

**Written Testimony**  
**America's Mental Health Crisis**  
**House Ways and Means Committee Hearing**  
**February 2, 2022**  
**Witness Testimony of Deepa Avula**

**Introduction**

Chairman Neal, Ranking Member Brady, and members of the Committee, thank you for the opportunity to examine this very important topic. Mental illness and substance use disorders impact individuals, families, and communities across the United States. The toll these conditions take is great from a health, societal, and economic perspective. These conditions are widely prevalent.

I am honored by the opportunity to share the perspectives gained from my time at the Substance Abuse and Mental Health Services Administration, where I spent 20 years. Serving as the Chief of Staff and Chief Financial Officer during the pandemic, I heard regularly from local and state officials about the increased demand the pandemic was creating for behavioral health care. I am pleased to also share with the Committee the important work the State of North Carolina is doing to address these conditions. As the Director for Mental Health, Developmental Disabilities and Substance Abuse Services, I have seen directly the needs of individuals and families across North Carolina and how vital the federal, state and local partnership truly is.

**Background on Prevalence of Mental and Substance Use Disorders and the Impact of COVID-19**

Pre-pandemic, the data demonstrated that there was a nearly 90 percent gap in the treatment for substance use disorders in this country. That is, only one in 10 people with a substance use disorder received any care or treatment for that disorder. The corollary being that nine out of 10 Americans with a substance use disorder reported receiving no treatment (1). There was also a significant gap in those receiving mental illness treatment. Again, these figures represent the period before the onset of COVID-19.

As the country grappled with the realities of an emerging global pandemic, a laser focus was understandably placed on containing this deadly virus. That singular focus manifested in ways that drastically changed lives: Americans were locked down, jobs were lost, routines changed, and in-person interactions stopped. For many Americans, adjustment to a new daily life was stressful but doable. But, for millions of Americans, this drastic change in life was simply too much.

Behavioral health impacts of quarantine and isolation are not unknown. Research on the effects of quarantine and isolation for as little as nine days have been shown to have profound and long-

term effects on one's mental health (2). It is well known that loneliness, isolation, trauma, and grief are stressors which contribute to feelings of depression, anxiety, and even suicidality. Data from the CDC demonstrated that this was no different during the pandemic. Americans across the country reported increases in depression and anxiety with over 40% reporting adverse mental health symptoms. Further, emergency departments saw higher proportions of suicide attempts than ever before.

Equally troubling are data regarding the impact on substance use behaviors. Data show increases of 39% in retail alcohol sales over the pandemic (3). This figure warrants further consideration. This increase was seen during a time in which bars and restaurants were closed—consumption of alcohol during social events, restaurant dinners, or happy hours does not contribute to this increase. This increase is likely home-based consumption, which for many happened alone. For millions of Americans, once restrictions are lifted and life slowly returns to normal, this consumption may return to moderate levels; however, for many other Americans, this excess consumption of alcohol will have led to a substance use disorder.

The 2020 National Survey on Drug Use and Health released by the Substance Abuse and Mental Health Services Administration reports that staggering numbers of Americans currently live with behavioral health conditions. Over 41 million Americans currently live with a substance use disorder, while 52.9 million American adults live with a mental illness. Data tell us that for many Americans who already had a substance use disorder or mental illness, COVID-19 exacerbated those disorders. For many without a behavioral health condition, one was developed as a result of the unprecedented stressors.

Unfortunately, while the demand and need for these services saw an exponential rise, the supply of mental health care services and practitioners who provide them saw sharp declines. Program closures, revenue loss, and staff turnover have continued to plague many behavioral health providers. In September 2020, the National Council on Behavioral Health released a survey of its members showing that 55% of behavioral health organizations reported having to turn away, cancel, or reschedule patients. On average, organizations had lost nearly 23% of revenue in the three months preceding the survey (4).

The country is witnessing an unprecedented behavioral health crisis. Although the reality is quite grim, the good news is that there are effective and efficient treatments available. A comprehensive and coordinated approach to invest in and continue to expand these services is needed. A spectrum of service enhancements across prevention, early intervention, treatment, and recovery support will help to mitigate the negative consequences of the nation's behavioral health crisis.

