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"COMMUNITIES IN NEED: LEGISLATION TO SUPPORT MENTAL HEALTH AND WELL-BEING"

Testimony before House Energy & Commerce Health Subcommittee

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On behalf of the National Association of State Mental Health Program Directors

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Introduction/Background

Good morning, Subcommittee Chairwoman Eshoo, Subcommittee Ranking Member Guthrie, Chairman Pallone, and Chairwoman McMorris Rodgers and members of the subcommittee. Thank for you for the opportunity to appear before this subcommittee today to discuss policy solutions to the overlapping opioid overdose and mental health crises impacting the United States. My name is Dr. Debra Pinals, and today I am testifying on behalf of the National Association of State Mental Health Program Directors, or NASMHPD, which represents state executives responsible for the public mental health service delivery system serving millions of people annually in all 50 states, 6 territories and pacific jurisdictions, and the District of Columbia. NASMHPD works with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders. I serve as the Chair of the Medical Director's Division of that Association and separately I provide technical assistance to them.

I am also the Medical Director of Behavioral Health and Forensic Programs at the State of Michigan Department of Health and Human Services (MDHHS) and a Clinical Professor of Psychiatry at the University of Michigan Medical School and Clinical Adjunct Professor at the University of Michigan Law School. I am a psychiatrist, board certified in psychiatry, forensic psychiatry and addiction medicine. I have worked throughout my career in a variety of capacities including as a treating psychiatrist across many settings, an expert witness in litigation, a researcher, an academic instructor, a government official, a consultant, and a policy adviser often related to the legal regulation and of psychiatric practice and access to care.

Like in most states, the coronavirus pandemic has exacerbated pre-existing behavioral health challenges in Michigan. In my role within the Michigan Department of Health and Human Services working to support our Disaster Behavioral Health response, I have been tracking data from the CDC household pulse survey, and that has consistently shown that about 30% of people in Michigan and around the United States report significant symptoms of depression and anxiety. We have all been faced with extraordinary challenges, and we are so appreciative of the federal support that has come to us to help address these challenges brought on by the pandemic. I'm especially grateful for the leadership on these important issues by members of the Michigan delegation, especially Senators Stabenow and Peters in the Senate, and Representatives Dingell and Upton of this subcommittee. With regard to the emotional toll of the pandemic, we have worked with funding from SAMHSA and FEMA to lift up our Crisis Counseling Program, which allowed us to deliver a new

"Michigan.gov/Staywell" program (www.michigan.gov/staywell), offering a variety of types of support for individuals who have had difficulty emotionally coping with all that has come our way in the face of the pandemic. This work has included a number to call attached to our COVID-19 information line, virtual support groups, information dissemination about our supports and a wealth of resources on our website such as videos that can be helpful in fostering emotional resilience during these difficult times. I urge you to look at this website yourselves.

Despite these efforts, we are acutely aware of ongoing demands for mental health and substance use services. Even before the pandemic, needs for persons with mental illness, substance use disorders, and co-occurring intellectual and developmental disabilities were great. I am here today to speak to my experience working with these individuals and in developing services for them as you deliberate on the many bills before you. My message is clear. Funding for mental health services is necessary and should be a national priority. In making this statement, let me begin by recounting some of the pressing issues we are facing in Michigan.

Since 2000, drug overdose deaths have grown five-fold in our state with just over 2,700 drug overdose deaths in 2020 alone. Opioid overdose deaths increased by 23% percent from 1,768 in 2019 to 2,171 deaths in 2020. The percentage of opioid overdose deaths that involved fentanyl in 2020 was 86%, an increase from 80% in 2019. And these drug overdose death rates are impacting our communities disproportionately, with Black and Hispanic residents having higher age-adjusted all drug overdose death rates than White

residents in 2020. Even with these grim statistics, we are proud of the progress we have made in reducing overall opioid prescriptions and significantly increasing the number of pharmacists and physicians enrolled in our prescription drug monitoring program. Yet, there is so much more needed to help us turn these numbers around in these challenging times as we pivot through this pandemic.

In addition to the opioid overdose rates, our mental health challenges, like in many states, are highlighted by the number of state residents we lose to suicide. Suicide rates have increased across the United States and Michigan over the past decade. In 2020, Michigan saw 1,431 total suicides including deaths occurring out-of-state. Suicide was the third leading cause of death for Michigan residents from ages 15 to 34 in 2020. And while we do not yet know the full impact of the pandemic on future suicide rates, there are many things that give us cause for alarm that has inspired further focus by our Suicide Prevention Commission on preventing suicide especially among high-risk populations. Having access to immediate supports can be one way of reducing these tragic and untimely deaths, along with reducing misuse of drugs and alcohol.

