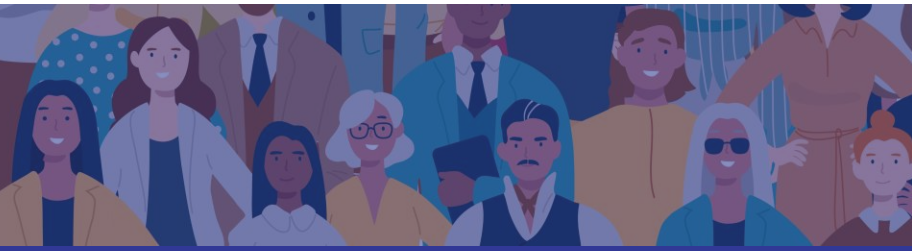
WHAT WE'LL COVER

1

Reducing Burnout and
Increasing Mental Health
Support for Your Employees

2

Legal and Regulatory
Changes

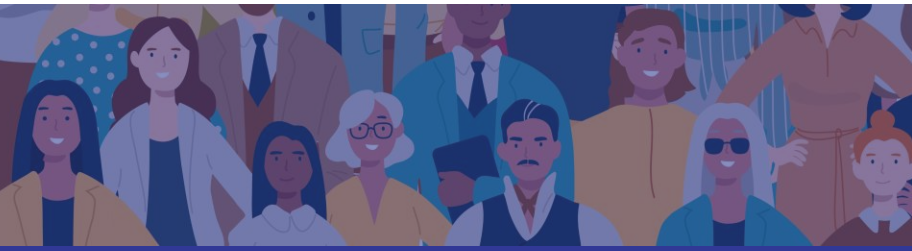


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Reducing Burnout and Increasing Mental Health Support for Your Employees



Kirsten Hawley
*SVP, Chief People, Places,
and Communications
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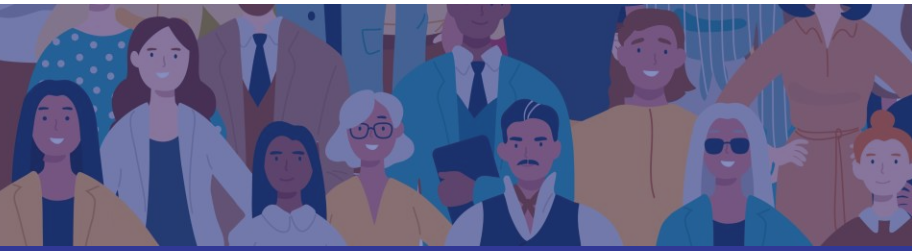
Reducing Burnout and Increasing Mental Health Support for Your Employees



Rebecca Prater
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Mental Health Support @ KEMI

- Paid Salary Continuation and Disability Coverage
- New Behavioral Health Telemedicine option - paid by KEMI
- Employee Assistance Program (EAP) Resources
- Interactive education and awareness on intranet from Diversity, Equity & Inclusion and Well-Being Committees
- KEMI Family Support Group – email distribution group for employees with family members serving as first responders and medical professionals



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Reducing Burnout and Increasing Mental Health Support for Your Employees



Derek Wilhelmus
CEO
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Mental Health in the Workplace

September 2021 Update

Derek Wilhelmus, CEO



Mental Health in the Workplace Sept 2021

Effects of Covid-19 to Mental Health System

Mental Health System is Stressed

- People who were already struggling are struggling more...and many who did not have mental health struggles before are experiencing them now
- Evidence (anecdotal and scientific) indicates these mental health impacts will outlast the pandemic itself
- Accessibility is increasing / availability is a challenge
- Acuity of cases is increasing
- Grief / Marriage & Relationship / Alcohol & Substance Abuse

Mental Health in the Workplace Sept 2021

Research

4 in 10 Adults reported symptoms of depression/anxiety since May 2020

Adults in households with adverse economic circumstances due to the pandemic (e.g., job losses or reduced incomes) reported higher mental health symptoms than other households (53% vs. 32%);

Essential workers are more likely than non-essential; workers to report symptoms of anxiety or depressive disorder (42% vs. 30%), increased or new substance use (25% vs. 11%) or recent suicidal thoughts (22% vs 8%).

The number of adults reporting symptoms of anxiety or depressive disorder increased from 11% during the period January to June 2019 to 41.5% during the two-week period January 20, 2021 to February 1 2021.

US adults reporting symptoms of anxiety or depression



Mental Health in the Workplace Sept 2021

60% of adults reported increase in alcohol use during the pandemic

Alcoholcostcalculator.org

How Many Employees and Family Members Could Benefit from Intervention and Support?

This is the Private Insurance track.



Kentucky

Submitted Industry: Manufacturing.

Population submitted: 3,000

Population (including 4,830 dependents): 7,830

[Problem drinking](#), including alcoholism, can strike anyone employed by your company. This calculator estimates how many employees and their family members have alcohol problems and how many still need treatment

Number of Individuals With a Problem

Likely number of problem drinkers in your workforce.	197
Likely number of the dependents who are problem drinkers .	305

Mental Health in the Workplace Sept 2021

Adults ages 18-24 are almost twice as likely as all adults to report new or increased substance use (25% vs. 13%)

Total ER and Hospital Costs

	Total ER and Hospital Costs	Total ER and Hospital Costs Per Person w/ Problem
Alcohol Abuse or Dependence	\$-191,323	\$-381

Costs of Missed Work Days, at an Hourly Cost of \$17.73

	Number with Problem	Excess days lost per month	Total excess days lost per year	Cost of excess days per year	Cost per person per year
Alcohol Abuse or Dependence	197	43	516	\$73,189	\$372

Mental Health in the Workplace Sept 2021

These statements/research are affecting your employees and their family members.

