Building for Health:

Investing in Infrastructure to Deliver Essential Mental Health and Substance Use Disorder Care

→ The nation's critical infrastructure literally begins with people.

When it comes to mental health (MH) and substance use disorders (SUD), our human infrastructure was vulnerable and struggling before COVID-19.

- Almost **one in four adults** (24.5%, or 61.2 million people) in the United States **is living with a mental illness, substance use disorder (SUD), or both.**
- Approximately **one in five adults** (20.6%, or 51.5 million people) **is living with a mental illness.** Additionally, 20.4 million people ages 12 and older had a SUD in 2019.
- New CDC data indicates that, **in 2020, more than 90,000 people died of a drug overdose**, a record number of overdose deaths. Suicide is the tenth leading cause of death in the United States, and the second leading cause of death for people ages 10 to 34.

As a result of the COVID-19 pandemic, these devastating statistics have become worse according to recent research, including studies conducted by the Centers for Disease Control and Prevention (CDC) and the Kaiser Family Foundation.

- During the pandemic, **41%** of adults in the U.S. have **reported symptoms of anxiety or depressive disorder compared to 11% prior** to the pandemic.
- Young adults (ages 18-24) report even greater rates of anxiety and/or depressive disorder (56%) and they are more likely than all adults to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%). During 2020, the proportion of **mental health-related emergency department (ED) visits among adolescents aged 12-17 increased over 30 percent**. Between February and March 2021, **ED visits for attempted suicide were over 50 percent higher** among girls aged 12-17 than during the same period of time in 2019.
- The CDC estimates that there were more than 90,000 overdose deaths in 2020, the **highest annual number of overdose deaths on record and the largest single-year percentage increase in the past 20 years**. According to a recent *JAMA* study, overdose-related cardiac arrests increased 42.1% across the United States in 2020, with the largest increases occurring among Black (50.3%) and Latinx (49.7%) patients.
- Adults in households with job loss or lower incomes report higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%). **Overdose-related cardiac arrests increased 46.4 percent** for those living in historically underserved communities.

Coalition for Whole Health

In addition, **people living with MH and SUD are at a higher risk for contracting COVID-19**, and they experience disproportionately adverse outcomes when they do receive a COVID-19 diagnosis. This is especially true for Black, Asian, Latinx, and indigenous Americans.

⟶ With the goal of building back better, now is the time to invest in the nation's MH and SUD service infrastructure. We cannot recover from the devastating impacts of the pandemic without also addressing the overdose and suicide crisis that existed before COVID. There is no recovery, no "return to normal," without recognizing that we need to address the structural weaknesses in our national MH and SUD system of care.

The Biden–Harris Administration has outlined its drug policy priorities for year one and its FY 2022 budget priorities to combat mental health and substance use crises. **Expanding access to effective services is the number one priority. We couldn't agree more.**

As Congress and the Administration continue to negotiate the scope of an infrastructure bill, the Coalition for Whole Health, a national coalition of organizations working to improve coverage for and access to mental health and substance use disorder care, urges them to take swift and decisive action in four key areas that will help people, families, communities, and our nation to become healthier and stronger in the wake of the pandemic.

- Strengthen and expand the nation's mental health and SUD workforce
- Invest in the digital MH/SUD infrastructure
- Build capacity to expand access to comprehensive care
- Expand affordable stable housing opportunities

Increase the Number of Jobs in the MH/SUD Workforce

As documented by the Institute of Medicine, and recently reexamined by the Government Accountability Office, the MH and SUD service fields faces a serious shortage of workers, an aging workforce, unacceptably low counselor salaries, the need for a more diverse, culturally effective workforce, and the continuing stigma associated with MH/SUD. In addition to the need for investment in educational and training opportunities for MH/SUD workforce professionals, career development and loan forgiveness within the MH and SUD fields, and a diverse and culturally and linguistically effective workforce, there is a dire need to integrate SUD and MH care with medical care systems.

