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The recent passage of the H.R. 1 federal budget legislation has sent shockwaves throughout the mental health community. With over a trillion dollars in Medicaid cuts proposed, advocates warn it could strip nearly 12 million Americans of vital coverage. Now law, the legislation has major implications for mental health care access, including a provision requiring non-disabled, childless adults to work to qualify for Medicaid. The work requirements are set to start Dec. 31, 2026. . . . See top story, this page

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## MH advocates devastated by passage of H.R. 1, Medicaid reductions

The mental health community is reeling after the narrow passage of H.R. 1 — formally titled the “One Big Beautiful Bill Act” — which includes sweeping cuts to Medicaid funding. Advocates describe the legislation as “devastating,” warning that it threatens to unravel critical access to mental health care for millions of Americans. The bill, which passed the Senate with a tie-breaking vote, is projected to slash over a trillion dollars from Medicaid,

potentially leaving nearly 12 million people uninsured.

“There is nothing beautiful about stripping millions of Americans of their health coverage,” Daniel H. Gillison Jr., CEO of the National Alliance on Mental Illness (NAMI), said in a statement. “People with mental illness have shared story after story about how critical Medicaid coverage is for accessing lifesaving mental health care, and it’s devastating to see policymakers ignore the pleas of the people they represent.”

Gillison added, “NAMI will continue advocating throughout the implementation of this bill, fighting against harmful changes and ensuring policymakers hear directly from people affected by mental illness.”

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## Agency’s fundraising campaign leverages potential of social media

Uncertain times for the funding of mental health care and other health and human services convinced a Missouri provider agency to test a different approach to private fundraising. Its leaders are reporting a number of lessons learned from the spring campaign, including the need to leverage the relatively untapped potential of social media marketing.

Lutheran Family and Children’s Services of Missouri (LFCS) conducted

its “Meet the Moment” campaign in May and June. Although the effort fell short of its goal of raising \$150,000, the organization was able to beat its performance over the same period in previous years, and the campaign will help to inform future fundraising initiatives.

“Our efforts will be sharper in our next campaigns,” LFCS Chief Financial Officer Jeff Cook told *MHW*. “We will put significant energy into social media.”

LFCS, a St. Louis-based nonprofit that offers child and family services including behavioral health care, parenting support, foster care and adoption statewide, is emphasizing the important role of fundraising at a

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### Bottom Line...

*Lutheran Family and Children’s Services of Missouri departed from its traditional fundraising in launching a campaign heavier on current content and more diverse in its selected media.*

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Given that one in five individuals experiences a mental health condition, Medicaid plays a particularly vital role, Jennifer Snow, national director of Government Relations, Policy and Advocacy for NAMI, told *MHW*. Millions of people with a mental health condition will lose their Medicaid benefits, she said. "This is definitely a disastrous bill when it comes to mental health," Snow indicated.

Also impacted by the new law is the Supplemental Nutrition Assistance Program (SNAP) — formerly referred to as food stamps. "We know that millions of working Americans rely on this food assistance program as way to feed their families," Snow said.

H.R. 1 now includes a Medicaid work requirement. "This brings about a fundamental change in the program," said Snow. "Eligibility will now be linked to your ability to prove that you are working or doing some activity for a certain number of hours," she added. The work requirement provision is set to be implemented starting December 31, 2026, according to the legislation.

Advocates fear that given the deep reductions, people will lose access to health care and to the health system. "We know that when we protect Medicaid, we protect mental health," said Snow. "The bill so significantly undermines the mental

health program, an indication that mental health is not going to be protected like we hoped it would."

Snow indicated, "We're supporting any legislation to make it easier to access health care and help people live healthy and fulfilling lives. We will continue to work with policymakers and advocates for change so people don't encounter barriers to mental health care."

