FOR DECADES, this country has underfunded and undervalued mental health and substance use care with devastating results. Only 43% of all people living with mental illness receive treatment for their condition — although the numbers go up to 67% for serious mental illnesses like schizophrenia, bipolar disorder and major depression, unacceptable gaps in access remain. Only 12% of Americans with a substance use disorder receive specialty treatment in any given year.

And that was before the COVID-19 pandemic. Today, Community Behavioral Health Organizations (CBHOs) nationwide face a dire economic crisis and are in jeopardy of failing. A large-scale public health catastrophe is just around the corner as millions of people living with mental illness or addictions are poised to flood already over-burdened health centers, urgent care facilities and emergency departments.

In response to the economic crisis created by COVID-19, the National Council for Behavioral Health has asked Congress for a $38.5 billion infusion of emergency funds for CBHOs to avert a large-scale public health calamity, with a significant portion of these emergency funds dedicated to CBHOs enrolled in Medicaid and serving some of the nation’s most vulnerable individuals.

We are tirelessly advocating for policies that will enable the behavioral health field to respond to today’s crisis. But we cannot stop there. We are also laying the groundwork for a better tomorrow.

Our vision is simple, but bold. A nation that recognizes the essential truth:

**WITHOUT MENTAL HEALTH, THERE IS NO HEALTH.** Without access to addiction treatment, recovery will be out of reach for many.”

- Chuck Ingoglia, President & CEO National Council for Behavioral Health

The stakes have never been higher. As a nation, we must effectively confront COVID-19 and a well-functioning behavioral health system will be essential to our shared success. But we must go beyond that. Together, we must embrace a bold vision of change for the future.

THE UNITE FOR BEHAVIORAL HEALTH CAMPAIGN seeks to achieve five essential objectives that, together, represent the greatest opportunity to improve the health and well-being of the entire nation - today and into the future. The time is now, and we are ready to make a real and lasting difference.
Many Certified Community Behavioral Health Clinics (CCBHCs) in 33 states are leading a bold shift to integrate physical and mental health care. This is the model for the future and our goal is to extend it nationwide.

The National Council is working to expand CCBHCs across the country. One critical step is enactment of the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824 / H.R. 1767), which would provide a two-year extension for the current CCBHCs in eight states and expand the CCBHC program to include the additional 11 states that submitted applications in 2016. Another is securing increased funding through the Substance Abuse and Mental Health Services Administration (SAMHSA), which would allow additional clinics to join the CCBHC movement. Additionally, states can adopt and fund the CCBHC model, independent of federal funding and congressional action.

To learn more about the CCBHC model and the current status of CCBHC expansion legislation, read the National Council’s 2020 CCBHC Impact Report, Hope for the Future. Contact us to discuss strategies and resources for bringing the CCBHC model to your state.

The National Council is fighting to build capacity in our delivery system to ensure that everyone who seeks addiction treatment is able to receive it. Just as the nation responded to the HIV crisis with the Ryan White Program, we are advocating for a $100 billion investment in federal funds over 10 years to better address the opioid overdose epidemic and the unmet need for addiction care across the nation. The Comprehensive Addiction Resources Emergency (CARE) Act (S. 1365 / H.R. 2569) includes provisions to strengthen standards for recovery residences, establish new grant programs to help individuals living with addictions find or maintain employment and incentivize states to cover the full range of addiction services in their Medicaid programs.
As part of larger efforts to reform the criminal justice system, we are working to ensure that people with a mental health or SUD issue are diverted from incarceration to community treatment when clinically appropriate, that they receive appropriate care while in a correctional facility and upon release and that additional training is available for law enforcement officers responding to people in crisis. The Crisis Stabilization and Community Reentry Act (S. 3312 / H.R. 5909) would authorize $10 million in grants to communities to create collaborative programs involving justice agencies and community-based behavioral health providers, including CCBHCs. The Medicaid Reentry Act (H.R. 1329) would permit Medicaid payment for services provided to incarcerated individuals up to 30 days prior to their release to streamline re-entry and promote the health care needs of individuals transitioning back into communities.