State of Michigan Mental Health Reform

To deal with these challenges, my department has initiated broad reform efforts, only some of which I will highlight today, including those that leverage two key federal initiatives. First, across Michigan there are currently 36 Certified Community Behavioral Health Clinic (CCBHC) sites, with 34 of them funded through the SAMHSA CCBHC

Expansion Grants and 13 receiving funds as CMS CCBHC demonstration sites. These span the state stretching from Kalamazoo, through Washtenaw to Wayne County (serving greater Detroit and beyond) and up north to Mason County. This program increases access to mobile crisis response, jail diversion, and medication for addiction treatment (MAT) for all, regardless of ability to pay, just to name a few of the service models. An estimated 367,000 Michiganders might be eligible to participate based on mental health and substance use disorder disorder diagnoses. We are grateful to have been selected to be able to expand our CCBHC portfolio.

Second, MDHHS is also expanding the Michigan Crisis and Access Line (MiCAL), a service that launched first on April 19, 2021 in two very distinct regions-- Oakland County and in our more rural Upper Peninsula. This work was initiated seamlessly with amazing partnerships despite the complexity of the endeavor. This service provides support for people in distress and information and referral for people who do not know where to go for help. MiCAL aims to provide a single number access point for immediate crisis response, with the goals of reducing suicide, getting people to the right level of care, minimizing unnecessary wait times, and tracking information to coordinate follow-up services.

Since its initiation, MiCAL has expanded to five (5) of our ten (10) Pre-paid Inpatient Health Plan (PIHP) regions, with planned expansion to the other five (5) over the course of this calendar year. To date, there have been 25,416 calls to MiCAL/National Suicide Prevention Lifeline (NSPL)/Community Mental Health Services Program (CMHSP) after

hours and 28,751 calls to the affiliated Peer Warmline. Approximately 60% of the calls are for general support, and 23% are addressing some type of crisis need. Our team is working diligently to expand these activities to link to other crisis services that we are establishing in concert with many stakeholders and with legislative support.

Presently, Michigan is also working to codify all of the MiCAL services under one structure and coordinate with the new National Suicide Prevention Lifeline 988 number scheduled for implementation in July 2022 nationwide. We plan to add a bed board, which will provide real time information on in-patient and residential bed occupancy which will simplify transferring patients and streamline the referral process.

Mental Health Block Grant – Crisis Care Set-aside.

The bipartisan legislative agenda that NASMHPD has presented to the committee dovetails with Michigan's strategic direction while helping us to address our immediate crises. In preparation for implementation of the new nationwide 9-8-8 National Suicide Prevention Lifeline (NSPL), the state mental health directors are seeking a Mental Health Block Grant set-aside of 10% to help finance the crisis care continuum in every state. Flexible block grant dollars will assist with the three (3) legs of the crisis care stool: funding local and regional call centers, organizing mobile crisis teams to respond to individuals in immediate mental or substance use crisis, and financing crisis receiving and crisis stabilization beds for persons in need of short-term acute psychiatric services in non-hospital community-based settings.

But make no mistake. With 9-8-8 going live in less than four (4) months, standing up a crisis care system is an enormous undertaking that will require financing well beyond the capacity of existing federal discretionary programs.

Mental Health Block Grant --- Early Intervention & Prevention Set-aside

At the same time, as the medical director who advises our leadership overseeing state mental health and addiction services in order to achieve the best clinical outcomes for our residents, and as a psychiatrist who has spent her career working in settings ranging from emergency rooms to prisons, I see the importance of funding for preventative programs that head off crises and avert long waits in emergency departments, child removals into foster care due to substance use disorders in the parents, arrest and incarceration in county jails and homeless shelter placements. NASMHPD and citizens advocacy organizations like Mental Health America have come together and supported the creation of a new 10% early intervention and prevention set-aside within the mental health block grant. Many of the major neuropsychiatric illnesses have a typical age of onset in late adolescence, and experience and data showing early intervention points ever more directly to the need for prevention efforts. Studies also demonstrate that half of those who will develop mental health disorders show symptoms by age 14. Effective early intervention and prevention programs will reduce suicide prevalence rates, school dropout, homelessness, child removals, and involvement in the criminal justice system. Similar to the successful prevention set-aside program in the Substance Use and

Prevention Block Grant, this initiative will involve constructive public-private partnerships with school systems, primary care associations, and local businesses.

In closing, I should note that statutory modifications will be needed to permanently waive the application of certain Mental Health Block Grant statutory requirements drafted in the early 1990s to facilitate the implementation of both new set-aside programs. A significant upward adjustment in the block grant authorization ceiling will also be required.

State mental health agencies have a responsibility to attend to the mental health needs of some of the most vulnerable residents. Yet they need the flexibility to help Americans experiencing an acute mental health or substance use crisis while, at the same time, engaging in public mental health initiatives to prevent those crises from emerging in the first place.

Again, thank you for the opportunity to testify. I am happy to answer any question you may have.