**NASW weighs in**

The National Association of Social Workers (NASW), in a news release, expressed its "outrage" over the budget reconciliation bill, especially the massive budget cuts to Medicaid, SNAP and other basic needs programs that help the most vulnerable in communities afford basic health care, put healthy food on the table and keep up with the rising cost of rent, transportation and other necessities. "The devastating budget bill will cause irreparable harm for generations to come," NASW stated.

Regarding the Medicaid work requirements outlined in the bill, people with a serious mental illness and with disabilities may have difficulty finding work or replying to requests that they are looking for work, Dina Kastner, MSS, MLSP, NASW's public policy and advocacy manager, told *MHW*.

NASW has also raised concerns about the SNAP program. "Children

with mental illness and disabilities are going to be impacted, as will older adults and individuals in rural communities," she said. Additionally, there is the potential of rural hospitals closing due to the Medicaid cuts, Kastner added.

"NASW will help individuals find alternative ways to pay for Medicaid care and get the food that they need," said Kastner.

According to NASW, this "destructive" legislation will also make it more difficult for future students to choose the social work profession and for current social workers to pay off their student loans. The Student Loan Debt Relief provisions in the 2025 federal budget bill introduced major changes to federal student loan programs. The bill eliminates or scales back several existing student loan forgiveness and income-driven repayment programs for current and future borrowers.

The new law calls for extending how long it takes to achieve loan forgiveness, added Kastner. A lot of social workers use a public service loan repayment program, she said, noting that prospective social workers will face challenges.

NASW has asked its member state chapters to work to ensure that cuts happening at the federal level are going to be picked up by the states, she said. "We do know individuals and groups and organizations are working to make sure that

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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# WILEY

cuts are not felt so strongly in communities,” Kastner indicated. “States are really going to have a hard time making up for the federal cuts.”

Kastner added, “We will continue to push to make sure that the right people are in office so that these draconian changes that have been made can be reversed.”

**“We will continue to push to make sure that the right people are in office so that these draconian changes that have been made can be reversed.”**

Dina Kastner, MSS, MLSP

### Addressing service gaps unclear

While the overall fiscal impact of H.R.1 is clear in terms of cuts to Medicaid and student loan programs, what remains unclear is how states and institutions will implement the

law and absorb the resulting gaps in coverage and services, Zainab Okolo, Ph.D., senior vice president of Policy, Advocacy and Government relations for the Jed Foundation (JED), told *MHW*.

“The full scope of how school systems, hospitals, and behavioral health providers will adjust is still unfolding,”

Resources for youth mental health in schools are essential and of concern given the new law. “Youth mental health in schools is supported through a variety of integrated services including on-site mental health counselors, school psychologists, social workers, and student assistance programs,” said Okolo. Medicaid funding often enables schools to provide these supports, particularly for students in low-income or rural areas.

Additionally, federal grants from legislation like the Bipartisan Safer Communities Act helped schools expand mental health programming, fund staff positions and deliver trauma-informed care, she explained. “These resources are essential for prevention, early intervention, and crisis support in educational settings,” said Okolo.

JED intends to partner with states and school systems to mitigate potential harms from the new law, said Okolo. “We want to ensure continued access for mental health support for youth,” she said. •

## JAMA: Addictive digital habits tied to suicide risk in youth

As digital devices become ever more entwined with daily life, a new study in *JAMA* raises urgent questions about how addictive patterns of screen use may shape the mental health of young people. Researchers have identified distinct trajectories of addictive use across social media, mobile phones and video games and found that these patterns are significantly associated with increased risks of suicidal ideation, suicide attempts and broader mental health challenges among U.S. youths.

“There is a lot of evidence based on time spent [using] social media,” Yunyu Xiao, Ph.D., lead study author and assistant professor of Population Health Sciences at Weill Cornell Medicine, told *MHW*. Time spent on social media is not associated with suicidal behavior, she added. More attention should

she said. “Because some provisions don’t go into effect until 2026 or later, we’re watching closely to understand how systems will shift or respond. That uncertainty is concerning because it directly affects the continuity of care for millions of young people.”

