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# Federal Update from Washington

National Council for Mental Wellbeing



# COVID-19's Impact on Our Mental Wellbeing



- [During the pandemic, about 4 in 10](#) adults in the U.S. have reported symptoms of anxiety or depressive disorder, up from **1 in 10** adults who reported these symptoms in 2019
- [Over 100,000 drug overdose deaths](#) occurred in the U.S. in the 12 months ending in April 2021, a 28% increase from the same period the prior year
- [One in 3](#) people who have survived COVID-19 are being diagnosed with a neurological or psychiatric condition within six months of being infected
- [Nearly half](#) of all Black, Hispanic, Asian, Native American, and LGBTQ+ individuals say have personally experienced increased mental health challenges over the last year, but few received treatment

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# COVID-19's Impact on Behavioral Health Organizations

- **Demand for services** has continued to increase
  - 78% of organizations say demand has increased over the past 3 months
  - Since August 2020, demand has increased by 26% (especially for those offering mental health, crisis, social support, and youth services)
- Increased demand is causing patient **waitlists to grow**
  - 3 in 5 organizations say their waitlist has grown in the last 3 months
  - A 17% increase since February 2021
- Organizations are having trouble **recruiting and retaining employees**
  - Nearly all (97%) organizations say it's difficult to recruit, with  $\frac{3}{4}$  saying it's very difficult

The National Council for Mental Wellbeing and Morning Consult surveyed behavioral health organizations nationwide on the impacts of COVID-19.



# Key Updates from Washington

- Congress kicks off 2022 legislative session
  - Build Back Better Act, addressing rising cases of COVID-19
  - FY 2022 funding deadline pushed back until February 18
- **Provider Relief Fund Phase 4** and **ARP Rural** funding currently being distributed
- **FCC** announced \$51 million in telehealth grants, **HHS** announced \$282 million for 9-8-8 transition
- **American Rescue Plan (ARP)** funding continues to be released
  - \$1.9 trillion in relief funding. \$3 billion to SU/MH block grants; ~\$350 billion in aid to states, localities, tribes, and territories
- Public Health Emergency likely to be further extended



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# American Rescue Plan: Mental Health/Addiction Provisions

**SAMHSA Block Grants:** \$3 billion (\$1.5 billion each) for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant.

**Certified Community Behavioral Health Clinics:** \$420 million to fund CCBHC Expansion Grants.

**Provider Relief Funds:** \$8.5 billion for providers enrolled in Medicare and/or Medicaid who are defined as rural providers.

**Medicaid Expansion:** For a two-year period, a 5% FMAP increase for states that have not already done so to expand Medicaid.

**Mobile Crisis:** For a three-year period, states may provide community-based mobile crisis intervention services at an 85% FMAP rate.

**Home and Community-based Services:** For one-year, a 10% FMAP increase (subject to a 95% limit) for states to make improvements to Medicaid Home and Community-based Services (HCBS).

**Other MH/SUD Funding:** \$450+ million in additional funding for services, workforce education and training, suicide prevention and public education.

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# Assertive Public Policy Priorities for 2022



Expand current and proposed care delivery structures and innovate payment models, including **Certified Community Behavioral Health Clinics (CCBHCs)**



**Protect and grow funding sources** for prevention, treatment, recovery and housing supports for people with mental health and addiction challenges



Strengthen advocacy through **cross-functional collaboration** and coordination with state and local associations, member organizations, patient and provider groups and strategic corporate partners



Identify and advocate for policies supporting **crisis care and implementation & enforcement of parity**, including full social inclusion of people with addictions and mental illness to prevent discrimination and stigma



Create and promote national and state efforts to increase **workforce** and access to services and to remove barriers to care, including through **Mental Health First Aid**

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# Responding to the Overdose Crisis

## Increase access to treatment

Mainstreaming Addiction Treatment Act  
(H.R. 2482/ S.2074)

Medication Access and Training Expansion Act  
(H.R.2067)

Extending IOP flexibilities

## Increase access to harm reduction interventions

American Rescue Plan \$30 million harm  
reduction grant program

National Council initiative with CDC, Biden-  
Harris commitment

House removes longstanding ban on federal  
funding for syringe exchange in FY22

## Increase access to Contingency Management Interventions

States seeking and receiving approval for  
contingency management in 1115 waivers