The CWH urges policymakers to increase the federal investment in the public health infrastructure and strengthen the public health workforce, including the following policy elements:

- **Build a diverse, inclusive workforce.** Congress should significantly increase the federal investment in strengthening the MH and SUD service workforce, including initiatives focused on recruitment, retention, career development and equitable reimbursement. The Social Security Act should be amended to provide Medicare reimbursement for licensed counselors, certified practitioners authorized under state law to deliver MH and SUD care, and community-based SUD facilities. The MH and SUD workforce (staff and leadership) should be representative of the people being served. These efforts should include peer support workers and community health workers.

- **Strengthen employment opportunities for people with MH and SUD**. Congress should fund initiatives aimed at better supporting people with lived experience building careers in the MH and SUD service workforce. Funding for peer certification and education/training should be prioritized as a part of a broader health workforce development agenda, including providing candidates for peer certification with scholarships. Congress should also increase incentives and opportunities for people with MH and SUD to work in other fields of their choice.
- **Train all health care providers about mental and substance use disorders.** Congress should increase training and education requirements to increase understanding of and knowledge about MH/SUD. Furthermore, all doctors and eligible prescribers should be trained on addiction treatment medications as part of the standard DEA course on opioid prescribing so they will all be able to treat patients for opioid dependence effectively.

Strengthen the Digital MH/SUD Infrastructure

While telehealth was already a proven effective tool for helping rural Americans access MH/SUD care, the COVID-19 pandemic has illustrated that telehealth can help meet MH/SUD care needs for people across the country to deliver high quality and effective patient-centered care. As the demand for MH/SUD services continues to grow, with an exacerbated effect on Black and brown individuals, it is essential to strengthen the digital MH/SUD infrastructure, high speed broadband, and mobile device availability to support both the expansion of telebehavioral health services and electronic health information exchange. Funding is critically needed to strengthen the MH/SUD digital infrastructure and to improve equitable care access and health outcomes.

The CWH urges policymakers to support the following investments in the nation's digital MH/SUD infrastructure:

- **Permanently authorize expanded use of telehealth** to induct new patients onto needed medications and provide on-going counseling through audio-only telehealth to ensure access to care. Adopt the Public Health Emergency (PHE) flexibilities to allow patients in Opioid Treatment Programs to continue to initiate buprenorphine for opioid use disorder via telehealth without an in-person evaluation and increase take home doses for methadone. Extend telehealth flexibilities authorized by the Drug Enforcement Agency under the PHE to allow prescribers to initiate patients onto methadone, as well as buprenorphine, via telehealth without an in-person evaluation. Ensure that patients can choose, in consultation with their provider, whether to participate in in-person and/or virtual visits.
- **Allow Medicare reimbursement for audio-only service** delivery to ensure all people have the ability to access the MH/SUD services they need, recognizing that older adults and people with disabilities face more challenges in using audio-visual technologies. Cover cell phones and minutes as durable medical equipment to strengthen telehealth access for people with MH and SUD. Expanded evaluation and management (E&M) telehealth services for MH and SUD care should be retained.
- **Strengthen use of telehealth for crisis stabilization** by removing statutory and regulatory requirements for an in-person MH or SUD service visit to have occurred within six months prior to the telehealth visit.
- **CMS should also expand the definition of home to be wherever the patient is located** to meet the needs of patients who are experiencing homelessness and those who lack privacy or safety in their home.

- **Expand access to the technology infrastructure, including broadband access,** that would allow underserved individuals, including communities of color that are hit the hardest by the digital divide, to use telehealth to meet their MH/SUD needs.
- **Provide subsidies and other incentives to MH/SUD service providers** to support the adoption and use of electronic health records and needed technological infrastructure improvements and training and technical assistance.

Strengthen Capacity of MH/SUD Care

The CWH urges Congress and the Biden-Harris administration to work together to significantly expand federal investment in the community-based system of MH and SUD care. In addition to improving the physical infrastructure of the MH/SUD service system (building new programs and improving those in need of rehabilitation), there is a need to bolster the service infrastructure to meet the MH and SUD needs of people in our country.