### Bottom Line...

*New research findings suggest that it’s not merely how long youths are online, but how they interact with digital platforms that may be the key to understanding rising mental health concerns.*

focus on the addictive [nature] of social media rather than the time youth spend on it, she said.

Social media’s pervasive influence among adolescents is a growing concern, noted Xiao, whose research focuses on suicidal behavior. Suicide now ranks as the second leading cause of death among youth aged 10 to 24, she added.

Xiao and research colleagues indicated that to their knowledge, this is the first study to characterize longitudinal addictive use trajectories for

social media, mobile phones and video games among children and early adolescents and to assess their prospective associations with suicide-related and mental health outcome.

### Study method

The cohort study analyzed data from baseline through year 4 follow-up in the Adolescent Brain Cognitive Development Study (2016–2022), with population-based samples from 21 U.S. sites.

Researchers of the study, “Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths,” examined addictive use of social media, mobile phones and video games using validated child-reported measures from year 2, year 3 and year 4 follow-up surveys.

*Continues on next page*

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The longitudinal cohort study, which followed over 4,200 children beginning at age 10, offers one of the most comprehensive looks yet at how compulsive engagement with screens — not just screen time — can predict serious psychological outcomes, the researchers stated.

Questions for youth used during the study revealed the difficulties they had in ceasing their use of social media. “The study used validated instruments — including the Social Media Addiction Questionnaire (SMAQ) — which included items such as ‘I feel the need to use social media apps more and more’ and ‘The thought of being without my phone makes me feel distressed,’ said Xiao. “These

that 1 in 4 (24.6%) showed an increasing trajectory of addictive mobile phone use over the same period. “These distinctions indicate that while both behaviors are on the rise during early adolescence, addictive social media use is even more prevalent than mobile phone addiction,” said Xiao.

The research revealed that for social media and mobile phones, both the high and increasing addictive use trajectories were associated with two to three times greater risks of suicidal behaviors and suicidal ideation compared with the low addictive use trajectory.

High-peaking and increasing addictive use trajectories of social media were also associated with

findings, in particular, that total screen time was not associated with suicidal behaviors, suicidal ideation or mental health symptoms — contrary to prior beliefs and most existing research. Instead, it was the addictive nature of use — how much youth felt compelled, distressed or unable to disengage — that predicted risk. “This challenges the conventional focus on screen duration and emphasizes the importance of understanding addictive use trajectories over time,” Xiao said.

The involvement of key stakeholders such as mental health researchers, data scientists, psychiatrists, and economists is both important and necessary, as this is not a straightforward issue — particularly when considering the connection between addictive digital habits among youth and suicide risk, said Xiao.

According to the research, these findings suggest that it’s not merely how long youths are online, but how they interact with digital platforms that may be the key to understanding rising mental health concerns. •

**“These distinctions indicate that while both behaviors are on the rise during early adolescence, addictive social media use is even more prevalent than mobile phone addiction.”**

Yunyu Xia, Ph.D.

questions directly assess compulsive use, difficulty disengaging and emotional distress upon cessation, which are indicative of youth struggling to stop or reduce their use.”

### Research findings

This study identified distinct trajectories of addictive use of social media, mobile phones and video games from childhood to early adolescence and found links to suicidal behaviors, suicidal ideation and worse mental health outcomes. High or increasing addictive use trajectories were common, the study researchers stated.

Among the key findings, Xiao noted, are that 1 in 3 (31.3%) of youth showed an increasing trajectory of addictive social media use between ages 11 and 15. The study also found

higher internalizing and externalizing symptom scores compared with the low addictive use trajectory, the research indicated. For video games, the high addictive use trajectory was associated with greater risks of suicidal behaviors, suicidal ideation and higher internalizing symptom scores compared with the low addictive use trajectory.

The study identified that females, individuals from Black and Asian communities and families with lower incomes are disproportionately vulnerable to developing patterns of problematic or addictive use over time, Xiao noted.

