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Staff Shortages, Client Crises Made COVID Hard On Mental Health Services

The darkest days of the coronavirus pandemic tested Michigan's mental health care system's strength and resiliency, faced with crippling challenges but also opportunities to grow.

Several providers in interviews with Gongwer News Service said they are becoming concerned about pandemic-driven negative trends in suicidal ideation – especially among youth, teens and young adults – and the care of adults with disabilities.

For some, the circumstances were easier than others. While there have been success stories as providers received the chance to take their services into the virtual realm, others have struggled mightily with staff shortages and funding for necessary support for a strong mental health safety net.

Concerns of contracting the virus also ran rampant among the direct care work force. As some face-to-face programs were halted, workers chose to leave the industry entirely if they weren't already laid off due to cost-saving reductions from just before or during the height of the pandemic.

There's now concern that the expansion of unemployment benefits may prevent some providers from hiring back the essential workforce when they can.

"You'll hear that over and over again, the workforce problem is on top of the financial one," said Bob Sheehan, CEO of the Community Mental Health Association of Michigan, which provides representation for community providers and 100 private providers across the state.

With that all in mind, those entrenched in Michigan's mental health safety net say they need more from lawmakers in Lansing and in Washington, D.C., to secure that safety net as the long-term impacts on the system bubble to the surface.

A focal point for discussion among lawmakers and stakeholders has been the degree to which sectors of Michigan's economy suffered financially. For the mental health system, the impact on revenue for providers was a mixed bag and how badly those situations played out depends on how they are paid.

That said, community mental health providers appeared to fare a bit better during the pandemic when compared to their private counterparts, Mr. Sheehan said.

Community-based mental health providers often get paid on a capitated basis – meaning each entity gets so much money per Medicaid enrollee, much like an insurance plan – while private providers are paid on a fee-for-service basis from individual community health providers and prepaid public health plans that manage Medicaid money from the state.

Because Medicaid enrollment and demand for services grew through the pandemic, community mental health providers were able to sustain their revenues despite some major changes to the ways they delivered services. Fee-for-service private providers weren't quite as lucky, Mr. Sheehan said.

"The ones who are paid per service are the ones that are really suffering. For example, if I'm running an outpatient psychotherapy clinic, and people can't come in, I either quickly transfer to telehealth … but you know, it took several weeks to get that going," Mr. Sheehan said. "And then you have a lot of clients who say, 'oh, I'm not comfortable with that.' Eventually it became comfortable, but you're talking about a revenue loss that was severe, even more severe with those who were running programs that involved – the old term is day programs, you might also call them skill-building or drop-in centers where people can come and get support – those all got shut down because of the pandemic. So, their revenue stopped."

Revenues for private providers eventually regained some strength through what Mr. Sheehan described as sustainability payments, which came in the form of financing to private providers.

Those payments, however, were based on encounters or actual claims or services provided. In some cases, private sites experienced little to no activity in the early days of the pandemic due either to pandemic health orders or federal guidelines, further complicating the collection of revenues that go toward facility expenses and staff.

Once they got going again, Mr. Sheehan said things got a bit easier. But some were slow to rebound if at all.

Paycheck protection program loans were helpful to some, especially those that keep their programs afloat in part through various grants, much like the Detroit and Wayne County-based All Well-Being Services.

With a recent history of financial troubles, Muskegon County's community-based HealthWest counted itself among those that experienced sustainability through the pandemic, said Julia Rupp, executive director of HealthWest.

Bolstering its success was the pre-pandemic improvement in the state's Medicaid reimbursement rate, Ms. Rupp said. Another factor was that it had been owed a substantial

sum from years ago when it wasn't being reimbursed at the appropriate rate, leaving their financial house somewhat resolved.

However, Ms. Rupp said HealthWest had to rethink its services to stay relevant and to continue taking in revenue. Areas that were expanded pre-pandemic helped them reorient those services during COVID-19.

"They were trying to look at evidence-based practices that we knew were effective. And, you know, we had some groups that were super effective coming into the pandemic. That made it easy to move them over to telehealth," she said. "And those were people that had come together as a group before, and they could continue that group and that support during the pandemic. Then we expanded on that because we got pretty good at it."

Federal relief dollars did help HealthWest to continue run some of its programs, but they also allowed the system to fund other pandemic-related programs, like a vaccine clinic on behalf of public health when they first became available at the turn of the year.

For All Well-Being Services in Detroit, the organization had also just found itself in financial balance after righting its own ship before the pandemic. Like so many, the provider found new hardships as the pandemic began.

Some of its work includes day programs on both the mental health and the intellectual and developmental disabilities side, programs that practically dried up in the early days of the pandemic.

"Those congregate-type things were just down, there was nothing that you could do," said Dawn Rucker, president and CEO of All Well-Being Services. "When it was warm, you could try and do a couple of things outside, but that was very short-lived."

