

MEMORANDUM

Date: April 28, 2021

To: All Clients

From: Center Road Solutions

RE: Senate Committee on Health, Education, Labor, and Pensions: “Examining Our COVID-19 Response: Using Lessons Learned to Address Mental Health and Substance Use Disorders”

On April 28, 2021, the Senate HELP Committee held a hearing entitled “Examining Our COVID-19 Response: Using Lessons Learned to Address Mental Health and Substance Use Disorders.” This hearing discussed the impact of COVID-19 on mental and behavioral health and how Congress can best support patients and providers.

Key Takeaways:

- Telehealth has been extremely helpful for providers and should be supported going forward (including audio-only).
- There is a shortage of mental health and behavioral health specialists, making it even harder to reach the growing number of those in need. Supporting community care and loan forgiveness programs are two ways to address this problem.
- Collaborative care models have been beneficial to patients and providers and Congress should invest in them.

Hearing Summary/Opening Statements:

(Chairwoman) Sen. Patty Murray (D-WA)

- Millions of adults and children have been impacted mentally by the pandemic. Seattle Children’s Hospital is seeing nearly 170 kids per week with mental health issues, versus 50 pre-pandemic.
- Overdose deaths increased in Washington by 38% in 2020, especially in Black, Latinx, and Indigenous communities.
- Many people receive a psychological diagnosis after their COVID-19 infection but are not receiving the care they need due to access and cost barriers.

(Ranking Member) Sen. Richard Burr (R-NC)

- People are experiencing grief from the loss of loved ones, cancelled life events, and adjusting to life online. Lack of human connection can lead to physical and mental illness.
- The opioid crisis and mental health crisis were compounded by the pandemic.
- Let’s combat vaccine hesitancy and focus on opening up as best we can.

Witnesses:

- **Tami D. Benton, MD, Psychiatrist-in-Chief & Executive Director and Chair of the Department of Child and Adolescent Psychiatry and Behavioral Sciences, Children’s Hospital of Philadelphia ([Testimony](#))**
 - The demands of the pandemic have placed stress on parents and, in turn, their children. But there are simply not enough options for children – some even need to cross state lines to get the care they deserve.
 - Recommendations:
 - Continue to support telehealth. This will help providers reach populations across US, especially rural and minoritized populations.
 - Support community mental health programs, which include schools and primary care. The goal is to get people care where they live and feel they belong.
 - Support a continuum of care, including outpatient, inpatient, acute inpatient, day treatment, etc. Have affordable, accessible options for patients.
 - 15 million children need mental health services, but there are only 8,000-9,000 child psychiatrists to serve the most severely impacted. Psychiatrists, community mental health workers, nurses, etc. are all in short supply compared to the demand. Loan forgiveness would allow professionals to remain in the workforce to provide this care.
- **Sara Goldsby, MSW, MPH, Director, South Carolina Department of Alcohol and Other Drug Abuse Services ([Testimony](#))**
 - Calls to her organization’s helpline for substance use disorders spiked 25-35% last year.
 - 62% of overdose deaths were attributed to synthetic opioids, including fentanyl.

- To save lives, they worked with SAMHSA & the DEA to authorize 14/28-day methadone for patients and provided Narcan to communities who needed them.
- Recommendations:
 - Fund substance use disorders through state alcohol and drug agencies. This increases oversight and accountability.
 - Transition over time from drug specific grants to SAMHSA SAPT block grants because the agencies would benefit from more flexibility.
 - Maintain flexibilities from pandemic public emergency.
 - Provide resources to states for recovery housing, broadband access, and other needs that would aid recovery.
 - Continue supporting workforce development via S. 987 CARA 3.0 Section 11 (a grant program within SAMHSA to support the primary prevention workforce).
- **Andy Keller, PhD, President and CEO & Linda Perryman Evans Presidential Chair, Meadows Mental Health Policy Institute ([Testimony](#))**
 - Even before the pandemic, behavioral and mental health issues were worsening, exacerbated by racism and geographic challenges (i.e., isolation or lack of accessible care) for some people. COVID made underlying inequities clearer.
 - We should focus on early detection, treatment, and prevention for mental health and addiction.
 - At Meadows, they've modeled that universal access to just two evidenced based treatments could save nearly 40,000 lives per year from suicide and overdose.
 - Recommendations:
 - Focus on children's mental health by engaging primary care, schools, etc.
 - Give grant and technical assistance for primary care practices seeking to provide preventive care
 - Eliminate copays for collaborative care in Medicare, Medicaid, and commercial coverage and require them to coordinate specialty care.
 - Coordinated care funding set aside in the Federal Mental Health Block Grant has been extremely helpful and should be expanded.
 - Create 911 reform so police are not responsible for responding to mental health crises.
- **Jonathan Muther, PhD, VP of Medical Services-Behavioral Health, Salud Family Health Centers & Clinical Integration Advisor ([Testimony](#))**
 - Health centers provide easy access to services that would otherwise be unaffordable and unattainable.
 - Recommendations:
 - Reinforce primary care as the backbone of health care in the US so providers can properly address the many issues that people come to them for.
 - Innovate models of care, invest in behavioral health providers working in concert with primary care providers, and focus on whole person care.
 - Transform behavioral health service delivery in meaningful ways (i.e., through telehealth, alternative payment models, enhancing workforce).
 - Expand the mental health workforce to include mental health first responders, counselors, peers, etc.

