



HEALTHY MINDS
STRONG COMMUNITIES

IACP and the National Council

November 2024

Members are the heart of our strategy



Our “100%” State/Association Membership Model

- All members of our “100%” association or state government members are members of the National Council.
- Members of 100% organizations do *not* pay dues to the National Council.
- Being a member of the National Council is part of your membership in IACP.

National Council Exclusive Member Benefits

- Substantial discounts to **NatCon25**, our annual conference – Philadelphia, May 5-7th.
- Special discounts for posting open positions to our **Jobs Marketplace**.
- Discounts on **Mental Health First Aid** training.
- Discounts on **Practice Improvement** consulting and trainings.
- Discounts from National Council Partnership program participants (Relias, Beck Institute, Job posting site, Social Current accreditation, and more).
- Access to the **National Council Medical Director Institute** reports and materials.
- Complimentary access to *The Journal of Behavioral Health Services & Research*, quarterly peer-written and reviewed articles.
- Access to **50+ webinars each year**, with tools and resources on key subjects.



NATIONAL COUNCIL INTEREST GROUPS

Any staff person from of a member can opt-in to join an Interest Group for 3-4 topical webinars a year and online interaction with others interested in the same areas and facing similar challenges.



NEW Interest Group

Crisis Response



NEW Interest Group

Rural



Intellectual and
Developmental Disabilities



Older Adults



NEW Interest Group

Substance Use



Children, Young Adults,
and Families



LGBTQ+



Supporting Members and Our Sector

- **Advocacy** - Action Alerts, Virtual Hill Day, and Policy Institute.
- **Mental Health First Aid** – more than 4 million Americans trained.
- **CCBHC implementation** guidance from the CCBHC-E National Training and Technical Assistance Center (on behalf of SAMHSA) and our CCBHC Success Center.
- **Integrated care** technical assistance and guidance from the National Center of Excellence for Integrated Health Solutions (on behalf of SAMHSA).
- **Substance use** prevention and treatment resources, information, and grants on (on behalf of CDC).
- Regular **publications** including:
 - *Capitol Connector*: Spotlights federal policy developments
 - *Mental Wellbeing Weekly*: Roundup of organizational/field news and updates
 - *Substance Use Monthly*: Summary of key policy actions and opportunities

Policy Advocacy Impact

The National Council secured nearly \$40 Billion in government funding since 2014.

National Council's advocacy resulted in **nearly \$40 billion in government funding in the past 10 years**. Through the creation of new, innovative programs that expand access to mental health and substance use care and the continued securing of funding to support organizations' growth and sustainability, **National Council ensures that the needs of community behavioral health organizations are prioritized by lawmakers.**

In the past four years alone, we've invested more than 55,000 hours in staff time and resources – engaging with policymakers and staff, providing regulatory comments, supporting coalition efforts and advocacy partners – to secure this funding for our members and the millions of people they serve.

**\$39.5
BILLION**



Policy Advocacy Impact

Supporting Advocacy for State-Level Funding:

\$146M since 2014



Workforce and Training Demo:

\$217 million since FY20 as well as Behavioral Health Workforce Education and Training (BHWET) grants of **\$353 million** since FY19



Block Grants and Opioid Response Funding:

\$17 billion since FY18

988 Implementation and Coordination:

\$600 million since FY22



Mental Health First Aid:

\$247 million since FY14 (braided with Project AWARE funding and later became Mental Health Awareness Training (MHAT) grants starting in FY18), including **\$43 million** in funding at the state level

Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP):

\$125 million since FY19



Primary and Behavioral Health Care Integration (PBHCI) Grants and Technical Assistance:

\$496 million since FY14



Center for Workforce Solutions



NATIONAL COUNCIL
for Mental Wellbeing[®]

HEALTHY MINDS • STRONG COMMUNITIES



Center for Workforce Solutions Framework



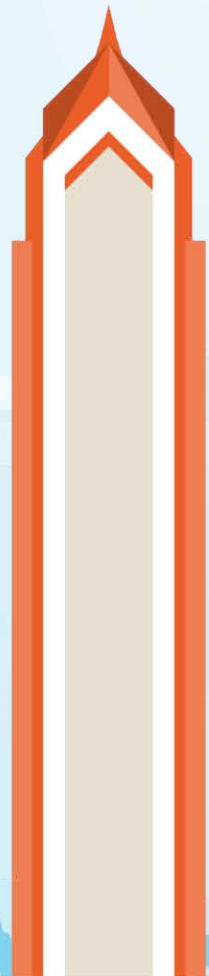
REGULATORY CHANGES PRIORITIES

		Key Implementers					Potential Risks
		Regulators	States, Counties	Payers	Providers	Individuals and Families	
REGULATORY CHANGES							
Recommendations	Sample Activities						
1. Work with SAMHSA and CMS to minimize intake requirements that reduce access to care	Create parity of front door expectations for behavioral health with health care. Refine standard requirements for psychosocial assessment at intake to allow for more person centered approaches, symptom reduction and engagement.	✓+	✓+	✓	✓	✓	- States don't adopt changes - Payers or providers maintain status quo for desire to have data
2. Work with CMS to remove requirement for separate service plan for BH and create parity in documentation	Remove separate service planning requirement for specialty behavioral health and allow for behavioral health to document a plan and next steps similarly to other health care settings (such as SOAP notes which results in more robust updates to the service plan at each session.	✓+	✓+	✓	✓	✓+	- Training of providers to adapt practice to routine updates of service planning rather than periodic - Too much time is taken in design and change to impact workforce (waivers or pilots could be a solution)
3. Work with accrediting organizations (CARF, Joint Commission) to adapt intake requirements	Parity of BH entrance to care is paramount in reducing administrative burden AND improving quality and experience of care. Initial intake aimed at symptom reduction versus history gathering can be a win for providers and patients.	✓+	✓+	✓	✓	✓+	Information regarding changes is not spread quickly

NATCON25

May 5-7 • Philadelphia

NATIONAL COUNCIL
for Mental Wellbeing



Thank you for being members of IACP and the National Council!

