Behavioral Health Resources
National Council for Behavioral Health

3300+ healthcare organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

Ayla Colella
Director, Practice Improvement
National Council for Behavioral Health
Agenda

• Telehealth considerations
• COVID-19 behavioral health updates
• CDC Guidance
• COVID-19: Slowing the spread in prisons and jails
• COVID-19: Reentry considerations
• HEROES ACT: Key takeaways
Telehealth Considerations

Benefits for Using Telehealth During COVID19

- Promotes the practice of social distancing to reduce spread – shifting visits that do not require in-person/face-to-face limits the physical contact between staff and patients and can reduce risk of spread in high-volume/traffic areas such as waiting rooms.
- Enables you to explore options for continued engagement and reduced potential for exposure for those who are considered most vulnerable to COVID19.
- Reduces the likelihood of patients participating in activities/behaviors that could increase risk of exposure, such as use of public transportation to attend appointments.
Telehealth shifts due to COVID-19

CMS: waived restrictions on originating sites for telehealth, now audio-only reimbursable on a state by state basis. Increased access for rural, frontier and older adult demographics

DEA: leveraged the public health emergency exception to the Ryan Haight Act, thus lifting the restriction on prescribing controlled substances through telehealth. Reentry population with OUD can be served through telehealth

HHS Office for Civil Rights: exercise enforcement discretion and waive penalties for HIPAA violations against health care providers

Future considerations: Expand coverage for telehealth, suspend restrictions on licensure requirements to practice across state lines, regular and clear guidance to healthcare professionals
Behavioral Health Resources: COVID-19

**Guidance** from SAMHSA regarding law enforcement and first responders administering Naloxone

**Strategies** the federal government, states and other stakeholders can apply to help individuals with opioid use disorder (OUD) mitigate the effects of COVID-19

- Eliminate Or Suspend Counseling Requirements That Limit Access To Medication
- Exercise The State Option To Allow Extended Take-Home Supply of Methadone
- Use Medicaid To Support Virtual Counseling And Peer Support Through Telehealth

Visit the U.S. Department of Health and Human Services Control and Prevention’s [COVID-19 webpage](https://www.cdc.gov/coronavirus/2019-ncov/index.html) for the most current clinical guidance

- Aggregate of resources from major federal agencies

**SAMHSA’s National Guidelines for Behavioral Health Crisis Care** [best practices toolkit](https://www.samhsa.gov/crisis/management/crisis-care)

- Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts.
- It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

**Local foundations are offering financial relief and resources to combat COVID-19** – [learn more](https://www.nationalsc.org)

- More than 350 U.S. community foundations in all 50 states, plus the District of Columbia, have created relief funds to support those affected by COVID-19
CDC Guidance: Prisons, Jails & Detention Centers

PREPARE
- COMMUNICATE with local public health
- IDENTIFY medical isolation and quarantine spaces ahead of time
- PLAN for staff absences and encourage sick employees to stay home
- POST information around the facility on COVID-19
- CHECK supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)

PREVENT
- RAMP UP cleaning schedule & hand hygiene reminders
- LIMIT transfers between facilities
- SCREEN everyone coming in for symptoms (new intakes, staff, visitors)
- IMPLEMENT social distancing

MANAGE
- SUSPEND all non-medical transfers
- INTEGRATE screening into release planning
- MASK & MEDICALLY ISOLATE symptomatic people
- IDENTIFY & QUARANTINE close contacts
- PROVIDE clinical care or transfer for care
- COMMUNICATE clearly & often
### Slowing the Spread of COVID-19 in Prisons and Jails

<table>
<thead>
<tr>
<th>Release</th>
<th>Jails and Prisons can release more individuals - risk stratification and risk management</th>
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<tbody>
<tr>
<td>Reduce</td>
<td>Reduce jail and prison admissions - reducing “jail churn” and allowing facility population to drop rapidly</td>
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<tr>
<td>Eliminate</td>
<td>Eliminate medical copays - Copays discourage medical treatment and to put public health at risk.</td>
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<tr>
<td>Reduce</td>
<td>Reduce cost of phone and video calls - there is significant evidence that sustained meaningful contact with family and friends benefits incarcerated people in the long run, including reducing recidivism.</td>
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Reentry Considerations

Decarceration is not enough
- Reentry supports must also be in place
- Need for improved connection: Corrections, Public health & Behavioral health
- COVID testing integrated into reentry
- CJ release COVID-19 hotspots

Rigorous data and evaluation around telehealth
- Currently- loosening of telehealth regulations nationwide
- Older data has enforced more strict regulations, now is the time to showcase opportunities of telehealth- backed by data

Need to continue to prioritize access to MOUD
- Leverage amended protocols in terms of prescribing
- Education re: Opioid withdrawal vs. COVID symptomology

Surge management
- #1 group that affects surging is BH population
- Supporting BH providers supports surge management in ED settings
- Increased capacity for COVID needs
HEROES ACT
The U.S. House of Representatives passed the HEROES Act – $3 trillion stimulus bill designed to provide broad financial relief to individuals, businesses, nonprofit organizations, and state and local governments who have been affected by the economic fallout from COVID-19.

• $3 billion for SAMHSA: Largely directed at the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant.

• $100 billion for the Health Care Provider Relief Fund for hospitals and health care providers to receive reimbursement for health care related expenses or lost revenue directly attributable to the public health emergency.
  • The bill also establishes a program for the distribution of these funds to include an application for providers and specific formulas to determine those expenses.
  • This change will likely make funds more accessible for behavioral health providers (compared to the current Medicare-based distribution formulas), but still doesn’t carve out specific funds for our members, leaving them to compete with other providers and hospitals for the funds.

• Designates 9-8-8 as the universal dialing code for the National Suicide Prevention Lifeline.
HEROES ACT

• **MEDICAID REENTRY ACT**
  • Incarcerated individuals to have Medicaid eligibility up to 30 days prior to release

• **SEC. 191102. EMERGENCY COMMUNITY SUPERVISION ACT.**
  • Requires BOP to place certain individuals in community supervision - individuals with covered health conditions like pregnancy, asthma, HIV, cancer, etc., and juveniles, seniors, within 12 months of release.
  • Prevalence of cooccurring physical and behavioral health conditions- potential coverage for SMI & SUD

• **SEC. 3062. IMMEDIATE RELEASE OF VULNERABLE AND LOW-RISK INDIVIDUALS.**
  • $500 million grant program for states & local governments that intend to release individuals early
  • Authorized uses include providing reentry support services to individuals released, including programs that "facilitate the enrollment of reentering individuals with a history of SUD in MATC and referral to overdose prevention services, mental health services, or other medical services."

• **SEC. 30633 GRANTS TO ADDRESS SUBSTANCE USE DURING COVID–19**
  • $10M in grants to states/localities/community-based orgs/tribes, etc. from SAMHSA in consultation with CDC