

## 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