### Understanding addictive use trajectories

Xiao indicated that she and her team were surprised about the study

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time when provider agencies cannot rely on traditional contracting to meet all financial needs.

“It’s been a tough start to the year,” Cook said. “There are a lot of unknowns out there.”

### Structuring the campaign

Cook described the current environment as one of great uncertainty across the board, affecting traditional donors who are concerned about their financial position and clients who are worried about their families’ future. LFCS decided it was a good time to conduct a campaign extended over a two-month span.

The organization also wanted the campaign to focus on current concerns affecting the entire non-profit sector. “We needed to do something to highlight what we’re doing,” Cook said. “We created

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## Even Congress agrees: CCBHCs Work



By Chuck Ingoglia

The safety net that people rely on for mental health and substance use treatment and services is under incredible strain as lawmakers in Washington overhaul the delivery of health care.

One model of care is helping communities catch those who slip through the health care safety net.

Certified Community Behavioral Health Clinics (CCBHCs) — which are eligible to receive flexible funding to support the cost of expanding mental health and substance use care — are becoming our nation's new safety net, meeting growing demand among people of all ages and backgrounds.

We see that safety net helping people in South Texas, where one CCBHC, Gulf Coast Center, has drastically reduced the time it takes for people in Brazoria and Galveston counties to receive care. Wait times from initial service requests to a mental health diagnosis have dropped 91.5%. The time it takes to initiate clinical services has fallen nearly 86% and crisis response times have decreased by 57.7%.

We see it helping people in Missouri, where the number of veterans and active military members receiving care at CCBHCs increased 214% from 2017 to 2024, and the total number of patients receiving treatment increased 94% over that same period.

We see it helping people in Kansas, where the state found CCBHCs saved \$47 million and were able to increase access by 75%.

We see it helping nationally. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently reported that grant-funded CCBHCs reduced hospitalizations by 60% and emergency department visits by 55%.

In a growing number of communities, CCBHCs keep people from falling through the health care safety net. The National Council for Mental Wellbeing's 2024 Impact Report found CCBHCs:

- Expand access to substance use care: 87% of CCBHCs offer one or more forms of medication-assisted treatment for opioid use disorder, compared with only 64% of substance use treatment facilities nationwide.
- Provide overdose prevention and support: 60% of CCBHCs began implementing the latest SAMHSA CCBHC certification requirements — ensuring individuals and/or families have access to naloxone for overdose reversal — in 2024, before those new requirements took effect.
- Meet children, youth and families where they

are: 83% of CCBHCs provide services on-site in one or more schools, childcare or other youth-serving settings.

- Support crisis care: More than 80% of CCBHCs have partnered with 988 Suicide & Crisis Lifeline call centers.
- Work with law enforcement and correctional facilities: 98% of CCBHCs are actively engaged in partnership with criminal justice agencies to improve interactions with people who have mental health needs.
- Make health care accessible: CCBHCs have expanded access to address disproportionate care; 75% of CCBHCs report increasing outreach in communities that have been insufficiently supported.

Others are seeing it, too, and that's why CCBHCs have earned overwhelming bipartisan support. The first Trump administration expanded the CCBHC Demonstration, adding two new states. In 2022, Sen. Chris Murphy (D-Conn.) and Sen. John Cornyn (R-Texas) spearheaded efforts to write the Bipartisan Safer Communities Act, which provided the best opportunity in decades to eliminate impediments to access. The Consolidated Appropriations Act of 2024 gave state Medicaid agencies the option to cover CCBHC services in their Medicaid state plans through Section 209.

Lawmakers in Congress may not agree on much these days, but there is one thing they do agree on — CCBHCs work. That's important to keep in mind as the current administration and Congress change the delivery of health care.

Despite those changes, the need for substance use and mental health treatment and care won't change. Even before the current upheaval, 122 million people in America lived in areas with shortages of mental health professionals.