## **Services and Supports**

School-based mental health services are an integral component of this strategy. Pre-pandemic, during the implementation of the Federal Commission on School Safety (FCSS), states and communities across the country, reported uniformly the need for greater access to mental health care in schools. Recognizing the tremendous impact that COVID-19 has had on our children's behavioral health, a sustained focus on addressing the needs of this population is needed. Programs such as Project Advancing Wellness and Resiliency in Education (AWARE) have

proven successful in developing positive environments in schools which foster and sustain positive mental health experiences for children. This program also focuses on the critical need to train teachers and other school personnel on recognizing the signs and symptoms of mental illness. Recognizing early signs and symptoms and making referrals to care, when needed, is a critical step in addressing this issue. The provision of direct care services in schools should continue to be explored and utilized wherever possible. In 2019, SAMHSA and Centers for Medicare & Medicaid Services (CMS) released a joint advisory which outlined the benefits of school-based mental health care and mechanisms by which these services could be supported by Medicaid—an important guidance for school officials exploring these types of important resources.

Programs such as the First Episode Psychosis (FEP) program—for which Congress created a 10% set-aside within the Community Mental Health Services Block Grant—highlights the importance of early intervention and the development of comprehensive coordinated specialty care programs to intervene at the onset of serious mental illness to mitigate further disability. Research shows that the longer a psychotic episode goes undetected, the more difficult the illness is to treat, underscoring the importance of early intervention programs for adolescents and young adults—the age group in which such disorders manifest. Given the increased demand we continue to see, addressing these challenging health conditions will not be possible without action to prevent and intervene as early as possible to stem the tide of the continued demand.

The importance of community engagement and involvement to prevent substance misuse cannot be overstated. Now, more than ever, these strategies are essential to communicating the risks and harms of substance misuse. Engagement of faith leaders, schools, mental health professionals, trusted community leaders, and social services as partners in this collective strategy is essential. While a focus on youth is critically important, it must also be noted that initiation of substance misuse for many begins in adulthood; therefore, prevention strategies must also reach adult populations.

The foundation of the behavioral healthcare system which urgently needs attention is the implementation of community-based treatment services. Whether for substance use disorder or mental illness, these services are an essential component in addressing the needs of individuals living with behavioral health conditions.

The use of Assertive Community Treatment (ACT) teams to treat individuals with serious mental illness is an effective and evidence-based strategy of care upon which states and local jurisdictions should rely. The expansion of outpatient and intensive outpatient services to address behavioral health conditions allows individuals and families to live a life in the community. Care in the least restrictive setting possible should always be the goal; however, this goal can only be truly realized if this care is available and accessible to all who need it at the right time. Too often, emergency departments are the only source of needed care and respite and these settings are not the ideal source of such care.

The integration of physical and mental health care is also a needed key area of focus. Models to deliver integrated care, such as the Certified Community Behavioral Health Clinic (CCBHC) model have demonstrated favorable outcomes in increasing employment, housing stability, decreasing criminal justice involvement, substance misuse, and mental health symptomatology. The model requires the implementation of crisis services and provides 24/7 access to integrated physical and mental health care truly exemplifying the concept of whole-person care. Addressing

the whole health of an individual is key to achieving successful health and social outcomes for that individual. Congress has recognized the importance of this model of integrated care for those with serious mental illness through increased funding. The importance of such facilities and the ability of these community resources to help approach parity for mental and substance use disorder treatment has been a successful approach in helping to address the major health conditions that mental and substance use disorders represent.

As noted above, the availability of crisis services is a fundamental component of the CCBHC model. The expansion of crisis services is also a major component of the national and local approach to addressing behavioral health care. With the Congressionally-required July 2022 implementation of 988—the three-digit number to reach the National Suicide Prevention Lifeline—states and communities across the country are examining current crisis services and working to expand the ability to provide these services. The true promise of 988, though, will only be fully realized if services are available at the point in which they are needed. For many callers to 988, a phone call will suffice; however, if the system is not equipped to meet the needs of those callers who need a more acute and immediate response requiring treatment, the movement to a three versus ten-digit number will not matter.

