

# Centene Advanced Behavioral Health

*White Paper*

## The Mental Health and Substance Use Impact of COVID-19



**CENTENE®**  
*Corporation*

Nearly every care provider, policy-based behavioral health advocacy group, and research organization has predicted significant increases in the need for mental health and substance use treatment as a result of the COVID-19 pandemic.

An American Psychiatric Association survey in March 2020 revealed worries about financial security and the overall economy<sup>1</sup>. More than half of those polled reported significant life disruption, and almost half reported a negative impact to their mental health. Even for those who have never used behavioral health resources, stressors such as quarantine, social isolation, anxiety over contracting the virus, grief over resulting deaths, increased exposure to interpersonal violence, and financial/job losses are anticipated to create increased need for behavioral health treatment. Depression, anxiety, addiction, worsening of pre-existing behavioral symptoms, and suicide are expected to increase within our population<sup>2</sup>.

In the past several months alone, there has been a significant increase in prescriptions for anti-anxiety and antidepressant medications, with the majority being first time prescriptions<sup>3</sup>. Among people with substance use disorders, a recent survey found a 20% increase in substance use since the pandemic began<sup>4</sup>. Isolation is also a risk factor for suicide, and as isolation persists, suicide and overdose deaths are predicted to significantly increase<sup>5</sup>. The Meadows Mental Health Policy Institute has projected that for every 1% increase in unemployment, approximately 800 additional people will die by suicide<sup>6</sup>.

For some groups, behavioral health needs will be even more significant. Among children, the risk is high for COVID-19-related Adverse Childhood Experiences due to domestic violence and substance use increases among caregivers. In addition, delayed and uncertain school reopening schedules are increasing anxiety for children and caregivers alike.

People who already experience mental illness or substance use disorders may encounter barriers to treatment due to quarantine, and may risk relapse due to fewer social supports and isolation. In the case of some, pre-existing anxiety, paranoia and obsessions over contamination could be exacerbated. Those with physical and intellectual disabilities who depend on home care staff to engage in their communities are now finding themselves more isolated than ever. These individuals may also experience the new shift to virtual communication and care delivery (via video and telephone) difficult or frustrating to navigate.

The differential impact of COVID-19 in communities of color also poses risk to behavioral health well-being in these communities. A recent Substance Abuse and Mental Health Services Administration (SAMHSA) report<sup>7</sup> detailed how COVID-19 has amplified the physical and behavioral health disparities of communities of color, given that black people comprise 13% of the total US population but account for 30% of COVID-19 cases in the country. Healthcare



For every  
**1% increase**  
in unemployment,  
approximately 800  
additional people  
will die by suicide.<sup>6</sup>

workers, and especially women, are already experiencing burnout, acute stress, depression, and insomnia<sup>8</sup>, and in the longer term, posttraumatic stress disorder and suicide could become a more prevalent risk. People who have recovered from COVID-19 are vulnerable to posttraumatic stress disorder related to the severity of the disease and continued future anxiety because the longer-term physical and neuropsychiatric sequelae of the virus are just beginning to be identified.

The anticipated increase in service needs occurring in the context of a pandemic is stressing our nation's behavioral health delivery system. State budgets are marked by shortfalls due to the economic downturn following years of cuts to the state behavioral health funding streams. Behavioral health providers have closed service lines that could not be continued in the current environment (e.g., day treatment for children, services in schools). In the first few months of the pandemic and resulting quarantines, some behavioral health providers struggled to increase service delivery capacity through the use of telehealth and serve individuals in areas where telecommunications infrastructure is inadequate.

According to the National Council for Behavioral Health, due to the impact of the COVID-19 pandemic, more than 60% of behavioral health providers reported not being able to remain financially viable for more than three months without emergency assistance. Some could not withstand the weeks of decreased revenue and had to close their doors. A recent study of people with substance use disorders found that 14% of respondents could not access needed services, possibly as a result of these closures<sup>4</sup>. In response, early in the pandemic, Centene Corporation unveiled a website and call-in resource for small business loan and grant writing support to help providers access the CARES Act Federal financial assistance.

