

**La Hacienda Treatment Center**

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March 14, 2020

The Honorable Chip Roy  
1319 Longworth House Office Building  
Washington, DC 20515

Dear Representative Roy:

On behalf of the nineteen substance use disorder prevention, treatment, and recovery support provider organizations in District 21, thank you for your support of healthcare providers during the COVID-19 pandemic. As front-line workers we have seen the ongoing concerns of substance use and its consequences increase at alarming rates. We appreciate your recent comments to the Texas Tribune about the importance of access to care for mental health and substance use disorders.

Access to alcohol has increased substantially across the country. A recent article in the San Antonio Express News opened with, "It's easier to buy alcohol than it is to get a COVID-19 test." USC News reports, "Alcoholic beverage sales rose by 55% in late March, when many states and public health officials urged residents to stay at home, compared to sales in 2019." "Drinks to go" and online alcohol sales have been allowed in Texas with the stay at home orders. Governor Abbot has indicated this may be allowed to continue post COVID-19 restrictions.

Law enforcement officials are reporting higher rates of domestic violence cases, while crime rates in general are decreasing. Multiple stressors related to financial uncertainty, social isolation, job disruption, and fear of contracting a potentially deadly disease have led to significant increases in alcohol consumption and use of other substances. With young people at home during this time, their access to alcohol and other drugs has also increased. Research shows easier access for youth leads to higher rates of use. Our country was already in the midst of a nationwide health emergency - the addiction epidemic - most identified with the tragic results of opioid use, when this second national health crisis came upon us. The addiction epidemic did not go away when COVID-19 came along. If anything, it has become worse.

Substance use disorder treatment providers are on the front line every day addressing addiction and its consequences. Government regulations and practice recommendations have required rapid adaptation in service delivery: outpatient providers quickly shifted to electronic platforms; residential providers operated with reduced capacity to allow for social distance; and potential patients were turned away in some cases to keep existing patients safe. These actions, while necessary and the right thing to do in the current times, have resulted in decreased revenue. Responding to new regulations have led to increased costs. Providers with government contracts have not been able to meet service capacity, limiting billing. Concurrently, providers strive to retain personnel. Some have benefitted from the Payroll Protection Program, but many have not.

Although significant relief has been provided to healthcare organizations in previous relief packages, the needs of substance use and mental health treatment providers have not been specifically addressed. **In the next Congressional response to the current crisis, we request you support the emergency funding request of at least \$38.5 billion for mental health and substance use disorder treatment providers across the country.** I have included the *Emergency Funding for Behavioral Health Organizations During the COVID-19 Crisis* document that was signed by numerous national organizations.



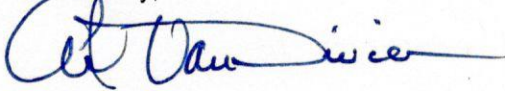
In District 21 we have already seen a loss of services. Austin Recovery has suspended all operations for residential treatment for adults and are unsure if they will reopen. They are one of our longest serving providers in Texas and a significant loss for publicly funded care. Other smaller providers have reduced services and are unsure how they will resume post COVID-19.

We anticipate a surge in individuals seeking treatment as people begin to get back to regular life. Those who have used alcohol and other substances to cope during this stressful time may find they have developed a problem that does not easily go away. Those with untreated substance use disorder will find their condition has only worsened. And those in early recovery, separated from the vital support they depended on, may have experienced a significant relapse. It is important a full continuum of treatment service providers remain in place both during and after the pandemic subsides to meet these needs.

Assistance from Congress will be key for services in District 21 to maintain full operation and be ready to meet the increased need we anticipate. Your support at this time is vital.

Please contact me, [avandivier@lahacienda.com](mailto:avandivier@lahacienda.com), or my administrator, Sherri Layton, [slayton@lahacienda.com](mailto:slayton@lahacienda.com).

Sincerely,



Art VanDivier, MA  
Executive Director

These additional provider organization executives requested to sign on to this letter.

Cindy Wier, MEd, LCDC, President Serenity Foundation of Texas, Fredericksburg	Chad Warner, LMFT, Owner Creekview Counseling, LLC, Kerrville
Laura Sovine, LMSW-AP, Co-CEO Austin Recovery, Buda	Bill Bailey, CEO Cenikor Foundation, San Marcos
Abigail Garza Moore, CEO San Antonio Council on Alcohol & Drug Awareness	Josh & Jessica Slay, Owners Awakenings Hill Country, Fredericksburg
Geoffrey Elliott, PhD, Executive Director Hill Country Council on Alcohol & Drug Abuse, Kerrville	Manny Nsien, COO Shadow Mountain Recovery – Ripple Ranch, Spring Branch
Shannon Malish, LCSW, CEO Windmill Wellness Ranch, Canyon Lake	Evita Morin, LMSW, CEO Rise Recovery, San Antonio
Michael Smeltzer, Executive Director Omega Recovery, Austin	Jacob Levenson, CEO MAP Health Management, LLC
Steve Murphy, LCDC, Owner Alamo City Treatment Services, San Antonio Positive Recovery Centers - San Antonio	Cynthia Humphrey, Executive Director Association of Substance Abuse Programs – Texas (constituent in Kerrville)
Rachel Everett, CEO Starlite Recovery Center, Center Pointe	Todd Dugas, LCSW, COO New Choices Treatment Center, San Antonio
Nico Doorn, MEd, Executive Director Alpha 180, Austin	



## EMERGENCY FUNDING FOR BEHAVIORAL HEALTH ORGANIZATIONS DURING THE COVID-19 CRISIS

AGENCY: Department of Health and Human Services

BUREAU: To be administered similarly to the CARES Act's Public Health and Social Services Fund

SUBCOMMITTEE: Labor, Health and Human Services, Education, And Related Agencies

APPROPRIATION REQUEST: \$38.5 billion, with a significant portion of these emergency funds to be set aside for behavioral health organizations that are enrolled in Medicaid.