Both a community-based treatment system and the provision of crisis services will require a sustained effort to ensure that all communities have equitable access to care. We must work to deliver care to historically marginalized populations and rural communities which may have physical as well as other barriers to accessing care. Use of mobile units and other innovative strategies must be explored to ensure that care is accessible in hard to reach and underserved communities.

### **Substance Use Disorder Treatment Services**

A renewed focus on the nation’s substance use disorder crisis is also necessary to make meaningful steps toward addressing the behavioral health challenges communities face. Impressive gains were seen in the collective action to address the opioid crisis. Sadly, those gains were largely lost during the pandemic with an unprecedented 100,000 lives lost to overdose.

Doubling down on efforts, such as the expansion of medication-assisted treatment (MAT) is essential to addressing the opioid crisis. Additional flexibilities, such as providing methadone via mobile units, have recently been made possible by the Drug Enforcement Administration. As noted above, the use of such units reduces access barriers to care in underserved communities. The use of FDA-approved medication in combination with psychosocial services and community recovery supports have proven to be instrumental in addressing the opioid crisis. Efforts to distribute and train on the use of naloxone, the lifesaving opioid overdose reversal drug, are being made across the country.

As we re-examine strategies to address substance use disorder, it is essential to remember that a “one drug at a time” approach is neither sustainable nor beneficial. This approach is also inconsistent with the manner in which substance use disorders manifest. In general, polysubstance use is the rule and not the exception; therefore, our policy and program decisions must reflect this reality. A comprehensive approach to addressing substance misuse as a whole is needed to address the breadth of the conditions facing the country.

## **Recovery Support Services**

Recovery support services are an imperative aspect of the behavioral healthcare delivery model. Mental and substance use disorders have the potential of affecting all aspects of a person's life and well-being, be it social interactions, employment ability, housing stability, physical health or criminal justice involvement. Recovery support services provide individuals with much needed supports and services to address these aspects of their life. They ensure that the whole person health and wellness are being prioritized.

Often these services are most impactful when provided by an individual with lived experience. The use of peers in settings such as Emergency Departments, jails, and schools can help individuals navigate systems of care, find employment or gain housing stability. Employment and job coaching, prosocial activities, club house models and other recovery support services are well established as a key component of the behavioral health care system.

## **Advancements and Flexibilities**

Although the pandemic brought with it magnified challenges for the behavioral health field, it also brought opportunity. Innovations introduced during the pandemic, such as the use of telehealth, enabled the system of care to survive. The ability to use telehealth services in this expansive manner forced the predominantly face-to-face system of care to transition rapidly to a new care method.

During the time the flexibility was first introduced, providers and practitioners across the country sought training from SAMHSA. An unprecedented demand for training and technical assistance was seen evidencing the lack of reliance on telehealth as a true means of service delivery prior to that point. Today, that reality is completely different. The system has transformed and is quite reliant on this method of delivery. Data demonstrate that via telehealth individuals have been initiating and continuing care; no show rates have fallen; and access to care has increased. The benefits of telehealth have been clear; although, it should be noted that a transition to a fully remote system of care may generate negative consequences for many for whom virtual services are not sufficient. The continuation of telehealth flexibilities with appropriate balance appears to be of benefit to those needing services.

## **Workforce Challenges**

As the system of care progresses, a primary challenge continues to be the availability of workforce. Workforce shortages in the behavioral health field, as with other healthcare fields, present a great obstacle. While the immediate needs require current attention and expeditious action, a plan to ensure a that pipeline is created, including mainstreaming of education on behavioral health into other healthcare fields, cross-training of the healthcare field, and incentives to enter the behavioral health workforce is needed. Investment in peers and a reliance on those with lived experience to help enhance the workforce has proven to be an instrumental strategy.

