

## A TRANSFORMATIVE PERIOD FOR BEHAVIORAL HEALTH INVESTMENTS

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Over the last four years, we have all endured the immediate impacts of the Covid-19 pandemic and the longer-term impacts of the virus on the health and mental health of individuals and lingering scars for those people and their families.

The U.S. Congress and the Executive Branch set out early in 2021 to address this national health issue through a comprehensive set of mental health policies and programs that cut across all groups of Americans.

Working together in a bipartisan fashion over the 2021-24 period, policymakers and the Executive Branch have implemented public policies and programs and invested billions of dollars through the Bipartisan Safer Communities Act (BSCA) and other legislation that have created some of the most significant changes to promote behavioral health care and access in decades.

This historic federal investment in behavioral health represents a watershed moment for the sector. As a professional who has dedicated decades to mental health advocacy and care delivery, I find these developments particularly encouraging. The field has long suffered from chronic underfunding, despite the enormous toll that mental health disorders take on individuals, families, and society at large. The federal government's commitment to addressing these challenges through substantial policy reform and funding allocation marks a welcome and overdue shift in priorities.

Moreover, policymakers have taken an inter-generational approach to addressing mental health access and overall mental well-being for all Americans.

**First, during this period Congress and the Executive Branch were deeply committed to tackling the mental health crisis facing America, particularly among our young people.**

Federal lawmakers delivered \$2.1 billion to mental health programs for students since 2021. A large portion of that funding came from the BSCA, to help to increase the number of school-based counselors, psychologists, social workers, and other mental health professionals in K-12 schools.

To address the impact of the behavioral health crisis on youth, policymakers expanded mental health services in schools and bolstered youth mental health programs by investing millions in Project AWARE and millions more in the Children's Mental Health Services program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

These programs provide services to states and communities to support children with serious emotional challenges and their families. Investments have included major funding increases in the "Preventing Adverse Childhood Experiences" program that is implementing prevention strategies and approaches in your communities. Recipients receive evidence-based prevention strategies to ensure safe, stable, nurturing relationships and environments for all children.

Federal agencies have recently funded cooperative agreements for school-based trauma-informed support services and mental health care for children and youth.

New programs include:

- \$25 million to 77 health centers to create new and expand existing school-based health centers.
- \$19 million to 25 states to train pediatricians in mental health care and provide real-time teleconsultation for pediatricians to get expert support from psychiatrists and other mental health providers to help them care for their patients' mental health needs.
- \$11 million to 23 organizations to train more behavioral health providers focused on serving children, adolescents, and young adults in underserved and rural areas.

The Executive Branch introduced a new program to allow schools to bill Medicaid for a range of services including mental health, nursing services, and others provided to children in schools.

### ***Intergenerational Opportunities: Connecting Aging Services with Youth Mental Health Initiatives***

#### ***1. School-Based Partnership Opportunities***

- Develop "Senior Mentor" programs within school-based health centers*
- Create intergenerational programs that connect older adults with students for mutual support*
- Offer older adult volunteer opportunities in school mental health programs*
- Partner with school-based health centers to provide grandparent support groups*

#### ***2. Cross-Generation Program Development***

##### ***Project AWARE Collaboration***

- Partner with local Project AWARE grantees to address family mental health needs*
- Develop support programs for grandparents raising grandchildren*
- Create family-centered mental health initiatives that span generations*

##### ***Trauma-Informed Care Integration***

- Adapt trauma-informed practices for older adults caring for children*
- Implement programs supporting grandparents of children with ACEs*
- Develop support groups for older adult caregivers of youth with mental health challenges*

#### ***3. Resource Maximization Strategies***

##### ***Health Center Partnerships***

- Establish relationships with new school-based health centers*
- Create referral pathways for multi-generational families*
- Develop shared programming that addresses family mental health needs*

##### ***Training and Education***

- Participate in mental health provider training programs*
- Offer expertise on aging-specific concerns in youth mental health settings*
- Develop cross-training opportunities between youth and aging service providers*

#### ***4. Medicaid Billing Opportunities***

- Explore opportunities to bill Medicaid for mental health services that support entire families*

- *Develop programs that qualify for both aging and youth-focused Medicaid reimbursement*
- *Create documentation systems that capture multi-generational service delivery*

## 5. Community Integration Initiatives

### *Family-Centered Programs*

- *Design programs that address mental health across generations*
- *Create support groups for older adults raising or supporting young family members*
- *Develop resources for families dealing with multi-generational mental health challenges*

### *Rural and Underserved Areas*

- *Partner with organizations receiving rural mental health training grants*
- *Develop mobile services that can reach multiple generations*
- *Create telehealth programs that serve both older adults and youth*

## **Policymakers also made major investments to address the needs of adults with mental health conditions.**

First, the federal government has implemented “The National Suicide Prevention Lifeline” – a major transition to a 10-digit number -- 9-8-8 – which has been an incredible success, and planned investments that will help grow its impact. 9-8-8 is a 24/7 lifeline that provides people in crisis access to trained counselors. Since moving to the three-digit number and increased investment, millions of Americans have accessed the new system with minimal waiting times to get the support they need for their mental health needs -- from professionals immediately.

