

Substance Abuse and Mental Health Services Administration NAMI COMMENTS on the DRAFT Strategic Plan

General Comments on the Overall Strategic Plan

NAMI appreciates the opportunity to comment on SAMHSA's 2023–2026 Strategic Plan. We strongly support the agency's five priority areas and offer recommendations on ways to further strengthen the Strategic Plan.

NAMI appreciates that across priority areas, SAMHSA uses four guiding principles (equity, trauma-informed approaches, commitment to data and evidence, and recovery) to support SAMHSA in achieving its vision. NAMI agrees that those guiding principles are critical to achieving the goals and objectives outlined in the strategic plan. Specifically, we cannot improve overall mental health if we do not ensure that everyone has equitable access to high-quality and affordable health care services and supports; address the lasting adverse effects of traumatic experiences; ground recovery in living well and thriving; and use data-driven approaches to understand trends, develop interventions, and evaluate progress.

NAMI commends SAMHSA's leadership in strengthening system capacity, connecting more people to care, and creating a continuum of support. We are encouraged by SAMHSA's plans to partner with federal agencies and urge SAMHSA to prioritize these collaborations in 2023-2026 to avoid duplicative efforts and prevent gaps in critical mental health and substance use services. We strongly encourage such alignment and collaboration on policy, funding, putting research into practice and reporting requirements, including through existing interagency work groups, to better support and streamline state and federal efforts for mental health. NAMI looks forward to the work ahead and stands ready to serve as a resource and partner to you.

Comments on Priority 1: Preventing Overdose

NAMI supports SAMHSA's comprehensive strategy to improve substance use prevention, treatment, and recovery. In 2021, 7.6 percent of adults in the U.S. experienced a co-occurring substance use disorder (SUD) and mental health condition. Individuals with co-occurring conditions have lower rates of engagement with SUD treatment and recovery compared to their peers without mental health conditions. Given the significant overlap between SUD and mental health conditions, NAMI recommends that SAMHSA's objectives for preventing overdoses more explicitly integrate mental health care. Additionally, NAMI encourages SAMHSA to partner with the National Institutes of Health (NIH) to provide technical assistance and ensure that grantees and other programs are informed by the latest findings in addressing co-occurring conditions. Treatment for co-occurring conditions will require a team-based approach, which may include increased communication and patient data sharing between SUD,

primary care, and mental health providers. NAMI recommends support and incentives in SAMHSA grants to increase collaboration and team-based care among these providers.

NAMI appreciates the major role that SAMHSA plays in providing significant grant funding for states to improve substance use prevention, treatment, and recovery. We recommend that these grants include flexible requirements, such as adjusting spending timelines, that enable states to braid SAMHSA funding with other sources of funding. This will allow states to maximize the impact of their federal and state funding.

Comments on Priority 2: Enhancing Access to Suicide Prevention and Crisis Care

NAMI supports SAMHSA's commitment to suicide prevention and creating a comprehensive crisis system. We applaud "Objective 1.2." and the recognition that achieving this will mean "assuring 988 Suicide & Crisis Lifeline call center staff are well trained and responsive to the needs of all individuals [...], including those from under-resourced and marginalized communities." We look forward to working with SAMHSA to ensure that all staff are well-trained to respond to the wide array of needs for all individuals, including people with serious mental illness who may experience mental health crises apart from suicidal ideation.

We support SAMHSA's vision of improving resource allocation across the crisis ecosystem and "focus on sustaining crisis services through grant opportunities as well as public and commercial payors." To effectuate this, we recommend that the agency educate and provide technical assistance on sustainable funding (e.g., Medicaid option covering mobile crisis services), and consider more flexible grant requirements to allow for strategic braided funding to address common issues and improve alignment of services. This flexibility would support states' cross-agency efforts so crisis systems meet the needs of their communities. We also support the targets developed by the 988 Convening hosted by SAMHSA and NASHMPD in 2022 for mobile crisis and crisis stabilization coverage and availability, as published in the Convening Playbook for States, Territories and Tribes and recommend additional emphasis on those targets in the strategic plan.

Lastly, we commend SAMHSA for initiatives to prevent future crisis encounters, including lethal means restrictions and implementing safety plans to reduce suicide risk.

