"COVID-19 and the Mental Health and Substance Use Crises"

Written Testimony to:

The House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
The Honorable Rosa DeLauro, Chairwoman
The Honorable Tom Cole, Ranking Member

2358-C Rayburn House Office Building

Submitted By:

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Madam Chair, Ranking Member Cole, and members of the Subcommittee, my name is Mark Stringer, and I am Director of the Missouri Department of Mental Health. I also serve as Chair of the Public Policy Committee of the National Association of State Alcohol and Drug Abuse Directors, or NASADAD.

I truly appreciate the opportunity to testify before you today to discuss the impact of COVID-19 on substance use in Missouri, our actions to mitigate the impact, and the tremendous help we have received from Congress, the White House, and Federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid

Services (CMS). I would also like to suggest further steps that might be taken at the Federal level to assist in States' efforts.

I. IMPACT

The coronavirus was first identified in Missouri on March 7, 2020, and like everywhere else, it spread quickly. So did drug overdoses and overdose deaths.

Overall, drug overdose deaths increased about 21% in the first three quarters of 2020 compared to 2019. Deaths among Black people increased 37%, compared to 16% among White people. The St. Louis Metro region accounted for approximately 55% of all drug overdose deaths in Missouri in 2019 and 2020, and about 80% of all drug overdose deaths in Missouri among Black individuals. Overdose deaths involving a combination of opioids and stimulants increased by approximately 82% statewide between 2019 and 2020. Statewide, 2020 increases in opioid-involved and stimulant-involved drug overdose deaths were similar, both about 30% higher than 2019. Opioid-involved drug overdose deaths represent the majority—about 75%—of total drug overdose deaths. Fentanyl continues to be the driver of overdose deaths, accounting for 90% of deaths in the St. Louis region.

Contributing factors to the sharp increase in overdoses and deaths are well known: chronic anxiety, unemployment, hopelessness, and isolation are some of the biggest. People who overdose are often alone when it happens.

Drug overdose is not the only problem, of course. Alcohol use in Missouri and its related problems are on the rise as well. According to KHN, a publication of the Kaiser Family Foundation,

> "[H]ospitals across the country have reported dramatic increases in alcohol-related admissions for critical diseases like alcoholic hepatitis and liver failure. . .Specialists at hospitals affiliated with the University of Michigan, Northwestern University, Harvard University and Mount Sinai Health System in New York City said rates of admissions for alcoholic liver disease have leapt by up to 50% since March."

The pandemic has made an already tragic drug and alcohol situation much worse.

II. ACTIONS TO MITIGATE THE IMPACT

Important Role of the SSA: Each State and jurisdiction has an identified lead agency that, like mine, is known as a Single State Authority (SSA). These agencies manage the publicly-funded addiction treatment, prevention, and recovery service system. The State alcohol and drug agencies, governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share a number of common characteristics. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in effectively managing our nation's prevention, treatment, and recovery system.

In Missouri, as the SSA, my department of mental health worked with partners like the Coalition for Community Behavioral Health and the Missouri Institute of Mental Health at the University of Missouri – St. Louis to develop a nontraditional treatment model, and to relax or eliminate

certain rules and regulations that would have impeded or even precluded safe service delivery during the pandemic. For example, we:

- Developed what we call the "Medication First" model of treatment for people with Opioid Use Disorder. This model removes barriers to evidence-based medical care being delivered in a prompt manner—ideally the same day a person initially presents for treatment.
- Thanks to quick action at the Federal Department of Health and Human Services—SAMHSA and CMS in particular—offered treatment providers the flexibility to use telephonic and other telehealth/electronic means (video, email, and text) for delivering services.
- Offered the flexibility to waive client signatures on required documents.
- Offered the flexibility to waive certain training requirements for new community support specialists, peer support specialists, and family support specialists.
- Extended timelines associated with the completion of assessments and treatment plans.
- Extended the allowable time for documents to be signed when multiple staff signatures are required.

III. HELP FROM THE FEDERAL GOVERNMENT

SAPT Block Grant: The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a $1.8 billion formula grant administered by SAMHSA that is allotted to NASADAD members in each State and territory. The Block Grant offers States the flexibility to address all substance use disorders, as it is not substance specific.

The December 2020 COVID-19 relief package (P.L. 116-26) included an additional investment of $1.65 billion for the SAPT Block Grant. Considering the impact that the pandemic has had—and will continue to have for years ahead—on substance use disorders, SAPT Block Grant dollars are vital. In fact, these SAPT Block Grant increases, along with the State Targeted Response (STR) grant and State Opioid Response (SOR) grant, represent the largest investment in substance use disorder services that I have seen in my 37 year career in this field. We are very appreciative of the work this Subcommittee has done to include supplemental funding for the SAPT Block Grant, as those dollars will help ensure that individuals get the care that they need.