In a related initiative, SAMHSA started last year to provide \$200 million in grant opportunities to local jurisdictions for more mobile crisis-related services.

They have increased funding for the federal-administered Comprehensive Suicide Prevention Program to assist states in their efforts with local communities to implement suicide prevention programs aimed at adults.

Funding priorities have included initiatives under our “Building a Healthy America” program to improve behavioral health benefits for people with Medicare and Medicaid and in the private insurance market, with an emphasis on improving access, promoting equity, and fostering innovation.

An historic bipartisan regulation was finalized this year that will expand mental health care across our nation for our loved ones, neighbors, coworkers, and classmates receive the care they deserve. Health plans that cover mental health and substance use care benefits must do so at the same level as physical health care benefits.

As part of this effort, the Executive Branch has addressed inappropriate prior authorization policies by health plans that have disproportionately inhibited access to needed mental health care for all enrollees.

A majority policy initiative undertaken by policymakers has been to address the needs of adults (and other age groups) has been the expansion of tele-mental health services. This action has ensured that adults are able to access care and better connect to mental health providers to receive needed treatments and supports. Tele-mental health has significantly reduced barriers by eliminating the time and cost for adults of using counseling which often require frequent in-office visits. Congress and federal agencies have been working hard to make sure that health

care and mental health care are better coordinated and integrated to address the needs of adults with multiple conditions.

Moreover, under the State Opioid Response Program, federal agencies have increased access to treatment for substance use disorders which helps respond to overdose deaths, especially for people who are disproportionately affected by the overdose crisis.

They are also supporting efforts to address the gap in substance use care by supporting broad-based community harm reduction activities and linkages to services. The program is reaching tens of thousands of people with harm reduction and low-threshold treatment services through resources for community-based organizations.

### ***Maximizing New Adult Mental Health Investments: Action Steps for Local Aging and Mental Health Agencies***

#### ***1. 988 Lifeline Integration***

- Establish direct referral protocols with 988 call centers*
- Train staff on 988 warm handoff procedures*
- Create educational materials about 988 services for client distribution*
- Develop follow-up care protocols for clients who access 988 services*

#### ***2. Mobile Crisis Service Development***

- Apply for SAMHSA's mobile crisis grant funding*
- Partner with local emergency services to coordinate crisis response*
- Design mobile crisis programs that integrate with existing mental health services*
- Develop data collection systems to track mobile crisis outcomes*

#### ***3. Telehealth Enhancement***

- Invest in secure telehealth platforms that meet HIPAA requirements*
- Train staff on effective telehealth service delivery*
- Create protocols for hybrid care models (combining in-person and virtual services)*
- Establish technical support systems for clients using telehealth services*

#### ***4. Mental Health Parity Implementation***

- Review and update service billing practices to align with new parity requirements*
- Document cases where insurance companies may not be meeting parity requirements*
- Assist clients in understanding and advocating for their expanded benefits*
- Develop relationships with insurance providers to streamline authorization processes*

#### ***5. Substance Use Disorder Services***

- Apply for State Opioid Response Program funding*
- Implement harm reduction programs that align with federal guidelines*
- Create linkages with other community-based organizations for comprehensive care*
- Establish metrics to track program effectiveness and outcomes*

#### ***6. Cross-System Integration***

##### ***Healthcare Coordination***

- Develop formal partnerships with primary care providers*
- Create shared care protocols for clients with multiple conditions*
- Implement electronic health record systems that facilitate information sharing*

### *Community Partnerships*

- Build relationships with other social service providers*
- Participate in local healthcare coalitions*
- Establish referral networks with complementary service providers*

### *7. Funding Optimization*

- Monitor federal grant announcements regularly*
- Build grant writing capacity within the organization*
- Document program outcomes to support future funding requests*
- Create sustainability plans that blend multiple funding sources*

### **Finally, Congress and the Executive Branch have teamed up to make older adult mental health a priority -- a long-neglected area by previous Congresses and administrations.**

Through these efforts, over 62,000 mental health counselors and marriage and family therapists were added to the Medicare program in 2024, who were previously not eligible providers to treat older adults before 2024.

In one clean stroke, the Administration addressed a major workforce capacity and shortage issue in Medicare by adding new counselors and therapists. And that number will only grow as more of these practitioners will enroll in the Medicare program to address the needs of older adults with mental health conditions.