Q&A:

Sen. Burr (R-NC): What are some of the successful changes you believe should stay in place after the pandemic? What would be different?

Goldsby: Coordination, communication, and collaboration during the pandemic to respond to people's needs in real time has been very helpful. We will continue that, especially for overdoses. As far as lessons learned, the opposite of addiction is connection, we know that isolation would drive addiction. In retrospect, we should have been more proactive in engaging people and keeping them involved through peer support.

Sen. Casey (D-PA): How can we integrate mental health competency into medical education or continuing education?

Benton: There are multiple initiatives to engage primary care and others, such as consultation through access programs. These programs allow clinicians to get real time support from mental health professionals. Primary care is a great way to coordinate this. Overall, we need to have better reimbursement rates and increase the number of mental health clinicians to integrate them into these settings.

Sen. Kaine (D-VA): How do we protect the mental health of health care providers and first responders? (Leading S. 610, the Lorna Breen Act, which the EDC supports)

Benton: States can work with their regulatory and licensing agencies to lessen the repercussions of mental health reporting. This is a major barrier to seeking care. Telehealth is great for providers who work long or unusual hours and can't get to a traditional appointment.

Keller: We need to be prepared for PTSD among health care workers after the pandemic ends. If we are prepared and are proactive in helping them, we can make a huge difference in their wellbeing.

Sen. Cassidy (R-LA): What makes the collaborative care model so effective? Why are grants required if they are covered by a payment mechanism?

Keller: This model requires measurement-based care, universal screening for depression and anxiety, and follow ups which most clinical settings do not do. When the behavioral health specialist works for the primary care provider, it makes care more accessible for the patient. However, there isn't a built-in profit margin. States can help by providing grants to cover start up expenses so these types of practices can start off strong.

Sen. Hassan (D-NH): Please discuss how we can combat youth suicide.

Benton: Young people may speak to peers about their suicidal feelings instead of adults who can help them. We should give young people the tools to know what to do in these situations. Additionally, primary care providers should screen for suicide.

Sen. Murphy (D-CT): Please discuss your experience with state licensing restrictions during COVID and how the TREAT Act (H.R. 708/S. 168) can help.

Benton: The flexibility offered at the start of the pandemic was extremely helpful, but did not go far enough (i.e., college students outside of the states their schools are in). Telehealth has been beneficial to students and families who would typically need to travel across state lines for care.

Sen. Rosen (D-NV): How do we get trauma-informed training to providers/child welfare advocates?

Benton: We need to foster partnerships with community organizations, such as health agencies, schools, primary care offices, etc. Trauma informed care training for systems in partnership with agencies has been successful as they share expertise at the community level. For example, mental health centers are working with schools to train teachers and administrators.

Sen. Lujan (D-NM): What policy do you recommend to expand medication assisted treatment for opioid abuse?

Keller: Remove all restrictions. There are no restrictions for opioid pain relief, so why have restrictions on treatment?

Sen. Lujan: Please describe the benefits you have seen with peer support specialists.

Keller: Their lived experience with recovery is very valuable, but so is the cultural competence they bring if they're from similar communities as the patient.

Goldsby: We want more peer support specialists and we want them to be paid a living wage.