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Policy Response to COVID-19: Ensuring Continuation of Behavioral Health Services during a Pandemic

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Abstract

COVID-19 is having a devastating impact on emotional wellbeing, including increased substance use, anxiety, posttraumatic stress disorder, depression and insomnia. In the spring of 2020, New Mexico began proactively planning to mobilize behavioral health resources through coordination across multiple agencies. The New Mexico Department of Health, Department of Workforce Solutions, Public Education Department, and Superintendent of Insurance issued orders, promulgated rules, and/or temporarily relaxed regulations intended to ensure the availability of unemployment benefits, health care coverage, and otherwise mitigating harm to the public welfare and the State's economy. The Human Services Division issued guidance on all regulations to ensure that access to behavioral health care is available via telephone, telehealth and in-person when indicated. These efforts laid the foundation for applying forfederal assistance to help mitigate the impact of COVID-19 on the public behavioral health system. Federal funding has supported training on delivery of evidence-based practices via telehealth, and has resulted in enhancing the statewide crisis and access line to screen, assess and serve the health care workforce and others impacted by COVID-19.

This has resulted in rapid uptake of behavioral health services provided via telehealth, ensuring that individuals in need of services do not fall through the cracks. Based on these activities, the National Security Council has identified New Mexico as one of only 15 states who are "on track' in addressing mental health needs in response to the current pandemic. By emphasizing consistent coordination and communication across state and federal agencies, tribal nations, community stakeholders and the health care system, New Mexico can now make quick adjustments to the healthcare delivery system and respond to emerging needs. Thus, despite continued uncertainty of the pandemic, individuals with mental illnesses and/or substance use disorders have uninterrupted access to critical treatment and recovery supports services.

Keywords: Behavioral Health, COVID-19, Public Policy

Nationally, COVID-19 is having a devastating impact on emotional wellbeing. The current pandemic is associated with increased substance use and increased rates of anxiety, posttraumatic stress disorder, depression and insomnia (Guo et al., 2020; Huang et al., 2020; Panchal et al., 2020) [1–3]. Essential workers, racial and ethnic minority populations, younger adults and unpaid caregivers appear to be at most risk for worsening mental health symptoms. (Czeisler et al, 2020) [4]. Historically, there have been surges in utilization of behavioral health services after public health disasters (Boscarino et al., 2004; Wang et al, 2007) [5,6]. In the spring of 2020, in response to these emerging needs, the State of New Mexico began proactively planning to mobilize resources through coordination across multiple agencies.

New Mexico is a rural state with limited mental health services. Although it is the fifth largest state in the US

by land mass, comprising 121,298 square miles, there are only four cities with populations of 50,000 persons or more. In fact, 26 of New Mexico's 33 counties are rural or mixed rural/urban (NCHS, 2013) [7]. New Mexico is the most ethnically diverse state in the continental US, with 49.1% of the population identifying as Hispanic, 37.1% as Non-Hispanic White, 10.9% as American Indian/Alaska Native (AI/AN), 2.6% as African American, 1.8% as Asian, and 0.2% as Native Hawaiian/Pacific Islander. There are 23 federally recognized Native American tribal nations in the State, and a significant urban Native American population within the state's geographic borders (NMOPA, 2016) [8], resulting in New Mexico having the highest proportionate Native American population in the country.

In 2019, just over 2 million people lived in New Mexico (US Census 2019) [9], and COVID-19 has been spreading rapidly throughout the State. On April 1, there were 403 positive cases identified, today, there are close to 34,000 positive cases and over 900 deaths due to COVID-19. New Mexico's rural communities are more likely to suffer adverse outcomes as a result of an outbreak, and many New Mexicans in rural areas have had their already limited healthcare options negatively affected by COVID-19. For instance, at the start of the pandemic, McKinley County was forced to close its only medical clinic, on the border of New Mexico and Arizona, because it was unable to procure necessary PPE to conduct physical health visits safely. Compounding these supply issues and barriers to healthcare, New Mexico's population is particularly vulnerable to healthcare crises such as COVID-19, due to the higher than average prevalence of pre-existing conditions such as diabetes and heart disease. Additionally, older adults are threatened by inadequate healthcare resources in the face of a potential outbreak of COVID-19, because of the increased risks arising from infection and due to the strain on resources that might be needed for other health conditions.

