

EMERGENCY FUNDING REQUIRED FOR COMMUNITY BEHAVIORAL HEALTH PROVIDERS DURING THE COVID-19 CRISIS

Mental Health & Addiction Patients in Crisis:

The more than 10 million Americans served by public mental health and addiction treatment and recovery providers possess clinical characteristics that make them as vulnerable to contracting the COVID-19 coronavirus as seniors living in nursing facilities. Specifically, adults with serious mental illnesses and addiction disorders live with an extremely high incidence of underlying chronic health conditions, including cardiovascular disease, COPD, diabetes and cancer, making them highly vulnerable to coronavirus infection. Moreover, the incidence rate for smoking in these patient populations exceeds 60%, which puts them at high risk of respiratory symptoms caused by COVID-19.

Coronavirus Creating Chaos Among Community Mental Health/Addiction Providers:

Early reports from members of the National Council for Behavioral Health indicate that the spread of COVID-19 is substantially impeding the ability of Community Mental Health Centers (CMHCs), Community Behavioral Health Organizations (CBHOs) and addiction treatment and recovery providers to deliver mental health care and substance use disorder services to millions of vulnerable Americans. As an illustration, state, county and municipal shelter-in-place and school closure orders are making it difficult for our clinicians and direct support staff to report to work – exacerbating an existing workforce shortage. Because the vast majority of our CMHCs and CBHOs are nonprofit entities, they will not benefit from the tax credits being discussed in Congress to assist employers with financing sick leave pay for employees.

Further, community mental health and residential facilities are predominantly group treatment settings which can facilitate the communal spread of COVID-19 without proper safety precautions. Because they are serving more than ten (10) patients at one time -- beyond the CDC guidelines – our members in Tennessee and Indiana report having to screen every patient before they enter their facilities resulting in unanticipated additional staffing costs. However, unlike medical/surgical providers, CMHCs and CBHOs cannot access the National Stockpile to obtain Personal Protective Equipment (PPE) and additional supplies in response to the coronavirus.

National Council Proposal for Coronavirus Supplemental 3.0:

The National Council proposes an additional \$250 million in emergency supplemental funding for the Certified Community Behavioral Health Clinic (CCBHC) line-item bringing total appropriations to \$450 million. Committee report or statutory language would detail that eligibility for the emergency funds would be expanded to all CBHOs that met the definition of Community Mental Health Centers specified in Sec. 1913(c)(1)(2) and (3) of the Public Health Service Act. The additional allocation will be dedicated to helping these centers expand triage and treatment capacity through the procurement of PPE -- masks, gowns, gloves, respirators -- for front line staff members and assisting with the costs of sick leave, overtime pay and shift differential pay.



Jeff Richardson, MBA, LCSW-C, Board Chair
Charles Ingoglia, MSW, President and CEO

OMB SAMHSA Supplemental Request

Agency: Department Of Health And Human Services

Bureau: Substance Abuse and Mental Health Services Administration

Account: Substance Abuse and Mental Health Services Administration

Subcommittee: Labor, Health and Human Services, Education, and Related Agencies

Estimated Need: \$250,000,000

This request would provide \$250 million in additional FY 2020 funding to the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration accounts for Emergency Response Grants to States, technical assistance, expansion of the disaster assistance helpline, and to support increased operational costs, in response to coronavirus.