



October 25, 2021

The Honorable Ron Wyden, Chairman  
U.S. Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, D. C. 20510

The Honorable Mike Crapo, Ranking Member  
U. S. Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, D. C. 20510

Dear Chairman Wyden and Senator Crapo:

The National Association of Mental Health Program Directors (NASMHPD)—the organization representing the state executives responsible for the \$41 billion public mental health service delivery systems serving 7.5 million people annually in 50 states, 5 territories, and the District of Columbia—is writing in response to the request for information on legislative, evidence-based solutions to enhance behavioral health care. NASMHPD is very thankful for the opportunity to provide solutions in the areas of increasing integration, coordination, and access to care, as well as strengthening the workforce.

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

State Mental Health Authority priorities at this time focus on improving and building the crisis continuum. NASMHPD is concerned that building the crisis continuum may not be done in time for the implementation of the 988 national crisis lifeline in July 2022 if funding is not increased for states to be adequately prepared. This increased funding would provide sustainable funding for the call centers, mobile crisis units, and the crisis receiving/stabilization programs in the community. Crisis services are essential to providing individuals the best care and support while diverting away from unnecessary higher levels of care and jail.

NASMHPD is urging support for the passage of the Behavioral Health Crisis Services Act (S.1902), as well as a companion bill in the Senate to the House bill (H.R. 4035), the Crisis Enhancement Act. The Behavioral Health Crisis Act helps to expand funding for the entire crisis continuum, while the Crisis Enhancement Act increases the Mental Health Block Grant (MHBG) crisis care set-aside to 10%. Both of these legislative measures greatly help states build their funding for these very needed services that will expand access and care for all who are in behavioral health crisis. Currently, Senate Appropriations has recommended a continued 5% set-aside in the MHBG. States must have more sustainable funding to build the nationwide crisis services continuum.

Additionally, because many individuals, perhaps the vast majority, who utilize the suicide prevention lifeline have neither a prior mental illness diagnosis, nor any previous contact with the public mental health system, NASMHPD urges the continuation of the waivers provided in the Labor/HHS Appropriations provisions. These provisions entail the financing of the crisis care set-aside waive the statutory requirements limiting MHBG programming to persons with serious mental illnesses and children with serious mental and emotional disturbance.

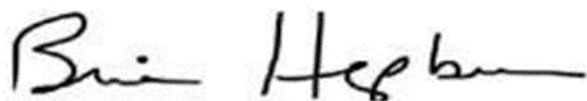
### **Strengthening the Workforce**

NASMHPD recognizes and supports peer support specialists as key contributors to behavioral health integrated teams of care. Peer support specialists are providers with lived experience of a mental health or substance use disorder who have specialized training and certification to deliver support services under appropriate state or national certification standards. And, with the increasing workforce shortages, it's even more vital now to utilize these specialized providers as much as possible. NASMHPD urges the support and passage of the Promoting Effective and Empowering Recovery Services (PEERS) Act, S.2144, to create the ability to reimburse peer support under

collaborative care and other behavioral health integration codes in Medicare. Older persons are needing more support in this challenging time with the public health emergency and increasing loneliness and isolation as a result. The states need this help to continue to combat the behavioral health crisis as well as the critical shortage in the behavioral health workforce.

Again, thank you for the opportunity to provide solutions to the growing need for behavioral health services nationwide and we look forward to working with you on these endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Hepburn". The signature is fluid and cursive, with the first name "Brian" and last name "Hepburn" clearly distinguishable.

Brian M. Hepburn, M.D.

Executive Director

National Association of State Mental Health Program Directors (NASMHPD)