

COVID Impacts on Virginia Behavioral Health Services

OMNI Institute prepared this report for DBHDS utilizing SOR grant data and publicly available sources.

July 2022

- **ED:** Emergency Department
- **CSB:** Community Service Board
- **DBHDS:** Department of Behavioral Health and Developmental Services

Acronyms and Abbreviations

- **GPRA:** Government Performance and Results Act survey, completed by those receiving SOR funded OUD and stimulant use disorder treatment services who consent to participate in the evaluation.

- **ODU:** Opioid Use Disorder
- **SU:** Substance Use
- **SOR:** State Opioid Response Grant, funded by SAMHSA
- **SAMHSA:** Substance Abuse and Mental Health Services Administration

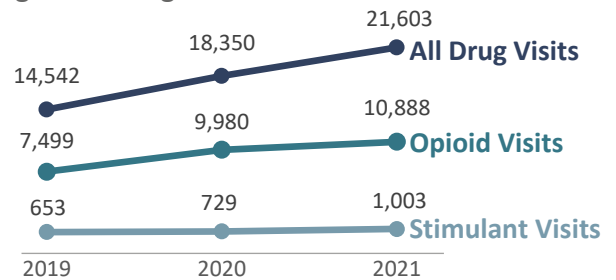
The COVID-19 pandemic has had wide ranging impacts on substance use rates and mental health.

From job and housing security to mental health and daily routines, this pandemic has changed many aspects of life. After the onset of the pandemic, people across the United States were more likely to report symptoms of anxiety and/or depressive disorder, both shown to be a risk factor in substance use (SU).^{1,2} Additionally, loss of employment can heighten poor mental health risk and increase the likelihood of SU.²

Across the two years of the pandemic, **substance related deaths and ED visit rates have steadily increased in Virginia**, shown in Figure 1 (VDH, 2022). In parallel, CSBs, Virginia’s on-the-ground behavioral health agencies, have noted increased challenges during the pandemic.

To investigate this further, the OMNI Institute and Virginia’s DBHDS used GPRA data collected by 37 CSBs and other partners funded by the SOR grant, which addresses opioid and stimulant use across Virginia. GPRA interview data is collected at three timepoints: intake, 6-months after intake, and at discharge from services. Data in the report includes intake information from 4,0004 participants during the three years of the SOR grant.

Figure 1. Drug-Related ED Visits in VA

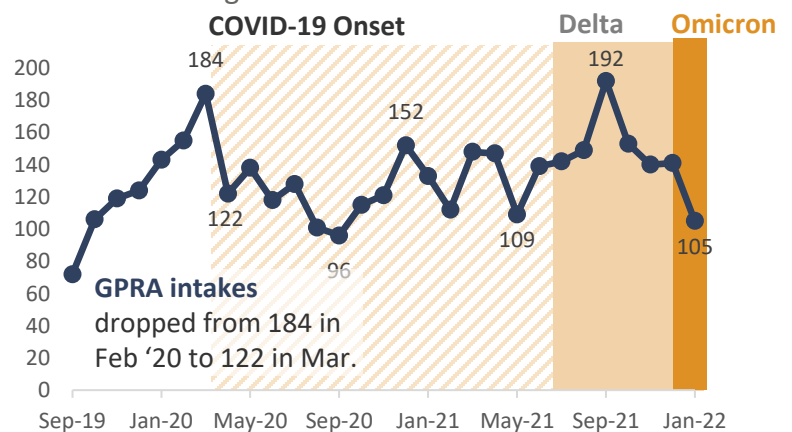


Service Utilization

Lockdowns, stay-in-place orders and continued disruptions have caused fluctuations in those coming for mental health and substance use services.

Overall, the number of individuals coming in for services and completing a GPRA has dropped since before the pandemic. GPRA intake counts only eclipsed their pre-pandemic numbers in September 2021 and have since fallen. The waves of the pandemic have not greatly affected GPRA intake numbers, as the highest month count was during the Delta wave. However, the downturn in January 2022 could be relational to the Omicron spike. GPRA intakes are an imperfect measure because individuals must meet certain criteria to be included in this population. Differences in the type of services CSBs offer and the varying geographic regions they serve may also affect GPRA intake numbers. Given the coronavirus’ transmission pattern, it had a patchwork impact across the state, with many rural areas only seeing high case counts with the Omicron wave. Lastly, many CSBs have noted difficulties in staffing which could have impacted their ability to complete GPRAs with individuals.

