



COVID-19 and Behavioral Health

July 15, 2020 – Program Improvement Advisory Committee Discussion

Facilitated by Brandon Ward and Lila Cummings

Discussion Topic

While the physical health care community has seen a significant decrease in utilization during the COVID-19 pandemic, the behavioral health community has seen consistent utilization. This trend, particularly the uptick in substance use disorder treatment, indicates a significant traumatic undercurrent of COVID-19.

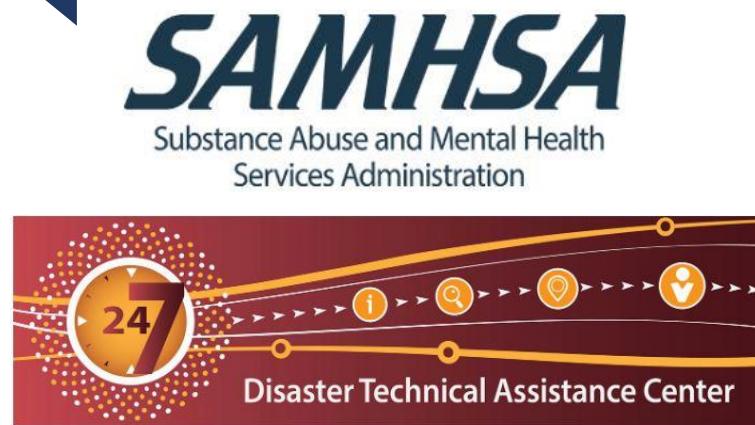
- How has COVID-19 impacted behavioral health in communities across the state?
- How can the state and communities prepare and evolve to meet the behavioral health needs as the pandemic unfolds?

Discussion Questions

- How has behavioral health care changed in delivery, utilization and severity? How might it continue to change?
- Are there particular populations and services that need additional attention?
- What data should/could HCPF and the RAEs track moving forward?
- What additional flexibilities do providers need?