National Council supporting OIG exception for  
contingency management protocol

## Supporting quality treatment and supports

Excellence in Recovery Housing Act (H.R.2376)

## Regulatory Changes

HHS rolling back X-waiver requirements for  
APPs to prescribe buprenorphine

Lifts ban on mobile methadone vans

## Congressional Appropriations

Advocating to align the SABG and State Opioid  
Response grant monies

SUD Workforce Loan Repayment

988 Crisis Care Continuum

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# CCBHCs: A New Model

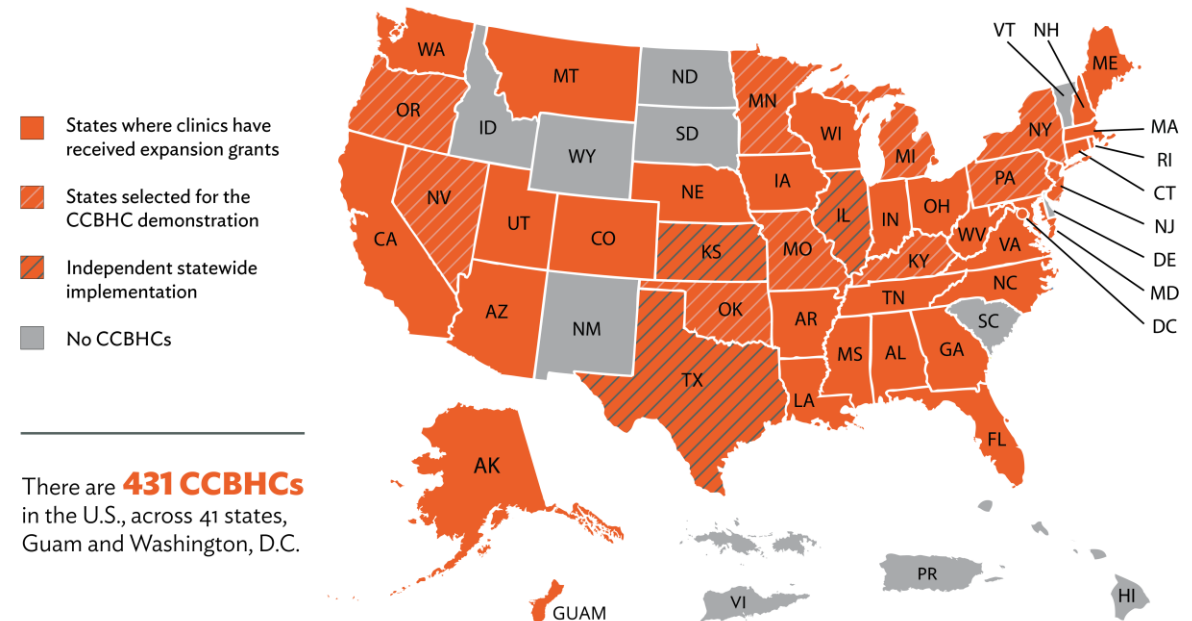
Built on the concept that the way to expand and improve care is to pay for the activities that make those goals possible.

**National definition** re: scope of services, timeliness of access, etc.

Standardized **data and quality reporting**

**Payment rate** that covers the real cost of opening access to new patients and new services...including non-billable activities like outreach, care coordination, and more...

## Status of Participation in the CCBHC Model



Learn more on our [CCBHC Success Center](https://www.nationalcouncilonmentalwellbeing.org/ccbhc-success-center) website.

