DEPARTMENT OF HUMAN SERVICES

Impact of COVID-19 on Behavioral Health Services

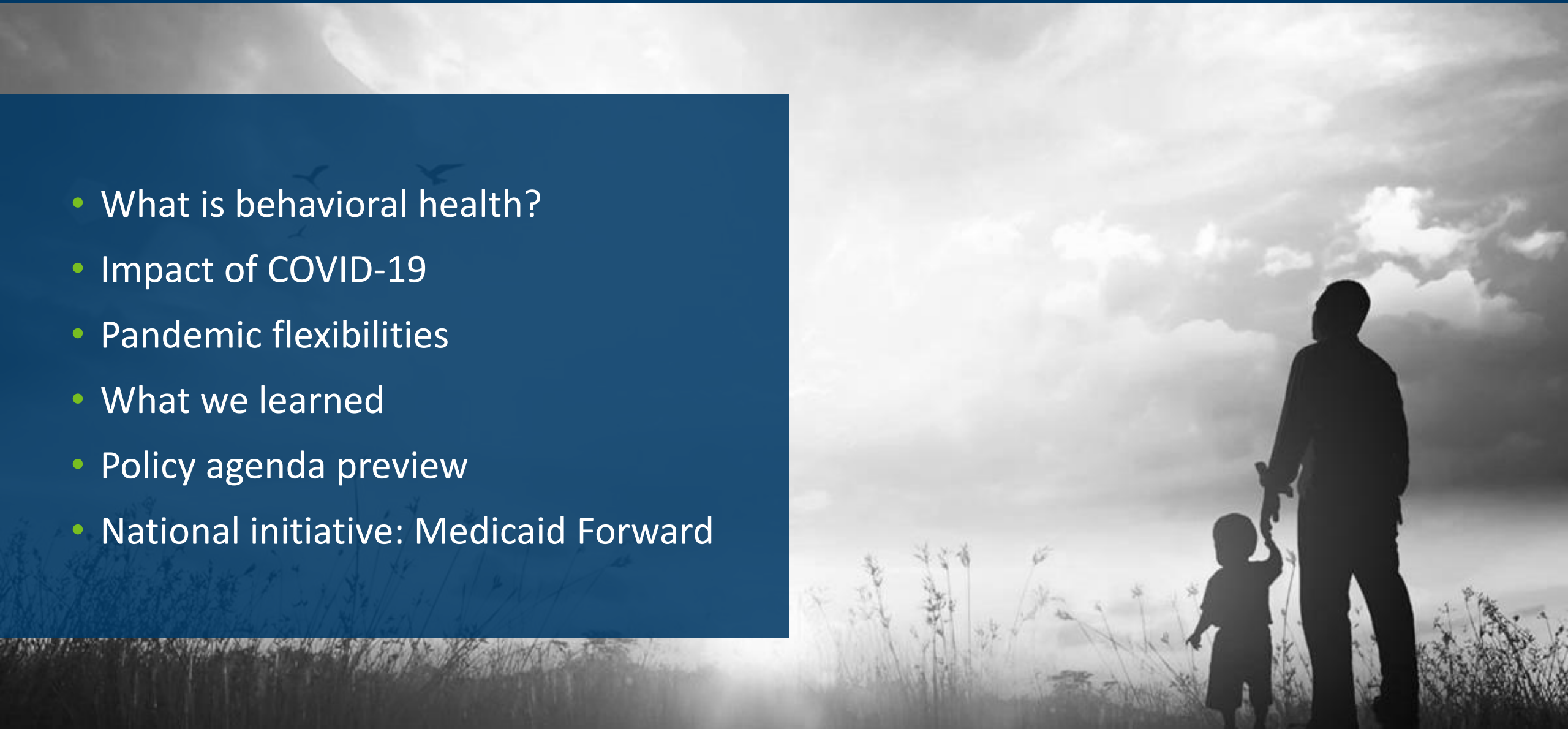
DHS Behavioral Health Division and community partners

House Behavioral Health Policy Division Committee Meeting

January 20, 2021

Presentation overview

- What is behavioral health?
- Impact of COVID-19
- Pandemic flexibilities
- What we learned
- Policy agenda preview
- National initiative: Medicaid Forward



What is behavioral health?

