

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

**Senate Committee on Health & Human Services:
The Mental Health Impacts of COVID-19**

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COVID-19 and Mental Health: The Big Picture

COVID-19 has dramatically increased mental health needs.

- The Centers for Disease Control and Prevention (CDC) now tracks mental health needs weekly. As of early November:
 - Symptoms of anxiety disorder up 4-fold (36.3% vs 8.2%)
 - Symptoms of depression up 4-fold (27.7% vs 6.6%)
- The number of people seriously considering suicide doubled.
- Mid-March through October 2020, the proportion of mental health-related ED visits increased 24% among children aged 5–11 and 31% among adolescents aged 12–17.
- A September study found that 52% of behavioral health organizations had seen an increase in demand.
- A November *Lancet* study found mental illness increases the risk of COVID 65% and COVID causes more mental illness.

COVID-19 and Mental Health: Projections

In late April, we began a series of reports projecting the mental health impacts of the pandemic.

- Our original projections suggested that for every 5% increase in the unemployment rate compared to pre-pandemic levels, an additional **4,000 Americans**, including **300 Texans**, could be lost to suicide.
- Multiple national groups and media sources (Washington Post, Wall Street Journal, CNN) have used our estimates.
- No statistical models are right, but some can be useful.



RECOMMENDATIONS

1. Protect Mental Health Gains

Now, more than ever, we must protect the investments and work of the Texas Legislature and Texas communities.

- DSRIP Extension (One Year) and Transition Plan
- Core Community Capacity
 - Mental Health Crisis Services
 - Community Mental Health Services
 - Community Inpatient Psychiatric Bed Capacity
- State Hospital System Redesign
- All Texas Access, 86(R) SB 633
- Mental Health Grant Programs
 - Justice-Involved Individuals (\$60M)
 - Texas Veterans + Family Alliance (\$20M)
 - Community Mental Health (\$40M)

2. Continue to Scale-Up the Consortium

The Texas Child Mental Health Care Consortium is critical to early intervention and the wellness of Texas children.

- **Child Psychiatry Access Network (CPAN)** – saw a 62% increase in calls from providers in October 2020 and another 40% increase in calls in November 2020
- **Texas Child Health Access Through Telemedicine (TCHATT)** – working with 96 school districts with continued expansion and a steady increase in referrals
- **Workforce Expansion** – partnerships with **17 community mental health providers** are augmenting the delivery of public mental health services



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3. Secure Access Gains Through Telehealth

COVID-19 has modernized the treatment dynamic.

- Since March, HHSC has authorized certain behavioral health services to be reimbursed in Medicaid when delivered by **telemedicine, telehealth, or telephone.**

These waivers should be permanently adopted through legislation or, at minimum, adopted for the biennium through a rider.

Claims for Telephone (Audio Only) Behavioral Health Services

Last updated on 3/20/2020

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to submit claims for dates of service March 20, 2020, through April 30, 2020, for reimbursement of the following behavioral health services delivered by telephone (audio only):

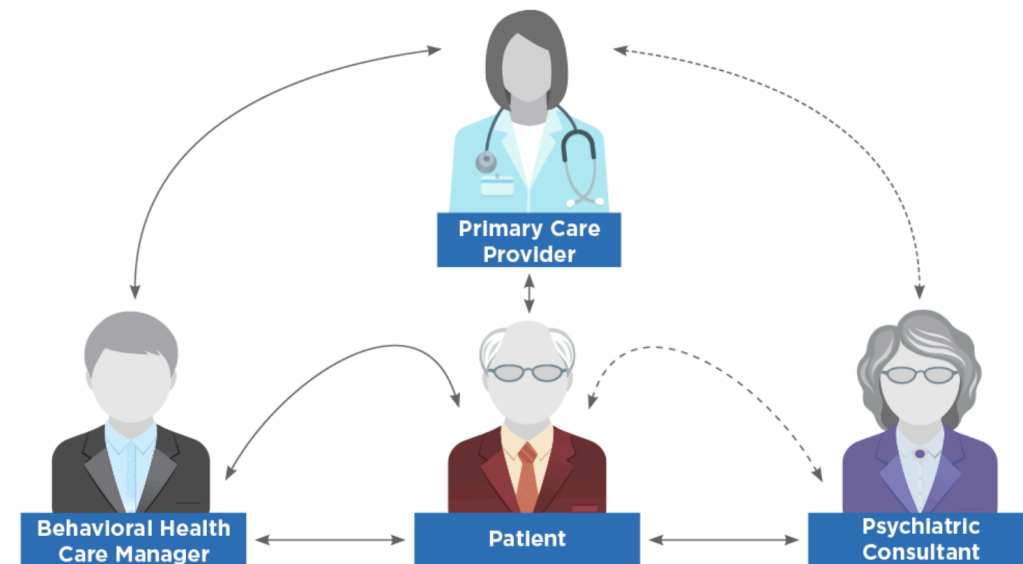
Description of Services	Procedure Codes
Psychiatric Diagnostic Evaluation	90791, 90792
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853
Peer Specialist Services	H0038
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	99408, G2011, H0049
Substance Use Disorder Services	H0001, H0004, H0005
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017

To indicate the occurrence of remote delivery, providers should continue to use the 95 modifier.

4. Implement Collaborative Care in Medicaid

Collaborative Care (CoCM) is a proven, team-based approach to detect and treat mental illness in primary care.

- Coverage: Medicare since 2017, commercial since 2019
- Cost saver: *Up to 6 to 1 in total medical costs in Medicare and Medicaid settings and an estimated \$15 billion in Medicaid savings if only 20 percent of beneficiaries with depression receive it.*
- Our Texas models suggest universal access to CoCM to treat major depression could *reduce suicide deaths by 725 to 1,100 per year.*





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The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
