



April 13, 2020

VIA ELECTRONIC DELIVERY

Honorable Dianne Feinstein
331 Hart Senate Office Building
Washington, DC 20510

CHAIRPERSON
Lorraine Flores

EXECUTIVE OFFICER
Jane Adcock

Dear Senator Feinstein,

We write to you as advocates for individuals living with mental health and substance use disorders (MH/SUD) in California.

The COVID-19 pandemic is bending our MH/SUD treatment system to the breaking point. ***Without emergency assistance that only the federal government can provide, California's mental health and addiction treatment infrastructure will face devastating mass layoffs and closures in the coming days and weeks.***

Prior to the pandemic, California was experiencing a significant mental health and addiction workforce crisis. Now, our treatment infrastructure is under extreme stress, with many providers experiencing enormous drops in revenue coupled with rising costs. In a recent survey, the National Council for Behavioral Health found that its community behavioral health organization members expected revenue losses of 50 percent in the next year – or roughly \$38.5 billion. This catastrophic loss does not even cover all mental health and addiction providers.

If this infrastructure is destroyed, people with mental health or substance use disorders will flood other aspects of the already over-burdened system including community health centers, urgent care facilities, and emergency departments. Longer term, this infrastructure will take many years – even decades – to restore, and California will be unable to meet the skyrocketing mental health and addiction needs of our communities.

COVID-19's social disruptions and economic destruction are already causing widespread fear and anxiety, a sense of isolation, post-traumatic stress symptoms, depression, and grief. The fallout from this crisis will likely be even worse than the effects of the Great Recession in 2008, when suicides associated with increased unemployment spiked 13 percent, and 46,000 lives were lost due to unemployment and income inequality.¹

These effects are not theoretical; they are already upon us. A survey by McKinsey & Company in late March found:

- Advocacy
- Evaluation
- Inclusion

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¹ McKinsey & Company, "Returning to resilience: The impact of COVID-19 on mental health and substance use," April 2020, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/returning-to-resilience-the-impact-of-covid-19-on-behavioral-health>.

- Nearly two-thirds of Americans surveyed reported being anxious and/or depressed – numbers that were far worse for those who had lost or reduced employment due to the pandemic.
- More than 80 percent of respondents reported moderate or high levels of distress.
- One in four adults reported binge drinking in the past week; 1 in 5 reported taking prescription drugs for non-medical purposes, and 1 in 7 reported using illicit drugs.

Unless Congress takes decisive action both to save existing infrastructure and to rapidly expand prevention, identification, treatment, and support services, the gathering tidal wave of mental illness and addiction will overwhelm our state. And, while we welcomed the \$425 million in resources for mental health and addiction in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, this represents a drop in the bucket of what is needed (and only about 0.02 percent of the law's appropriations).

Congress must make mental health and addiction a key priority in our country's COVID-19 response. Specially, we urge you to:

1. **Ensure MH/SUD providers have immediate access to at least \$38.5 billion in emergency funding to save the existing treatment infrastructure.** These funds should be allowed to be used for expenses and lost revenue attributable to COVID-19.
2. **Implement and fully fund the 9-8-8 National Mental Health and Suicide Prevention Hotline.** Congress has made significant progress in increasing access to suicide prevention services. However, it must take action to make 9-8-8 operational as soon as possible.
3. **Provide at least \$10 billion in immediate emergency funding to expand community MH/SUD services for COVID-19 response.** Billions of dollars are needed to support services, including but not limited to, local crisis response, first episode psychosis interventions, crisis/grief counseling for health care workers and other front-line workers such as those working in grocery stores, virtual peer supports, behavioral health screenings, services for individuals who are homeless, jail diversion, and workforce expansion.
4. **Guarantee all Americans access to telehealth coverage.** All health insurance plans, including all Employee Retirement Income Security Act (ERISA) plans and Medicare should be required to cover telehealth at parity with in-person care due to disruptions in in-person care. Coverage should include all levels of outpatient treatment, out-of-network providers, and audio-only services.

Returning to resilience requires addressing the mental health and addiction impacts of COVID-19. According to McKinsey, MH/SUD “are known drivers of lower productivity, increased healthcare costs, and higher mortality...A likely surge of people experiencing acute behavioral health problems—both those with new symptoms and those with existing conditions—has potential to further strain the healthcare system and add cost to an already unprecedented economic downturn.”

Our country must fight COVID-19 together, while also addressing the mental health and substance use challenges that threaten to cause a second wave of illness and death. Thank you for your attention to this urgent matter.

If you have any questions, please contact Jane Adcock, Executive Officer at (916) 750-1862 or Jane.Adcock@cbhpc.dhcs.ca.gov.

Sincerely,



Lorraine Flores
Chairperson