So, we need to respond. CCBHCs can help meet demand because they are required to serve anyone who walks through the door, regardless of ability to pay. Now we must build on the momentum and continue expanding this model of care. Continuing state and federal investments in CCBHCs will strengthen the safety net, connect people to care and improve health outcomes.

Investing in CCBHCs is the right thing to do because they lower barriers to access and give everyone the opportunity to be healthy.

I think we can all agree on that.

*Chuck Ingoglia, MSW, is president and CEO at the National Council for Mental Wellbeing.*

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messaging on what's going on. The theme of Meet the Moment was more informational."

As LFCS described in a June news release, "As operational costs rise and fixed funding loses purchasing power, organizations like LFCS are being asked to do more with less, even as community needs intensify. The Funding Effectiveness Project recently described this as a 'quiet crisis' — a scenario where overall philanthropic dollars may be up, but individual donations are declining, threatening social service agencies' long-term health."

LFCS thus decided to conduct a broadly based campaign, targeting numerous audiences through a diversity of media. Social media, with Facebook the most actively used platform, became a high priority in trying to expand the organization's existing donor base, Cook said. Mailings, email messaging and broadcast advertising also were used in Meet the Moment.

Social media marketing provided an advantage, in that the organization's marketing and communications team could easily track user engagement over time. Cook said one important lesson from this experience was "a shorter message before the video boosts the engagement of younger viewers. The longer the paragraph, the less likely the viewer would stay with it."

LFCS also learned that in a content-focused campaign, the organization finds itself highly dependent on the unpredictability of the news cycle. A major tornado in the St. Louis area captured headlines during the campaign, also likely shifting some potential donors' focus to the immediacy of those needs.

The organization ended up achieving around two-thirds of its fundraising goal in the May–June effort, Cook said. Its next efforts over the course of this year will include a fall fundraising gala and an end-of-year campaign.

LFCS will use the revenue from Meet the Moment to address the community's mental health-related needs, including efforts focusing on trauma and the prevention of child abuse.

Cook said the organization was pleased with the time frame it selected for Meet the Moment. "It allows you to reinforce the message without having to send something out to do

**"We created messaging on what's going on. The theme of Meet the Moment was more informational."**

Jeff Cook

nors every other day," he said.

#### Shaping future efforts

Cook said he expects future campaigns to devote significant energy to social media. Organizations can leverage the ability to run an ad for a week or two, monitor the results and tweak the messaging as needed, he said.

He emphasized that LFCS conducted the Meet the Moment campaign exclusively in-house with its three-person marketing and

communications team at the helm, avoiding the need to work with outside consultants to design a strategy.

LFCS is hardly alone among human-services agencies in needing to adjust to current hurdles in raising revenue. According to a report issued last February by audit and consulting firm Forvis Mazars, 77% of nonprofit agencies are reporting increased demand for their programs (and the figure is higher for mental health-focused agencies), but nearly half lack the funds to meet client demand.

The report was based on data furnished by more than 230 nonprofit organization professionals. In another compelling finding, nonprofit leaders reported that contributions from individuals declined at a greater rate than any other revenue source.

According to the report, around 75% of nonprofits have cut staff or reduced programs in the current environment. LFCS officials said they have actually opened new offices and prioritized some new hires in an effort to reduce client wait times for services.

Cook said maintaining necessary staffing levels in a highly competitive environment remains the most pressing challenge at LFCS. "This tends to ebb and flow," he said. "Things felt better in 2024, and now we're experiencing more vacancies again."

"When nonprofits cannot meet community needs, real lives are impacted," LFCS President and CEO Mike Duggar said in last month's news release. "This isn't about budgets; it's about ensuring families and children are safe, and communities can thrive. We must meet this moment together." •

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## Breaking the 16-bed barrier: TAC rallies support for H.R. 4022

A long-standing barrier to equitable mental health care may finally be on the verge of change following recently introduced legislation to amend Title XIX of the Social Security Act

to eliminate the Medicaid exclusion of services provided in institutions for mental diseases (IMDs).