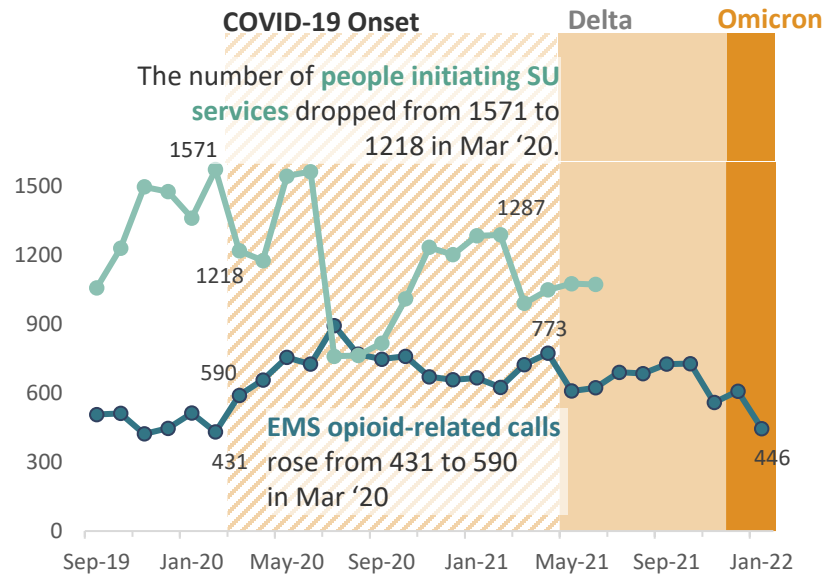
Figure 2. GPRA Intake Trends



Statewide initiation of SU services at CSBs followed a similar pattern to GPRA intakes, but EMS opioid-related calls had an opposite trajectory.

To further supplement our GPRA intake data, we examined state-level opioid-use-related data sources. First, we analyzed trends in individuals who were recently diagnosed with an OUD and began services at a CSB. Similar to GPRA intakes, **initiation of services** dropped in March and April of 2020 and have not reached their pre-pandemic levels since³. In contrast, **EMS opioid-related calls** increased through the first months of the pandemic, stayed steady for a little over a year and then began to fall in November 2021⁴. The cross-narrative between GPRA intakes and SU service initiation and EMS calls may show a discrepancy in needed community-based care during the pandemic and a reliance on emergency-based care. Individuals may be hesitant to come in for services that aren't immediately necessary given fears around COVID-19. In other state EDs, nonfatal opioid overdose visit counts increased from March to December 2020, while all other cause visits declined⁵.

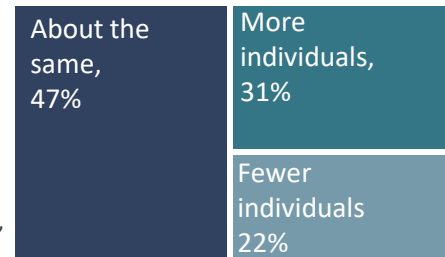
Figure 3. Statewide opioid-related services trends



GPRA intake, initiation of service and EMS call counts were all affected by COVID-19's onset, although in opposing ways. However, there were minimal fluctuations that could be related to the different waves of the pandemic. But, with only a few months represented for the Omicron wave and no updated data for initiation of services, we may not have the full picture of its effects.

On the individual agency level, CSBs are split on COVID-19's impacts on individuals served.

By April 2021, a little over half of CSBs (47%) said they were serving about the same number of individuals compared to pre-pandemic numbers, while 31% said they were serving more. This dual narrative may allude to intrinsic differences between the CSBs, as well as a steady increase of funding for services over the past year. Depending on the services they provide, the geographic area they serve, and the amount of additional funding they received, the impacts of the pandemic could have varied greatly.



As of September 2021, **44% of appointments** across CSBs were **virtual**.

Throughout the pandemic, telehealth service fluctuations have affected who is reached for services.