The organization has attempted to continue some of those programs on the mental health side, Ms. Rucker said, but several of those services are difficult to perform in the virtual realm. The loss of face-to-face programs amounted to not only a loss of income but also a number of program participants, particularly in work skills training – some of whom get paid for their day's work while training.

THE STRUGGLE TO KEEP STAFF, FIND PPE: Staffing woes were an issue prior to the pandemic, but some providers saw staffing challenges exacerbated during COVID-19 by way of layoffs or workers choosing to leave the workforce entirely.

All Well-Being Services had about 100 staff members prior to the pandemic, Now it operates with just 60 to 65 people, Ms. Rucker said. Attaining the resources to rehire those individuals has been a struggle and the prospect of enticing them back to work could be just as difficult.

"Some are making more now that they're off, with the state of unemployment and everything," Ms. Rucker said. "Who's laid off is my high school diploma, mostly direct care workers, and all of my drivers. I had one staff member that said she was able to catch up better with her finances because she's being paid more."

While it fared well financially, Ms. Rupp said HealthWest also suffered from sharp staff turnover and has about 80 positions that it still needs to fill. Some direct care staff left stating that the job had become too difficult. Those who left on the clinical side had been aggressively recruited by companies offering telehealth and work from home options.

Mr. Sheehan said achieving the pre-pandemic staffing levels in a post-pandemic world could be a hard bet, particularly when considering the wages of direct care staff.

"This is hard work … and there's been a fight and a struggle for so many years to get their wages up. There's a whole movement on that," he said. "And now we get $2 an hour more put in by the governor last year and by the House and Senate, and it continues this year. But you know, if I'm making $12 an hour, even with that bump up, and I get laid off or fired and Meijer or McDonald's is paying $15 or $16, I'm going take that job. It's not as difficult. I'm not potentially exposing myself to folks who are positive for COVID-19."

Women make up about 70 percent of the mental health direct care workforce, Mr. Sheehan said, and reporting through the pandemic shows that women have been disproportionately affected by the economic downturn.

"They're the ones who ended up saying, 'I've got to stay home and take care of the kids.' I wish it wasn't that way, but a lot of our folks exited the workforce because of the family demands of supporting the kids at home or parents at home, etc.," he said.

For organizations like The Arc of Macomb, which offers small group and in-home care as well as job/skills training services for people with intellectual and developmental disabilities, a number of staff issues arose from the rippling of state pandemic health orders.

Arc CEO Lisa Lepine said that her organization fortunately avoided staff layoffs, but some left for other reasons. Among the nearly 100 staff members she has left, 17 are administrators. Of the remaining 80, about 73 work primarily in job development or job coaching.

Several of the restaurants or retail stores Arc used as training grounds weren't open or were subject to capacity limits throughout 2020. Some of those locations remain closed today, prompting staffers within the job skills setting to leave the organization or to work part time if they hadn't already taken unemployment.

Some said they were simply not comfortable with the level of personal care in the home care setting, Ms. Lepine said, which led her home care staff to make extraordinary sacrifices in the pursuit of delivering services.

Last year, the elderly parents of four adult children with disabilities fell ill and were hospitalized with COVID-19. The children had never really been left alone, Ms. Lepine said, and an Arc staffer who has cared for them in the past volunteered to move in while their parents received treatment.

Each of the four adult children later tested positive for the virus, as did the staffer, who contracted a severe case much like their parents. The mother eventually returned home but the father passed away, Ms. Lepine said.

"We could not get anyone to go and work in that home, other than that one person who agreed to stay," Ms. Lepine said. "And you know, the family was comfortable with them because that person worked with them for years. She's as much as a friend as she is a staff person, but she's a 70-year-old woman. There was no other staffing agency available to support that family."

Safety was one of several keys to the continued operation of quality services, and without a vaccine at the time or much knowledge of the virus, personal protection equipment was a precious resource.

Much like hospitals, hunting PPE supplies in the gray market was maddening for mental health organizations. The state and federal governments eventually provided funding for these materials, but their scarcity was a nightmare for some working in direct care.

"It was really hard, because … most of the time spent in public mental health system isn't on psychotherapy, it's supports or what's called case management, which helps you find jobs and housing and take care of the day-to-day needs," Mr. Sheehan said. "And so, most of those were still face-to-face. … That's where, in terms of PPE, it was terrible for months."

COVID GIVES RISE TO SUICIDAL IDEATION, OTHER ISSUES: While staffing and funding issues may resolve when the pandemic subsides, the impact of the ordeal on clients is just beginning to boil up.

Recently reported data from the state and the U.S. Centers for Disease Control and Prevention has not drawn a clear link between the stress of the pandemic, **Governor Gretchen Whitmer** or the Department of Health and Human Services' health orders and any potential uptick in deaths by suicide.

In a March 2021 final report from the Suicide Prevention Commission, which was created in 2019 with the passage of PA 177, the state noted a slight decrease in deaths by suicide throughout the first year of the pandemic.