What can Employers Do

Prioritize Mental Health in the Workplace – and communicate your intent

Stay in Touch, provide support

An EAP can help with these efforts

Expect Communication & Response from your EAP.

Consider a stand-alone EAP

Know your Utilization

Mental Health programs in the Workplace can:

INCREASE Productivity, Resourcefulness, & Creativity

REDUCE Stress, Absenteeism, & Inefficiency

EAP Update

Increased awareness of mental health has led to increased usage in EAP service

Accessibility via Telehealth has been a huge positive

People are more willing to seek help when they know their employer is supportive and there is not a stigma attached

Employees very appreciative to have clear information about mental health services and streamlined process from initial call to appointment with therapist

The benefit of no red tape (calling multiple therapists, checking insurance, waiting weeks) is HUGE in terms of mental health . Red tape is the norm but EAP should offer relief

We know therapy is beneficial at this time because the industry is so stressed - clients are returning more consistently and verbalizing the benefit of service and telehealth platform

Flexibility and understanding from employers has positive impact on mental health and in turn productivity/job performance of employees





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Sources

Centers for Disease Control and Prevention (CDC)

Article: SHRM Research: Covid-19 Takes a Toll on Employees' Mental Well Being (May 2020)

AlcoholCostCalculator.org

KFF: KFF Health Tracking Poll – (December 2020) Covid-19 and Biden's Health Care Agenda

NCBI: Alcohol Consumption during the Covid-19 Pandemic

Employee Relations Journal (Summer 2021) Covid-19 and Employee Mental Health



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Legal and Regulatory Changes



Tyler J. Morris, Sr. Esq.
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- We talked during the last webinar about the recent Executive Orders issued by the President, but now we know more. Lets discuss the validity of each Presidential Order.
 - Mandated vaccination for Federal government employees is likely valid, as the President has the ability to control the Executive branch with little exception. Whether his Order will have the ability to force unions who represent federal employees to abide by the Order is yet to be seen – although we predict that he will not be able to do so.
 - The President also issued an Order requiring federal contractors to have all employees be vaccinated. However, it appears as though this only applies to *new* or *renewed* contracts. Those contracts will be required to have a clause mandating that employees of the contractor will be vaccinated. It is still unclear whether the Courts will find that the President has the authority to mandate such action, but Courts have historically provided the President with broad authority of Executive powers.
 - Another Executive Order required OSHA to issue an ETS requiring all employers with 100 or more employees to required employees to be vaccinated or submit to “regular” testing. The ETS is also planned to require employers to pay for their employees to get vaccinated, and to recover from being vaccinated. OSHA has, surprisingly, not issued the ETS as of today, and we may see, for the first time, pushback from OSHA against the President’s directives. The validity of the Order is in question, as Court’s may not uphold OSHA’s ETS.
 - The final Executive Order requires any healthcare provider who receives funds from Medicaid or Medicare to require all employees and volunteers to be vaccinated. This regulation also applies to nursing facilities.
- Given the recent Supreme Court ruling striking down the eviction moratorium and mandating that Congress “speak clearly when authorizing an agency to exercise powers of vast economic and political significance,” it is hard to determine how the Courts may rule.

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Regulatory and Legal Update

Questions we don't have answers to – OSHA will decide, but we can speculate.

- Will the vaccine mandate apply to employees working remotely?
 - The mandate may apply to remote workers, but OSHA may leave an exception for those who never come into the office.
- How often will the “regular” testing be required to take place for employees who forgo vaccination?
 - We speculate that the testing will be required weekly.
- If an employee decides to forgo the vaccine in exchange for regular testing, is the employee responsible for the cost?
 - This may depend on each state, as some states require employers to reimburse employees for any medical tests that the employer is requiring. Even in states where that is not a requirement, there are still questions as to whether it could be covered by healthcare insurance.
- Will there be accommodations, such as religious and health related exemptions?
 - We expect that there will be accommodations for vaccinations, but not for the testing.
- How do we determine the number of employees that we have?
 - It is unclear if the number is evaluated per location, per FEIN, or otherwise. We must wait to see OSHA's ETS.
- Do Unions have a say?
 - Employees with obligations to bargain may receive pushback from the Unions. OSHA will need to provide additional direction here.

- Nobody knows!!
- Everyone thought it would have been issued by now, but we may be seeing small pushback against a President from OSHA – something extremely rare.
- OSHA is within the control of the department of labor, and answers to the Secretary of Labor, who is a member of the President's cabinet.
 - As such, you rarely see OSHA not follow the President's directions.
 - It is more likely to be a delay and not disobedience – we can only speculate at this point.
- Places covering the highly anticipated ETS:
 - SHRM
 - National Law Review
 - Thompson-Reuters
 - American Medical Association
 - Washington Post
 - New York Times
 - The Hill
 - And of course, US!
- The President's plan included pushing vaccine boosters to those who fit into certain categories – primarily those 65 and older, those in long-term care settings, and those older than 50 with underlying medical conditions.
 - The FDA recently approved the booster for these individuals.

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