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## BEHAVIORAL HEALTH UPDATE

A Monthly Report for Members  
of the **American Hospital Association** and the  
**National Association for Behavioral Healthcare**

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**June 2020**

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### Stories:

#### **1. *HRSA Awards \$20.3 Million to Expand Addiction Workforce in Underserved Communities***

The Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) announced it awarded \$20.3 million to 44 recipients to increase the number of fellows at accredited addiction medicine and addiction psychiatry fellowship programs.

HRSA's Addiction Medicine Fellowship program is part of the agency's effort to fight the nation's ongoing opioid crisis. The awardees will train addiction specialists at facilities in high-need communities that integrate behavioral and primary care services.

"The need for physicians with the expertise and skills to provide substance use prevention, treatment, and recovery services is essential," HRSA Administrator Tom Engels said in a news release. "Addiction specialists can respond to patients' specific behavioral health needs and help communities that are hit hardest by the opioid epidemic."

Click [here](#) to view the list of award recipients.

## **2. HHS Extends Compliance Deadline for Providers to Receive COVID-19 Relief Funds**

HHS on May 22 [announced](#) a 45-day, compliance deadline extension for healthcare providers who receive payments from the Provider Relief Fund to accept the department's required terms and conditions.

The extension means HHS has granted providers a total of 90 days from the time they receive payments — made available through the *CARES Act* and the *Paycheck Protection Program and Health Care Enhancement Act* — until the time they accept the department's terms and conditions. If providers do not meet the terms and conditions, they must return the funds.

Visit HHS' Provider Relief Fund [webpage](#) for more information.

## **3. Psych Hub Releases Race, Racism & Mental Health Resources During Week of Protests**

Mental health educational platform Psych Hub released [Race, Racism, & Mental Health Resources](#) for individuals and communities amid a week of national and global protests against racism and police brutality following the death of George Floyd on May 25 in Minneapolis.

[Psych Hub](#) compiled the list of resources on antiracism and black mental health that includes links to organizations, online resources, books and social media. "Experiencing and witnessing racism in any of its forms has traumatic effects that can build up with time and repetition," the resources page noted.

## **4. Senate Passes Bill to Designate 9-8-8 as National Suicide Prevention Hotline Number**

By voice vote on May 13, the Senate passed S. 2661, *the National Suicide Hotline Designation Act*, which would require the Federal Communications Commission to designate 9-8-8 as the universal telephone number for the national suicide prevention and mental health crisis hotline system. The bipartisan bill was originally introduced in October 2019 and sponsored by Sens. Cory Gardner (R-CO), Tammy Baldwin (D-WI), Jerry Moran (KS), and Jack Reed (D-RI).

Currently, the hotline is accessible through a 10-digit number, 800-273-8225 (TALK). S. 2661 would allow callers the option to dial 9-8-8 to access the hotline.

The companion bill, H.R. 4194, was introduced in the House in August 2019 by Reps. Chris Stewart (R-UT) and Seth Moulton (D-MA), and it was incorporated into H.R. 6800, the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, which passed the House on May 15.

## **5. GAO Recommends CMS Include Detailed Information About SUD Coverage in 'Medicare & You'**

A recent Government Accountability Office (GAO) report recommends the Centers for Medicare & Medicaid Services (CMS) include "explicit information" on the services Medicare covers for beneficiaries with substance use disorders (SUDs) in the agency's *Medicare & You* publication.

The GAO's analysis of Medicare claims data in 2018 shows that almost 5 million beneficiaries used services for behavioral health services, which represented about 14% of the more than 36 million fee-for-services Medicare beneficiaries. About 96% of all behavioral health services accessed in 2018 (the year for which the latest data are available) were for a primary diagnosis in one of the following five behavioral health disorder categories: mood disorders (42%), anxiety and stress-related disorders (22%), schizophrenia and other non-mood, psychotic disorders (15%), disorders due to known physiological conditions (10%), and SUDs (7%).

For this study, researchers also examined how CMS provides information to Medicare beneficiaries about coverage for behavioral health services. In doing so, they learned CMS mails *Medicare & You* — the most widely disseminated source of information on Medicare benefits — to all Medicare beneficiaries every year.

“GAO reviewed the fall 2019 and January 2020 editions of *Medicare & You*,” the study noted. “While the January 2020 edition describes a new coverage benefit for beneficiaries with opioid use disorders, neither edition includes an explicit and broader description of the covered services available for substance use disorders,” it continued. “Both HHS and CMS have stated that addressing substance use disorders is a top priority. Given that coverage for substance use disorders is not explicitly outlined in Medicare’s most widely disseminated communication, Medicare beneficiaries may be unaware of this coverage and may not seek needed treatment as a result.”

This finding led the GAO to recommend that CMS include “explicit information” on SUD coverage. “HHS reviewed a draft of this report,” the GAO study said, “and concurred with the recommendation.”

## **6. United Nations Releases Policy Brief on COVID-19 and Mental Health**

United Nations Secretary-General António Guterres said mental health services are an essential part of all government responses to COVID-19 that must be expanded and fully funded.

Guterres emphasized that message when he announced the U.N.’s policy [brief](#) on COVID-19 and mental health and urged the international community to do much more to protect all those who face rising mental pressures.

