NAMI calls on Biden administration for mental health support

The National Alliance on Mental Illness (NAMI) on Jan. 20 released a statement congratulating President Joe Biden and Vice President Kamala Harris on their inauguration. The organization said it looks forward to working with President Biden and his administration to find solutions that help everyone get the help they need.

“More people than ever are experiencing anxiety and depression for the first time because of the challenges related to COVID-19, economic hardship and racial injustice. The demand for mental health services is increasing,” NAMI stated. “We are in the midst of alarming mental health, substance use and suicide challenges that are taxing an already fragmented system of care.”

NAMI pointed to President Biden’s recent announcement of the American Rescue Plan, which includes significant investments that would help people with mental health conditions. In addition to proposals that will help people access mental health care and focus on their wellness, including expanding health care subsidies, extending the eviction moratorium and providing emergency housing assistance, the plan specifically addresses the country’s mental health needs during this crisis. The plan calls for an additional $4 billion to help people access mental health and substance use care.

“We need to alleviate the pain and suffering of millions of Americans by increasing access to quality mental health and substance use interventions,” said Daniel H. Gillison Jr., CEO of NAMI. “More people — including our nation’s youth and first responders — are reporting their mental health is worse than it was a year ago. NAMI applauds the President’s call for substantial resources to expand access to mental health and substance use services.”

Gillison added, “To further address the growing mental health epidemic within the pandemic, NAMI urges the Biden administration to prioritize a cross-agency effort to help people get on the path to recovery. We hope the new administration will use the Unified Vision for Transforming Mental Health and Substance Use Care, developed in partnership with 14 of the nation’s leading mental health organizations, as a roadmap to changing the paradigm for mental health care in our country (see MHW, Jan. 4).

“To achieve this vision, we must institute programs, policies and standards that value the critical importance of mental health,” Gillison said. “We must intentionally address the inequities in care and unacceptable disparities in outcomes that result from systemic racism and discrimination. We must invest in comprehensive system solutions that promote mental wellness for all.”

BRIEFLY NOTED

Groups seek vaccine priority for psychiatric hospital patients

Following the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices’ recommendation for allocating initial supplies of the COVID-19 vaccine, the Judge David L. Bazelon Center and other mental health groups released a statement on Jan. 14 calling on states to include individuals in psychiatric hospitals for priority vaccination. The National Association of State Mental Health Program Directors, the American Psychological Association, Mental Health America and the National Alliance on Mental Illness have also joined in this effort. In a Dec. 2, 2020, letter to leaders of the National Governors Association, the National Association for Behavioral Healthcare requested that the nation’s governors be encouraged to ensure that mental health and addiction treatment providers are included among the top-priority sites for the first round of vaccine distribution (see MHW, Dec. 11, 2020). On Dec. 3, 2020, the CDC issued recommendations for allocating initial supplies of the COVID-19 vaccine, according to the statement. It recommended that the first groups to receive vaccines be health care workers, including hospital staff, and residents of “long-term care facilities,” including nursing homes and assisted living facilities. According to the statement, the committee’s recommendations do not directly address whether psychiatric inpatients are or should be included among those first to receive the vaccine (Phase 1A). However, the committee did make clear that “health care settings in general [such as hospitals], and long-term care settings in particular, can be high-risk locations for SARS-CoV-2 exposure and transmission.” Many psychiatric

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inpatients, including most psychiatric inpatients in general hospitals, will be discharged after a relatively short stay. In the allocation of vaccines, inpatient psychiatric patients who are likely to be discharged after a short stay should receive the same priority for vaccination as other hospital patients, according to the statement. Many psychiatric inpatients, however, especially those in state and other public hospitals, will experience stays of weeks and months. In the allocation of vaccines, these patients should have the same priority for vaccination as residents of other longer-term congregate care facilities, such as nursing homes and assisted living facilities, according to the statement. Accordingly, to implement the CDC’s recommendations, state authorities making vaccine-allocation decisions should include psychiatric inpatients whose hospital stay is likely to be weeks or months in the first group to receive the vaccine (Phase 1a) and give short-term psychiatric inpatients the same priority as other hospital inpatients and require that hospital discharge plans provide for the administration of a second dose of the vaccine.

**STATE NEWS**

**CMS approves Tennessee’s Medicaid block grant 1115 demonstration**

On Jan. 8, the Centers for Medicare and Medicaid Services (CMS) approved the first 1115 demonstration that would permit Tennessee to transition its Medicaid program to a “block grant” model with a new aggregate cap approach, the Health Center Advocacy Network reported Jan. 19. Instead of receiving a set percentage of federal funding for enrollees’ care, the state would receive fixed payments that increase with a rise in program enrollment and inflation. Tennessee will be eligible to qualify for shared savings on an annual basis when it under-spends the “without waiver” aggregate cap and meets quality targets. This flexibility allows the state to receive federal matching funds based on savings rather than expenditures for medical assistance provision. Additionally, the 1115 demonstration includes a closed formulary that enables the state to decline specific prescription drug coverage if regulators say it is too expensive.

**Coming up…**

The National Council for Behavioral Health is hosting its NatCon 2021 annual conference May 3–5 in Denver. Visit www.eventscribe.com/2021/NatCon21 for more information.

Mclean Hospital, in conjunction with Harvard Medical School, is hosting its Psychiatry Continuing Education Online Conference June 10–12. For more information about this virtual course, visit https://home.mcleanhospital.org/ce-psychiatry.

**Names in the News**

The Treatment Advocacy Center (TAC) has announced Lisa Dailey as acting executive director, effective Jan. 12. Dailey was the director of advocacy for TAC. Former TAC Executive Director John Snook on Jan. 11 assumed the position of director of government relations and strategic initiatives at the National Association for Behavioral Healthcare. “During his tenure, John presided over the publication of 15 major research reports, guided the passage of the bipartisan mental health reforms of the 21st Century Cures Act, secured more than $70 million in federal funding for assist-ed outpatient treatment programs around the United States, and oversaw the passage of 44 new laws designed to improve access to treatment for people with severe mental illness,” said Dr. Michael Knable, chair of the Treatment Advocacy Center board of directors. “We are grateful for his impactful leadership and are excited to continue partnering with him in his new role.” In her role as TAC’s director of advocacy for the past two years, Dailey expanded the adoption of Laura’s Law to nine additional counties, was the lead author on two iterations of “Grading the States,” the first comprehensive evaluation of civil commitment laws by state published since 2014, and successfully lobbied for the improvement of civil commitment criteria and other serious mental illness legislation in nine states.

**In case you haven’t heard…**

The Los Angeles Kings have launched a historic new partnership with the CalHOPE Crisis Counseling Program, a California-based mental health and wellness initiative that will be named the first-ever official helmet partner of the NHL team for the 2020–21 season, The Associated Press reported Jan. 14. CalHOPE serves as a crisis support resource for communities impacted by public health emergencies or national disasters and is run by the California Department of Health Care Services. The landmark agreement, brokered by AEG Global Partnerships, is CalHOPE’s first partnership with a professional sports franchise in Southern California and will focus on helping educate and connect those in need with vital mental health and wellness resources during these challenging times. The deal also marks the first time in franchise history that the Kings will feature a partner brand of any kind on the team’s equipment.