



April 20, 2020

The Honorable Mitch McConnell
 Majority Leader
 United States Senate
 S-230, US Capitol
 Washington, DC 20510

The Honorable Nancy Pelosi
 Speaker
 United States House of Representatives
 S-222, US Capitol
 Washington, DC 20511

The Honorable Chuck Schumer
 Minority Leader
 United States Senate
 S-221, US Capitol
 Washington, DC 20510

The Honorable Kevin McCarthy
 Minority Leader
 United States House of Representatives
 S-204, US Capitol
 Washington, DC 20515

RE: Protecting incarcerated or previously incarcerated individuals and relevant staff during Covid-19 pandemic

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy,

We are organizations representing individuals with behavioral health needs and their families, providers, correctional systems and administrators, criminal justice reformers, state and local governments, state and local program directors, and researchers. We want to thank you for your work and passage of the CARES Act and for your continued commitment to addressing community mental health and first responder needs during the coronavirus pandemic.

As you consider future legislation to address the healthcare and economic needs of Americans, we encourage you to consider two issues of critical importance to justice-involved people with mental health conditions and substance use disorders. Specifically, we urge you to:

1. **Allow Medicaid to pay for healthcare provided to people who are reentering society after incarceration by passing the Medicaid Re-Entry Act, H.R. 1329, during this public health crisis.**

2. **Provide resources for states to address increased demand for mental health crisis support** by creating a new crisis services set aside in the Mental Health Block Grant, strongly supported by the [mental health community](#), or establishing a source of funding to help communities expand evidence-based crisis services.

On March 17th, the Justice Roundtable, a broad-based coalition of more than 100 organizations working to reform federal criminal justice laws and policies, released a [report](#) that aggregates information on the public health needs of incarcerated individuals, law enforcement, and employees working in jails and prisons during the COVID-19 crisis. Since the beginning of the COVID-19 pandemic, **law enforcement departments across America have been receiving significantly more mental health and suicide related calls than usual; specifically law enforcement call lines in [Portland, OR](#), [Dayton, OH](#), [Franklin, TN](#), and [Manhattan, NY](#)'s related crisis line, have seen increases in calls by 10-40%.**

Not only do law enforcement need additional supports to help and refer Americans to appropriate care during the COVID-19 crisis, but the populations they serve, to include incarcerated or justice-involved individuals, also need additional assistance. Given these rising statistics, it is clear that law enforcement needs additional support to help refer Americans to appropriate care during the COVID-19 crisis. While the CDC is telling the public to stay home, wash their hands, and keep six feet away from other people, these guidelines cannot be strictly followed by the 2.5 million Americans who are incarcerated. Americans in the criminal justice system and those who staff the criminal justice system are at higher risk of immediate exposure to the virus given the close quarters and limited sanitation resources within justice institutions. The justice health system is already overburdened with overcrowding and lack of resources, and transmission of the coronavirus within a facility could quickly overwhelm the already limited hospital capacity reserved for justice-involved individuals. While some states have taken the lead on addressing this issue, we urge you to consider this serious public health concern and to help prevent exponential spread of the virus in justice settings by acting quickly to:

1. **Allow Medicaid to Pay for Health Care Provided to People who are Reentering society after incarceration:**

Jails and prisons are at the center of America's mental health crisis, serving as the default providers of mental health care for the nearly 2 million people with mental illness who are incarcerated every year. While many people who are incarcerated are eligible for Medicaid, federal law prohibits Medicaid from financing the care of anyone committed to a jail, prison, detention center, or other penal facility. Known as the "Medicaid Inmate Exclusion Policy," this policy has resulted in states terminating or suspending Medicaid benefits for people who are incarcerated. Once incarcerated, the individual's health care becomes the responsibility of the state and local governments that run the over 1,700 state prisons and 3,000 local jails nationwide. Shifting between two systems of health care causes many people to become disconnected from treatment, disrupting their overall health.

The COVID-19 pandemic adds urgency to increase access and continuity of care for people who are leaving criminal justice settings. Many states and local jurisdictions are implementing large scale release as a way to control the spread of the virus inside jails and prisons. As formerly

justice-involved individuals re-enter our communities, it is important that they have access to healthcare, especially during this pandemic. H.R. 1329, the bipartisan Medicaid Re-Entry Act, would allow Medicaid to pay for care for individuals who are incarcerated during the 30-day period preceding release. By enacting H.R. 1329 as part of the next phase of COVID 19-related legislative package, you will ensure health care coverage for recently released individuals and increase the resources of communities, already strained by the pandemic.

