

Summary of Mental Health Provisions in FY 2023 Spending Package

For more than a year, key committees in both the House and Senate have worked in a bipartisan manner to address our nation's mental health crisis. While not all proposed solutions made it in the final package, the legislation does take a significant step in addressing key areas, like telehealth, workforce and crisis services, among many others.

This document highlights some of the major policy wins in the bill that impact people with mental illness and their families. Further below are details on FY 23 appropriations for key mental health programs.

NAMI is committed to working with congressional leaders in the new Congress convening on January 3 to enact mental health proposals that did not make it into the end-of-year legislation.

Mental Health Policy Highlights

The omnibus legislation includes the "Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022", which has a heavy focus on mental health. The package included many wins for mental health, and many provisions that have been a specific goal of NAMI's advocacy. Earlier this month, NAMI called on Congress to pass these provisions in a [full-page ad](#) in Politico.

- **Focus on crisis services:** The legislation provides **\$501.6 million for the 988 Suicide and Crisis Lifeline ("988")**, a nearly \$400 million increase from FY 22, supporting the 988 network to increase capacity as demand continues to grow. It also includes **\$20 million for the Mental Health Crisis Response Partnership Pilot Program**, double the \$10 million appropriated in FY 22, that will help communities establish mobile crisis teams that provide a non-law enforcement response to people in mental health crises.
 - The bill also focuses on the sustainability of a mental health crisis continuum of care by increasing Medicare payments for certain crisis services provided by a mobile crisis unit, starting in 2024.
 - In addition, the bill requires the Department of Health and Human Services (HHS) to a issue guidance on how to develop an effective crisis continuum of care. These provisions will support expansion of services for people in a mental health, substance use or suicidal crisis.

Crisis response services have been a focus of NAMI's recent work. Learn more and see our advocacy on this issue in a [letter](#) organized by NAMI to congressional leadership, a [one-pager](#) delivered by NAMI executive directors to Capitol Hill in late November, NAMI's [leadership](#) in recruiting cosponsors for the 988 Implementation Act, and our

work to engage multi-sector organizations in crisis response through the [#ReimagineCrisis](#) campaign.

- **The Mental Health Block Grant (MHBG) surpasses \$1 billion!** For the first time, funding for the MHBG surpasses \$1 billion in annual funding. The block grant helps state and local governments address mental health gaps and needs in their communities, and the funding requires states to spend at least 5% of their block grant funds on mental health crisis services. See [NAMI's FY 23 funding requests](#) to House Appropriations Committee leadership.
- **Two-year telehealth extension:** The bill also includes a two-year extension of telehealth provisions in Medicare, lasting through the end of 2024. Telehealth, while not the best option for every person with mental illness, vastly improves accessibility, particularly in rural and frontier areas. The bill delays a requirement that a person meet with a provider in-person to receive tele-mental health and allows for audio-only telehealth, which is important for people with limited access to internet. Learn more and see our advocacy urging action in a year-end bill [here](#), as well as [joint letter](#) with other mental health groups.
- **Improving mental health care for justice-involved youth:** NAMI has long advocated for eligible people in the criminal justice system to be connected to care prior to their release from incarceration – reducing interruptions to their mental health treatment and recovery. Starting in 2025, this legislation requires states to provide screening, diagnostic care and case management services for justice-involved youth who are eligible for Medicaid or CHIP 30 days prior to their release from incarceration and to continue case management for at least days after release. These changes will help ease the transition back to the community by connecting youth to vital mental health services that can help reduce recidivism.

Learn more about the importance of improving transitions for people leaving incarcerated settings and see NAMI's advocacy in a [letter](#) to Senate Finance leadership, a [briefing](#) NAMI cohosted, and a [joint statement](#) released with partners.

- **Expansion of the mental health workforce, including peers:** More than 150 million people live in a mental health provider workforce shortage area. Covering a range of mental health professionals is crucial to addressing that shortage, and the bill adds marriage and family therapists (MFTs) and mental health counselors (MHCs) to the list of covered providers in Medicare, starting in 2024. Medicare not only covers many people with mental illness, but it also impacts the coverage decisions of private health insurance plans. NAMI advocated for this issue in our [Hill Day](#) with NAMI executive directors in late November and included this in our [top year-end legislative asks](#).