Workforce development continues to necessitate a broad approach. The needs of the behavioral health population cannot be met by the specialty field alone. We must engage workers across health disciplines to engage in both the identification and care and treatment of those with behavioral health challenges. Federally supported technical assistance and training has led to thousands of practitioners across multiple disciplines gaining access to needed resources and information to support the care and treatment of those with behavioral health conditions. Strategies to continually train and enhance the skills of the workforce must continue to be employed. Continued Congressional support and funding of this training and technical assistance is a worthwhile and beneficial investment.

The workforce challenges further highlight the need to ensure true parity in coverage for these conditions. Although parity laws have been enacted, For those with insurance, behavioral health parity continues to be a major issue. This is particularly true of inpatient care. From 2013-2017, Milliman data indicated an 85% increase in disparity of use of out-of-network service for behavioral health inpatient care relative to medical/surgical care increasing from 2.8 times more likely to 5.2 times more likely.

### **North Carolina Behavioral Health Approach Highlights**

The issues discussed above reflect the reality for all states across the country. North Carolina is no different. Under the leadership of Secretary Kinsley, the state of North Carolina has taken a comprehensive approach to address behavioral health care. Central to the mission and vision of the Department of Health and Human Services (NCDHHS) is a recognition that person-centered, whole health care is essential. Behavioral health is essential to health and is at the forefront of the work being done in the state.

NCDHHS is currently transforming its Medicaid system to focus on integrated care for those with the most serious mental illness. The new Tailored Plan approach will enable individuals with serious mental illness to access fully integrated behavioral and physical healthcare services. North Carolina is continuing this focus on integrated health through the use of its Mental Health Block Grant to expand the CCBHC model in the state.

Further, NCDHHS is working to fully establish the 988 system and recognizes that the real value of the system is in averting a true crisis. Early intervention through crisis services is a key strategy. NCDHHS is expanding its use of mobile crisis services to improve access to care.

The Department also recognizes the essential need to invest in and focus on children. NCDHHS has launched a new Division of Child and Family Wellbeing focused on streamlining mental health, physical health, and social services and supports for children to model the concept of whole child health at the state level.

During the pandemic, NCDHHS acted quickly to implement allowable flexibilities provided at the federal level enabling individuals to receive take home mediations for their opioid use disorder, supporting providers to quickly adapt to increased demand, and making adjustment to rates and service definitions to provide the best, most efficient care possible.

NCDHHS will continue its focus on comprehensive mental health care services and recognizes the unfortunate link between the mental health care system and the justice system. Too often,

individuals with mental illness end up in the criminal justice system far more quickly than the treatment system. NCDHHS is working diligently to implement a comprehensive justice strategy that focuses on early diversion and use of integrated law enforcement and behavioral health teams to help individuals gain access to care as an alternative to incarceration. Further, treatment has been made accessible while in jails. Both MAT for opioid use disorder and the provision of mental health services during incarceration have been an important area of investment recognizing the greater likelihood of a successful re-entry into society if needs are met during incarceration.

NCDHHS has always relied upon and will continue to rely upon the valuable perspective of our consumers, peers, and families receiving the behavioral health services. Their voice will continue to help guide and shape the policy and programs developed by the state.

The challenges facing not only the behavioral health field, but indeed the whole country are great. Emergency funding to help respond to these issues has been of great benefit to states and communities; however, the short-term nature of this funding continues to leave gaps and the potential for major funding cliffs that may create even greater demand in the future. Congressional support for sustained and flexible funding to address behavioral health will make a marked difference in the lives of millions. With collective partnership at federal, state, and local levels, sustained investment of resources, and continual community and stakeholder engagement, success in addressing one of the greatest health challenges of our time is possible.

## References

1. National Institute on Alcohol Abuse and Alcoholism
2. Marroquín, Brett et al. "Mental health during the COVID-19 pandemic: Effects of stay-at-home policies, social distancing behavior, and social resources." *Psychiatry research* vol. 293 (2020): 113419. doi:10.1016/j.psychres.2020.113419
3. NC Alcoholic Beverage Control Commission
4. National Council for Behavioral Health