Effects of COVID-19 on Behavioral Health in Maryland

Kathleen Rebbert-Franklin
Behavioral Health Administration
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Introduction

● Purpose:
  ○ To learn about client well-being and current access to behavioral health services and supports in light of the COVID-19 epidemic

● Topics included:
  ○ Service utilization (intake, ongoing, premature termination)
  ○ Support needs
  ○ Current concerns, challenges, needs
  ○ Telehealth successes and challenges
  ○ Additional comments regarding COVID-19 impact on service recipients

● Focus:
  ○ Changes since COVID-19
  ○ Current needs and challenges
Methods

- Online survey developed in partnership with the University of Maryland, Systems Evaluation Center (SEC)
- Invitations to participate distributed through:
  - Provider Alert
  - Emails sent to multiple stakeholder organizations with a request to disseminate
- Data Collected May 26, 2020, through June 5, 2020
Survey Recruitment Groups

- Behavioral Health Coalition
- Community Behavioral Health Association of Maryland (CBH)
- Maryland Addictions Directors Council (MADC)
- Maryland Association of Behavioral Health Authorities (MABHA)
- Maryland Association for the Treatment of Opioid Dependence (MATOD)
- Maryland Coalition of Families (MD Coalition)
- Mental Health Association of Maryland (MHAMD) Consumer Quality Team (CQT) Warm Line Liaison
- National Alliance on Mental Illness Maryland (NAMI) Local Affiliate Directors and Warm Line Staff
- On Our Own of Maryland, Inc. (OOOMD) Local Affiliate Directors
- National Council on Alcoholism and Drug Dependence of Maryland (NCADD-MD)
- Recovery Housing Providers
Survey Participants

- 856 responses
- Responses from all age-served groups
  - 0 to 17 years old, 18 to 25 years old, 26 to 65 years old, 65+ years old
- Responses from many behavioral health settings
  - Because it is unknown how many individuals actually received the survey link, it is not possible to calculate a response rate
Compared to before COVID-19, are more, fewer, or about the same number of new individuals accessing your services?
Why are fewer new individuals accessing your services? (check all that apply)

*Only asked of those indicating that fewer new individuals are accessing services*
Compared to before COVID-19, how often are individuals or family members seeking your organization’s support?

*Only asked of LBHAs, LAAs, CSAs, organizations providing support or advocacy but not services, and those indicating they work in "other" behavioral health settings*
Compared to before COVID-19, based on your own observations or what others are telling you, how often are individuals keeping their treatment/service appointments?
Based on your own observations or what others are telling you, why are individuals keeping their treatment/service appointments less often? (check all that apply)

*Only asked of those indicating that individuals are keeping their appointments less often*
Compared to before COVID-19, based on your own observations or what others are telling you, how often are individuals leaving treatment prematurely (i.e., against medical advice)?

<table>
<thead>
<tr>
<th>Service</th>
<th>More Often</th>
<th>About the Same</th>
<th>Less Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTP (n=50)</td>
<td>24%</td>
<td>33%</td>
<td>43%</td>
</tr>
<tr>
<td>OP SUD (n=43)</td>
<td>26%</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>OP MH (n=211)</td>
<td>42%</td>
<td>22%</td>
<td>36%</td>
</tr>
<tr>
<td>SUD Residential (n=22)</td>
<td>23%</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>Recovery Housing (n=20)</td>
<td>30%</td>
<td>25%</td>
<td>45%</td>
</tr>
<tr>
<td>PRP (n=41)</td>
<td>27%</td>
<td>46%</td>
<td>27%</td>
</tr>
<tr>
<td>RRP (n=12)</td>
<td>42%</td>
<td>42%</td>
<td>16%</td>
</tr>
<tr>
<td>Crisis Services (n=8)</td>
<td>38%</td>
<td>38%</td>
<td>24%</td>
</tr>
<tr>
<td>LBHA / LAA / CSA (n=16)</td>
<td>31%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Support or Advocacy Organization (n=49)</td>
<td>41%</td>
<td>41%</td>
<td>18%</td>
</tr>
<tr>
<td>Other (n=39)</td>
<td>10%</td>
<td>49%</td>
<td>41%</td>
</tr>
</tbody>
</table>
Based on your own observations or what others are telling you, why are individuals leaving treatment prematurely (i.e., against medical advice) more often? (check all that apply)

*Only asked of those indicating that individuals are leaving treatment more often*
Compared to before COVID-19, what are individuals or families telling you about the concerns and the challenges they are facing? (check all that apply)