NASADAD supports and appreciates the additional investment in the SAPT Block Grant that is included in the COVID-19 aid package now before Congress. For State alcohol and drug agencies I will note just some of the benefits of increased investments in the SAPT Block Grant.

- **Assist States with planning**: The role of State alcohol and drug agencies includes working to ensure an effective, efficient, and coordinated system of care across substance use disorder prevention, treatment, and recovery. Federal investments in the SAPT Block Grant helps States plan with consistency and assure stable supports for our communities.
- **An investment in the SAPT Block Grant is an investment in prevention**: By statute, States must allocate at least 20 percent of the SAPT Block Grant to much needed primary prevention. This "prevention set-aside" is a core component of each State's prevention system. In fact, the SAPT Block Grant represents, on average, over 60 percent of each State alcohol and drug agency's prevention budget.

- **Maximize efficiency by leveraging the current infrastructure**: The SAPT Block Grant represents an effective and efficient portal through which to direct resources for substance use disorder programs and services. States and providers are already well familiar with the protocols connected to this funding mechanism. This includes the application, data reporting requirements, and more.
- **Afford States flexibility to address local needs**: The SAPT Block Grant allows State alcohol and drug agencies to address their own unique needs related to prevention, treatment, and recovery. This flexibility is important given that each State faces different challenges.
- **Plug gaps that are not funded by Medicaid, Medicare, or commercial insurance plans**. This includes things like employment services, and outreach and engagement—all of which play critical roles in quality and sustained recovery.

IV. FURTHER STEPS

Here are my recommendations, submitted with all due respect and in light of the tremendous demands on this committee:

First, we are fighting an urgent and very steep uphill battle here. As much as the generous Federal grant dollars have helped, we still have people who cannot get into lifesaving treatment or find affordable recovery housing in our state. We know this becomes a death sentence for many, yet we still don't have enough resources to help everyone who needs it. **We need more.**

Second, certain Federal regulatory changes impacting the substance use disorder system have been in effect since March 20, 2020. These changes should be maintained at least one year after the federal government determines the U.S. is no longer operating under a public health emergency, then should be further evaluated:

- The Drug Enforcement Administration (DEA) waived the requirement for the first appointment to be in-person for prescribing substances (including buprenorphine). Service providers can now use telemedicine (including with a smartphone). Link: https://www.deadiversion.usdoj.gov/coronavirus.html
- Opioid Treatment Programs (OTPs; methadone providers) have been granted permission in all States to give 28-day take home doses for stable clients, and 14-day take home doses for newer or less stable clients. Link: https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf
- HHS waived certain HIPAA rules related to communication so that service providers can use a variety of communication tools, including regular phones, for service delivery. Link: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
- 42 CFR Pt. 2 regulations related to disclosing the identity of people receiving diagnoses or treatment for substance use disorders were suspended. Providers may share information about patients if it is in the interest of improving their care in the midst of this emergency without written patient consent. Link: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Third, I recommend a **transition over time from opioid specific resources to investing funds in the SAPT Block Grant**. While we are incredibly grateful for opioid-specific grants to State alcohol and drug agencies, such as STR and SOR, States would benefit from more flexibility to address all substances of concern. This very Subcommittee recommended this important approach in its proposed FY 2019 bill. We hope this can be done in FY 2022.

Fourth, I recommend **routing federal resources through the SSA.** Please ensure that Federal addiction initiatives work through State substance use agencies, for reasons I mentioned earlier. To not do so threatens to fragment systems, create inefficiencies, and open the door to questionable practices. State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment, and recovery service delivery system. These agencies develop annual Statewide plans to ensure an efficient and comprehensive system across the continuum. Further, State alcohol and drug agencies promote effective systems through oversight and accountability. Finally, NASADAD members promote and ensure quality through standards of care, technical assistance to providers, and other tools. As a result, NASADAD strongly recommends that federal funding, programs, and policies designed to address substance use prevention, treatment, and recovery flow through the State alcohol and drug agency. This approach allows federal initiatives to enhance and improve State systems and promotes an effective and efficient approach to service delivery. Federal policies and programs that do not flow through or at least coordinate with the State agency run the risk of creating parallel, duplicative, or even contradictory publicly funded systems and approaches.

Fifth, and finally, please bolster the role of the Substance Abuse and Mental Health Services Administration (SAMHSA). We support maintaining investments in SAMHSA as the lead agency within HHS focused on substance use disorders. The nation benefits from a strong SAMHSA given the agency's longstanding leadership in the field. NASADAD appreciates the role the Assistant Secretary for Mental Health and Substance Use plays in coordinating work across HHS to promote a unified federal approach to substance use disorders, and we are particularly grateful for the leadership of the current Acting Assistant Secretary, Tom Coderre. SAMHSA should be the default home of substance use disorder discretionary grants and related programming.

I thank you again for the opportunity to be here, and look forward to your questions.