



COMMONWEALTH OF PENNSYLVANIA
DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

MEMORANDUM

TO: All Behavioral Health Primary Contractors, Behavioral Health Managed Care Organizations and Behavioral Health Providers

FROM: Kristen Houser
Deputy Secretary *Kristen Houser*
Office of Mental Health and Substance Abuse Services

DATE: January 29, 2021

RE: Request for Behavioral Health Data

The Office of Mental Health and Substance Abuse Services (OMHSAS) is positioned to advocate for federal relief funds to assist the behavioral health system in Pennsylvania through the Public Health Emergency (PHE). We know that people are struggling and the need for services will continue to grow; there are daily reports in the national news of increased suicides, increased calls to crisis services and increased death by overdose. In order to support our case, OMHSAS is asking for your valuable information.

Please provide **specific, measurable** data to help support the need for dollars to support the behavioral health system. This information will be most helpful if each data point is related to a certain service or population. We are not currently looking to gather anecdotal information. You may share this request with your providers for a response as they may have information readily available.

Responses are due Friday, February 5th, 2021 and should be sent via e-mail to:

RA-OMHSASCORRESPOND@pa.gov

Areas include:

- Data that would support that utilization has increased/decreased.
- Locations of providers that have closed satellite or branch locations, decreased hours or downsized due to underutilization or staff turnover.
- Decreased capacity due to COVID mitigation modifications (fewer beds, fewer people per hour, etc.) - please note for which levels of care.
- Effects on provider network such as number of staff who opted for early retirement, changing jobs, use of sick days.
- Increases in crisis intervention services usage - please specify which services.

- Increase or decrease in MH inpatient hospitalizations attributed to COVID.
- Increase or decrease in drug and alcohol service requests or utilization.
- Changes in waits:
 - Length of time people are waiting for initial assessments;
 - Psychiatric evaluations;
 - Number of people waiting to receive services (please provide levels pre-COVID and compare to now).
- Incurred costs associated with the purchase of Personal Protective Equipment (PPE) or cleaning and sanitizing supplies and services.
- Incurred costs associated with the purchase of technology.
- Telehealth utilization.

Example Metrics – Adjust to fit your needs:

- Prior to COVID, we saw 20 people per day. Since COVID, we are only able to see 10 people per day.
- We were able to see new patients within 1 day prior to COVID. New patients now have to wait 3 days.
- We had 5 satellite locations; we now have 3.
- We had 5 satellite locations; we closed one and reduced hours at the other two.
- We had 2 therapists on staff, but one left because of COVID concerns.
- 5 of our 10 staff members have retired because of COVID concerns.
- We were receiving 5 crisis calls a day before the pandemic, now 10 crisis calls a day is common.
- We had engaged mobile crisis responses on average 6 times per week before COVID; now we respond to approximately 10 per week.
- Follow-up services for an individual treated on a crisis call are taking two months to happen. It used to take two weeks.
- We purchased 20 new laptops so staff could work from home.
- We purchased 10 iPads for patients to use at home for telehealth appointments.
- We spent \$25,000 on PPE since March.
- We only have one therapist on staff, and they cannot handle all of our new referrals. We need at least 3 therapists to manage referrals.
- Requests for Drug & Alcohol (D&A) services have increased by 10%.
- We need to hire 2 more staff to reduce our waitlist for D&A services.
- We need to purchase 4 more laptops to meet the demand for increased need for D&A services.
- We need to purchase PPE for 12 more people so they feel comfortable coming into the office so we can respond to increased demand for D&A services.
- We currently have 2 mobile crisis hubs, but we need to create 2 more so that we can be within 30 minutes of our consumers. With the increase in calls, it is taking us 2 hours to get to some people.
- We used to offer drop-in hours three days a week, now we can only have those hours one day a week.
- Use of sick time among staff has gone up by 20%.