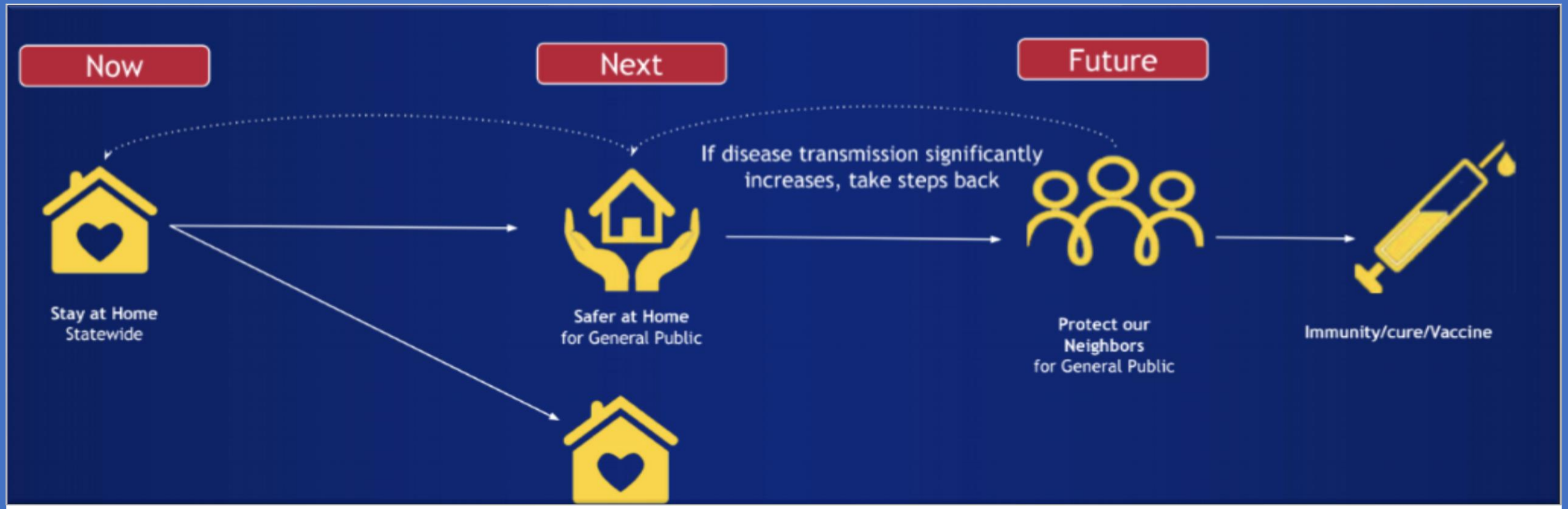


COVID-19 and Behavioral Health

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?