Comments on Priority 3: Promoting Resilience and Emotional Health for Children, Youth and Families

NAMI supports SAMHSA's priority to promote resilience and emotional health for children, youth, and families. Each year, one in six children will experience a mental health disorder, and

rates of suicide risk among youth are growing. Yet about half of youth with mental health conditions received any kind of treatment in the past year.

With timely identification and treatment, we can improve outcomes for children and save lives. It is essential that we meet children where they are. NAMI supports SAMHSA's plan to engage with child- and youth-serving sectors, especially schools, primary care, child welfare and juvenile justice systems. We recommend that the strategic plan incorporate more of SAMHSA's work with schools and CMS to establish school-linked services in the community and bolster schools' capacity to provide school-based mental health through Medicaid. CMS's technical assistance center and \$50 million in authorized state planning grants, as established through the BSCA, are an excellent opportunity to support state initiatives to expand school mental health care.

We also appreciate SAMHSA's plan to work with agencies and stakeholders to address the pediatric behavioral health workforce shortage. This workforce shortage means that children who need mental health care are often unable to receive it in a timely manner – or at all. We encourage SAMHSA to work with agencies that support youth mental health including HRSA, which manages the Pediatric Mental Health Care Access Program, supporting state or regional networks of pediatric mental health care teams to diagnose, treat, and refer children with mental health conditions. We recommend that SAMHSA educate states and grantees about these resources to maximize the limited supply of child mental health providers.

Comments on Priority 4: Integrating Behavioral and Physical Health Care

NAMI supports SAMHSA's focus on bi-directional integration of mental health (MH) and substance use disorder (SUD) services with other health care services and systems. Along with training, education, and technical assistance (TA), primary care providers (PCPs) also need a steady funding stream to hire staff, modify or acquire additional office space, and compensate for training time, among other expenses. NAMI urges SAMHSA to modify integrated care grant requirements to allow for additional flexibility that would enable funds to be braided across multiple funding sources. Reimbursements from public and private health insurance programs are a critical component of long-term fiscal sustainability and consequently, we encourage SAMHSA to work with CMS to ensure that SAMHSA grantees have a financial plan for initiating and sustaining integrated care if and when SAMHSA grant dollars are no longer available. This TA should include educating providers about 1) billing codes that reimburse for behavioral health integration, and office-based opioid use disorder treatment, among other services, and 2) Medicaid billing codes that support integrated care, as those vary from state to state. We encourage SAMHSA and CMS to work on alternative payment models to incentivize PCPs to integrate MH/SUD services into their practices. We understand that the Center of Excellence

for Integrated Health Solutions provides assistance on billing, but we believe that billing, financial stability, and increased partnership with CMS should be explicitly mentioned in this Priority.

Additionally, we think it is important for this Priority to emphasize the role that peer support workers, and other paraprofessionals can play in integrated care settings.

Comments on Priority 5: Strengthening the Behavioral Health Workforce

NAMI supports SAMHSA's efforts to strengthen the MH/SUD workforce, and applauds efforts to recruit a diverse workforce. We also appreciate the focus on peer support workers (PSWs) and paraprofessionals to expand and diversify the workforce. As SAMHSA works to expand the availability of PSWs, NAMI recommends that SAMHSA educate MH, SUD, primary care, and other health care providers, on how PSWs can be integrated into care teams. This education should include financing opportunities (e.g., reimbursement from public and private insurers), and best practices for team-based care.

There are also other paraprofessionals (e.g., community health workers, promotoras), who could be trained to help individuals navigate the MH/health care system. They could expand language access; address cultural dynamics that might prevent someone from seeking care; and be trained to identify individuals who might benefit from additional MH care. We applaud SAMHSA's work with the model national peer specialist standards, and we encourage SAMHSA to explicitly include efforts to increase cross-state reciprocity of peer credentialing standards in this objective to reinforce its importance.

NAMI also supports SAMHSA's goal to increase access to MH/SUD services across a continuum of virtual platforms. NAMI recommends that SAMHSA also include a focus on exploring opportunities with digital mental health apps as their popularity increases. SAMHSA should provide guidance on how digital tools could be integrated into MH/SUD and primary care; highlight privacy concerns and gaps for digital app users; and help users evaluate the myriad digital mental health apps by identifying beneficial features (e.g., use of evidence-based techniques, app data can be easily shared with providers, privacy controls).