The CWH urges policymakers to support the following efforts:

- **Increase funding for effective harm reduction services**, including syringe exchange services, to reduce the escalating number of overdose deaths and improve equitable health outcomes.
- **Build treatment and recovery support capacity,** including expanded funding for Certified Community Behavioral Health Clinics by passing the Excellence in Mental Health and Addiction Treatment Act as well as access to medications for Opioid Use Disorder (MOUD) particularly in underserved communities. The SUPPORT Act's requirements for coverage of all FDA-approved addiction medications in each state's Medicaid program and directing state Medicaid programs to eliminate prior authorization and other utilization management barriers to medications for opioid use disorder (MOUD) should be enforced. Reform Medicare to cover the full ASAM continuum of care for SUD including intensive outpatient, partial hospitalization, and residential care, and expand the Mental Health Parity and Addiction Equity Act to apply to Medicare to protect patients. Strong enforcement of the Parity Act in Medicaid and private insurance will also improve treatment availability and access through fair reimbursement rates, expanded MH and SUD provider networks and non-discriminatory utilization management requirements. HHS should prioritize data collection, analysis, and public reporting by requiring every state, territory, and locality to measure and report on health outcomes by race, sex, ethnicity, gender identity, primary language, sexual orientation, age, and disability status.
- **Support health, not punishment** by building the community infrastructure of non-law enforcement led crisis response (including mobile and peer-led) to prepare for 988 implementation and passing The Medicaid Reentry Act to help people reentering the community with unaddressed health conditions.
- **Support young people** by increasing MH and SUD intervention needs, better equipping people in the community to understand and respond to these needs, including through Mental Health First Aid, and supporting effective, equitable prevention, treatment, recovery for children and young people.
- **Strengthen access to Home- and Community-Based Services (HCBS)** as proposed in the President's American Jobs Plan by dedicating $400 billion to increase access to Medicaid HCBS and strengthen the direct care workforce, and by extending the Money Follows the Person program.

- **Protect the safety net** by increasing funding for programs, including the SAMHSA Block Grants, FQHCs, TANF/SNAP, SSI/DI, and federal housing assistance, that fund essential services and supports for uninsured or underinsured people with MH and SUD care needs.

Expand Safe, Affordable Housing Opportunities

The CWH urges the Biden/Harris Administration to prioritize access to stable, affordable housing as one of the most important factors in successful reentry from incarceration and sustained health for people with MH and SUD histories. In addition to stimulating the economy and supporting job growth, increasing affordable stable housing options to millions more people, including those in underserved communities, is essential to supporting people with mental health and substance use disorders and increasing their health and wellness.

The CWH urges policymakers to prioritize the following:

- **Ensure that affordable and stable homes are available to everyone in need**, by enacting policies that expand rental assistance to every eligible household; expand and preserve the supply of rental homes affordable to people with the lowest incomes; strengthen and enforce renter protections; and create a national housing stabilization fund.
- **Ensure that housing is accessible to people with MH and SUD histories**, including those who are returning home from incarceration or have had other contact with the criminal legal system.
- **Invest in the full continuum of housing options for people with MH and SUD to increase the supply**, including supportive housing and other low-barrier housing options accessible to people who use drugs, and recovery housing. HHS and HUD should jointly provide technical assistance to states about leveraging Medicaid for housing-related supports.
- **Enforce Americans with Disabilities Act (ADA) and Fair Housing Act** anti-discrimination protections for people with mental health and substance use disorders.

The Coalition for Whole Health is a broad coalition of local, State, and national organizations in the mental health and substance use disorder (MH/SUD) prevention, treatment, and recovery communities. The Coalition has worked for over 10 years to improve coverage for and access to the full range of effective MH and SUD services, supports, and care. The Coalition is co-chaired by Ron Manderscheid, President/CEO of the National Association of County Behavioral Health and Developmental Disability Directors and the National Association for Rural Mental Health, and Paul Samuels, Director/President of the Legal Action Center. For additional information, please contact Gabrielle de la Guéronnière (gdelagueronniere@lac-dc.org).

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