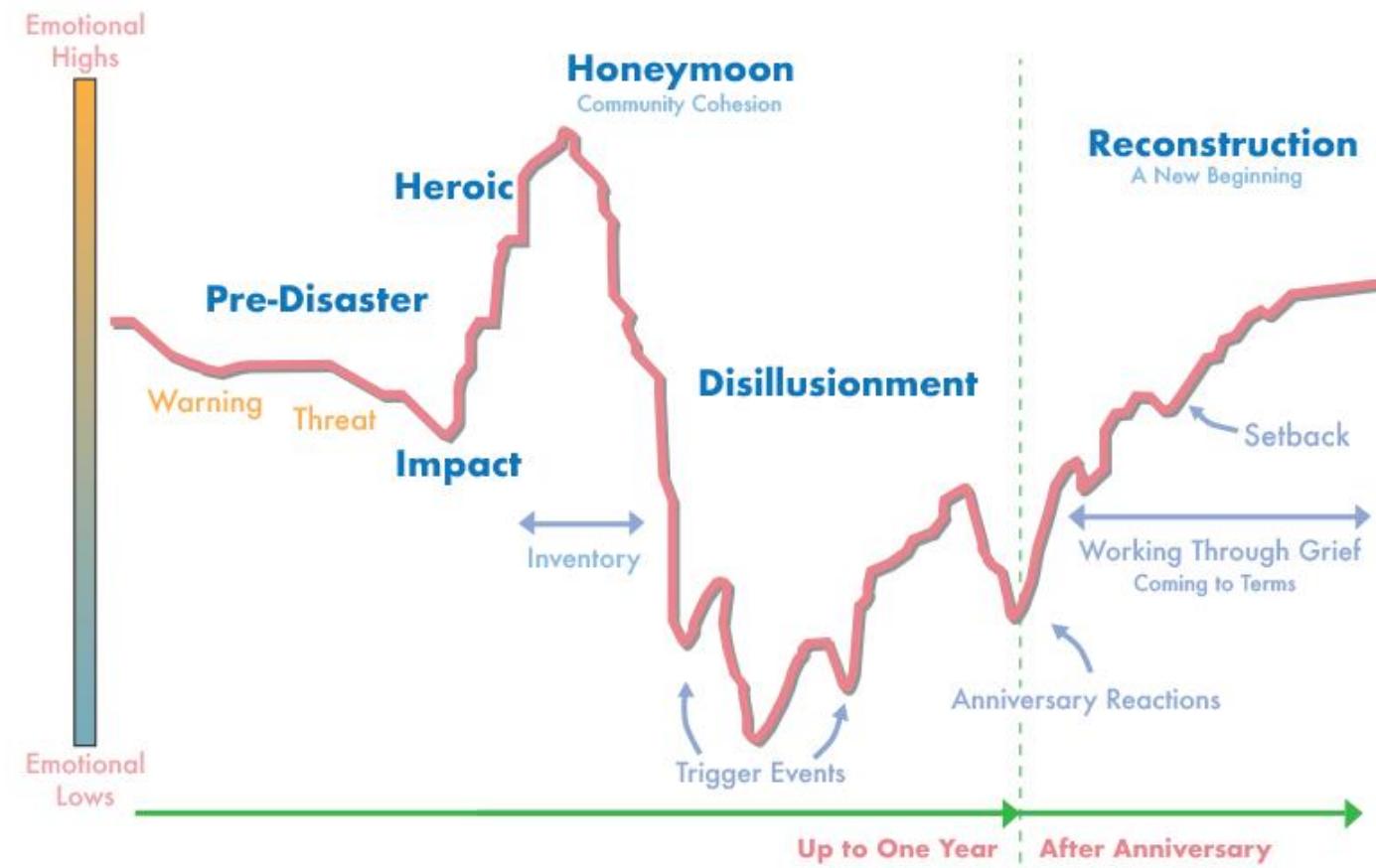


Behavioral Health in a Pandemic – Different from Other Emergencies?



Phases of Disaster

From:
<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>



Behavioral Health Trends

- Still waiting on most claims data
- Broad trends point to undercurrent
 - Increase in alcohol sales (55% nationwide uptick in March)
 - Increase in crisis hotline calls
 - Majority of people say COVID has negatively impacted their mental health (Colorado Health Foundation)
- Anecdotal evidence and provider group analyses can provide some initial insight

The collage includes the following elements:

- A newspaper clipping titled "Letters" with a research letter about psychological distress and loneliness reported by US adults in 2018 and April 2020.
- A chart titled "Figure: Psychological Distress Among US Adults Aged 18 Years or Older Overall and by Subgroup, April 2020 vs 2018" showing a significant increase in distress levels across all demographic groups.
- A newspaper clipping from "LIFESTYLE > FOOD & DRINK" with the headline "So you all bought alcohol that one day in March – here's what's happening now". It discusses the impact of alcohol sales spikes in March.
- A photograph of a woman standing outdoors, wearing a dark jacket and jeans, looking towards the camera.
- A newspaper clipping from "HEALTH" with the headline "Coronavirus-related calls are dominating Colorado's mental health crisis hotline". It discusses the spike in mental health crisis calls.
- A text excerpt from the "Coronavirus-related calls" article:

About 60% of calls to Colorado's crisis hotline this month had the same theme: the new coronavirus. Callers are isolated and anxious. Some are stressed because the pandemic cost them their jobs or reduced their income. Others are overwhelmed by spending whole days with their families and helping kids with online school. And some are worried that they are more likely to die of the virus because of other health conditions.
- A box titled "COVID-19 IN COLORADO" with the sub-headline "The latest from the coronavirus outbreak in Colorado:" containing the following bullet points:
 - **MAP:** Known cases in Colorado.
 - **TESTING:** Here's where to find a community testing site. The state is now encouraging anyone with symptoms to get tested.
 - **WRITE ON, COLORADO:** Tell us your coronavirus stories.
 - **STORY:** Colorado teachers want a voice as schools plan for fall classes during

Behavioral Health Trends – Preliminary Impressions

Topic	RAE (3 and 5)	Provider – CMHCs	Provider – Hospital
Delivery	<ul style="list-style-type: none">At least 50% of services via telehealth	<ul style="list-style-type: none">Outpatient (OP) services moved to telehealth, mostly phoneCrisis, detox, residential, hospital alternative, ACUs, all in person	<ul style="list-style-type: none">OP services moved to telehealth
Utilization	<ul style="list-style-type: none">Decrease in services relative to RVUs/payment due to large decrease in drop-in services	<ul style="list-style-type: none">Decrease in OP servicesLarge decrease in drop-in, crisis, prevention, IOP, and groupsDecrease for school age youth	<ul style="list-style-type: none">Initial decrease in EDOP services initially decreased, but returning
Severity		<ul style="list-style-type: none">Increased calls for crisis, but less visits to on site crisis servicesDecrease in new OP admissions	<ul style="list-style-type: none">Increased severity in ED
Financial	<ul style="list-style-type: none">Relatively steady in terms of payments network wide	<ul style="list-style-type: none">RAE dependentOverall revenue reduction	<ul style="list-style-type: none">RAE dependentOverall revenue reductions
Other	<ul style="list-style-type: none">Penetration rates down, mainly related to increased members	<ul style="list-style-type: none">Decrease in no-shows, especially for high intensity services	<ul style="list-style-type: none">Decrease in no-shows

Reminder: Discussion Questions

- How has behavioral health care changed in delivery, utilization and severity? How might it continue to change?
- Are there particular populations and services that need additional attention?
 - Demographics
 - Health conditions
 - Service modalities
- What data should/could HCPF and the RAEs track moving forward?
- What additional flexibilities do providers need?