We will continue to fight expand access to medication-assisted treatment (MAT) by eliminating provider restrictions and enabling more providers to prescribe buprenorphine, through the Mainstreaming Addiction Treatment Act (S. 2074 / H.R. 2482). And we will work to ensure that all prescribers of MAT receive training in evidence-based addiction prevention and treatment, as part of the Medication Access and Training Expansion Act (H.R. 4974). Together, these two bills would expand physician capacity to prescribe MAT and ensure increased access to high-quality addiction treatment.

View the latest updates on federal addiction policy on the National Council’s Capitol Connector blog.

The National Council is working to support policies that incentivize more people to pursue careers in the addiction and mental health fields. We are working to create a loan repayment program for mental health professionals who commit to working in designated communities that lack accessible care, through the Mental Health Professionals Workforce Shortage Loan Repayment Act (S. 2500 / H.R. 2431). We are also advocating for expanded access to telemedicine for mental health and substance use disorder treatment, including community mental health centers and addiction treatment centers as eligible sites to offer access to MAT prescriptions for controlled substances via telemedicine, through the Improving Access to Remote Behavioral Health Treatment Act (H.R. 4131) and the Modernizing Eligible Treatment Centers for Healing Addiction Act (S. 2244).
In the midst of the COVID-19 pandemic, Centers for Medicare and Medicaid Services (CMS) has temporarily lifted many restrictions on telehealth services. We applaud these changes and urge CMS to establish a one-year transition period after the emergency declaration is terminated, to consider options for making the current policies permanent.

Finally, we are advocating for enhanced reimbursement policies that enable clinics to pay competitive wages and bill for marriage and family therapist services and mental health counselor services under Medicare via the Mental Health Access Improvement Act (S.286 / H.R. 945). View the latest behavioral health workforce updates from Capitol Hill at the National Council’s Capitol Connector.

To achieve the full promise of the Mental Health Parity and Addiction Equity Act, we must ensure states and the federal government are equipped to fully enforce consumers’ rights under the law. And, when parity alone is not enough to guarantee access, we must work to strengthen coverage of behavioral health care so that all Americans receive timely, evidence-based services when and where they need them.

The National Council is working to enact a requirement that issuers or plans submit comparative analyses upon request from federal oversight agencies, through the Mental Health Parity Compliance Act (S.1737 / H.R. 3165). We are also supporting the creation of a Consumer Parity Portal that gives patients a single place to get information about their rights, the results of audits and the ability to submit and track consumer parity complaints via the Behavioral Health Coverage Transparency Act (S. 1576 / H.R. 2874). And we support the Parity Enforcement Act (H.R 2848), which would amend the Employee Retirement Income Security Act (ERISA) to provide the Department of Labor the authority to investigate and levy monetary penalties against health insurers and plan sponsors that offer health plans to employers that violate the parity law.

Learn more about parity and national and state efforts to strengthen implementation.
EXPAND MENTAL HEALTH FIRST AID (MHFA): Train 4 million adults and 4.5 million public high school students by 2025

More than 2.5 million individuals have been trained in MHFA. We are working to enact legislation that would provide $100 million annually for grants to state or local government, nonprofit organizations, faith institutions, institutions of higher education and small businesses to provide MHFA and other de-escalation trainings via the National De-escalation of Violence and Community Safety Training Act (H.R. 2457).

Learn more about the growing push for Mental Health First Aid policy activities in Congress and state legislatures and download the Mental Health First Aid Policy Handbook to bring support for MHFA to your state.

NATIONAL COUNCIL: READY TO MAKE A DIFFERENCE FOR THE NEXT GENERATION

We have made tremendous progress as a nation, reducing stigma and expanding access to care. But we have to do more. We know that recovery is possible and we believe it should be the expectation — not the exception.

At the National Council for Behavioral Health, we are fighting for a nation that values the mental health of all its people. And we are ready to leverage every aspect of our organization to make a difference for the future. Our more than 3,300 member organizations operate in all 50 states. They employ more than 750,000 professionals and serve more than 10 million adults, children and families living with mental illnesses and addictions. Two million Americans have been trained in MHFA. We are united in our mission and we are working to make a difference. Join us and let’s make a difference.

TO LEARN MORE, PLEASE VISIT THENATIONALCOUNCIL.ORG/POLICY