

Written Comments for the Office of Mental Health and Substance Abuse Services, Department of
Human Services

Pennsylvania House Human Services Committee
Harrisburg, PA
July 28, 2020

Dear Chairmen Murt, Cruz and Members of the House Human Services Committee:

I have the honor to serve as the Deputy Secretary of the Pennsylvania Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS). I assumed this role on March 23, 2020, just as COVID-19 was beginning to alter our lives. I appreciate the opportunity to discuss how the COVID-19 pandemic has impacted the mental health and well-being of Pennsylvanians. I hope this is the first of several opportunities to revisit this question, because I truly believe it is far too soon for us to know the full extent of COVID-19's impact. That said, our office is among thousands of behavioral health entities across the country that believe behavioral health needs created by this pandemic will be much longer lasting than the health crisis itself.

OMHSAS, in collaboration with other state offices, works to ensure local access to a comprehensive array of quality mental health and substance abuse services to meet the needs of citizens across the Commonwealth and provide support and guidance for community-based service providers. As the primary payor for these essential services, our guiding principles are simple and direct:

- Provide quality mental health services and supports that facilitate recovery for adults, including older adults, and resiliency in children;
- Emphasize a focus on prevention and early intervention; and
- Ensure collaboration with stakeholders, community agencies and county service systems.

To understand why it is too soon to know the full impact of COVID-19 on the mental and behavioral wellness of Pennsylvanians, it may be helpful to start with some baseline information: Anxiety Disorders are believed to affect approximately 18% of the United States population every year. Major Depressive Disorder and Post-traumatic Disorder (PTSD) are believed to affect 6.7% and 3.5% of the adult population, respectively. We fully anticipate these rates to increase as a direct result of how COVID-19 has altered our sense of safety, access to supports, exposure to prolonged stress and resulted in tragedy.

The highly contagious virus has created prolonged feelings of helplessness, hopelessness, fear of the unknown and unresolved grief for loss of security, income, social connections and even the deaths of friends and family for many citizens. Concern for the health and safety of family, friends and oneself can increase feelings of anxiety, as can loss of employment or uncertainty about economic stability. Feelings of helplessness, isolation and hopelessness may fuel depression, or increase the use of substances or thoughts of suicide. The Federal Substance Abuse and Mental Health Services Administration has stated it expects an increase in deaths by suicide due to COVID-19 and plans to expand the National Suicide Prevention Lifeline and grant making to communities as a result. Thousands of Pennsylvanians are grieving the loss of friends and loved ones but without the ability to partake in family, faith or community rituals. Citizens may be sheltering with people who are now, or have been in the past, abusive physically, emotionally, sexually or verbally and find themselves being hypervigilant about their

safety or so overwhelmed that they emotionally shut down. In short, we expect that behavioral health care will become more important in the coming years than we can imagine.

Front-line workers in physical and behavioral health care, safety, emergency response and other fields may be at high risk to develop PTSD as a result of their work conditions during the pandemic. Here are some brief statements from employees who work at Norristown State Hospital, where numerous staff as well as 81 patients became infected with COVID-19, and 10 of those patients died:

"My [relative] died last Tuesday. [They] had an especially rough time for the past several months. On Thursday a hospital rep called to inform me that [they] had tested positive for COVID19. I had been feeling lousy so I called my PCP. He gave me a script and I got tested. It came back positive. I don't know if my [relative] contracted the virus from me or I through [them]."

"Needless to say, we have been dealing with a great amount of fear and panic this evening with the staff. They all know COVID-19 has hit home. Right now I think the panic and fear is almost worse than the COVID-19. We are in the business of mental health. I think we need to care for the physical safety of the patients and staff as well as the mental health component as well (sic)."

"My children are having nightmares. My son has request (sic) and is bedwetting although [he] has been potty trained for quite some time (sic). We are losing our housing, [and] my husband is unemployed. I need to be at work but my children obviously need me as well. The stress of managing personal needs as well professional demands can be overwhelming."

"I am resigning from my employment at Norristown State Hospital. I have enjoyed working at Norristown State Hospital and appreciate all the help and support I have received from everyone during my stay here."

Work conditions are not the only thing that can cause prolonged feelings of helplessness, vulnerability and fear. People who have traumatic histories from past events or who are enduring abuse from the person(s) they are sheltering with are also at a heightened risk for re-experiencing or developing PTSD. Additionally, increased use of drugs and alcohol are common behaviors used to mask or numb intrusive or overwhelming emotions including anxiety, grief and depression. The conditions created by COVID-19 may create new substance use problems for some people and may cause others to relapse.

In March calls to the National Distress Hotline saw a 200% increase from Pennsylvania. The calls were primarily financial concerns and fears of losing their job. The Department of Human Services launched the statewide Support & Referral Helpline on April 1, 2020 to assist Pennsylvanians struggling with anxiety and other challenging emotions due to the COVID-19 emergency. It is operated 24/7 by the Center for Community Resources and staffed by skilled and compassionate professionals who provide an empathetic ear and have the ability to refer callers to community-based resources to meet individual needs. Between April 1 and July 13, the toll-free, round-the-clock support line answered 7,482 calls from Pennsylvanians seeking information about COVID-19 related health concerns; support and referrals for their own mental health needs and those of family members; referrals for basic needs such as food assistance; and for help during a crisis.