For over six decades, this exclusion has prevented federal Medicaid

matching funds from supporting care in facilities with more than 16 psychiatric beds — an outdated policy that has contributed to a cycle of short, ineffective hospital stays,

homelessness, incarceration and preventable deaths, the nonprofit organization Treatment Advocacy Center (TAC) stated in a news release.

The IMD exclusion has historically prevented Medicaid from covering care in psychiatric or substance use treatment facilities with more than 16 beds for adults aged 21-64. TAC and other mental health advocates are urging swift action to build bipartisan momentum behind H.R. 4022.

"What the bill proposes is to remove the ban on Medicaid funds for these facilities if states submit a comprehensive plan for improving behavioral health access and quality," Lisa Dailey, TAC executive director, told *MHW*. The plan has to include enhancement of outpatient/community-based services, establishment of

## Increasing outpatient access

Among its provisions, H.R. 4022, the "Increasing Behavioral Health Treatment Act," introduced by Reps. Salud Carbajal (D-Calif.) and Don Bacon (R-Neb.), seeks to "increase access to outpatient and community-based behavioral health care, with respect to individuals furnished services in an institution for mental diseases, especially for individuals transitioning from such an institution."

H.R. 4022 also provides for increased availability of services made available through crisis call centers, mobile crisis units, coordinated community crisis response that involves law enforcement and other first responders, observation or assessment centers and on-going community-based services (such as intensive

bill touting a waiver approach. The waiver approach involves states making an application to apply for or amend their Section 1115 waivers to allow for Medicaid funds for treatment in an IMD by permission of CMS, she explained. It also goes through a waiver comment period.

"States currently have the ability to apply for a waiver like this and several have pursued and been granted these waivers," Dailey said. "The downside is that it's a demonstration waiver application that has to be renewed periodically and is subject to approval, so it's less reliable for future planning than a straight-up repeal would be."

## A call to action

With the bill now referred to the House Committee on Energy and Commerce, advocates are calling on the public to contact their federal legislators and request that they sign on as co-sponsors. The more co-sponsors the bill garners — especially from both sides of the aisle — the greater its chances of advancing during this legislative session, according to TAC.

TAC is urging advocates to reach out to their federal representatives and ask them to consider co-sponsoring the bill using the TAC's template to send their message — adding, to be sure to include a brief note about why this legislation matters to them personally or professionally.

Dailey said that in the fall, TAC plans to continue educating people about H.R. 4022 and to help them to understand the best way to advocate for its passage. •

**"It's a structure that we like since it not only focuses on solving the issue of discriminatory exclusion from funding but also prioritizes quality of care and access."**

Lisa Dailey

crisis response systems, better data sharing between providers, and enhanced screening for mental health and co-occurring physical health conditions, she said.

Dailey indicated that it also includes data collection and reporting requirements that are designed to measure effectiveness (things like length of institutional stay, subsequent outpatient treatment history, etc.). "It's basically offering to lift the ban on Medicaid funds to pay for inpatient IMD treatment in exchange for creating a better plan to deliver services and collect data overall," she said.

Dailey added, "It's a structure that we like since it not only focuses on solving the issue of discriminatory exclusion from funding but also prioritizes quality of care and access."

outpatient services, assertive community treatment and services in integrated care settings, such as the Certified Community Behavioral Health Clinic model and services referred to as crisis stabilization services) for individuals experiencing a serious mental illness, serious emotional disturbance or substance use disorder crisis.

Dailey noted that other bills related to the IMD exclusion had been previously introduced by both parties. The new bill, "is a very comprehensive bill with a good approach," she said. "We support full repeal of the IMD exclusion. The new legislation offers a step-by-step approach in addressing this issue."

There are multiple, different ways to expand Medicaid access for IMD, Dailey said, with one previous

## Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the mental health field. Letters no longer than 350 words should be submitted to:

Valerie A. Canady, Publishing Editor  
Mental Health Weekly

Email: [vcanady@wiley.com](mailto:vcanady@wiley.com)

Letters may be edited for space or style.