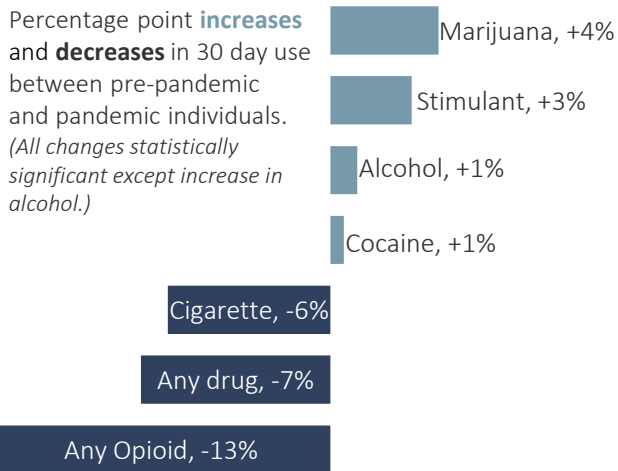
All but one CSB offered some telehealth services as of July 2021, with case management and therapy more often offered in a telehealth setting. Drug testing, wraparound services and MAT were most likely to be administered in person rather than virtually by CSBs. With the gradual re-opening, the percent of appointments that are virtual has been decreasing since June 2020. While virtual services can expand access to certain individuals, specifically those with transportation and childcare barriers, some agencies have found it can also lead to less engagement and is difficult for those without access to technology.

Changes in Individual Characteristics

CSBs anecdotally noted that in the pandemic, **individuals are requiring a higher level of need**, are more likely to have severe SU diagnosis and are more likely to have co-occurring mental health and SU disorders. Prompted by this, we sought to understand how, if at all, individuals coming to services in the pandemic (March 2020 – January 2022) are different than individuals entering services pre-pandemic, defined as those who’s GPRA intake interview was completed before March 2020.

43% of CSBs say that individuals require a higher level of care than before the pandemic.

In the pandemic, the percent of individuals reporting any drug use in the past 30 days at intake decreased while stimulants and marijuana increased the most.

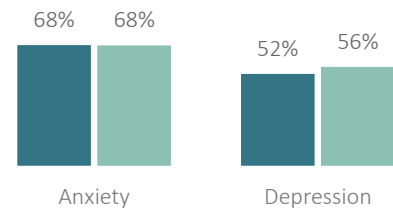


Many of these fluctuations may be tied to greater trends in who completes a GPRA intake, rather than due to the pandemic. For example, starting in October 2020 the grant was expanded to fund services for stimulant use disorders. This change could explain the increase in stimulant drug and cocaine use during the pandemic. Additionally, the commonwealth of Virginia legalized marijuana on July 1, 2021, which could be impacting the rise in marijuana. However, researchers have tied marijuana use to traumatic events, so legalization may not be the only factor in its increase¹. Similarly, at the beginning of the pandemic, analysts found dramatic increases in alcohol use in the general public⁶. However, the trends overtime in GPRA data for these two substances do not show drastic increases at the onset of the pandemic or legalization. Marijuana has been rising since the start of the grant, while alcohol use was rising and peaked in August 2021.

In the pandemic, individuals diagnosed with **mild alcohol use disorder significantly increased**. Conversely, individuals diagnosed with OUD significantly decreased, regardless of the severity level.

More individuals in the pandemic experienced depression symptoms at intake, but the proportion of individuals with anxiety symptoms stayed the same.

68% of both **pre-pandemic** and **pandemic** individuals experienced serious anxiety in the 30 days prior to the GPRA intake interview. Additionally, the percentage of individuals who experienced serious depression increased for **pandemic** individuals. Additionally, there was a slight increase in the proportion of individuals who attempted suicide in the past 30 days.



During the pandemic, Quality of life (QOL) scores slightly, but significantly, increased compared to pre-pandemic individuals.

QOL scores rose from 3.57 to 3.64 out of 5 in the pandemic. Similar patterns were noted in each of the domains these scores assess (individual’s satisfaction with themselves, their relationships, their health, their living conditions and their ability to preform daily activities). Additionally, QOL scores, along with measures of recovery capital did not fluctuate greatly in accordance with waves of COVID-19.

Due to the many factors affecting who is coming in for SOR services, the changes in demographics across the pandemic cannot be tied to COVID-19.

Given the specifics of this dataset, we cannot determine if any changes are due to the expanded reach to certain populations, policy shifts, or the increase of telehealth. With this limitation, we can discuss how these populations changed, but would not be able to tie any change to the pandemic.