Due to recognition of these health care shortages, New Mexico Governor Lujan-Grisham issued an Executive Order declaring a public health emergency on March 11, immediately after the first case of COVID-19 was confirmed. In the days that followed, New Mexico implemented additional orders and instructions to State agencies intended to minimize the spread of the disease.

These communications included guidance regarding online delivery of public education, prohibitions on gatherings of more than five people in public spaces, closure of all non-essential businesses, limiting restaurants to delivery and takeout service, mandating self-isolation for persons arriving into our State's airports, and increasing the allowable weight limits for trucks transporting food, medical supplies, clothing, and other necessary materials.

Furthermore, the New Mexico Department of Health, Department of Workforce Solutions, Public Education Department, and Superintendent of Insurance issued orders, promulgated rules, and/or temporarily relaxed regulations intended to ensure the availability of unemployment benefits, health care coverage (including allowing services to be provided via telehealth), and otherwise mitigating harm to public welfare and our State's economy. The Human Services Division issued guidance to all behavioral health care agencies on suggested adaptations and clarifications of all regulations to ensure that access to behavioral health care continued to be available via telephone, telehealth and in-person when indicated. Importantly, in a state that has long struggled with the opioid epidemic, New Mexico also issued special guidance to opioid treatment programs to ensure that individuals in treatment for opioid use disorders had continued access to methadone maintenance treatment.

In addition to these efforts, and in light of the extraordinary measures needed to respond to the COVID-19 outbreak, New Mexico activated the state Emergency Operations Center ("EOC"). The EOC coordinates efforts in response to requests from state and local governments and oversees implementation of the State's emergency plan, including working with all state agencies to ensure full implementation of the corresponding Emergency Support Functions for those Departments. The EOC is staffed by the National Guard to assist with logistics and coordination of resources.

These efforts laid the foundation for applying for federal assistance to help mitigate the impact of COVID-19 on the public behavioral health system in New Mexico. The state aggressively applied for federal funding, and was awarded two emergencies COVID mental health response grants at the start of the pandemic.

Additionally, tribal communities and rural counties applied for federal funding from a multitude of federal

sources to support infrastructure development, such as securing PPE and building significant internet infrastructure in traditionally isolated areas. The State's behavioral health system has prioritized ensuring that services are provided via telehealth, and that people with serious mental illnesses and substance use disorders have ongoing access to behavioral health care. Federal funding has provided the public behavioral health system with training on how to deliver evidence based practices via telehealth, and has resulted in enhancing the statewide crisis and access line to screen, assess and serve health care workforce and others impacted by COVID-19. This has resulted in rapid uptake of behavioral health services provided via telehealth, ensuring that individuals in need of services do not fall through the cracks while the state focuses on the physical impact of the pandemic.

Based on these activities, the National Safety Council has identified New Mexico as one of only 15 states who are "on track" in addressing mental health needs in response to the current pandemic (National Safety Council, 2020) [10]. Throughout the planning process, the State has considered the needs of those with serious mental illness, serious emotional disturbance and chronic substance use disorders. Simultaneously, it has ensured that treatment is available to individuals with new onset of symptoms who have not previously sought mental health care. By emphasizing consistent coordination and communication across state and federal agencies, tribal nations, community stakeholders and the health care system, New Mexico has been able to make quick adjustments to the healthcare delivery system and to respond to emerging needs. The hope is that despite the continued uncertainty of the pandemic, individuals with mental illnesses and/or substance use disorders have uninterrupted access to critical treatment and recovery supports services.

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