

Emergency Appropriation of \$38.5 Billion for Mental Health and Addiction Treatment

BOTTOM LINE  **Our country needs a \$38.5 billion infusion of emergency funds for behavioral health providers to avert a large-scale mental health and addiction crisis.**

REQUEST  **Support an emergency appropriation of \$38.5 billion for providers of mental health and addiction treatment services.**

COVID-19 has created both an enormous demand for mental health and substance use disorder services and a decrease in capacity of frontline providers to treat people in need. Organizations that primarily treat individuals with mental health and/or substance use disorders are facing a financial crisis putting them in jeopardy of failing.

If our behavioral health organizations fail, millions of vulnerable Americans will be left without the mental health and substance use treatments they need. A lack of access to adequate mental health and substance use care will lead to increased utilization of emergency services, over-crowding community hospital emergency departments and drastically increasing health care costs. Now is the time to recognize mental and emotional wellness as a national priority. Our country needs a \$38.5 billion infusion of emergency funds for behavioral health organizations to avert a large-scale public health tragedy.

Why do need \$38.5 billion?
Results from [National Council Member Survey](#)

- Program and Patient Impact: Organizations have canceled, rescheduled or turned away 31% of patients, 61.8% have closed at least one program and nearly all (92.6%) have reduced their operations. The impacts are more severe for smaller organizations that serve 2,000 patients or less annually that have canceled, rescheduled or turned away 36.1% of patients.



Emergency Appropriation of \$38.5 Billion for Mental Health and Addiction Treatment

- Employment Impact: 7% have had to, or plan to, lay off or furlough employees as a result of COVID-19. Layoffs and furloughs are most prevalent at larger organizations that serve more than 8,000 patients annually, while 49.8% have had to, or plan to, layoff or furlough employees.
- Personal Protective Equipment (PPE): 9% do not have enough PPE for two months of operations. Lack of PPE is most prevalent at medium-sized organizations that serve between 2,000 and 8,000 patients annually, while 86.5% of organizations do not believe they have enough PPE for two months.
- Resilience: 1% of behavioral health organizations believe they can only survive financially for three months or less under the current COVID-19 conditions. Only 9.4% of organizations believe they could survive a year or more. While 12.9% of larger organizations expect to survive past the one-year mark, only 6.0% of smaller organizations believe that is possible.

COVID-19 has exacerbated the need for behavioral health services. The pandemic has increased anxiety, fear, isolation and grief, leading to declining mental health and an increase in substance use in our communities that will only continue to get worse. [In a poll by the Kaiser Family Foundation](#), 45% of adults say their mental health has been affected by the pandemic. For many, the fear, anxiety and instability brought on by the COVID-19 emergency is making existing mental health and substance use conditions worse and triggering relapse.

HHS has distributed some financial relief, but it is not enough. The Department of Health and Human Services has opened portals so Medicare and Medicaid providers can receive relief funds, but the funding made available to date is not enough to address the current crisis. The Coronavirus Aid, Relief and Economic Security (CARES) Act and supplemental legislation established funds for providers, but little money has been distributed to behavioral health providers and the amount that has is not enough for these providers to continue operations.

There is bipartisan support for this request. In April, a bipartisan bicameral group of legislators wrote to congressional leadership requesting that at least \$38.5 billion in emergency aid is provided to behavioral health organizations.

