



National Association of County Behavioral Health and Developmental Disability Directors



National Association for  
Rural Mental Health

November 8, 2021

The Honorable Ron Wyden  
U.S. Senate  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mike Crapo  
U.S. Senate  
239 Dirksen Senate Office Building  
Washington, DC 20510

**Re: Request for Information on Behavioral Health**

Dear Chairman Wyden and Ranking Member Crapo,

The National Association of County Behavioral Health and Developmental Disability Directors represents more than 750 county mental health, substance use, and developmental disability directors and their programs throughout the US. These programs serve as the behavioral health safety net for more than 45% of the US population.

We write in response to your request for information on legislative proposals that will improve access to health care services for Americans with mental health and substance use disorders.

**Workforce**

Over 130 million Americans live in areas with a shortage of mental health providers.<sup>1</sup> This shortage is expected to grow over the next decade with the number of providers projected to decrease by 20% while demand increases.<sup>2</sup>

The COVID-19 pandemic exposed many discrepancies between behavioral health and intellectual and developmental disability (I/DD) workers and the broader health care workforce. For example, throughout the pandemic many states did not recognize behavioral health and I/DD workers as “essential health workers”. As a result, many of these critical care providers were not eligible for special programs and recognition given to other medical personnel including distribution of personal protective equipment (PPE). It is vital that any workforce proposals the Committee pursues treat behavioral health and I/DD workers as full members of the health care workforce.

There are several federal programs that support recruitment, training, and placement of behavioral health providers. These include the Health Resources and Services Administration’s (HRSA) National Health Service Corps, Graduate Psychology Education and Behavioral Health Workforce Training and Education programs, the Substance Use Disorder Treatment and Recovery Loan Repayment Program, as well as the Substance Use and Mental Health Services Administration’s (SAMHSA) Minority Fellowship Program. While these programs differ in scope, all of these programs should be increased in size to help build a diverse, inclusive workforce.

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<sup>1</sup> *Shortage Areas*, Health Resource and Services Administration 2021

<sup>2</sup> *Health Workforce Projections*, Department of Health and Human Services, Health Resources and Services Administration.  
<https://bhwr.hrsa.gov/data-research/review-health-workforce-research>

Congress should also fund initiatives aimed at better supporting people with lived experience building careers in the mental health and substance use treatment workforce. Funding for peer certification, education, and training should be prioritized as a part of a broader health workforce development agenda.

### **Increasing Integration, Coordination, and Access to Care**

Advancing integration, coordination, and overall access to behavioral health care requires coordination between several sectors including public safety, education, social services, and behavioral health. It also requires the recognition the social and physical determinants of health like trauma, poverty, employment, and housing have a profound effect on outcomes.

One model to expand access to care that has been successful in this coordination role is the Certified Community Behavioral Health Clinics (CCBHCs). The CCBHCs are non-profit organizations or units of a local behavioral health authority that provide a comprehensive set of services including 24-hour crisis care, case management, and peer support. Currently there are 340 CCBHCs in 40 states serving an estimated 1.5 million people.<sup>3</sup>

However only those CCBHCs serving in the Medicaid demonstration program are eligible for the prospective payment rate that offers a sustainable financing mechanism to support their operations long-term. Currently only 10 states participate in this program while those in other states are eligible for grant monies. We strongly encourage the Committee to support the Excellence in Mental Health and Addiction Treatment Act of 2021 that would expand the Medicaid demonstration program nationwide.

### **Telehealth**

Telehealth is an effective tool to help Americans, especially ones living in rural areas, to access behavioral health care. According to a recent Inspector General report states who have done evaluations of telehealth have found that it has increased access and reduced costs including reduced savings of \$484,000 in transportation costs.<sup>4</sup>

As demand for telehealth services increase it is essential that Congress continue to invest in the infrastructure that supports these services including expanding high-speed broadband and providing technical support and assistance to providers to adopt telehealth. Congress should also permanently authorize the expanded use of telehealth to induct new patents onto needed medications and provide on-going counseling. They should also allow Medicare reimbursement for audio-only service delivery to ensure all people have access to care given the challenges some face in accessing audio-visual technologies.

Thank you again for the opportunity to share our views with the Committee. We applaud your leadership on this issue and offer ourselves as a resource going forward.

Sincerely,



Jonah C. Cunningham  
President and CEO  
NACBHDD and NARMH

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<sup>3</sup>CCBHC 2021 Impact Report, the National Council for Mental Wellbeing, 2021

<sup>4</sup> Opportunities Exist to Strengthen Evaluation and Oversight of Telehealth for Behavioral Health in Medicaid, Office of Inspector General. 2021.