Impact of COVID-19

Medical Assistance claims for enrollees with mental health and substance use disorder diagnoses:

Fiscal Year	Substance Use Disorder Only	Mental Health Only	Total
2018	109,485	440,264	549,749
2019	122,135	463,859	585,994
2020	125,575	461,676	587,251

July 1, 2019-June 30, 2020 with data for all claims (fee-for service and managed care organizations)

Impact of COVID-19

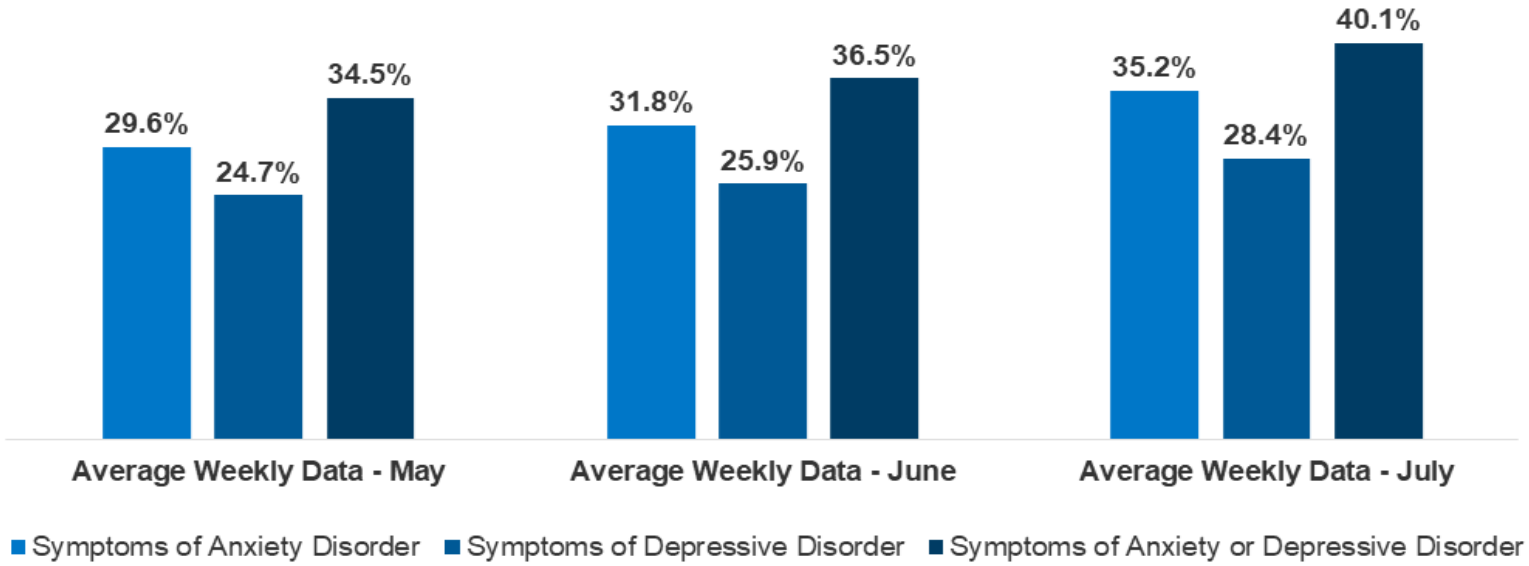
CDC study on Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic (June 24–30, 2020):

- Hispanic respondents: anxiety, depression, increased substance use, suicidal ideation.
- Black respondents: increased substance use, suicidal ideation.
- Unpaid caregivers for adults: higher odds of incidence of adverse mental health conditions compared with others.

Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR (cdc.gov)

Impact of COVID-19

Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data presented for "symptoms of anxiety or depressive disorder" also includes adults with symptoms of both anxiety and depressive disorder. Data presented for May is the average of the following weeks of data: May 7-12, May 14-19, May 21-26, May 28- June 2; for June, data is the average of June 4-9, June 11-16, June 18-23, and June 25-30; for July, data is the average of July 2-7, July 9-14, and July 16-21 (last week of published data).

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

KFF
HENRY J KAISER FAMILY FOUNDATION

Pandemic program flexibilities

- **Executive Orders 20-11 and 20-12**
- Medical Assistance and MN Care coverage
- Telemedicine
  - Easing limits to increase access
  - Expanding access to behavioral health services
  - Phone/video for Targeted Case Management
  - School-Linked Mental Health
- Extending recertification timelines for mental health programs
- Waiving licensing requirements for providers

  https://mn.gov/dhs/waivers-and-modifications/

Other pandemic flexibilities

- Grant management flexibilities
- Temporary staffing pool for residential providers
- Grant funding for behavioral health services:
  - $3 million for providers who serve children and families
  - $1.68 million for crisis counseling services
  - $700,000 for community mental health service providers
  - $500,000 for health supports for American Indian elders
- Additional federal funding

What we learned: DHS perspective

- Equity issues in access
- Workforce shortage
- Cultural responsiveness
- Reporting requirements
- Complexity of statute and standards

What we learned: Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)

- At a time when more people are experiencing addiction symptoms, the capacity of the industry to serve has been compromised.
  - Landscape in COVID
  - Client experience
  - Professional experience
  - Organizational experience

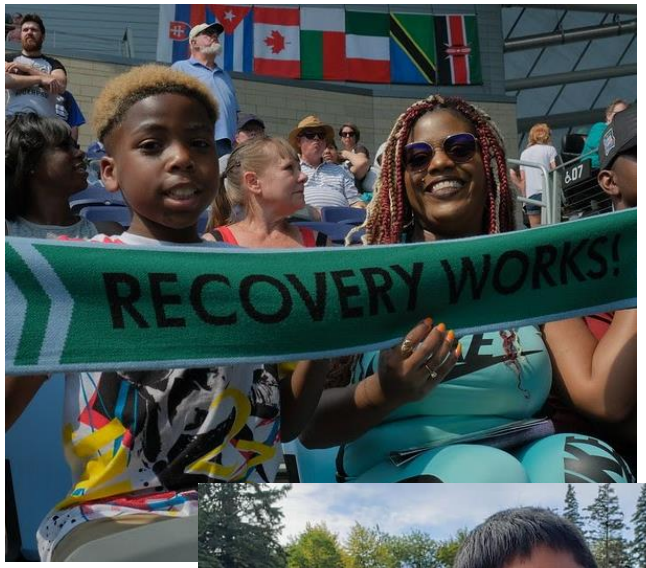
MARRCH

Driving Excellence in Addiction Care

What we learned: Minnesota Recovery Connection

Recovery Community Organizations (RCOs)

- **Non-clinical peer recovery support services**
  - Person-centered, strengths based
  - Honor all pathways to recovery
  - Trained Peer Recovery Specialists
  - Free 1:1 coaching, systems navigation, linkages to housing, employment, health care, etc.
  - Department stores for recovery!
- **Increased awareness of peer recovery support services from other social services agencies.** Connecting peer support to crisis and non-clinical settings is rapidly increasing with positive results.
- **40% increase in demand** for support services, including extended use of support
- **Virtual modes have reached new audiences and lost others.** Some RCOs doing street outreach.