Medicare has covered inpatient psychiatric admissions, partial hospitalization programs, and outpatient therapy for behavioral health conditions. However, there has been a coverage gap when patients require more intense services than traditional outpatient therapy but less than inpatient-level care that a partial hospitalization or hospitalization would provide. This year, the Centers for Medicare and Medicaid Services (CMS) addressed this issue by including outpatient program services under Medicare with a generous scope of benefits and reimbursement.

And CMS has proposed payment incentives for Medicare providers to provide suicide prevention services to Medicare beneficiaries, the creation of a new Older Adult Suicide Prevention program to reduce the number of suicides and suicide attempts by older Americans, and increased payments for crisis mental health services when furnished by a mobile unit and in other settings.

This overall intergenerational approach taken on behalf of all Americans to address the needs of children, adults, and older adults has been unprecedented in its scope and magnitude in making mental health care services easier to access and more affordable.

### **And they focused on vulnerable populations as well.**

Federal agencies have also taken several actions to increase access to mental health care for those who have served in our military. Unfortunately, many veterans suffer from PTSD, depression, and other disorders due to their combat duty. Our fighting men and women have not been forgotten.

Several programs have been implemented through the Veterans Administration to address the needs of veterans such as:

- **The Military & Veteran Crisis Line**, which is a text-messaging service, and online chat that provides free support for all service members, including members of the National Guard and Reserve, and all veterans.

- Our **Military One Source** program is a 24/7 gateway to trusted information for service members and families that provides resources and confidential help.
- The VA's **Psychological Health Resource Center** is available 24/7 for service members, veterans, and family members with questions about psychological health topics. Trained mental health consultants can help vets access mental health care and community support resources in your local area.
- And the **In-Transitions Program** offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans and retirees who need access to mental health care.

### **How Can Local Aging and Mental Health Entities and Agencies Leverage New Medicare Mental Health Investments**

*Local aging and mental health organizations can capitalize on these Medicare expansions through several strategic approaches:*

#### *1. Provider Network Development*

- Partner with newly-eligible mental health counselors and marriage/family therapists to expand service capacity*
- Create referral networks connecting Medicare beneficiaries with these new providers*
- Assist local mental health professionals with Medicare enrollment and credentialing processes*

#### *2. Outpatient Program Implementation*

- Develop intermediate-level outpatient programs that fill the gap between traditional outpatient therapy and partial hospitalization*
- Design programs that align with Medicare's new coverage parameters and reimbursement structures*
- Train staff on Medicare billing requirements for these new service types*

#### *3. Suicide Prevention Integration*

- Apply for funding through the new Older Adult Suicide Prevention program*
- Implement evidence-based suicide prevention screening protocols*
- Train staff on Medicare's suicide prevention service requirements and documentation*
- Establish partnerships with mobile crisis units to enhance community response capabilities*

#### *4. Community Outreach*

- Launch awareness campaigns to educate Medicare beneficiaries about new mental health benefits*
- Conduct workshops for older adults and their families about accessing expanded services*
- Develop educational materials explaining the new coverage options and how to access them*

#### *5. Administrative Preparation*

- Update intake and billing systems to accommodate new service codes and payment structures*
- Establish quality metrics to track utilization of new services*

- *Create documentation templates that meet Medicare requirements for new service types*

*By implementing these strategies, local organizations can maximize the impact of Medicare's mental health investments while improving access and outcomes for older adults in their communities.*

We also need to describe the work in one area that is gaining more attention: **Maternal Mental Health Needs!**

Mental health conditions and substance use disorders (SUDs) during pregnancy and the postpartum period affect an estimated 1 in 5 individuals annually. An estimated 800,000 pregnant women will experience a mental health disorder either prior to or during pregnancy.

Federal agencies have implemented a major National Strategy that focuses on:

- Building a national infrastructure that prioritizes maternal mental health.
- Providing integrated and better coordinated services that are accessible, affordable, and equitable to all women.
- Using research to improve maternal mental health outcomes.
- Improving maternal mental health promotion and prevention strategies through community partnerships.
- And listening to the voices of people with lived experience and building trust.

These efforts in this area will increase funding for and include mandatory training around perinatal mental health care in federal workforce programs, such as the Minority Fellowship Program.

## **Conclusion**

There is a recognition by mental health advocates and key stakeholder groups there is more work to do in increasing access to affordable mental health care services for all Americans.

But it is abundantly clear that the efforts of Congress and our federal agencies over the last four years, taken as a whole, have made a profound and sustained difference in the behavioral health access and treatment of millions of Americans.

The National Coalition on Mental Health and Aging will work to inform the new Administration and Congress to build on the important investments made over the last four years so that older Americans have access to mental health care that is affordable, effective, and of high quality.

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The views and opinions in this article are solely those of the author.