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety (n=651)</td>
<td>89%</td>
</tr>
<tr>
<td>Depression (n=593)</td>
<td>81%</td>
</tr>
<tr>
<td>Suicide ideation or attempts (n=170)</td>
<td>23%</td>
</tr>
<tr>
<td>Loneliness, social isolation (n=583)</td>
<td>79%</td>
</tr>
<tr>
<td>Return of symptoms, including relapses (n=338)</td>
<td>46%</td>
</tr>
<tr>
<td>Substance use (n=309)</td>
<td>42%</td>
</tr>
<tr>
<td>Number of overdoses (n=77)</td>
<td>10%</td>
</tr>
<tr>
<td>Gambling (n=24)</td>
<td>3%</td>
</tr>
<tr>
<td>Intimate partner violence (i.e., domestic violence) (n=118)</td>
<td>16%</td>
</tr>
<tr>
<td>Child abuse (n=45)</td>
<td>6%</td>
</tr>
<tr>
<td>Inability to get food (n=228)</td>
<td>31%</td>
</tr>
<tr>
<td>Housing (n=231)</td>
<td>31%</td>
</tr>
<tr>
<td>Homelessness (n=161)</td>
<td>22%</td>
</tr>
<tr>
<td>Lack of financial resources (n=435)</td>
<td>59%</td>
</tr>
<tr>
<td>Grief (n=245)</td>
<td>33%</td>
</tr>
<tr>
<td>None of the above (n=8)</td>
<td>1%</td>
</tr>
<tr>
<td>Don't Know (n=28)</td>
<td>4%</td>
</tr>
<tr>
<td>Other (please specify) (n=52)</td>
<td>7%</td>
</tr>
</tbody>
</table>
In your opinion, what do individuals receiving behavioral health services or supports need most right now? (open-ended item)
Telehealth Related Results
Telehealth Benefits

- Increased Participation (n=80): 13%
- Easier Access (n=84): 14%
- Good Comfort Level (n=29): 5%
- No Transport Need (n=75): 12%
- Client Satisfaction (n=117): 19%
- Other (Positive) (n=42): 7%
Telehealth Benefits: COVID-19 Safety

• Enabled providers to meet client needs during COVID-19 restrictions
• Due to fear of COVID-19, clients may not come in for treatment otherwise
• Provider concerns about lack of PPE and re-opening
• Concerns regarding both client and service provider safety

“I truly believe the option of using telehealth has probably saved lives in different ways...especially those in high risk categories”
Telehealth Benefits: Clinical

- Increased treatment compliance
- Better participation
- Decreased missed appointments
- Greater willingness to reach out to provider when help needed
- Able to include family members in session
- Able to see client in his/her home environment

- Greater candor (audio)
- Helpful for individuals with trauma histories
- Allows more frequent or check-ins
- Rapid response for crises

“There is no longer a delay for the client to transport to the office, for the client is able to receive an emergency session during the time of the crisis.”
Telehealth Benefits: Client Satisfaction

• Eliminates transportation barriers
• Ease of scheduling
• Clients like it, are comfortable with it
• Convenience
• Flexibility

“Many individuals like that they do not have to travel and occupy large parts of their day for medication appointments.”
Telehealth Benefits: Requests for Continuation

● Ongoing barriers include:
  ○ COVID-19 (until vaccine readily available)
  ○ Transportation
  ○ Childcare
  ○ Lack of resources

“Please help us advocate to continue telehealth services for our Medicaid population after the state of emergency is lifted so our clients can continue to receive services in their home if/when they face barriers prohibiting them from attending services on-site.”
Telehealth Challenges

- Connectivity (n=149): 25%
- Hardware (n=96): 15%
- Lack of Privacy (n=62): 10%
- Client Discomfort (n=34): 5%
- Hard to Engage (Adult) (n=42): 7%
- Hard to Engage (Youth) (n=37): 6%
- Other (Negative) (n=93): 15%
- Client ability (n=58): 9%
- Other Tech (Negative) (n=71): 11%
Telehealth Challenges: Interpersonal

- Lack of privacy at home
- Difficult to engage
  - Young children
  - Individuals experiencing paranoia or psychosis
- Distractions
  - Children
  - Pets
- Discomfort with using telehealth
- Lack of “personal connection” and desire for in-person contact

*It’s difficult for clients with body image issues because they struggle with having to see themselves on the video screen.*
Telehealth Challenges: Other

• Cross-talking during groups
• Difficulty reaching clients (individuals who are homeless, using substances)
• More difficult to use with new clients vs. those already receiving services from the provider
• Lack of resources/supplies for child appointments (art materials, games)
• Lack of insurance coverage or requirements for reimbursement (60-minute sessions more challenging via telehealth)
Telehealth Challenges: Participant Suggestions

• Training for clients on how to use the technology (telehealth platform, email)
• Training and certification for providers on providing telehealth
• Arrange set up and training of technology for clients in their homes (suggestion was made specifically for Older Adults)
Why Individuals are Keeping Appointments Less Often, by Setting: Telehealth Challenges

- **OTP (n=25)**
  - Clients Cannot Use Telehealth: 75%
  - Clients Will Not Use Telehealth: 50%

- **OP SUD (n=27)**
  - Clients Cannot Use Telehealth: 64%
  - Clients Will Not Use Telehealth: 44%

- **OP MH (n=58)**
  - Clients Cannot Use Telehealth: 51%
  - Clients Will Not Use Telehealth: 55%
Telehealth Summary

- Large number of benefits, including significant safety and clinical benefits
- Potential for positive impact even after COVID-19 (if allowed to continue)
- Challenges are primarily technological and home environment issues
- Telehealth challenges may vary by setting
- Desire to use telehealth may vary from individual to individual
  - for those who desire to use telehealth, it can have a significant impact on their ability to access and engage in treatment
Questions?