This legislation would help support the mental health needs of previously incarcerated individuals and curb risks of overdose, suicide, or recidivism. Individuals reentering society face many challenging decisions such as finding employment, housing, food access, and processing their experiences while or before they were incarcerated emotionally. The aforementioned challenges already require stress management, and a public health epidemic such as COVID-19 is likely to exacerbate their mental health needs, the need for Medication Assisted Treatment, other drug treatment services, and harm reduction services to help prevent drug overdose upon release.

It is essential for continuity of care that individuals leaving the criminal justice system have immediate access to health and mental health care upon release to help transition them back into the community, especially into the many cities experiencing this pandemic. With these supports, eligible individuals will be better able to reenter their communities with more than a mere referral to physical and mental health services, but instead an actual connection to and coverage for these services.

2. Provide resources to address increased demand for mental health crisis support:

We thank you for your efforts to provide \$50 million for suicide prevention and the suicide lifeline in the CARES Act, as well as funding for mental health needs in America. However, funding specifically for crisis services was not included in this amount, despite the need for crisis intervention services continuing to rise. For example, the “Disaster Distress Helpline” at the Substance Abuse and Mental Health Services Administration, which provides 24-hour talk support for a wide range of national disasters, saw an [891% increase in call volume last month compared to March 2019](#). This equates to an estimated (more than) 22,000 calls and text messages seeking help from the agency. Americans need access to crisis intervention services specifically catered to mental health and substance use disorder treatments and suicide prevention.

Across the country, the most common response to the mental health, substance use, and suicide crises are community hospital emergency rooms and law enforcement. As mentioned above, the COVID-19 pandemic is causing strain on our healthcare infrastructure and criminal justice system that is already lacking resources to adequately respond to the number of Americans experiencing mental health crisis. COVID-19 continues to increase general public anxieties and further exacerbate the demand for timely mental health services.

Strong county-based crisis response systems in Arizona, Colorado and Georgia have reduced emergency department boarding, put law enforcement officers back on the street, and diverted people with behavioral health disorders from incarceration. These initiatives provide the backdrop for a Mental Health Block Grant set aside that could replicate these models in every community. With increased access to necessary crisis care services, law enforcement and first responders can direct individuals in crisis to better, more appropriate care, rather than have individuals wait for hours in hospital emergency rooms, which are currently already strained by the demands of COVID-19.

We urge you to increase funding for states to coordinate crisis intervention and suicide prevention services by including, at a minimum, a 5% set aside with associated increase for these interventions in the Mental Health Block Grant in FY 2021 or through a source of funding that would provide communities with the resources to support evidence-based crisis services in upcoming COVID-19 related legislation. These services can provide critically-needed support to the many Americans experiencing mental health emergencies.

Thank you for your attention to these issues and for your continued efforts to support mental health and justice-related needs during this crisis. If you have any questions, please contact Kaileen Dougherty at the American Psychiatric Association, kdougherty@psych.org, or Shannon Scully at the National Alliance on Mental Illness, sscully@nami.org.

Sincerely,

American Academy of Adolescent and Child Psychiatry

American Association for Community Psychiatry

American Psychiatric Association

American Psychological Association

Association of Prosecuting Attorneys

Behavioral Health Association of Providers

Center for Disability Rights

CIT International

Citizens United for Rehabilitation of Errants

Correctional Leaders Association

Council of State Governments Justice Center

Fair and Just Prosecution

International Community Corrections Association

Just Detention International

Legal Action Center

Local Initiatives Support Corporation (LISC)

National Alliance on Mental Illness

National Association of Social Workers

National Association of Counties

NAACP

NACBHDD – The National Assn of County Behavioral Health and Developmental Disability Directors

National Association of Pretrial Services Agencies

NARMH – The National Assn for Rural Mental Health

NASMPHD- National Association of State Mental Health Program Directors

National Center for Transgender Equality

National Council for Behavioral Health

National Council of Churches

National Health Care for the Homeless Council

Pretrial Justice Institute

Safer Foundation

Treatment Advocacy Center

Union for Reform Judaism

UNITED SIKHS

CC: Representative Paul Tonko and Representative Mike Turner

Rep. Frank Pallone, Chairman, and Rep. Greg Walden, Ranking Member, House Energy and Commerce Committee

Senator Lamar Alexander, Chairman, and Senator Patty Murray, Ranking Member, Senate Health Education Labor and Pensions Committee

Senator Roy Blunt, Chairman, and Senator Patty Murray, Ranking Member, Senate Committee on Appropriations, Labor-HHS Subcommittee

Rosa DeLauro, Chairwoman and Rep. Tom Cole, Ranking Member, House Committee on Appropriations, Labor-HHS Subcommittee