As the largest Medicaid Managed Care Organization in the country supporting some of the most at-risk individuals, Centene is committed to finding innovative ways to respond to community needs. As a result of the ongoing pandemic, our country is facing a behavioral health crisis, with the long-term impacts still being unknown. However, through prevention, screening, member education, and early intervention using advanced solutions, we can decrease the impact COVID-19 has on our members' behavioral health. The following are recommendations for payers, particularly those serving vulnerable populations.

## Recommendations

There are numerous ways payers can begin to address these significant COVID-19 and health disparities challenges. Like Centene, payers can engage in partnerships with community-based organizations, faith-based groups, and local peer navigators and coaches to offer prevention, resources, and access to treatment to underserved communities. For instance, Centene has partnered with the National Minority Quality Forum and Quest Diagnostics in the "Minority and Rural Health Coronavirus Study" in order to examine the impact of COVID-19 on racial minorities and develop a plan for decreasing disparities through advice and recommendations from the Centene Health Disparities Task Force, which consists of community and business leaders, in addition to Centene health professionals.

### PREVENTION

Payers can help to prevent distress and decrease exacerbation of behavioral health disorders by supporting providers, care managers, community health workers, and community partners to better educate the members they serve to maintain mental wellness and resiliency, address stigma, and offer evidence-based self-help resources.

- » Leverage programs targeted to members with chronic conditions, who are often at highest risk of COVID-19 complications, to emphasize increasing self-care efforts such as exercise, healthy eating, virtual and safe social interactions, mindfulness, and relaxation for better physical and mental health.

- » Include behavioral health screening and suicide prevention safety planning as an essential part of the management of physical health conditions. Centene includes self-care in chronic disease program assessments and care plans, and behavioral health screening in our comprehensive health assessment.
- » Provide education, awareness, and anti-stigma messages to normalize the difficulties many are experiencing as a result of the pandemic thereby encouraging people to seek help to address symptoms they may observe in themselves or their loved ones. Ensure websites have easy-to-access resources specific to each population and are sensitive to different cultural and linguistic preferences.
- » Refer members to free evidence-based apps that can help with early symptom management and prevention of disorders. This can increase access without stigma, and many apps provide prompts to seek further help if the individual's responses trigger the need for an intervention by a professional.
- » Provide training for staff and community members to support one another, as well as members, when faced with mental health and substance use issues. Centene has donated to the National Council for Behavioral Health's COVID-19 Relief Fund to expand the provision of Mental Health First Aid tele-training, which teaches people to recognize signs that someone might be experiencing a mental health crisis, suicidal thinking, or substance misuse.

#### **SCREENING AND INTERVENTION**

Targeted screening and timely intervention for those already at risk, or experiencing early behavioral health symptoms, can also mitigate potential negative outcomes.

- » Develop culturally sensitive screening programs that offer special emphasis on at-risk populations with unique needs or who already experience health disparities. Special populations requiring more intensive screening and follow-up may include members who have already recovered from COVID-19, members of historically marginalized groups (e.g., Black and American Indian), homeless individuals, people identifying as LGBTQ, members with long-term services and support benefits who are at risk for further social isolation, older adults, and children. Screening should include identification of behavioral health symptoms, suicide risk, sleep problems, interpersonal violence, and social needs.
- » Offer evidence-informed suicide intervention and awareness tools and trainings<sup>10</sup> to providers such as the SAMHSA Suicide Safe App<sup>11</sup>. Since almost half of individuals who die by suicide have seen their primary care provider in the prior 30 days, it is imperative that these providers receive suicide intervention training. With support from Centene, the Association of Clinicians for the Underserved (ACU) developed and piloted a Suicide Safer Care curriculum and toolkit to train primary care providers on suicide risk assessment and intervention. Using the Zero Suicide



Among children,  
the risk is high for

#### **COVID 19-related**

Adverse Childhood  
Experiences due to  
domestic violence  
and substance use  
increases among  
caregivers.



