Responding to the Mental Health and Addiction Crisis Caused By the COVID-19 Pandemic

The COVID-19 pandemic is overwhelming our communities and our nation's health care system, including for mental health and addiction. Congress must take immediate action to prevent the behavioral health system from collapsing and to mitigate a greater public health and economic crisis from untreated mental illness and addiction.

In the 4th stimulus package, the following emergency appropriations and policy changes are urgently needed.

EMERGENCY FUNDING TO SAVE EXISTING TREATMENT INFRASTRUCTURE $38.5 BILLION[1]

- The National Council for Behavioral Health survey of its members estimates the Community Behavioral Health Organizations revenue could fall 50% over the next year – or approximately $38.5 billion.
- Urgent assistance is needed to maintain staff and to keep their doors open.
- Funds could be used for expenses / lost revenue attributable to COVID-19.

EMERGENCY FUNDING TO EXPAND SERVICES FOR COVID-19 RESPONSE $10 BILLION

9-8-8 National Mental Health and Suicide Prevention Hotline

- $300 million – Fund necessary upgrades to legacy switches to make 9-8-8 fully operational and pass H.R. 4194 / S. 2661 to formally designate 9-8-8 as hotline number.
- $80 million – Fund 9-8-8 operations to ensure capacity to handle call volume ($50 million) and crisis chat capacity ($30 million).

Maintain and Enhance Local Crisis Response

- $5.6 billion to SAMHSA Emergency Fund to:
    - Provide crisis/grief counseling and other mental health needs for health care workers, first responders, grocery store workers, and others front-line workers

[1] See attached proposal for additional details.

affected by the virus. During other disasters, we deployed mental health resources to help those who were impacted on an emergency basis.
    - Expand evidence-based crisis response services, including those provided by crisis providers, hotlines, mobile crisis, sub-acute crisis stabilization units and community crisis urgent care facilities.
    - Expand local suicide prevention programs.
    - Provide emergency grants to organizations to expand mental health and addiction virtual peer supports.
    - Aid nonprofit organizations that primarily serving people with behavioral health needs and receive state/county funding that are at risk of cutting back / ending services.
    - Provide behavioral health screenings, particularly for the uninsured, and utilize a universal de-identified database of population behavioral health needs based on screening results.
    - Other emergency behavioral health needs as determined by the Secretary.
- $1.5 billion to HUD for homeless diversion including residential services for homeless who are increased risk from COVID-19.
- $1.2 billion to DOJ for jail diversion programs to lessen crowding in corrections facilities and the strain on state and local budgets.
- $500 million to NIMH for brain research, including relating to emerging needs in brain research relating to COVID-19.
- $800 million to HRSA for emergency workforce development, including but not limited to immediately increasing slots and paying for training for psychiatrists, psychologists, social workers, licensed mental health professionals, and certified peer specialists.

ACCESS TO EQUITABLE COVERAGE

Guarantee Patient Access to Telehealth

- All health insurance plans, including all ERISA plans, Medicare and state Medicaid programs, must cover telehealth at parity with in-person care.
    - Include all levels of mental health and addiction outpatient care, including intensive outpatient and partial hospitalization care, as well as other types of screening, assessment, treatment, and after-care.
    - Audio-only should be fully reimbursed at the same rate as a telehealth visit to ensure that poor internet connectivity or lack of video conferencing ability by seniors and others do not inhibit access to care.
    - Out-of-network restrictions and penalties should be temporarily waived for telehealth services.

Ensure Access to Medications

- Prohibit prior authorization in Medicare/Medicaid for medications to treat mental health and substance use disorders for the duration of the COVID-19 emergency.

Improve Parity Compliance (Including in Telehealth)

- Enact existing bi-partisan-supported language agreed to by Senate HELP and House Energy and Commerce to improve compliance with the Federal Parity Act.
    - Consumers and providers are reporting telehealth is being covered in different ways for mental health and addiction than for medical/surgical care.
- $20 million – EBSA needs dedicated funding to verify equitable coverage of mental health and addiction services (including telehealth).

SUPPORTERS:

American Foundation for Suicide Prevention
American Psychiatric Association
American Psychological Association
The Kennedy Forum
Mental Health America
National Alliance on Mental Illness (NAMI)
National Council for Behavioral Health
One Mind
Well Being Trust
2020 MOM
Addiction Professionals of North Carolina
CADA of Northwest Louisiana
California Access Coalition
California Consortium of Addiction Programs & Professionals
California Council of Community Behavioral Health Agencies
Caron Treatment Centers
Connecticut Certification Board
Eating Disorders Coalition
Gateway Foundation
Illinois Association of Behavioral Health
International Certification & Reciprocity Consortium
Residential Eating Disorders Consortium
Sandy Hook Promise
Smart Recovery
Steinberg Institute
Thresholds

APPENDIX

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 2nd, 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.