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The Impact of COVID-19 on State Mental Health Systems, 2020

A NASMHPD Research Institute (NRI) State Profiles Supplement Report

December 14, 2020

State Mental Health Authorities (SMHAs)

- The SMHA is the state agency dedicated in charge of the provision of state mental health services.
  - In 2019, SMHAs spent $41 billion to serve 8.1 million individuals, including 2.2% of adults in the U.S., and 3.2% of children in the U.S.
- Typical responsibilities:
  - Operate psychiatric inpatient services for persons dangerous to themselves or others
  - Fund or operate a comprehensive array of community mental health services
  - Plan for mental health service development, address unmet need, set standards for services, license mental health providers, monitor quality and outcomes
- Coordinate financing and delivery of services with other state government agencies

Characteristics of SMHA Mental Health Clients: 2019

SMHAs disproportionately serve people disadvantaged and persons of color

- Persons of Color: Black, American Indians, Native Hawaiian, More than One Race, are all served at higher population-adjusted rates than White clients
- 69% of SMHA consumers had Medicaid pay for some or all of their mental health services
- Only 21.7% of adult mental health consumers were competitively employed during the year
  - 9.2% of consumers with a diagnosis of schizophrenia were competitively employed
- 6% of adult mental health consumers were homeless
- 27.6% of adults served had co-occurring mental health and substance use disorders

COVID-19 Impact on State Mental Health Agencies (SMHAs)

In March 2020, the State Mental Health Profiles Steering Committee SMHA Commissioners and senior staff met and identified a need for information about how SMHAs were responding to COVID-19.

- A subcommittee of SMHA leaders worked with NASMHPD and NRI staff to develop a Profiles Supplement on the Impact of COVID-19 on SMHAs
- Profiles COVID Supplement Survey was sent to SMHA Commissioners in June 2020.
- Draft summary of the Profiles COVID Supplement results was sent to all states for review.
  - October 2020: Final NRI Profiles Supplement Report with 41 State Responses

Focus of Covid-19 Impact on SMHA Systems Survey

- The Profiles COVID Supplement focused on areas of interest to SMHAs
  - Impact on State Psychiatric Hospitals
  - Impact on Community Mental Health Systems
  - Impact on MH Crisis Services
  - Impact on Children and School-based Services
  - Use of Telehealth with expanded flexibility during the pandemic
  - State use of Behavioral Health Disaster Plans to obtain PPE and respond to the pandemic

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Impact of COVID on State Hospitals

Table 1: Number of States Experiencing Change in State Psychiatric Hospital Use due to COVID-19

States Experiencing a Decrease in State Psychiatric Hospital Use	Number of States	Percent of States
Decreased Capacity Due to Limited Admissions	21	51%
Decreased Capacity Due to Social Distancing (Limiting # of Patients/Room)	18	44%
Decreased Capacity Due to Closing Units or Wards	8	20%
Other Decreased Capacity Reasons	11	27%
Decreased Demand	9	22%
States Experiencing an Increase in State Psychiatric Hospital Use	**Number of States**	**Percent of States**
Increased Demand	7	17%
Other Impacts on State Psychiatric Hospital Use	**Number of States**	**Percent of States**
Other Impacts	6	15%

State Explanations of Reduced Inpatient Capacity

- “Social distancing, space challenges caused by the creation of designated isolation and observation spaces, intermittent paused admissions due to patient screening for COVID-19”
- “Newly admitted patients must first remain in a segregated area of the admissions department until the results of their COVID test returns... If the test is positive, the patient is placed in an isolation area for 14 days. If the test is negative, the patient is placed in the hospital's designated quarantine unit for up to 14-days. Each hospital has only one isolation/quarantine area.”

Impact on State Hospital Workforce

States report that responding to COVID has greatly stressed their workforce and increased hospital costs to maintain quality services:

- "a significant number of staff were sent home to self quarantine. However, we have been able to manage with overtime and agency staff. The augmentation of staff resources from the state is invaluable."
- “staffing levels were impacted by COVID-19-related illnesses, which caused the need for temporary staffing, assistance from retirees who were still licensed, utilization of short-term contracts with external individual direct-care professionals, and detailing of internal employees to meet staffing shortages.“
- "There continues to be a continually increasing number of call-outs by nursing personnel due to various reasons related to the pandemic. Exposure or possible exposure to the virus; closing of schools, and lack of child care requiring staff to remain at home; staff who believe themselves to be at high risk declining to work. The longer the high prevalence of the virus in the community continues, the greater the adverse impact on hospital staffing, both due to more staff becoming exposed, and due to staff who have been working additional shifts becoming exhausted."

COVID Impact on Community MH Systems

- 36 of 41 States experienced a reduction in face-to-face Community MH services
  - Most reduction in group services, but many states also had decreases in individual therapy services and team services such as Assertive Community Treatment (ACT) and Coordinated Specialty Care (CSC).
  - 30 States reported community providers have reduced staff or services since March 2020
    - 8 states have had community providers close
  - 29 States have provided supplemental funds to support community providers
  - Telehealth services by community mental health providers have greatly expanded but, may not bring in the same revenue.