**BRIEFLY NOTED****Congress takes first step toward equal coverage of mental, physical disability coverage**

A bill introduced in Congress last month would end the disparity in how long-term disability insurance carriers treat physical conditions and mental conditions or substance abuse disorders, the *Milwaukee Journal Sentinel* reported June 26. Today, jobs with long-term disability benefits typically provide insurance coverage for physical ailments until retirement age. However, no matter how severe and persistent the mental illness is, how debilitating the post-traumatic stress disorder, or how difficult the addiction recovery, virtually every U.S. insurer cuts the coverage after 24 months. The Workers' Disability Benefits Parity Act, introduced by U.S. Reps. Mark DeSaulnier, a California Democrat, and Bobby Scott, a Virginia Democrat, would end that practice, which is known in some company plans as a "mental/nervous limitation." The legislation comes a year and a half after a landmark report from the ERISA Advisory Council on Employee Welfare and Pension Benefit Plans concluded that duration limits for mental health and substance use disorders

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***Mental Health Weekly***

welcomes From the Field submissions from its readers on any topic in the mental health field. Submissions are preferred to be no longer than 700 words, and should be submitted to: Valerie A. Canady, Publishing Editor Mental Health Weekly Email: [vcanady@wiley.com](mailto:vcanady@wiley.com) Submissions are subject to editing for space or style.

**Coming up...**

Active Minds is holding its annual mental health conference, "Stories That Move," Aug. 1-2 in Washington, D.C. Visit <https://activeminds.tfaforms.net/5021322> for more information.

The **Alliance for Rights and Recovery** is holding its 43rd Annual Conference, "Unbreakable! Harnessing Our Power, Building Our Resilience, Inspiring Hope and Courage," Sept. 29 to Oct. 1 in Callicoon, N.Y. For more information, visit <https://rightsandrecovery.org/annual-events/annual-conference/2025-annual-conference>.

**Mental Health America** is holding its annual conference, "Turn Awareness into Action," Oct. 16-17 in Washington, D.C. Visit <https://mhanational.org/conference> for more information.

The **New Jersey Association of Mental Health & Addiction Agencies, Inc.** is holding its fall conference, "Harvesting Hope: A Vision for Behavioral Health," Oct. 21 in Iselin, N.J. For more information, visit <http://www.njamhaa.org>.

are discriminatory. The ERISA (Employee Retirement Income Security Act) Council provides advice on policies and regulations affecting employee benefit plans governed by the federal tax and labor law that, 51 years ago, set standards for employee benefits plans.

The proposed Workers' Disability Benefits Act would do the following:

- Amend the Employee Retirement Income Security Act (ERISA) to require private disability benefit plans comply with behavioral health parity;
- Establish behavioral health

parity for disability insurance and for employee benefit plans sponsored by state and local governments;

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**In case you haven't heard...**

In Pennsylvania, doctors applying for credentials at Geisinger health organization's hospitals are not required to answer intrusive questions about mental health care they have received, reducing the stigma around clinicians seeking treatment, CBS News reported July 8. The workplace is the new ground zero for addressing mental health. That means companies — employees and supervisors alike — must confront crises, from addiction to suicide. The initiative in Pennsylvania grew out of the work of a little known federal agency called the National Institute for Occupational Safety and Health (NIOSH). It's one of the key federal agencies leading workplace mental health efforts, from decreasing alarmingly high rates of suicide among construction workers to addressing burnout and depression among health care workers. But after gaining considerable traction during the COVID-19 pandemic, that work is now imperiled. The Trump administration has fired a majority of NIOSH staffers and is proposing severe reductions to its budget. Corey Feist, CEO and co-founder of the Dr. Lorna Breen Heroes' Foundation, said renewing that funding to NIOSH is crucial to get these guidelines out to all hospitals. Without those resources, "it's just going to really delay this transformation of health care that needs to happen," he said.