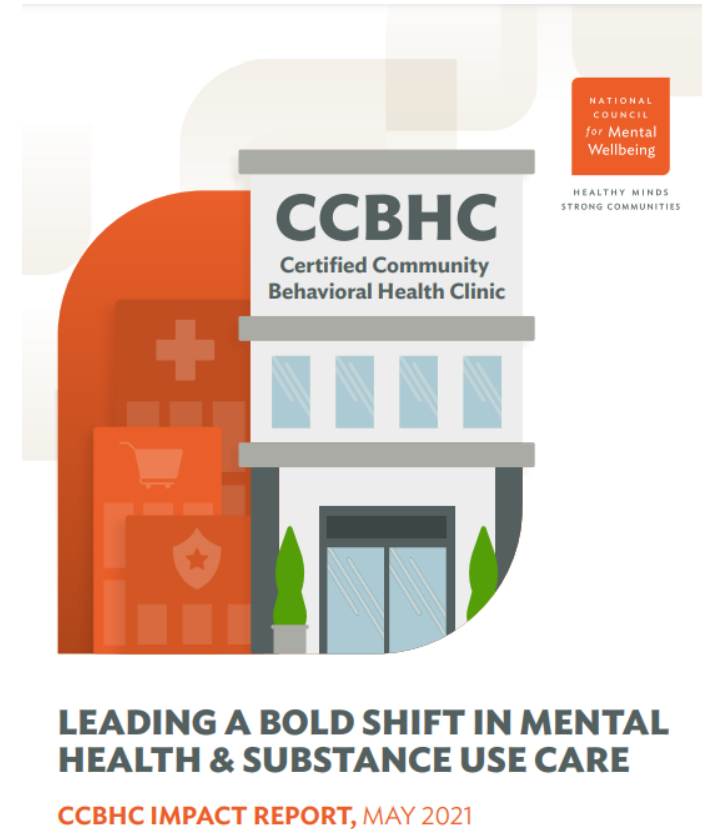




# CCBHC Impact Report

- CCBHCs are closing the treatment gap.
  - 851,565 people currently served with an estimated 1.5 million people served nationwide by all 224 CCBHCs active as of January 2021.
- CCBHCs improve collaboration with criminal justice agencies and bolster crisis care coordination with hospitals.
  - 95% of CCBHCs are engaged in one or more innovative practices in collaboration with law enforcement and criminal justice agencies.
- CCBHCs provide expanded access to substance use disorder treatment, helping communities make inroads against the opioid crisis.
  - 70% of CCBHCs offer two or more forms of medication-assisted treatment (MAT), the most effective treatment for opioid use.

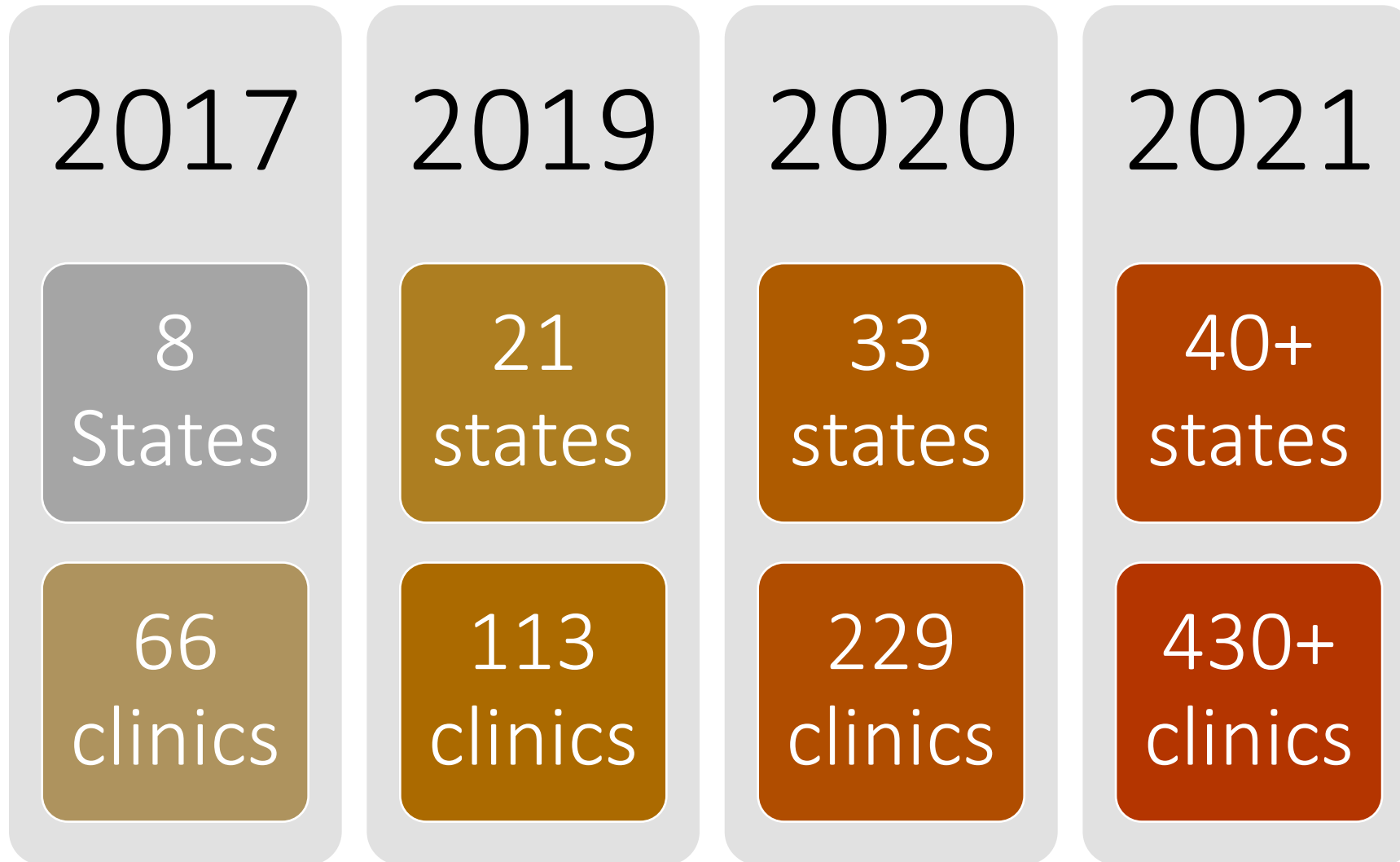
Read the full [2021 CCBHC Impact Report](#) here.