Impact on Congregate Community Living Situations

Sixteen SMHAs reported they have **reduced the use of congregate living situations** (e.g., group homes) due to concerns of COVID-19 exposure. Examples provided by SMHAs to address these concerns include:

- "Reduced occupancy to provide for social distancing and reduced staffing."
- "A number of behavioral health assisted living facilities are not accepting new admissions, as many are impacted by cases of positive residents and staff, and are experiencing staff shortages. The impact is felt in hospitals having fewer available appropriate options for discharging patients in need of assisted living level of care, increasing lengths of stay, and further reducing the capacity of state hospitals to accept new admissions."

COVID Impact on Mental Health Crisis Services

- Thirty-one SMHAs (76%) have implemented a new hotline or warmline system in response to COVID-19.
- While many SMHAs report an increase in calls to their Suicide and Crisis Hotlines, most SMHAs have experienced a decrease in behavioral health clients going to crisis stabilization programs (a face-to-face service), and have also realized a reduction in mobile crisis visits
- Examples of COVID Impacts on Crisis Services:
  - Peer-operated respite has shut down due to the staff being medically at risk and not enough PPE to ensure staff remain safe.
  - Crisis residential services have decreased by 15% from January to June 2020.
  - Crisis diversion residential services were suspended at the onset of the pandemic.

Telehealth and Mental Health

- Every responding state found the increased flexibility in rules using telehealth during the Public Health Emergency are beneficial in providing behavioral health services.
  - Ability to use phone/audio only telehealth was highly rated, especially by states with rural and frontier areas with limited broadband capabilities
  - States are requesting continuation of the telehealth flexibility after the PHE ends.
- Sixty-one percent of SMHAs (25) reported that community mental health providers did not have necessary equipment to provide as much telehealth services as needed.
  - In 11 states, the SMHA helped support the acquisition of telehealth equipment by behavioral health community providers.
- Seventeen SMHAs have developed practice standards to assure high-quality behavioral telehealth services are provided. SMHAs report these practice guidelines were generally developed years prior to the current COVID-19 pandemic

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BH Telehealth and COVID

Change has been Helpful			Which recent federal and state policy changes have been helpful in facilitating your transition to virtual care? Which of these changes should be continued?	Should be continued after COVID flexibility expires		
Yes	No	NA		Yes	No	NA
40	0	1	Expansion of services that may be delivered via telehealth	38	1	1
41	0	0	Expansion of telehealth services that may be delivered via audio-only communication	35	2	3
39	0	2	Expansion of allowable patient locations for telehealth (e.g., allowing telehealth to be delivered in the patient's home)	38	0	2
35	0	6	Expansion of types of professionals who may conduct telehealth visits	34	0	6
20	5	16	Increased reimbursements for telehealth services	21	5	14
36	2	2	Removal of regulatory barriers for remote prescribing of controlled substances	28	7	4
34	1	6	Flexibility in licensure requirements for the practice of telemedicine across state lines	27	7	6
33	2	6	Relaxation of federal privacy and confidentiality standards	23	10	7
27	5	9	Funding for purchase of telehealth equipment	31	1	8

Impact of Telehealth on No - Shows for Mental Health Services

Most SMHAs (85%) reported that a positive impact of increasing the use of telehealth was a reduction in no-shows at community mental health providers. SMHAs indicated that:

- "Kept appointments have increased significantly, from approximately 60% to 90% based on provider feedback."
- "Significant improvement in the number of individuals keeping appointments, especially in rural and impoverished areas."
- "Coordinated specialty care (CSC) programs have reported increases in kept appointments. The CSC programs have also had the flexibility to have additional appointments with individuals to check in on those that need additional support."
- "Providers and consumers reported transportation issues prior to COVID-19; however, with the move to telehealth, the issues of transportation have decreased significantly."

Workforce Expansion

13 States have changed licensure rules or regulations during the pandemic to expand the use of Advance Practice Nurses and/or Physician Assistants

- Emergency licensure procedures for nurses were enacted, such as allowing nurses licensed in other states to practice without a state license,
- Waiving continuing education requirements,
- Allowing nurses with expired licenses of less than five years to practice.
- Allowing recently retired providers to be granted emergency temporary licensure.
- The Board of Physicians has relaxed rules governing out-of-state providers, and the number of PAs a physician may supervise.

SMHA Actions to Assist Children in Foster Care

Thirty-one SMHAs (76%) reported on activities to support the provision of services to children in **foster care**, particularly provision of services remotely. While states are using telemedicine to continue providing services to children in foster care, several SMHAs expressed a concern that children in foster care settings may not have enough privacy to use telehealth equipment confidentially.

State example:

“Children in out-of-home placements have experienced service interruptions due to delays in individual provider adoption of telehealth and/or lack of telehealth technology. Access to high-speed internet and technology varies widely across our state. Children in very rural and remote areas often lack access to reliable internet, making telehealth services an unrealistic option."

COVID Report Summary

- State mental health workforce in both hospitals and community providers are being stressed by COVID, resulting in reduced face-to-face services, frequent absences and increased overtime and temporary replacement staffing needed in hospitals.

- Some community providers have closed (although mostly temporary closures), but that is additional stress on the workforce.

- The costs of providing services have increased, and future budget shortfalls are looming challenges facing SMHAs and their service providers.

- Copies of the report are on the NRI website at: www.nri-inc.org

For Questions Contact

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