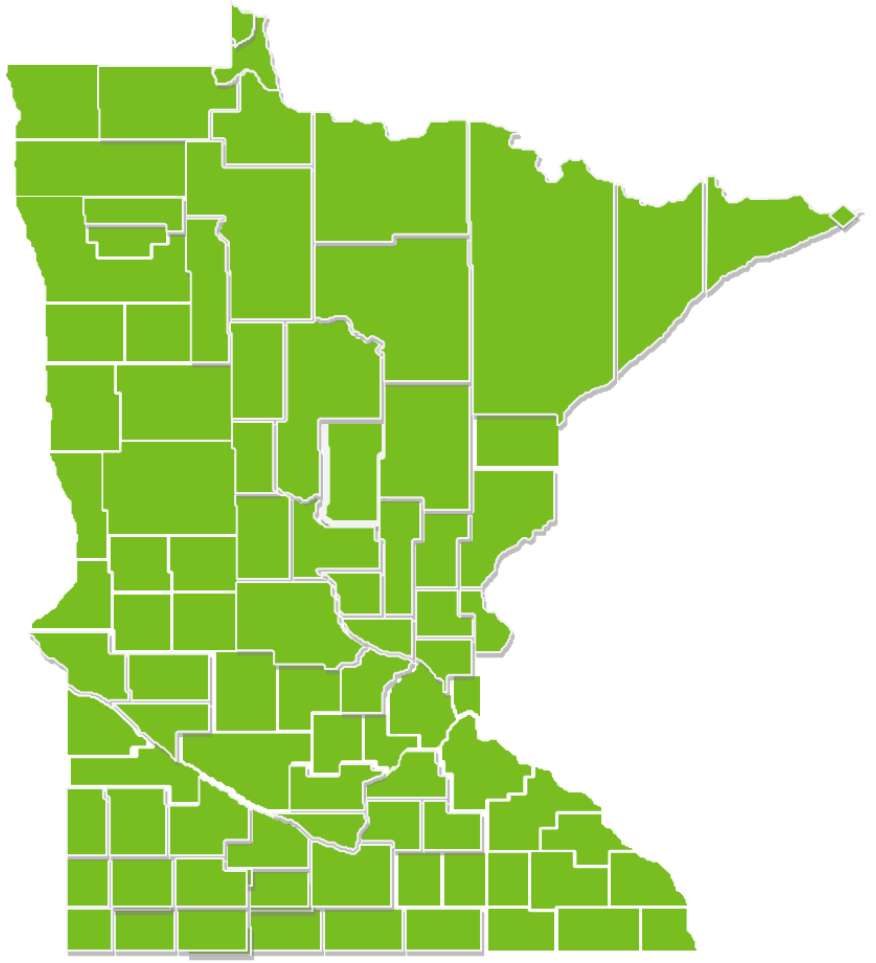
"I want to express my gratitude for MRC's hard work and diligence in helping keep me/us going during this great pause. You all are saving lives."

Peer Recovery Support Participant

What we learned: AspireMN and Minnesota Association of Community Mental Health Programs (MACMHP)

- Mental health care must be considered as part of larger health care system - including frontline service response
- Telehealth impact – positive and continued challenge
- In-person service challenges
- Higher level acuity across the board and regression in clients
- Utilization of help lines, warm lines, classes and support groups have increased dramatically
- School-Linked Mental Health services are consistently the most challenging to sustain
- Our Mental Health System is fragile and providers are resilient
- Pandemic put a spotlight on existing gaps/issues in the system

What we learned: Minnesota counties



Telemedicine study findings

Benefits:

- Easier access to care
- Easier to involve other family members in health services
- More time to serve more people
- Fewer no-shows / late arrivals

Limitations:

- Perception that services are not as good as face-to-face
- Some experienced self-consciousness, difficulty in focusing

Telemedicine study recommendations

- Keep telemedicine for Medical Assistance enrollees after pandemic
- Develop specific guidance for provider licensing and policy standards
- Continue monitoring use/acceptability of telemedicine by enrollees
- Explore the use of “telephone only” modality
- Continue to analyze use/experience of telemedicine for partners and providers using telemedicine

Policy ideas

National initiative: Medicaid Forward

- Pandemic, recession, racial and ethnic inequities are impacting the nation's mental health and wellbeing.
- U.S. health care system is hampered in responding to growing need.
- Medicaid is uniquely positioned to lead the nation in responding to the increased behavioral health needs of Americans resulting from the pandemic.
- Medicaid programs must shift to support the behavioral health needs of members

Questions?

Thank You!

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