Centene  
has contributed  
**\$500k+**  
to the National  
Domestic Violence  
hotline



framework as a foundation, we have implemented this Suicide Safer Care training across eight states with over a thousand primary care providers to date.

- » Ensure vulnerable community members who may be experiencing interpersonal violence have access to resources given that shelter-in-place orders can increase domestic violence incidents. As of July 2020, Centene has contributed \$500,000 to the National Domestic Violence hotline to support those impacted by domestic violence during the pandemic.

#### TREATMENT ENHANCEMENTS AND INNOVATION

Providers have already experienced significant changes in treatment delivery, and it is our responsibility as payers to continue to support and partner with our high-quality providers to further innovate and shape the future of behavioral healthcare in this time of challenge and opportunity.

- » Proliferate telehealth, which has been an essential treatment delivery method during COVID-19 and will continue to be integral for the foreseeable future. Organizations should continue to bolster infrastructure to strengthen delivery of telehealth for both providers and members, and payers should ensure robust provider networks that provide both in-person care and telehealth treatment. Inadequate access to technology can be a driver of health disparities<sup>7</sup>, so payers should look for ways to combat these obstacles such as offering audio-only options for those who do not have stable internet access.
- » Promote and support crisis lines in this pandemic that are essential given that the federal government reported an 891% increase in crisis calls in March 2020 compared to March 2019<sup>12</sup>. Centene launched an expansion of the Crisis Text Line to provide free, text-based crisis support to healthcare workers on the front lines, as well as increasing support to peer-run “warmline” call centers around the country to help them meet increased demand. The recent passage of “988” as a 3-Digit Number and direct line to the National Suicide Prevention Hotline, to be implemented nationwide by July 2022, is another important positive development.
- » Relax or waive authorizations and cost-sharing requirements to increase access to behavioral health services. Early in the pandemic, Centene waived all cost sharing for in-network primary care, behavioral health, and telehealth visits for the remainder of the calendar year. Centene is also offering its Community Connections Help Line, available to anyone in need of help beyond medical care, as well as expanded benefits including extended meal program benefits, over-the-counter (OTC) allowances, and annual wellness visit incentives to help members in need of extra support.
- » Invest in technology-based applications for app-based therapy tools and national platforms for tele-behavioral health, as well as the resources

to leverage such technology. Centene has funded startup costs for some providers' telehealth practices, and currently works with vendors in different markets to offer tools that members can use either independently or in conjunction with a therapist. For example, Centene announced a partnership with AT&T to offer healthcare providers expedited access to the federal FirstNet network, a nationwide wireless broadband service. In addition, Centene has partnered with Samsung to distribute smart devices to providers, particularly in rural areas, to distribute to members so they can participate in telehealth services. Centene's newly expanded partnership with Quartet helps care managers quickly refer members to behavioral health providers in their area, for telehealth or in-person treatment.

- » Pay special attention to treatment and recovery needs for members who have or are at highest risk for opioid use disorders. Work with providers to connect with these members and find inventive ways to facilitate social connectedness within the bounds of social distancing.
- » Promote the use of evidence-based practices so members receive more effective and efficient care, as well as increased access to care. When members receive high-quality, evidence-based care, they improve more quickly and can graduate from therapy, allowing access to therapy for more individuals. In May, Centene announced a plan to offer 600 provider training funding slots for Trauma-Focused Cognitive-Behavioral Therapy, an evidence-based practice tailored for responding to trauma.

#### FEDERAL AND STATE POLICY RECOMMENDATIONS

In order to successfully implement the aforementioned recommendations, sustaining recent public policy changes and continuing to pursue new opportunities will be critical. These include, but are not limited to, the following considerations.

- » Telehealth has become essential during the COVID-19 pandemic and will continue to be in demand in the future. Centene supports data collection and research to better define quality care with this modality and determine which conditions and populations are best treated using telehealth. Establishing best practices policies and guardrails will help to prevent fraud, waste, and abuse. In addition, payers would benefit from the following:
  - » Incentivize states to join provider licensure compacts that allow cross-state licensure for telehealth, which increases access to behavioral health professionals, especially for individuals in rural communities;
  - » Continue to support elimination of originating site restrictions;
  - » Allow providers to prescribe controlled substances via telehealth without in-person requirements for increased access to medication-assisted treatment by lessening barriers created by the Ryan Haight Act; and
  - » Recognize telehealth providers for network adequacy of both rural and urban areas.