There were several changes from pre-pandemic to pandemic noted in the demographics of individuals completing an initial GPRA interview:

- The percentage of individuals identifying as Black, Asian, Pacific Islander, Alaskan Native, or American Indian or two or more races increased from 21.6% to 25.4%.
- Those identifying as Hispanic or Latino increased from 2.3% to 4.0%.
- The proportion of individuals living in a rural area increased from 51.1% to 57.5%.
- Individuals reporting they are unemployed increased from 57.5% to 63.9%.
- Those experiencing homelessness increased from 18.0% to 19.0%
- Individuals reporting they had enough money to meet their needs increased from 44.3% to 46.8% during the pandemic.

Conclusions and Insights

This exploration has demonstrated the complexity of the landscape for substance use services during COVID-19. Due to changes in policies, access to services, and funding (SOR, COVID-19, and Medicaid funding), the population asked to complete the GPRA has changed over time. The GPRA is only required to be filled out when someone is receiving a SOR-funded service, which makes the data a difficult proxy for broader service utilization in Virginia. Furthermore, with the addition of stimulants as a funded service for the SOR grant, this has expanded the individuals reached through the grant. However, the GPRA data still allows us to monitor changes in the SOR-funded population and compare this information to national trends.

There are some consistencies between the GPRA data and national trends:

- **Alcohol use increased** from pre-pandemic to during the pandemic, which is consistent with national data ⁶.
- Similarly, there was a **drop in individuals entering services** early in the pandemic, shown in both statewide service data and GPRA data.
- In contrast **EMS opioid-related calls increased**.

This indicates that the need for services was still high, and many individuals likely engaged with the health system through emergency services rather than outpatient services during the initial months of the pandemic.

Many CSBs have reported an increase in the intensity of need from individuals accessing services. These reported changes in intensity of need are difficult to find in the GPRA data. Although depression scores increased from pre-pandemic to during the pandemic, anxiety scores stayed consistent. Additionally, there has been minimal change in recovery capital and quality of life measures. It is possible individual need has increased, but those who have the highest need are not always captured in the GPRA data due to seeking immediate services in EDs, staffing shortages and shift in who is receiving specifically SOR-funded services.

“Consumers are requiring higher level of care due to issues surrounding COVID-19 and they are experiencing challenges due to their overall ability to adjust to telehealth/virtual means of service delivery.”

- CSB Staff

The pandemic has brought many changes to CSBs across Virginia. Telehealth has become a focus to reach individuals at home, expanding treatment access to those in rural or hard-to-reach areas. Mental health and substance use have become national focuses as the impacts of the pandemic continue. There have been rapid shifts throughout the pandemic related to funding availability, access needs, and policy shifts. Virginia and DBHDS has responded to those shifts by increasing harm reduction programming and growing peer support services in both outpatient and emergency settings. These responses have allowed Virginia to continue to adapt to changing environments and circumstances.

On a broader level, COVID-19 has presented new knowledge and positive, though painful, take-aways regarding substance use. The pandemic highlighted the negative impacts of social distancing on the opioid epidemic and substance use overall⁷. This suggests that opposite behaviors, such as emotional resiliency building, stress reduction techniques, and facilitated human connection via group treatment, can strengthen substance use treatment efforts. In addition, community agencies and volunteers have worked with stakeholders to provide or contribute to addiction services and can do so in the event of a future crisis⁸. Lessons like these can support innovation and crisis-response moving forward.

As is clear in this report, there are many unanswered questions about the impacts of the COVID-19 pandemic on Virginia's substance use landscape. Given the vast differences across Virginia in terms of density and geography, future research could look at regional differences in impacts. Additionally, comparison with larger statewide datasets that do not have the limitations of GPRA data would help extricate the issues caused by the pandemic, rather than grant changes. Understanding the impacts of this pandemic is essential to ensure we can continue to show agility in the next phases of the pandemic.

The Role of Peer Recovery Specialists in the Pandemic

Peer Recovery Specialists (PRS) have played a crucial role in the response of CSBs and other SOR-funded organizations to provide continued support despite the impacts of COVID-19. PRS were instrumental in transitioning support services to virtual platforms, as well as providing access to the required technology, such as hosting socially distanced computer lab hours and bringing laptops and portable Wi-Fi to community members. The creativity and responsiveness inherent in PRS work allowed PRS to continue community outreach through virtual and outdoor conversations, where they met communities in the spaces convenient to them. For more information about PRS work in Virginia, please visit virginiasorsupport.org/peers.

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