

Report on Vulnerabilities Exacerbated by COVID-19

Department of Human Services

June 1, 2021

Report Requirements

The Legislature intends that the Department of Human Services provide a written report to the Social Services Appropriations Subcommittee by June 1, 2021 on:

- 1) *vulnerabilities that were exacerbated by COVID that still need to be addressed,*
 - a) *including programs that had increased demand, areas where the agency had to deny people services, and recommended areas for further funding;*
 - i) *for these programs, agencies should include information on performance metrics and caseload information.*

Introduction

The Department of Human Services (DHS) experienced several areas where programs had increased demand as a result of the COVID-19 pandemic. No services were denied by DHS, however some services were limited in resources.

Programs That Had Increased Demand

Division of Services for People with Disabilities (DSPD) Client Services: Providers offering services to DSPD clients saw an increase in requests for emergency waiver services. DSPD provided its contractors an expedited process for requesting and receiving budget adjustments related to the pandemic. Rather than utilizing the traditional Request for Services (RFS) committee process, contractors submitted requests directly to the DSPD administrative services director for expedited review. This additional flexibility gave providers the opportunity to quickly respond to the needs of individuals during the pandemic.

Background Screenings: Background screenings took more time to complete, sometimes double or triple the time, due to the lack of fingerprinting availability. As a result, DHS staff had to process name-based clearances, which takes more time to approve. To address the increase in processing time, the Office of Licensing (OL) allowed staff to work overtime and had licensors assist with renewal background checks. Due to requirements from the Bureau of Criminal Identification, not all OL staff could process initial background checks.

Domestic Violence: Domestic Violence Shelters saw a temporary client count surge in June 2020. The overall client count in shelters remained fairly constant throughout the pandemic.

System of Care (SOC): SOC's Salt Lake region saw a 20% increase in referrals during the pandemic. SOC's Family First partners also had a waitlist of several weeks limiting their ability to quickly connect families to in-home intervention services. Services were not denied, however, several referrals were closed in SOC's Salt Lake region as families preferred in-person work. This was not possible as family peer supports are working remotely.

Home-Delivered Meals (Meals on Wheels): Meals delivered during the pandemic increased by 88.49%, partially due to the fact that many senior centers were closed for much of 2020. The increase in meals served is also due to a portion of funding from the GOMB High-Risk Population project for meals for high-risk individuals to safely stay in their homes. Total meals served through Meals on Wheels and at senior centers increased by 13.68% overall last year. Additional federal funding for Home-Delivered Meals helped with the increase in meals.

Division of Substance Abuse and Mental Health (DSAMH) Programs: Between March 2020 and March 2021, clients using telehealth services increased from 234 to 14,006. Youth who sought out telehealth services increased from 70 to 4,404 and adult telehealth clients increased from 164 to 9,602. MCOT referrals increased from 287 to 4,253 clients. Crisis Line/Warm Line referrals increased from 8,111 in March 2020, to 11,703 in March 2021. In March of 2020, there were an average 261 calls per day up to 357 in April 2021.

Areas Where People Were Denied Services

Services provided by DHS were not denied to clients during the pandemic, given the fact that most services offered are critical.

Many day programs closed temporarily during the pandemic and individuals remained at home. Many individuals that were employed and receiving supported employment services lost their jobs or stopped working due to fear of exposure to COVID-19. These individuals stopped receiving supported employment services. DSPD continued to meet the health and safety needs of individuals affected by these day program closures and discontinuance of supported employment services. DSPD shifted funding from day programs to residential programs when applicable. DSPD also sought emergency authority from the Center for Medicaid/Medicare Services (CMS) to compensate caregivers (parents, guardians, and spouses) for the support they were providing their family members affected by the day program closure or discontinuance of the supported employment service.

Mental health services denied or referred to other providers are not kept by local mental health authorities or DSAMH. Clients in crisis are not denied services and are appropriately triaged to the most appropriate level of care. People with Medicaid are served based on Medicaid contracts. Those without Medicaid who also have serious mental illness, children with serious emotional disturbance, and people with substance use disorders are typically not denied access to care; however, based on the acuity of their illness, insurance, and safety net funding and services available, people may be prioritized into certain levels of care or have access to a different variety of services and resources. Counties act as subunits of state government and prioritize services to individuals with the greatest need. Telehealth

helped meet this demand in many instances although some exceptions were made when working with licensed providers. The Office of Licensing granted approval to providers who needed to operate satellite sites in hotels in order to meet quarantine needs of the populations they serve.

Utah residents access the Utah Crisis Line through the National Suicide Prevention Lifeline (NSPL) number and the Salt Lake County Crisis Line number. Between March 2020 and March 2021, the call volume rose by 39% while the funding and capacity remained flat. For the calls that go through NPSL, the crisis line has a specific amount of time to answer the call before it is transferred out of state to a backup call center.

Over the past year, again given the dramatic increase in calls and flat level of funding and capacity, the Utah Crisis Line dropped from an in-state answer rate of over 90% to an in-state answer rate of 77% the first quarter of 2021. Fortunately, because of the model of backup call centers, the individuals calling still received Crisis Line services but were unable to connect to local resources and support as they are when answered in-state. It should be noted that the Utah Legislature passed SB155 in the 2021 session which provides funding allowing for increased capacity moving forward.

No patients were denied services at the Utah State Hospital (USH), although limitations in community resources during the pandemic, has made it difficult to discharge patients to community placements. Admissions to USH decreased 29% in the first 9 months of FY21 compared to the respective timeframe from the prior fiscal year.

Areas Needing Additional Funding

Utah State Hospital

Since the pandemic started, USH has spent \$1,816,200 on COVID-related costs including displaced labor due to direct care staff placed on quarantine, volunteers at check-in stations, PPE and sanitization supplies, COVID-19 tests for patients, and telecommunication equipment. USH has received \$1,613,700 in CARES Act funding to reimburse costs related to the COVID-19 response. As a result, USH is currently reporting a shortfall of \$202,400 in COVID-19 reimbursed costs. An additional \$60,000 of COVID-19 costs are anticipated to be expended by the end of FY21 for check-in station employee costs. Thus, a total shortfall of \$262,400 in COVID-19 reimbursement is anticipated for FY21.

Due to budgetary reductions and funding impacts from COVID-19, USH had to scale back one-time needs for facilities and the IT lifecycle for computers. Receiving the remaining \$262,400 in unreimbursed COVID-19 costs will allow USH to maintain the IT lifecycle schedule for computers and cover one-time needs for facilities. Failure to recoup unreimbursed COVID reimbursements will hinder USH's ability to maintain operational needs that are not funded through the capital improvement process and DTS ISF. Staff needing remote access were limited due to the reduction in IT funds.

Community-Based Supports

DHS will directly and indirectly benefit from continued funding of community-based supports such as:

- Access to affordable or free technology
- Continued access, expansion, and use of telehealth and other resources to support youth and families in rural areas
- Maintained access to a sufficient supply of PPE as needed for safety of staff and those we serve
- Continued strengthening of community services that provide access to housing, financial assistance, food, and child care that received a temporary boost from federal funding
- Continued methods and investment to improve recruitment and retention of frontline staff to have fewer challenges in facing staffing shortages that are exacerbated by a crisis