The need to physically distance to prevent the spread of COVID-19 and mitigate the risk of exposure has changed the way Pennsylvanians have been accessing mental health services. Crisis centers report a

general decrease in utilization March through May, as do children's mobile crisis teams and inpatient mental health services. Admissions to Psychiatric Hospitals varied across the state but were down overall. It is believed that one factor in the decreased utilization was the message to stay out of emergency departments due to fear of contracting coronavirus.

The Behavioral Health Managed Care Organizations noted that services for substance use disorder treatment including hospital and non-hospital detox, intensive outpatient and non-hospital substance use disorder treatment for adults and adolescents also decreased during March, April and May, coinciding with the pandemic. Presently, additional data from other drug and alcohol service providers is not available, so we do not have a complete picture of utilization across the Commonwealth. It should be noted that early data seems to indicate an increase in overdose episodes across the Commonwealth between February and June compared to last year's data.

There is growing concern that as the pandemic continues and the number of cases increase, the number of individuals who experience elevated levels of stress will develop worsening anxiety, depression and traumatic experiences. The use of telehealth and telepsychiatry has provided a mechanism of reaching individuals to provide necessary supports and treatment. OMHSAS recently completed a survey of more than 6,000 Pennsylvanians from all but three counties in Pennsylvania who receive behavioral health care services. Complete data will not be available until August or September of 2020, but the early results are encouraging:

- 90% of respondents received services at the same or greater frequency during COVID-19 as before
- 55% of respondents had a reduction in cancelled/rescheduled appointments
- 56% of respondents report telehealth reduced at least one barrier to treatment (such as transportation issues, childcare and other family caregiving responsibilities, and work schedules)
- Preferences for using telehealth for receiving services post COVID-19
 - 31% want In Person Only
 - 21% want Telehealth Only
 - 47% want to use both as options to receiving treatment
- The race and ethnicity of respondents closely reflected Pennsylvania's population demographics

The need for a flexible, accessible and strong system of behavioral health care is more important now than ever. Pennsylvania is expected to experience an influx of Medicaid enrollees as a result of unemployment due to COVID-19. In an April 24, 2020 preliminary report on "Pennsylvania Medicaid Enrollment Projections through the COVID-19 Pandemic," the Medicaid Research Center at the University of Pittsburgh estimated significant increases in enrollment. They range from a scenario of high unemployment and a slow recovery to low unemployment with a fast recovery, from 1.34 million (or 76% growth) to 1.2 million (57% growth) in newly eligible enrollments, respectively. These new enrollees may pose a significant influx of people seeking Medicaid-supported behavioral healthcare in the coming year.

I would be remiss if I did not note that the behavioral health care system did not receive any specifically allocated funding through Act 24 for behavioral health care providers, and that many community-based providers have been significantly challenged financially during these times. The Behavioral Health Managed Care Organizations in Pennsylvania have provided support and assistance through a range of alternative payment arrangements that vary widely in the kinds of relief they provide.

None the less, we have seen some mental health and substance use disorder programs close as a result of the fiscal strain that COVID-19 presented. Community providers of mental health and substance use disorder treatment services that have not stopped caring for Pennsylvanians with behavioral health needs during this health crisis are incurring costs to:

- Supply their employees with Personal Protective Equipment
- Pay overtime or incentives to ensure safe staffing levels for patient care, particularly when staff are out due to illness or quarantine
- Hire additional cleaning staff to clean and sanitize more frequently than before
- Purchase technology to enable services via telehealth
- Purchase cleaning, sanitizing and sterilizing equipment and supplies
- Cover additional financial and administrative burdens associated with quarantine procedures for residents who test positive for COVID-19

Residential treatment service providers have also experienced significant financial challenges related to COVID-19 such as:

- Needing to suspend or decrease admissions to mitigate the spread of COVID-19
- Having fewer people seek care, particularly those with private insurance who often help offset the expense of patients whose care is supported by lower rates paid for Medicaid covered patients
- Experiencing decreased income from reimbursements – they cannot be paid for services that have not been provided
- Hiring additional nursing staff to care for residents who have tested positive for the virus
- Temporarily losing entire units for programs housed within hospitals to create overflow space to care for patients with COVID-19
- Being unable to provide some kinds of services simply because they cannot be provided via telemedicine and cannot safely be provided in person

We are collecting data and monitoring the landscape of behavioral health care closely as the pandemic lingers. We will know more in the coming months about what is happening now. The last point I'd like to make is to note the complexity of gauging the impact of COVID-19 or any other disaster. Behavioral health is unlike physical health in that the mind has an uncanny capability to ignore and stifle thoughts and feelings during times of duress. This is a survival mechanism to help continue to function even during times of immense stress and peril. Often, our minds allow us to experience emotions when we have the ability to manage it after immediate dangers and stressors are gone. COVID-19 is still ever present in the Commonwealth and across the world. We are still figuring out how to "get through and get by." It is in the months after the immediate health dangers have passed that we will begin to see the real impact of Covid-19 on Pennsylvanians. It is normal that grief and trauma are often experienced on a delay; that they ebb and flow in and out of a person's life and are non-linear in nature. We fully anticipate to feel and treat the impact of COVID-19 for the years to come.

Thank you for the opportunity to watch over the toll of COVID-19 with you.