# 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
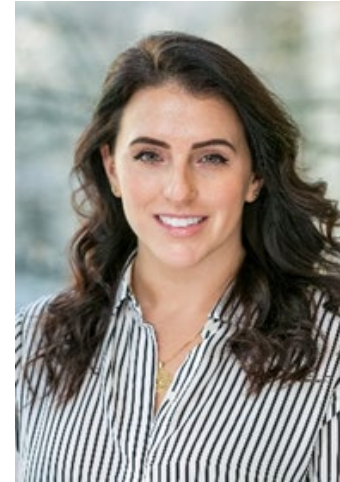
**Ayla Colella**
*Director, Practice Improvement*
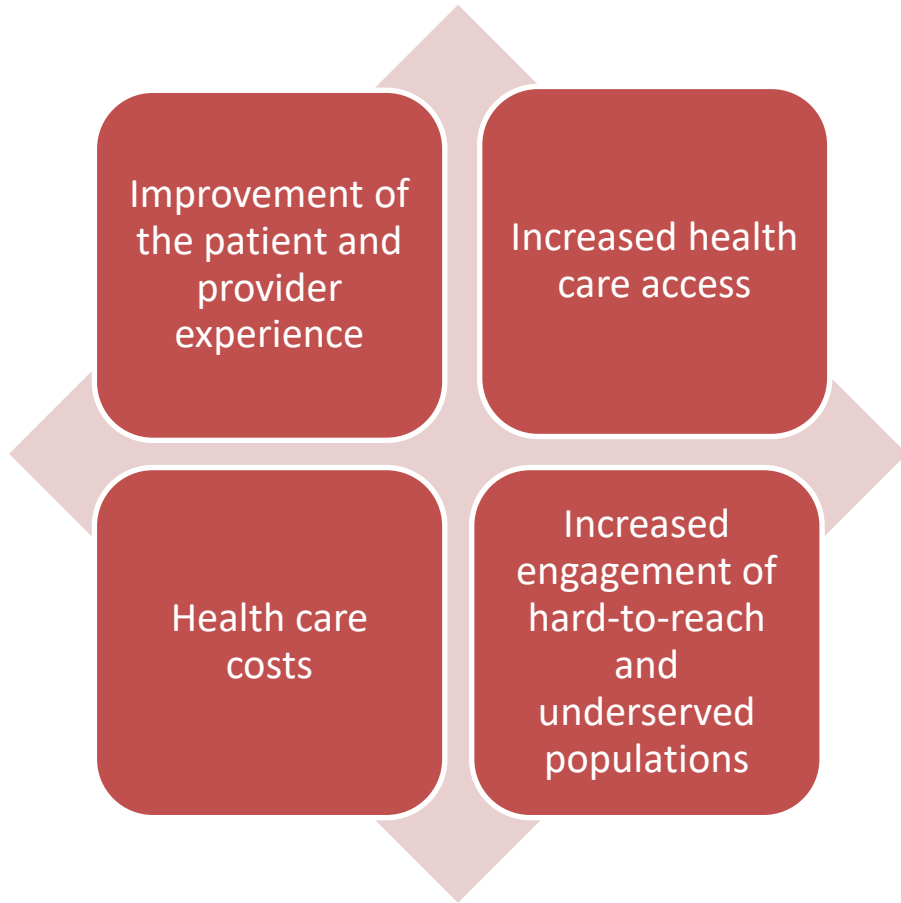**National Council for Behavioral Health**

# 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

Improvement of the patient and provider experience

Increased health care access

Health care costs

Increased engagement of hard-to-reach and underserved populations

## 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.

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# 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 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

- 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

- 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

## Release

- Jails and Prisons can **release more** individuals- risk stratification and risk management

## Reduce

- **Reduce jail and prison admissions**- reducing "jail churn" and allowing facility population to drop rapidly

## Eliminate

- **Eliminate medical copays**- Copays discourage medical treatment and to put public health at risk.

## Reduce

- **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.

# 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

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