ABHW Comments on the Substance Abuse and Mental Health Services Administration DRAFT Strategic Plan.

*Comments were submitted through SAMHSA' s web form.

**SAMHSA General Comments on the Overall Strategic Plan (*all answers limited to 1800 characters)**

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) on the 2023 -2026 Strategic Plan. ABHW is the national voice for payers managing behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

ABHW strongly supports SAMHSA's 2023-2026 priorities and its dedication to strengthening person-centered behavioral health care across the continuum. Maintaining access to continuous healthcare coverage and minimizing coverage gaps are critical steps toward improving health outcomes and advancing health equity.

**Comments on Priority #1: Preventing Overdose (1800 characters)**
ABHW applauds SAMHSA's priority focus on preventing overdoses by increasing access to and utilization of harm reduction approaches and effective treatments. This includes SAMHSA's Objective 1.1 of expanding the utilization of Medications for Opioid Use Disorder (MOUD).

ABHW is committed to curbing the opioid epidemic by creating greater access to evidence-based treatment and eliminating unnecessary restrictions. We encourage SAMHSA to work with other agencies to help remove the regulatory limits on Medication Assisted Treatment (MAT). The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) and the subsequent Drug Enforcement Administration's (DEA) recently proposed regulation on the Expansion of the Induction of Buprenorphine via Telemedicine Encounter directly influences access to MAT impede access to treatment by retaining an in-person evaluation for the prescription for a controlled substance, including buprenorphine. While ABHW recognizes that in-person visit requirements may be necessary for some circumstances where it is a clinical best practice, we do not support mandated in-person requirements across the board. Specifically, for MAT, given that not all individuals with substance use disorders (SUDs) can have an initial in-person visit with a provider due to behavioral health provider shortages or physical difficulty

traveling, ABHW advocates for actions that eliminate the in-person evaluation requirement before a provider can prescribe MAT.

Additionally, ABHW encourages SAMHSA to help influence the immediate promulgation of the regulations required by federal law that requires the DEA to provide an enhanced pathway to less restrictive telehealth prescribing for providers that complete the special registration process.

**Comments on Priority #2: Enhancing Access to Suicide Prevention and Crisis Care (limit to 1800 characters)**

ABHW supports SAMHSA's goal to increase access, improve quality and reduce barriers to behavioral health crisis services. Our members are committed to expanding suicide prevention services through evidence-based screening and safety template planning. ABHW supported the legislation designating 988 as the National Suicide Prevention Hotline. Furthermore, we advocate for expanded and sustained funding for a coordinated 988 response system, ensuring that people experiencing mental health, substance use, and suicidal crisis receive immediate, comprehensive care.

ABHW supports an evidence-based continuum of crisis care and stabilization services for individuals experiencing a behavioral health crisis. Ensuring crisis response and sustaining effective crisis care is vital nationwide and critical to advancing equity.

Our members are focused on promoting effective behavioral health crisis services centered on prevention and recovery. They cover and coordinate various parts of the crisis continuum, including crisis hotlines, mobile crisis response, crisis receiving, and stabilization. More patient-centered care can result from using crisis services to reduce inpatient utilization and emergency department diversion.

We recommend developing a national set of standards and definitions outlining the continuum of crisis services and detailing coding and billing practices. Establishing standards for these services will ensure that patients who need these services receive the same evidence-based care regardless of the entity that provides the service. ABHW welcomes the opportunity, as the crisis continuum continues to scale operations, to engage with SAMHSA on the need for standards to ensure a comprehensive emergency behavioral health response system.

**Comments on Priority #3: Promoting Resilience and Emotional Health for Children, Youth, and Families (limit 1800 characteristics)**

ABHW applauds SAMHSA's goal of increasing mental health (MH), and substance use disorder (SUD) care for children, youth, and families through an equity-driven approach. Our members are fully aligned with supporting the expansion of evidence-based mental health and substance use disorder screening, diagnosis, and treatment by:

- increasing federal funding to ensure all families can access behavioral health services,

- improving access to adequate, quality-based telemedicine,
- supporting effective models of school-based mental health care,
- accelerating integration of mental health care in primary care pediatrics, strengthening efforts to reduce the risk of suicide in children and adolescents, and
- addressing workforce challenges and shortages so that children can access mental health services regardless of where they live.

ABHW is pleased that SAMHSA is prioritizing strengthening the nation's youth behavioral health system by integrating behavioral health care across youth-serving systems, including child welfare and juvenile justice. We encourage SAMHSA to support exempting Qualified Residential Treatment Programs (QRTPs) from the Institutions for Mental Diseases (IMDs) exclusion. These supports and services are necessary for some children and youth in the foster care system and were not intended to be considered IMDs.

**Comments on Priority #4: Integrating Behavioral Health with Physician Health Care (limit 1800 characteristics)**

ABHW commends SAMHSA for prioritizing expanding the bi-directional integration of health care services across systems for people with behavioral health conditions. This will improve access to whole-person care and help address physical and behavioral health in an integrated system so that providers can collaborate to deliver and coordinate care. Since medical and behavioral healthcare coordination improves outcomes and is cost-effective, ABHW strives to work with relevant stakeholders to facilitate evidence-based, bi-directional care integration.

The Collaborative Care Model (CoCM) is an evidence-based approach where a primary care physician, a psychiatric consultant, and a care manager work as a team to identify and provide evidence-based treatment for mental health conditions, measure patients' progress, and adjust care when appropriate.

ABHW supports SAMHSA's efforts to explore proposals to help augment the use and adoption of the CoCM and other evidence-based integrated care models. We also encourage the publication of guidance on best practices for integrating behavioral health care within primary care settings and directing the development of quality measures to report the degree of integration occurring within a practice. The Consolidated Appropriations Act of 2023 (CAA23) authorized grants requiring that 10 percent of appropriated funds be allocated to implementing the CoCM by primary care practices. The coordination of medical and behavioral healthcare improves outcomes and is cost-effective. By increasing the utilization of the CoCM, more individuals will have access to appropriate mental health services.

**Comments on Priority #5: Strengthening the Behavioral Health Workforce (limit 1800 characteristics)**

During this time of provider shortages and workforce burnout, supporting and expanding the behavioral health workforce is essential to ensure a full range of providers are available to provide needed mental health (MH) and substance use disorder (SUD) treatment.

ABHW is aligned with SAMHSA's goal of expanding the availability of paraprofessionals. Certified peer support specialists can be vital in supporting people with MH conditions and SUDs. Many ABHW members cover peer support services in teams or integrated models. ABHW urges SAMHSA to work with CMS to include peer support specialists and SUD counselors as covered Medicare providers. This will increase the number of practitioners that can care for the increasing number of older adults.

Secondly, ABHW is grateful that the CAA23 increased graduate medical education positions supported by Medicare, including a specific carve-out for psychiatrists. We recommend increasing this number to 400 new Medicare-supported graduate medical positions specifically for psychiatrists.

Thirdly, we encourage SAMHSA to work with CMS to expand physician oversight and supervision rules to support further opportunities for providers to practice at the top of their level of licensure. For example, a clinical psychologist must be present when a trainee provides psychotherapy. We encourage SAMHSA to work with Congress to consider allowing psychologist trainees to provide mental health therapy services under the general supervision of a licensed clinical psychologist rather than direct supervision.

Lastly, ABHW welcomes the opportunity to work with SAMHSA to expand the reciprocity of acceptance of licensed practitioners across states to provide greater access to providers, particularly through telehealth.