This request would provide **\$38.5 billion in emergency supplemental funding** for direct payments to behavioral health organizations to ensure they can remain open and operating during the COVID-19 crisis.

- There have been three coronavirus packages approved by Congress to date that have, in total, appropriately allocated hundreds of billions of dollars to certain health care providers, but these resources have not been dedicated to behavioral health organizations, despite overwhelming need for mental health and addiction services. Moving forward and in COVID Phase IV, similar funding is urgently needed for front line behavioral health organizations.
- On April 2<sup>nd</sup>, a national poll found that 45% of U.S. adults say that the coronavirus pandemic has affected their mental health, with a subset of 19% saying it has had a major impact. At the same time, sales of alcohol have increased dramatically, and we are hearing, anecdotally, about rising drug and alcohol relapses and overdoses.
- The need for mental health and substance use services is growing, yet behavioral health organizations are already laying off staff, cutting programs, and may need to cancel programs or close clinics in the coming weeks. Programs that serve individuals with the most acute behavioral needs have experienced dramatic COVID-19-related escalations in operational costs that place critical access to real-time care in jeopardy.
- **Without robust investment in behavioral health, these behavioral health organizations will not be able to keep their doors open—leaving tens of thousands without access to vital mental health and addiction treatment and care.** This will only lead to many needing emergency services, further stressing hospital ED's.

### Emergency Request Justification:

- As an example, the National Council for Behavioral Health surveyed its members to assess the projected reduction in their revenues attributable to the pandemic. Of the data points National Council has received so far (from 131 clinics), these community behavioral health organizations (CBHOs) anticipate an **average reduction in revenue of about 49.16% over the next year.**
- In 2015 (the latest year for which the National Council has conducted an analysis), the average organizational revenue for CBHOs across the U.S. was \$24,777,549. Updating this number by the established MEI rates for each year 2016-2019 gives us an average yearly revenue estimate of \$26,168,314 per CBHO, or **\$78.5 billion across the whole community behavioral health system** (based on approximately 3,000 CBHOs in the U.S. in 2019).
- **Thus, the lost revenue attributable to the COVID-19 pandemic for CBHOs, alone, in 2020 is about \$38.467 billion.** This includes lost revenue from all sources including Medicaid, Medicare, private donations and others.
- To put this request into further perspective, even prior to the COVID-19 emergency, the White House Council of Economic Advisers estimated the opioid overdose epidemic, alone, cost the United States \$696 billion in 2018—or 3.4 percent of GDP—and more than \$2.5 trillion for the four-year period from



2015 to 2018. And Dr. Nora Volkow, director of the National Institute on Drug Abuse, has warned the nation that the addiction crisis in America may only worsen with COVID-19 in her recent piece titled "Collision of the COVID-19 and Addiction Epidemics." Our country simply cannot afford to lose behavioral health organizations at such a critical time.

**This allocation may fund:**

- Necessary expenses to reimburse, through grants or other mechanisms, eligible behavioral health organizations for health care-related expenses or lost revenues that are attributable to coronavirus, COVID-19;
- Building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and training expenses, telehealth infrastructure and equipment and data costs, emergency operation centers, retrofitting facilities, and surge capacity.

**Proposed Eligibility:**

- Eligible behavioral health organizations shall mean (1) organizations primarily treating individuals with mental health and/or substance use disorders, including all levels of care, that are accredited by an independent, national accrediting organization; (2) Community Mental Health Centers (CMHCs), and (3) such other organizations, as specified by the HHS Secretary.

**Supporting Organizations:** American Academy of Addiction Psychiatry, Addiction Professionals of North Carolina, American Association for Marriage and Family Therapy, American Association for the Treatment of Opioid Dependence, American Counseling Association, American Foundation for Suicide Prevention, American Mental Health Counselors Association, American Osteopathic Academy of Addiction Medicine, American Psychiatric Association, American Psychological Association, American Society of Addiction Medicine, Association for Behavioral Health and Wellness, CADA of Northwest Louisiana, California Consortium of Addiction Programs & Professionals, Caron Treatment Centers, Center on Addiction, Central City Concern, Connecticut Certification Board, Depression and Bipolar Support Alliance, Eating Disorders Coalition for Research Policy & Action, Illinois Association of Behavioral Health, International Certification & Reciprocity Consortium, The Jewish Federations of North America, The Kennedy Forum, National Alliance on Mental Illness, National Association of Addiction Treatment Providers, National Association for Behavioral Healthcare, National Alliance of State and Territorial AIDS Directors, National Council for Behavioral Health, National Health Care for the Homeless Council, A New PATH (Parents for Addiction Treatment & Healing), Network of Jewish Human Service Agencies, Residential Eating Disorders Consortium, Suncoast Harm Reduction Project, Shatterproof, SMART Recovery, Treatment Communities of America, Trust for America's Health, Well Being Trust, Young People in Recovery