Centene has offered  
**600 provider  
training  
funding slots**  
for Trauma-Focused  
Cognitive-Behavioral  
Therapy



- » Further expansion of Medicaid to provide more individuals with access to behavioral health treatment that could prevent crises, emergency department utilization, or avoidable inpatient admissions.
- » Carving behavioral health services into Medicaid managed care contracts to allow for greater clinical integration and use of evidence based practices such as the Collaborative Care Model.

## Summary

As the COVID-19 pandemic persists, we will continue to learn more about the near and long-term behavioral health impacts of this disease on all populations, domestically and globally. As payers, we must be diligent in assuring that evidence-based practices are offered to our members. During this crisis, we must make efficient us of limited resources and ensure we allocate these resources in the most effective manner possible. By following informed recommendations for prevention, screening, member education, and early intervention, we plan to stem the impact of this crisis. Centene is proud to be a leader in advancing the behavioral health of the nation during this unprecedeted time in history.

## REFERENCES

- 1: <https://www.psychiatry.org/newsroom/news-releases/new-poll-covid-19-impacting-mental-well-being-americans-feeling-anxious-especially-for-loved-ones-older-adults-are-less-anxious>
- 2: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30168-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30168-1/fulltext)
- 3: America's State of Mind Report: Express Scripts 2020, April 16: Retrieved 05/31/20: [https://www.express-scripts.com/corporate/americas-state-of-mind-report?mod=article\\_inline](https://www.express-scripts.com/corporate/americas-state-of-mind-report?mod=article_inline)
- 4: [https://54817af5-b764-42ff-a7e2-97d6e4449c1a.usrfiles.com/\\_ugd/54817a\\_7ff82ba57ba14491b888d9d2e068782f.pdf](https://54817af5-b764-42ff-a7e2-97d6e4449c1a.usrfiles.com/_ugd/54817a_7ff82ba57ba14491b888d9d2e068782f.pdf) Addiction Policy Forum, May 2020, "COVID-19 Pandemic Impact on Patients, Families and Individuals in Recovery from Substance Use Disorder."
- 5: Medscape psychiatry: COMMENTARY, "New Projections on Suicide, Substance Abuse, and COVID-19," Stephen M. Strakowski, MD; Nassir Ghaemi, MD, MPH; Andy Keller, PhD <https://www.medscape.com/viewarticle/929632>
- 6: Meadows Mental Health Policy Institute: <https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf>
- 7: <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
- 8: Abi Sriharan et al. Stress, burnout and depression in women in health care during COVID-19 Pandemic: Rapid Scoping Review, (2020). DOI: 10.1101/2020.07.13.20151183, From <https://medicalxpress.com/news/2020-07-women-health-stress-burnout-depression.html>
- 9: Asian J of Psychiatry, 2020 June; 51, Spoorthy, Pratapa, Mahant), 4b: Xin, M., Luo, S., She, R., Yu, Y., et al (2020). Negative Cognitive and Psychological Correlates of Mandatory Quarantine During the Initial COVID-19 Outbreak in China. American Psychologist, 75 (5) 607-617. [https://www.americanpsychologist-digital.org/americanpsychologist/20200708/MobilePagedReplica.action?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=TXAME1200713002&utm\\_content=gtxcel&pm=2&folio=612#pg16](https://www.americanpsychologist-digital.org/americanpsychologist/20200708/MobilePagedReplica.action?utm_source=newsletter&utm_medium=email&utm_campaign=TXAME1200713002&utm_content=gtxcel&pm=2&folio=612#pg16)
- 10: <https://www.sprc.org/resources-programs>
- 11: <https://store.samhsa.gov/product/suicide-safe>
- 12: <https://abcnews.go.com/Politics/calls-us-helpline-jump-891-white-house-warned/story?id=70010113>