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# Significant growth in only 4 years



## Broad bipartisan support

- Medicaid demonstration extended through Sept. 30, 2023
- 2 states added to demonstration in August 2020

States can implement without congressional action

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# Excellence in Mental Health and Addiction Treatment Act

S. 2069/H.R. 4323

- Allows any state/territory the option to participate in the CCBHC demonstration program and allocates additional planning grant monies for states to prepare.
- Authorizes monies for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state-led CCBHC implementation efforts.
- Establishes and funds a technical assistance center for current and prospective CCBHCs within SAMHSA.

[Download our Excellence Act Fact Sheet here.](#)

**Sponsors:** by Sens. Stabenow (D-MI) and Blunt (R-MO) and Reps. Matsui (D-CA), Mullin (R-MO), Craig (D-MN), McKinley (R-WV), Fitzpatrick (R-PA) and Tonko (D-NY)



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# Options for States via Medicaid

## Medicaid Waiver (e.g., 1115)

Enables states to experiment with delivery system reforms

Requires budget neutrality

Must be renewed every 5 years\*

State must be sure to specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)

With CMS approval, offers opportunity to continue PPS

## State Plan Amendment

Enables states to permanently amend Medicaid plans to include CCBHC provider type, scope of services, requirements, etc.

Does not require budget neutrality

With CMS approval, can continue PPS

Cannot waive “state-wideness,” may have to certify additional CCBHCs (future CCBHCs may be phased in)

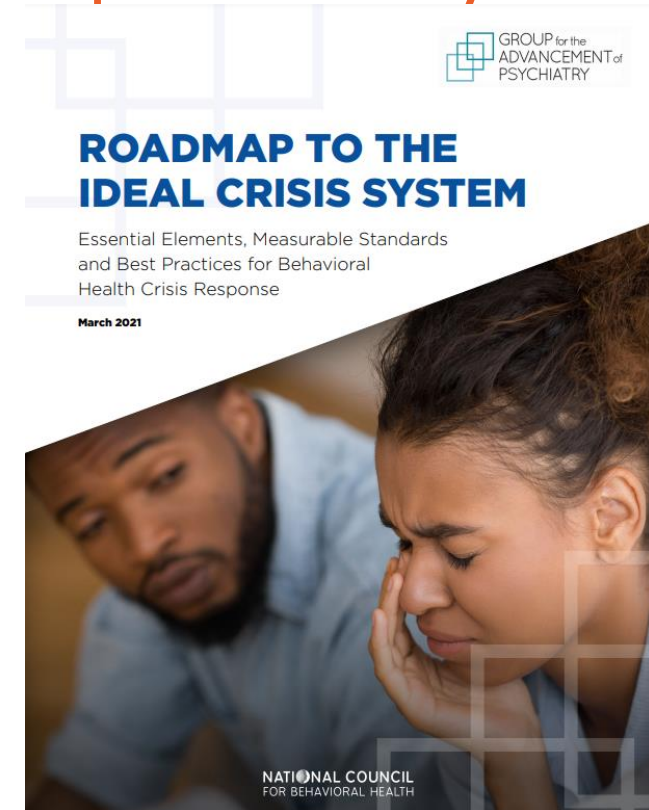
**Approved 1115 waivers:** Texas, Minnesota  
**Approved SPAs:** Missouri, Nevada, Oklahoma