The data shows 1,282 suicide deaths were reported in 2020, or a person dying by suicide every six hours within the state of Michigan. Those figures were down from the 2019 tally of 1,471 suicide deaths (See **Gongwer Michigan Report, April 12, 2021**).

The CDC noted much of the same in preliminary data released this month. From 2019 to 2020, deaths by suicide decreased from 47,511 to 44,834, down by 5.6 percent. The agency adds that 2020 was the third consecutive year of such a decline.

Whether COVID-19 had a direct impact on those numbers is hard to say and the state's prevention commission was cautions to do so in its 2021 report. While the pandemic factor remains worthy of investigation as a long-term variable, the commission stopped short of drawing a link.

However, both the CDC and the state reports noted that a growing percentage of adults over the age of 18 years old had seriously considered suicide within the last 30 days, about twice as many who reported suicidal ideation in 2018.

The substantial increase of symptoms like anxiety and depression during the pandemic certainly hasn't helped. Data collected by the American Foundation for Suicide Prevention in two-week household pulse surveys shows that as of February 1, 50 percent of respondents between 18 to 29 years old reported higher levels of anxiety and depression.

Children and adolescents, the state noted in its March report, were also part of a significant risk group.

It could be another year until the full scope of pandemic-driven suicidal ideation comes into view, but those working in the state's mental health sector said they are beginning to sound the alarm.

Ms. Rupp said HealthWest's childhood visits increased during the pandemic. As of mid-March, and over a period of 15 days, HealthWest assessed 18 children that were suicidal or had attempted suicide – about as many as they typically see in a year.

While its numbers were down compared to 2018 – a "contagion" year for youth suicide in Muskegon, Ms. Rupp said – it may be too soon to tell if another suicide contagion will emerge as a result of COVID-19.

"That's my biggest worry," she said. "I absolutely see it as the alarm bell."

Another trend seen by mental health professionals was the abandonment of adult children with disabilities as their parents could no longer handle the stress of care during the pandemic.

"Years and years ago, people used to dump their adults and say, 'I can't do it anymore' and walk away. And as mental health services got better, we started providing more support and we had more staffing available (to take them in)," Ms. Lepine said. "Well now, we've got a lot of folks. In the cases that I've seen over the last year, (there were) four to six different times where parents or group homes have dropped people off at the emergency room and left them sitting there because they just can't do it anymore."

In several of those cases, she said, the behavior of the person in question hadn't changed, it was simply lack of support and case management through the pandemic.

Ms. Lepine said one individual on that list was dropped off at an emergency room on March 16. As of her interview on March 26, he was still there awaiting placement.

The mental health system has been historically slow to catch up when situations like this occur, but the added barriers of COVID-19 – like requiring a negative test before someone can be admitted to a group home – has made the problem worse.

"Now they're sitting in the emergency rooms over at McLaren or Ascension or wherever, and they're not technically patients because they don't have a reason to be there. But there's nowhere for them to go because there's nowhere for them to go," Ms. Lepine said.

NEW FUNDING, INSURANCE MODELS NEEDED POST-COVID-19: When the state and federal government have acted to make things better for the mental health system, its stakeholders said they were grateful for the assistance, particularly on the financial side.

That said, Mr. Sheehan said the state needs to take a new approach to funding mental health programs if it wants to make a bigger impact following the pandemic, and that includes a deeper focus on case management and crisis intervention.

To that, Mr. Sheehan said it would do the state well to find a way to spend Medicaid dollars in mental health more quickly as a way to create side revenue for facilities and systems to keep them open. He also hopes the state will continue to allow systems to use pandemic-specific encounter codes to keep things like telehealth options in perpetuity.

It also means finding new ways to allow access to those services.

"I think that the one thing is to recognize that we have the technology and the skill set to run a really good mental health safety net system for all Michiganders," Mr. Sheehan said. "What we don't have is the financing to make that real. I hear people say we need new techniques. Well, no, we know the techniques to prevent the worst side effects of mental health problems. We know how to reach out to people. We know how to treat them. Michigan has one of most comprehensive lists of Medicaid services for mental health. It's all cutting-edge stuff. But it's not available for non-Medicaid folks."

What is clearly lacking, he said, is a state-funded mental health system much like a public utility.

"We've been saying it for years, but the public didn't get that until they needed it. Then they realized, 'oh, my goodness, I have to have an insurance card for this thing and insurance doesn't have the same network as the Medicaid network?' Not at all the same," Mr. Sheehan said. "That was clear. I think we also found that, you know, there's insurance parity debate. Behavioral health care, mental health care should be covered the same as

physical. Usually that's applied to a deductible or copay, but it should also apply to the range of care you can get."

Fortunately for Michigan, Mr. Sheehan said, Republicans and Democrats alike appear to understand that need.

"I don't want to be Pollyannish here, but I think the Rs and the Ds are getting it, that were some basic things that they thought were in place that aren't," he said. "But this is a 40-year erosion though. It's not just from the pandemic. The rock was in the river and now that the water's low you can see the rock. And the rock is a gap in our services."