HOUSE APPROPRIATIONS HEARING ON COVID-19 AND THE MENTAL HEALTH AND SUBSTANCE USE CRISIS

EXECUTIVE SUMMARY

Earlier today, the House Appropriations Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies held a hearing to discuss the impact of the COVID-19 pandemic on mental health and substance use. Members heard firsthand the effects of the pandemic on the nation’s behavioral health from the American Psychological Association, child trauma services, community behavioral health care, and state substance use disorder provider stakeholders. Members noted that the witnesses’ recommendations were remarkably consistent and that the need for sustained, long-term investments in behavioral health care services was clear.

Witnesses stressed the impact that the COVID-19 pandemic has had on youth in particular, as well as the potential for substance use disorder as individuals face isolation, unemployment, and difficulty accessing services. They noted that the effects of the pandemic could be felt for years to come as they influence children’s development and the entry of individuals experiencing first-time mental health crises into the behavioral health care system. The witnesses also noted that continued investments in educational loan repayment programs was needed to counter the behavioral health provider shortage, as well as in behavioral health block grants that allow state programs flexibility in how funds are used.

OPENING STATEMENTS

Chairwoman Rosa DeLauro (D-CT) (statement) said that while funding included in previous relief bills has been a step in the right direction, the behavioral health system has been underfunded for years. She called on Congress to think on a more long-term scale and provide the funding and resources needed not only to help weather the immediate effects of this pandemic but also to help treat what will become an exponentially increasing mental health crisis in the next few years.

Ranking Member Tom Cole (R-OK) said that while much attention has been given to the economic and physical impacts of the pandemic, work was needed now to address the behavioral health impacts that would last for years to come. He noted that while $4 billion was appropriated to address the behavioral health impact of the pandemic, that funding has still not reached the community level where it can be put to use.
**TESTIMONY**

**Ms. Lisa Amaya-Jackson** *(statement)*, Co-Director of the UCLA-Duke University National Center for Child Traumatic Stress, laid out six recommendations for Congress to consider to address child trauma as a result of the pandemic, including: (1) ensuring families have resources to meet basic needs; (2) increased access to evidence-based services for children and families; (3) implementing school-trauma-informed programs and practices; (4) supporting increased trauma services in child-serving systems; (5) supporting research on the impact of the pandemic on mental health and substance use; and (6) prioritizing the needs of at-risk and vulnerable communities.

**Mr. Arthur Evans Jr.** *(statement)*, Chief Executive Officer and Executive Vice President of the American Psychological Association, explained that the passive, reactive approach to behavioral health must be abandoned, and advocated for increased prevention and early intervention strategies at the community level. He also stressed the importance of investments in future systems that prioritize mental health throughout the nation.

**Ms. Verna Foust** *(statement)*, Chief Executive Officer of Red Rock Behavioral Health Sciences, stressed the benefits directing federal funding through state alcohol and drug agencies because it forces behavioral health providers to build a relationship with the agency, allows the state agency to provide needed technical assistance, and ensures critical oversight of operations. She urged Congress to extend the Certified Community Behavioral Health Centers (CCBHC) Demonstration past the September 30, 2023 deadline, to permanently expand telehealth expansion past the pandemic, and to provide broader access to student loan repayment through HRSA to attract additional providers.

**Mr. Mark Stringer** *(statement)*, Director of the Missouri Department of Mental Health, also called for federal funding to flow through state alcohol and drug agencies to ensure flexibility in how funding is used, and to transition funding over time from opioid-specific to all substance use treatment. He asked that Congress support and bolster the Substance Abuse and Mental Health Services Administration (SAMHSA).

**DISCUSSION AND QUESTIONING**

*Impact on Youth*
- Ms. Amaya-Jackson stressed that behavioral health services should not treat children as little adults, because stressors can have a significant impact on development. She explained that the pandemic was setting problematic patterns into play that will long outlast COVID-19, and called for community programming, increased access to services, and greater rethinking about how to return to public interaction.
- Ms. Amaya-Jackson told Chairwoman DeLauro that it was critical to bring together stakeholders from child-serving systems to identify how to counteract the impact of the pandemic on children and families. She noted that many families will need to enter the behavioral health system for the first time and that may strain resources.
• Mr. Evans noted that the chronic stress children could be experiencing due to the pandemic is similar to veterans of prolonged deployment who become conditioned to their trauma, and only exhibit mental health crises when the stressor is finally removed.

Substance Use and Substance Use Disorder
• Mr. Stringer noted that conditions of isolation, unemployment, and difficulty accessing services are all enemies of recovery and create opportunities for substance abuse.
• Mr. Stringer explained to Rep. Katherine Clark (D-MA) it is critical to go into disproportionately impacted communities and ensure that the treatment being offered is something that would be welcomed without stigma, and that the message is being delivered by someone the community will trust. He stressed the importance of engaging community stakeholders.
• Mr. Stringer stated that directing federal funding through state alcohol and drug agencies allows additional flexibility in funding use, and for programs to adjust with emerging substance use threats.

Recommendations for Congress
• Mr. Evans said that individuals having their first episode with mental health challenges as a result of the pandemic should be prioritized as they will need help understanding and getting into the behavioral health system. He called for measures that focus on early identification and intervention.
• Ms. Foust stated that the expansion of telemedicine has been the one bright spot of the pandemic. She advocated for permanent telemedicine expansion beyond the pandemic.
• Ms. Amaya-Jackson called for data collection on what aspects of virtual learning and telemedicine have been beneficial or detrimental.
• Mr. Evans called for increased investments in Minority Fellowship programs to ensure minorities are better represented among behavioral health practitioners.
• Mr. Evans asked that future physician shortage solutions consider greater use of task shifting, allowing individuals with lower levels of training to take over services they could be effective with and freeing up provider time.

Other
• Mr. Evans agreed with Rep. Lucille Roybal-Allard (D-CA) that expecting or new mothers require unique behavioral health resources to counter mental health issues stemming from pregnancy, childbirth, and new motherhood. He noted that many of the women experiencing postpartum depression are not typically connected to behavioral health services and called for a multi-systematic approach integrated with perinatal services. He noted that screening and identifying women at increased risk before birth would be critical, as well as increased education for practitioners. Additionally, he explained that Medicaid reimbursement could be a barrier and called for flexibility around reimbursement of services.
• Mr. Evans told Rep. Barbara Lee (D-CA) it is critical that future behavioral health investments encompass social determinants of health and chronic stressors such as racism
in treatment. He called for additional research on how funding is used to target underserved or at-risk populations.

- Mr. Evans agreed with **Rep. Chuck Fleischmann (R-TN)** that the “arbitrary” 190-day cap on inpatient psychiatric services in Medicare was discriminatory and should be removed. He noted that Medicare did not limit treatment days for other physical conditions.
- Mr. Stringer asserted that it is critical that mental health parity be enforced. He added that it does not make sense that insurers would not want to cover mental health services when it could better physical health and lower costs.
- Mr. Evans said crises services funding is critical but that it is also important to consider what happens before and after a crisis. He stressed ensuring there were alternatives to crises services and continuity of care to make sure individuals do not end up in a cycle of crises.