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# 9-8-8: Building the Ideal Crisis Response System

- September 2020: Congress passed the **National Suicide Hotline Designation Act**, creating a three-digit dialing code (9-8-8) for the National Suicide Prevention Lifeline to go-live July 2022.
- States can now administer fees on phone users to pay for the Lifeline and other crisis response services.
  - As of April 2021 – **19 states** have introduced fee implementation legislation
- National Council activities include:
  - Leading and participating in several national and state-based coalitions on implementation.
  - Lobbying for greater federal appropriations across the entire crisis care continuum.



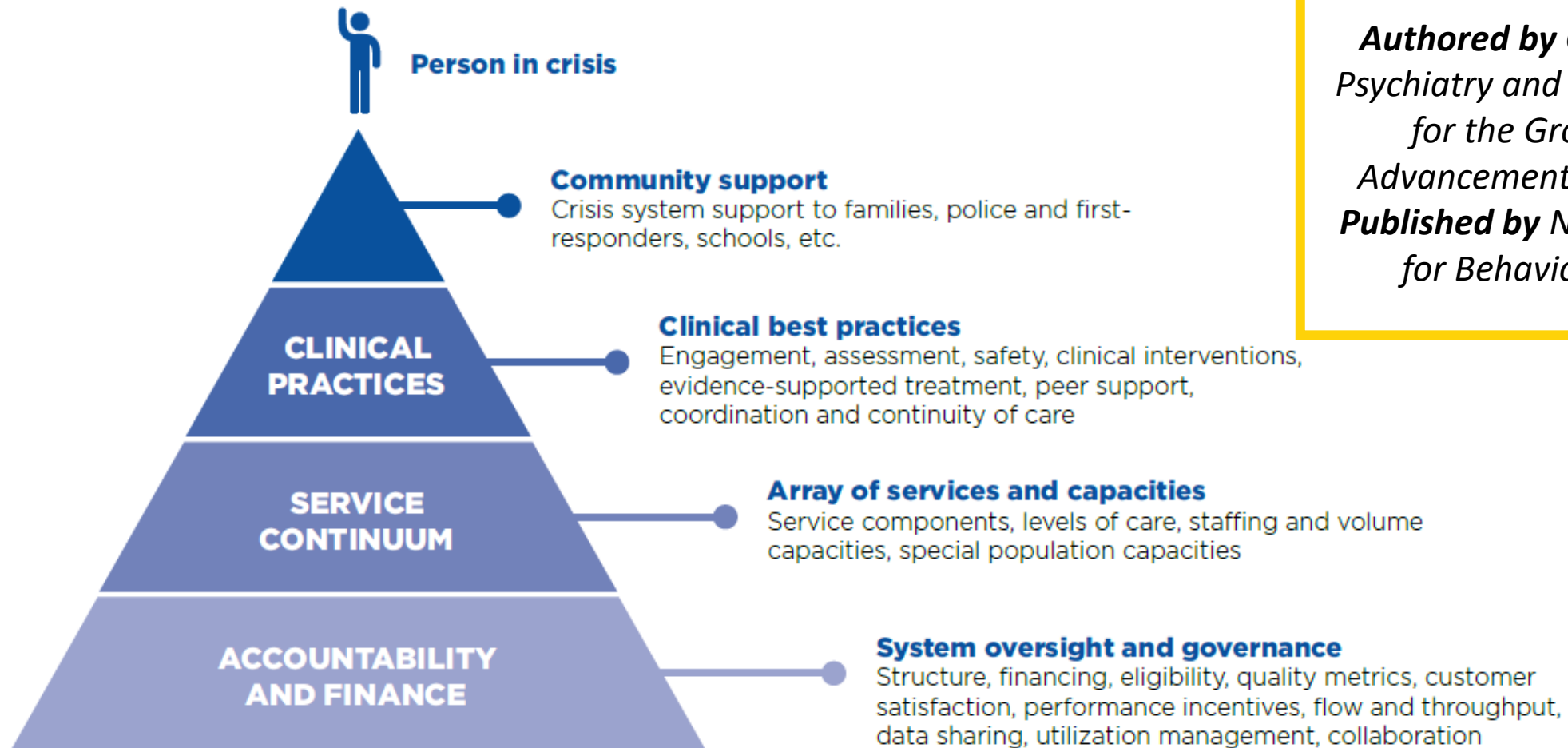
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# Roadmap to the Ideal Crisis System

