

Is your state ready for the tsunami of COVID-19 related demand for behavioral health services?

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COVID-19, a storm like we have never experienced before, is upon us. Its impact cannot be ignored. The resulting surge in substance misuse, anxiety, depression, trauma, and suicidality, coupled with an increase in Medicaid-eligibility among the nation's population, requires innovative and flexible responses from states.

COVID-19: The Perfect Storm

There is no doubt that COVID-19 has brought new and intense stressors to our country, while simultaneously removing the resources many of us use to manage stress in more normal times. COVID-19 has triggered an emerging tsunami of behavioral health conditions and need for services from state Medicaid programs.



*Written by Laura K. Nelson, MD
and Michal Anne Pepper, PhD*

Laura, a board-certified psychiatrist, joined Mercer in 2012. She leads Mercer's growing Clinical and Behavioral Health Solutions sector. This sector is at the forefront in assisting state Medicaid programs with efforts to expand and monitor use of clinical best practices.

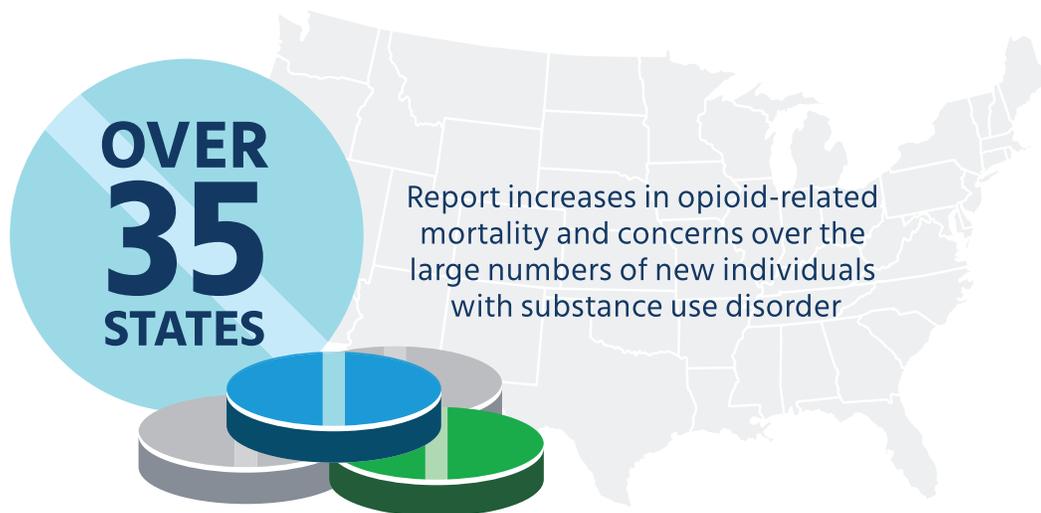
Michal Anne is a psychologist of 30 years and provides Mercer projects with a deep knowledge of mental health and substance use conditions, treatment and industry experience.

Evidence is accumulating of the upcoming flood of treatment needs. The April 2020 Johns Hopkins COVID-19 Civic Life and Public Health Survey¹ demonstrated a 10% increase in adults reporting serious psychological distress over 2019 reports. These results showed an exacerbation for adults with household income of less than \$35,000 per year, 19% of whom reported serious psychological distress. As the pandemic continues, increasing numbers of people will experience depression, anxiety and trauma.

Those with previously diagnosed mental health conditions and/or substance use disorders (SUD) may experience relapse or an increase in symptom intensity. Disasters like the current pandemic can lead to long-term behavioral health complications and consequences.

Because unemployment has a strong correlation with deaths by suicide, experts speculate that suicides will increase in 2020/2021. One model, based upon previous suicide and unemployment data, projects 3,235 to 8,164 additional deaths by suicide in the United States in 2020/2021². Although complete data of deaths by suicide is at least two years away, clinicians are reporting increased levels of suicidal ideation among patients.

Another source of rise in mortality are opioid-related deaths. The American Medical Association (AMA) recently released a statement³ of concern about reports indicating increased levels of addiction and opioid-related mortality.



Help Current Behavioral Health Providers Weather the Storm

The emergence and widespread adoption of telehealth has dominated the immediate clinical response to these rising public health threats. Emergency federal legislation (and corresponding state policy) has relaxed regulations on who, what and how telehealth may be provided. These initiatives allow behavioral health providers to address some of the mental health and SUD needs of the Medicaid population, including provision of medication-assisted treatment for individuals with opioid use disorders. Once the public health emergency ends and certain automatic federal allowances end, states will need to consider where ongoing regulatory accommodations related to telehealth may be needed and are appropriate.

States can also promote, either directly or through managed care organizations, best practice initiatives such as Psychological First Aid, an evidence-based program to decrease stress and suicidality following a disaster or traumatic event⁴. Other state efforts to support providers and service recipients during this time of increased demand include expansion of behavioral health crisis hotlines and peer-run warm-lines and elimination of prior authorization requirements for certain services. States also recognize the ongoing (and perhaps worsening) impact of the opioid epidemic and are continuing to widely distribute NARCAN® to first responders and the broader community, as well as facilitate access to harm reduction approaches such as needle exchange programs.

¹ Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020.

<https://jamanetwork.com/journals/jama/fullarticle/2766941>

² Preventing suicide in the context of the COVID-19 pandemic. <https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20767>

³ The AMA urges governors and state legislatures to take action.

<https://www.ama-assn.org/system/files/2020-07/issue-brief-increases-in-opioid-related-overdose.pdf>

⁴ <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

Preservation of the existing behavioral health network during and following the pandemic is key to ensuring an adequate behavioral health network is able to respond to the growing demand for behavioral health services. Unfortunately, many behavioral health providers have experienced significant decreases in utilization and revenue streams due to COVID-19, greatly impacting their financial viability. States and their managed care contractors have been responding to this concern with a variety of provider reimbursement strategies, including use of increased fee schedules, interim/advanced payments, sub-capitation arrangements or retainer payments. Another strategy includes technical assistance to providers pertaining to the many grants and loans available by various federal agencies and government vendors. Once the public health emergency ends and additional federal financial support fades away, states should consider how to enhance network adequacy monitoring efforts to ensure access to care remains intact.

Innovative Approaches to Building a Bigger Fleet

Although preservation of the current behavioral health network is the first step for meeting the challenge of increased behavioral health demand, states should also develop a strategy to further expand their provider network.

In addition to potentially scaling current telehealth services to increase access, states should consider how to leverage newer technology-enabled behavioral health services used in the commercial market.

Technology-Enabled Behavioral Health Services



Originally oriented to the commercial space, some of these innovative startups began providing marketing services to Medicaid members prior to the pandemic onset. Including these services in the provider network could help address urgent needs for some members, while increasing access to more traditional behavioral health services.

Other options states may wish to consider for expanding access to traditional and non-traditional behavioral health services include:

- Supporting reciprocity between states for Medicaid provider enrollment and professional licenses.
- Supporting Nurse Practitioner prescribing privileges.
- Dedicating training and certification efforts to peer and other certified staff-extender expansion.
- Leveraging pharmacies and retail drop-in clinics for screening, assessment and referrals needs. For example, consider the benefits of pharmacies and retail drop-in clinics being able to facilitate a virtual behavioral-health consultation, including with a prescriber.

Key Takeaways

States have multiple, innovative options for creating a proactive strategy to meet the current and looming challenge of COVID-19 related behavioral health demands.

For More Information

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mercergovernment@mercerc.com

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