



November 15, 2021

The Honorable Ron Wyden
U.S. Senate
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
U.S. Senate
239 Dirksen Senate Office Building
Washington, DC 20510

Re: Request for Information on Behavioral Health

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the National Association of Counties (NACo) and the 3,069 counties we represent, thank you for the opportunity to respond to your September 21, 2021 [open letter](#) that requested recommendations on policy options to improve access to health care services for Americans with mental health and substance use disorders. We applaud your leadership on this issue and share your goal of alleviating access barriers to care that exacerbate the rates of untreated mental and behavioral health conditions in the United States, particularly in the aftermath of the ongoing pandemic.

NACo assists county governments in pursuing excellence in public service to produce healthy, vibrant, safe and resilient communities. Counties are integral to the nation's behavioral health system. We act as financial investors and coordinate the provision of behavioral health services within county owned and operated community health facilities. In nearly every state and the District of Columbia, there is at least one mental health facility operated by a county, local or municipal government. Additionally, counties help finance and administer Medicaid services, the largest source of funding for behavioral health services in the United State.

The COVID-19 pandemic greatly exacerbated the rates of unmet behavioral and mental health illness, thereby impacting counties and our residents. Counties have been on the front lines of the pandemic, protecting the health our communities, while also working to mitigate the effects of the pandemic on county resources, services and resident mental health. **Counties are committed to strong intergovernmental partnership to advance policies that provide the resources needed to address the long term behavioral and mental health needs of our residents.**

As we work towards our shared goal of protecting our nation's residents, America's counties offer the following policy recommendations that would enhance behavioral health care:

Strengthen the Behavioral Health Workforce

- ***Incentivize local behavioral workforce development and recruitment, particularly in rural areas.*** According to data from the Robert Wood Johnson Foundation, 30 percent of the nation's population lives in a county designated as a mental health professional shortage area. The U.S. Department of Health and Human Services (HHS) expects this number to grow over the next

decade as the number of providers nationwide is projected to decrease by 20 percent, while demand is anticipated to increase exponentially. The shortage of mental health professionals is especially challenging in rural counties where health care resources, personnel and access barriers are persistent. For example, in Oregon, the ratio of residents to mental health providers can be as large as 640 to 1 in some counties, while in Idaho that number is as large as 5,370 to 1 in certain counties.

NACo supports federal funding for programs and initiatives that both assist with and incentivize the recruitment, training and placement of behavioral health providers that will work within local communities. Specifically, programs like the Health Resources and Services Administration's (HRSA) National Health Service Corps, Graduate Psychology Education and Behavioral health Workforce Training and Education programs, the Substance Use Disorder Treatment and Recovery Loan Repayment program

Increase Integration, Coordination and Access to Care

- ***Remove exclusion policies that create barriers to treatment services.*** A federal statute known as the Medicaid Institutions for Mental Diseases (IMD) exclusion currently prohibits Medicaid reimbursement for psychiatric care provided in treatment facilities with more than 16 beds, a policy that has created significant barriers in the provision of county operated inpatient mental health services. As a result of this statute, low-income individuals on Medicaid are often unable to access inpatient mental health services, leading to inequities in access to treatment and care that negatively impacts the health of local communities.

Easing the Medicaid IMD exclusion has been a longstanding behavioral health priority for counties, as it can expand the treatment capacity of county-operated hospitals and behavioral health authorities. The SUPPORT Act ([P.L. 115-271](#)) and new regulatory flexibilities permitted through the use of Section 1115 behavioral health waivers have authorized partial lifts of the IMD exclusion to allow for the treatment of substance use disorders. However, further legislative action is needed to repeal this decades old rule and restore equitable access to mental health treatment and services in local communities.

- ***Provide resources that remove barriers and increase the use of substance use disorder (SUD) drug therapies across a variety of provider settings.*** Medicaid is a vital source of health coverage for individuals suffering with a substance use disorder, paying for approximately one quarter of mental health and substance use disorders in the United States. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly 12 percent of Medicaid beneficiaries over 18 have a substance use disorder.

Medicaid has allowed many states to increase access to medication-assisted treatment (MAT), the most effective treatment for an opioid use disorder (OUD). All state Medicaid programs cover at least one of the three medications—methadone, buprenorphine and naltrexone — used for MAT, and most cover all three. However, despite these advancements, there are still gaps that remain in Medicaid coverage for medications to treat OUD, with 14 states lacking any facility that offers MAT or accept Medicaid coverage for treatment. Additionally, there are persistent use management policies under Medicaid that create barriers to authorization and restrictions on treatment duration and doses.

SUD is heavily concentrated in county jails, with a staggering 63 percent of jail inmates suffering with a substance abuse condition, including OUD. However, [data](#) from the National Academy of Sciences reports that only 5 percent of people with an OUD in jail and prison settings receive medication treatment. Medicaid expansion under the Affordable Care Act has created an opportunity for justice-involved individuals – who are disproportionately low-income – to access health care coverage under the program. However, a federal statute known as the Medicaid Inmate Exclusion Policy (MIEP) prohibits the use of federal funds and services, such as Medicaid, for medical care provided to “inmates of a public institution.” This policy has created significant barriers to the use of MAT in jail facilities, which disproportionately houses both convicted and non-convicted individuals suffering from OUD.

NACo supports the removal of legislative barriers, such as the MIEP, that restricts the ability of local providers to treat SUD through MAT and other means, in various settings.

Improve Reimbursement Mechanisms and Finance Behavioral Health Care Enhancements

- ***Sustained funding for outpatient mental health services, specifically related to the development of local crisis response infrastructures.*** The American Rescue Plan Act provided a 3-year enhanced federal matching rate under Medicaid for states to expand access to mobile crisis intervention services. These services are led by behavioral health professionals and help de-escalate behavioral health crises, while also connecting them to community-based services for treatment. Crisis response services also reduce the fiscal burden of behavioral health crises faced by counties by minimizing emergency department visits and hospitalizations and contributing to lower rates of arrest and incarceration of people with behavioral health conditions, who are disproportionately represented in local jails. For this reason, NACo supports sustained federal funding to support local crisis response infrastructures through Medicaid.

America’s counties appreciate the opportunity to respond to the open letter and urge that the above policy recommendations be included in any future legislation. As intergovernmental partners, we stand ready to work with you to advance policy that will improve and increase equitable access to mental and behavioral health services for all residents. If you have any questions, please feel free to contact Blaire Bryant, NACo Associate Legislative Director, at bbryant@naco.org or at 202.942.4246.

Sincerely,



Matthew D. Chase
Executive Director
National Association of Counties