**Authored by** Committee on  
Psychiatry and the Community  
for the Group for the  
Advancement of Psychiatry.  
**Published by** National Council  
for Behavioral Health.



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# CCBHC Increases the Availability of Crisis Response

**100%** of CCBHCs offer crisis response services, with **51%** of them having newly added crisis services as a result of certification.

Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization

## Common crisis response activities include:

- Partners with 911 to have relevant **911 calls screened and routed to CCBHC staff** (17%)
- Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
- Behavioral health **provider co-responds with police/EMS** (e.g. clinician or peer embedded with first responders) (38%)
- Operates a **crisis drop-in center** or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (36%)
- Coordinates with hospitals/emergency departments to **support diversion from EDs and inpatient** (78%)



# Telehealth Updates and Allowances

**Public Health Emergency will likely be renewed** through 2021. All telehealth allowances made by Medicare and state Medicaid agencies under the PHE are still in effect.

- **DEA** [waiving](#) the prior in-person medical evaluation requirement for the prescription of controlled substances. DEA [issued a letter](#) outlining temporary changes to requirement that practitioners register separately with DEA in every state where they prescribe controlled substances.
- **Medicare:** Telehealth permitted in homes. Site restrictions removes. “Established relationship” waived. Providers can bill for telehealth visits at the same rate as in-person visits. Now coverage for certain [audio-only interactions](#). Qualified providers list expanded during PHE.
- **Medicaid:** [CMS offers states broad flexibility](#) to cover telehealth including audio-only, telephonic, video technology commonly available on smart phones and other devices.
- **FCC Funding for Telehealth Services:** FCC established a [COVID-19 Telehealth Program](#) for eligible providers including BH orgs to apply for technology and equipment funding. An additional \$250 million was allocated to the program in December 2020, deadline to apply is May 6, 2021.

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# Telehealth Legislation in the 117<sup>th</sup> Congress

**Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS) Act.** S. 340 allows for the prescription of medication-assisted treatment without a prior in-person visit, and for Medicare to be billed for audio-only telehealth services.

**Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act.** H.R. 708/S. 168 allows for temporary licensing reciprocity during the COVID Public Health Emergency and the provision of services across state lines via telehealth.

**CONNECT for Health Act.** S. 1512 removes the geographic site restriction for telehealth services, expanding originating sites to include the home and provide the Secretary the authority to waive telehealth restrictions currently in place.

**Coronavirus Mental Health and Addiction Assistance Act.** H.R. 593 authorizes \$100 M to expand and create COVID response programs to assist individuals managing mental illness and substance use disorder. Eligible programs include those providing services via telehealth.

***Permanency for Audio-Only Telehealth\****. Expands access to audio-only telehealth under Medicare for evaluation and management, mental health, and substance use disorder services when the modality is the preference of the patient.

***Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act (EDOT) Act of 2020\****. Requires CMS to report on the effects of charges made during the COVID Public Health Emergency related to telehealth services under Medicare.