- The bill also creates a new grant program to develop, expand and enhance access to peer-delivered services – at a national, state or local level – for activities like peer workforce development, expanding virtual peer support services and more.
 - Additionally, the legislation requires that Medicaid programs publish searchable and regularly updated directories of health care providers in their networks, including providers of mental health and substance use disorder services. This would take effect in mid-2025, and it would help alleviate a lot of the challenges that NAMI members face in finding providers in their network. Learn more and see NAMI’s advocacy on this issue in a [letter](#) to House Ways and Means leadership.
- **SAMHSA reauthorization:** Authorization for many SAMHSA grant programs, including Garrett Lee Smith Youth Suicide Prevention Program, the Mental Health Block Grant, Mental Health Training Awareness grants, Assertive Community Treatment grants, among many others, which expired in September 2022. They are now authorized through 2027. NAMI sent detailed requests on this reauthorization, available [here](#).
- **Improvements for parity:** The bill sunsets a provision that allows non-federal (state or local) government plans to opt out of providing certain health benefits, including mental health and substance use care. Now, the public employees covered by these plans will get mental health benefits at parity with their physical medical care. NAMI [actively advocated](#) for this change. The bill also creates authorizes new state grants to help enforce and ensure compliance with mental health and substance use disorder parity provisions, which [NAMI joined partners](#) in supporting.
- **Investments in housing:** Congress increased Section 811 housing for people with disabilities to \$360 million, which will provide \$148.3 million for new capital advance grants. These are projected to create 1,600 new units.
- **Focus on Veterans’ mental health:** The legislation also includes \$13.9 billion for Mental Health and Suicide Prevention Programs at the Department of Veterans Affairs, an increase of \$700 million from FY 2022. The legislation also eliminates copayments for the first three mental health outpatient visits for veterans in a calendar year, more fully recognizes peer support specialists and makes advancements for those with treatment-resistant depression.

Summary of Mental Health Provisions in FY 2023 Appropriations

(The table includes comparisons to FY 2022 funding levels for programs and funding changes between FY 2022 and FY 2023). All numbers are listed in millions:

	FY 2023	FY 2022	Difference between FY 22 & FY 23
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)			
National Institute of Mental Health <i>Includes \$225M for the BRAIN Initiative (NIMH received \$76M for the BRAIN Initiative in FY 2022)</i>	\$2,338M	\$2,217M	+\$120.9M
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)			
SAMHSA Overall Funding	\$7,500M	\$6,500M	+\$1,000M
Community Mental Health Services Block Grant (MHBG) – <i>the first time this block grant has exceeded \$1 billion in regular appropriations</i> <ul style="list-style-type: none"> Continues 10% set-aside for early serious mental illness Continues 5% set-aside for crisis services 	\$1,010M	\$857.5M	+\$153M
988 Suicide and Crisis Lifeline	\$501.6M	\$101.6M	+\$400M (4.9x funding)
Behavioral Health Crisis and 988 Coordinating Office	\$7M	\$5M	+\$2M
Mental Health Crisis Response Partnership Program	\$20M	\$10M	+\$10M (2x funding)
Certified Community Behavioral Health Centers (CCBHCs)	\$385M	\$315M	+\$70M
Zero Suicide Initiative	\$26.2M	\$21.2M	+\$5M
Projects for Assistance in Transition from Homelessness (PATH)	\$66.6M	\$64.6M	+\$2M
Project AWARE (Advancing Wellness and Resiliency in Education)	\$140M	\$120M	+\$20M
Garrett Lee Smith Youth Suicide Prevention Grant	\$52.3M	\$38.8M	+\$13.5M
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)			
Mental and Substance Use Disorder Workforce Training Demonstration	\$34.7M	\$31.7M	+\$3M
Pediatric Mental Health Care Access grant program	\$13M	\$11M	+\$2M

	FY 2023	FY 2022	Difference between FY 22 & FY 23
DEPARTMENT OF JUSTICE (DOJ)			
Justice and Mental Health Collaboration Program (JMHCP) – formerly known as the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA)	\$45M	\$40M	+\$5M
Edward Byrne Memorial Justice Assistance Grant Program	\$770.8M	\$674.5M	+\$96.3M
Crisis Stabilization and Community Reentry	\$10M	\$10M	No change
Justice Reinvestment Program	\$35M	\$35M	No change
DEPARTMENT OF VETERANS AFFAIRS (VA)			
VA Mental Health and Suicide Prevention Programs – <i>includes \$498M for suicide prevention outreach</i>	\$13,900M	\$13,200M	+\$700M
VA Medical and Prosthetic Research	\$916M	\$882M	+\$34M
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)			
Supportive Housing for Persons with Disabilities Program (Section 811 vouchers)	\$360M	\$352M	+\$8M
McKinney-Vento Homeless Assistance Program	\$3,630M	\$3,213M	+\$417M