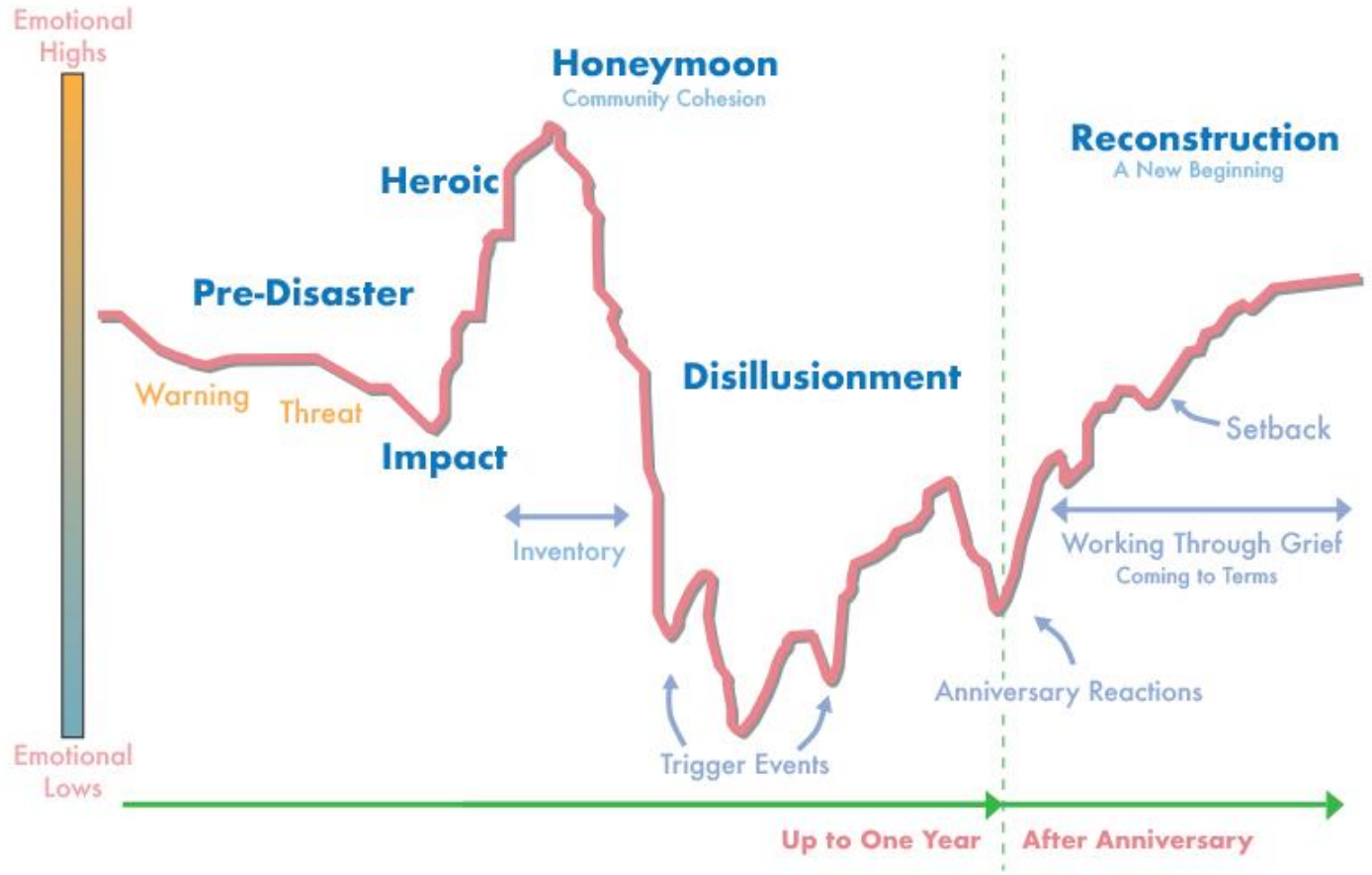
Behavioral Health in a Pandemic – Different from Other Emergencies?

SAMHSA
Substance Abuse and Mental Health Services Administration

24/7 Disaster Technical Assistance Center

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

Behavioral Health Trends – Preliminary Impressions

Topic	RAE (3 and 5)	Provider – CMHCs	Provider – Hospital
Delivery	• At least 50% of services via telehealth	• Outpatient (OP) services moved to telehealth, mostly phone • Crisis, detox, residential, hospital alternative, ACUs, all in person	• OP services moved to telehealth
Utilization	• Decrease in services relative to RVUs/payment due to large decrease in drop-in services	• Decrease in OP services • Large decrease in drop-in, crisis, prevention, IOP, and groups • Decrease for school age youth	• Initial decrease in ED • OP services initially decreased, but returning
Severity		• Increased calls for crisis, but less visits to on site crisis services • Decrease in new OP admissions	• Increased severity in ED
Financial	• Relatively steady in terms of payments network wide	• RAE dependent • Overall revenue reduction	• RAE dependent • Overall revenue reductions
Other	• Penetration rates down, mainly related to increased members	• Decrease in no-shows, especially for high intensity services	• 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?