# Workforce and Substance Use Priorities Introduced in the 117<sup>th</sup> Congress

**Excellence in Mental Health and Addiction Treatment Act.** H.R. 4323/S. 2069 allows any state the option to apply participate in the CCBHC demonstration program and authorizes the continued allocation of SAMHSA CCBHC Expansion Grants.

**Mental Health Access Improvement Act.** H.R. 432/S. 828 allows marriage and family therapists (MFTs) and licensed mental health counselors to directly bill Medicare for their services.

**Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act.** H.R. 2767/S. 2144 would clarify the eligibility for participation of peer support specialists in the furnishing of behavioral health integration services under Medicare.

**Mental Health Professionals Workforce Shortage Loan Repayment Act.** H.R. 3150/S. 1479 provides loan repayment of up to \$250,000 over six years to mental health professionals seeking advanced degrees in exchange for serving in a HRSA-defined mental health professional shortage area.

**National Health Service Corps (NHSC) Substance Use Disorder Workforce Loan Repayment Program.** Provides loan repayment up to \$75,000 for a three-year commitment to provide SUD treatment services at NHSC approved sites.

**Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP).** Provides loan repayment of up to \$250,000 over six years to professionals in exchange for working in a STAR LRP-approved facility. Applications due July 22, 2021.





# Breakdown of COVID Supplemental Bills

	CARES Act, March 2020	COVID Supplemental, December 2020	FY2021 SAMHSA Appropriations	American Rescue Plan, March 2021
SAPT Block Grant	---	\$1.65 billion	\$1.858 billion	\$1.5 billion
Mental Health Block Grant	---	\$1.65 billion ( <i>half to providers</i> )	\$757 million (5% crisis set-aside)	\$1.5 billion
CCBHC Expansion Grants	\$250 million	\$600 million	\$250 million	\$420 million
Project AWARE	---	\$50 million	\$107 million	\$30 million
Suicide Prevention	\$50 million	\$50 million	\$66 million (multiple programs)	\$20 million (youth suicide)



# Funding Mental Health and Substance Use: FY2022

Program	FY2021 Enacted	FY2022 House-Approved
Community Mental Health Block Grant	\$758.5 million	\$1.58 billion
Substance Abuse Prevention and Treatment Block Grant	\$1.9 billion	\$2.9 billion
State Targeted Opioid Response Grants	\$1.5 billion	\$2 billion
CCBHC Expansion Grants	\$250 million	\$375 million
Behavioral Health Crisis Coordinating Office	--	\$10 million <i>*NEW funding*</i>
National Suicide Prevention Lifeline	\$24 million	\$113.6 million
Mental Health Crisis Response Partnership Pilot Program	--	\$100 million <i>*NEW funding*</i>
Mental Health First Aid	\$23.9 million	\$35.9 million
SUD Treatment and Recovery (STAR) Loan Repayment	\$16 million	\$28 million
Crisis Stabilization and Community Reentry Grants	--	\$10 million <i>*NEW funding*</i>



# Mental Health and Substance Use Set-Asides

## Community Mental Health Block Grant

- Includes 10% crisis set-aside.
- NEW 10% prevention & early intervention set-aside.

## Substance Abuse and Prevention Treatment Block Grant

- NEW 10% recovery set-aside



# When's the last time you connected with your legislators?

Download our [2021 Advocacy Handbook](#) and you'll find key information on how to:

1. Establish and maintain a **relationship with your elected officials** and their staff.
2. **Set up virtual meetings** with your representative.
3. **Advocate** for your organization or community.

[There are three ways YOU can participate in advocacy in 2021:](#)

1. **Get to know your legislators**, their committee assignments and their positions on your issues.
2. **Introduce yourself** and your organization via email, virtual meeting or in-person meeting.
3. **Sign up** for [National Council Action Alerts](#).

Already have existing relationships with legislators or staff?  
[Join the Ambassador Network!](#)



# Questions?

Email the National Council Policy Team at [Policy@TheNationalCouncil.org](mailto:Policy@TheNationalCouncil.org)

## Resources

- [National Council's survey results](#)
- [Roadmap to the Ideal Crisis System](#)
- [Roadmap: Executive Summary](#)
- [National Council Advocacy Handbook](#)
- [CCBHC Success Center](#)