“After decades of neglect and underinvestment in mental health services, the COVID-19 pandemic is now hitting families and communities with additional mental stress,” Guterres said in a video [message](#). “Those most at risk are frontline healthcare workers, older people, adolescents and young people, those with pre-existing mental health conditions, and those caught up in conflict and crisis,” he added. “We must help them and stand by them. Even when the pandemic is brought under control, grief, anxiety, and depression will continue to affect people and communities.”

Devora Kestel, director of the World Health Organization’s Department of Mental Health and Substance Use, reiterated Guterres’s message when she said past economic crises had “increased the number of people with mental health issues, leading to higher rates of suicide for example, due to their mental health condition or substance abuse.”

Kestel also said it’s critical to take measures that protect and promote care for the existing situation “so that we can prevent things becoming worse in the near future.”

## **7. JAMA Commentary Examines Treating Patients with OUD in Their Homes**

A late-May [commentary](#) in *JAMA* examined an emerging treatment model for opioid use disorder (OUD) in recent years that uses telehealth to provide medication treatment to patients in their homes.

The article notes that about 50,000 deaths from OUD overdose occur each year in the United States, and the prevalence of heroin use is increasing. And while more than 2 million people with an OUD need treatment and a rising number of individuals are receiving treatment, still less than 20% receive effective medications such as buprenorphine.

According to researchers, some telehealth companies have advertised the convenience of their model in leveraging telehealth services for OUD treatment. Meanwhile, the article suggests another potential benefit.

“By minimizing the need to travel and increasing privacy for patients who may not want to be seen seeking care,” the article noted, “these programs also could address the access challenges that are especially problematic for underserved patients.”

## **8. Brookings Releases Report on Removing Barriers to Telehealth Services**

Research organization The Brookings Institution released [Removing Regulatory Barriers to Telehealth Before and After COVID-19](#), a report that concludes state and federal barriers have prevented telehealth services from launching its full capabilities.

The report provides a brief overview of the U.S. healthcare system; defines telemedicine, telehealth and digital health; and examines federal versus state telehealth use implementation. Researchers noted that COVID-19 has shown the world the value of telemedicine, and asserted that telehealth regulations, especially those at the state level, should be written with a “broad eye toward the future,” being as flexible as possible.

“While progress was being made before the coronavirus outbreak to adopt telehealth in states,” the study’s researchers wrote, “the pandemic not only demonstrated its worth but also proved it necessary to avert larger meltdowns in hospital systems and among medical professionals — even those whose work was stopped due to social distancing.”

### **9. Health Affairs Blog Examines Strategies for Helping Individuals with OUD During COVID-19**

A recent [Health Affairs](#) blog post outlines specific strategies that the federal government, states and other stakeholders can apply to help individuals with OUD mitigate the effects of COVID-19.

Co-writers Jocelyn Guyer, managing director at Manatt Health, and Karen Scott, president of the Foundation for Opioid Response Efforts, note that states and providers should update their approach to OUD treatment and “not only change their policies on paper but also issue clear and authoritative guidance to explain the new options available to help people with OUD through the pandemic.”

The article highlights the various federal agencies involved in regulating medications used for OUD and recommends what should come next.

“In the longer term, as the COVID-19 crisis eases, it also will be important to evaluate whether any of the temporary policy changes should be adopted on an ongoing basis,” the authors wrote. “These could include, for example, eliminating prior authorization requirements for medications used for OUD; allowing access to medications used for OUD even if someone is not participating in counseling; and using telehealth to ease access to medications used for OUD, peer supports, and individual counseling.”

### **10. Health Affairs Study Explores OUD Treatment of Commercially Insured Adults**

A research [article](#) published in the journal *Health Affairs* explored treatment provided to people with OUD, rather than efforts to reduce prescriptions and misuse.

Analyzing claims data representing 12 million to 15 million nonelderly adults covered through commercial group insurance during the period 2008-2017, researchers examined rates of OUD diagnoses, treatment patterns, and spending, and they identified three essential patterns.

“The rate of diagnosed OUD nearly doubled during 2008-19, and the distribution has shifted toward older age groups; the likelihood that diagnosed patients will receive any treatment has declined, particularly among those ages 45 and older, because of a reduction in the use of medication-assisted treatment (MAT), and despite clinical evidence demonstrating its efficacy; and treatment spending is lower for patients who chose MAT,” the article noted.

The researchers noted these patterns suggest that policies supporting MAT use are “critical to addressing the undertreatment of OUD among the commercially insured” and that additional research is needed.

### **11. Mental Health Survey Analysis Shows How People Worldwide Respond to Depression Treatment**

A new JAMA [study](#) shows that of more than 80,000 respondents surveyed in 16 countries, 68.2% of adults with a lifetime history of major depressive disorder obtained treatment they considered helpful. The findings showed that other patients stopped seeking treatment after early unhelpful treatment.

Meanwhile, the findings showed that most patients (93.9%) were helped if they persisted through 10 treatment professionals, but only 21.5% of patients were that persistent. This led researchers to conclude “many more patients with major depressive disorder might obtain helpful treatment if they persist after early unhelpful treatment.”

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Jessica Zigmond prepared this edition of *Behavioral Health Update*. Feel free to give us your feedback, stories, and suggestions: **NABH**: Jessica Zigmond, NABH, [jessica@nabh.org](mailto:jessica@nabh.org), 202.393.6700, ext. 101; **AHA**: Rebecca Chickey, Behavioral Health Services, [rchickey@aha.org](mailto:rchickey@aha.org), 312.422.3303

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