

AN OVERVIEW OF THE COMMUNITY MENTAL HEALTH SERVICES IMPROVEMENT ACT (S. 2182)

Overview

The Community Mental Health Services Improvement Act (CMHSIA) (S. 2182), introduced on October 17 by Senators Jack Reed (D-RI) and Gordon Smith (R-OR), would amend the Public Health Service Act to include provisions to co-locate primary care and specialty medical care in community-based mental health and addiction treatment organizations. In addition, the bill includes training and loan assistance programs designed to address the recruitment and retention of qualified behavioral healthcare workers, particularly in health professional shortage areas.

Understanding the CMHSIA's Provisions

Section 3: Co-Locating Primary and Specialty Care in Community-Based Mental Health Settings

\$50 million would be authorized to support the co-location of primary care services within community mental health and addiction treatment provider agencies. This initiative seeks to meet the primary care needs of persons with serious mental illnesses via demonstration projects to fund the co-location of integrated primary care services in community-based behavioral health settings. Funds may be used to cover a wide range of costs associated with providing these services, including: diagnostic and laboratory services, information technology needed to accommodate the clinical needs of primary/specialty care professionals, and facility improvements.

Section 4: Integrating Treatment for Mental Health and Substance Abuse Co-Occurring Disorders

\$14 million would be authorized to support integrated treatment for co-occurring mental health and addiction disorders. The CMHSIA amends Section 520I of the Public Health Service Act to continue funding for this program and to specifically include qualified community mental health programs as eligible entities.

Section 5: Improving the Mental Health Workforce

\$10 million would be authorized to help states, territories, and Indian tribes or tribal organizations develop and implement innovative programs to address the behavioral health workforce needs of designated mental health professional shortage areas. Awardees can use the grants for: loan forgiveness and repayment programs; placement and support activities; and other programs to support behavioral health professional recruitment efforts, with an emphasis on racial and ethnic minorities.

Additionally, Section 5 would also authorize \$4 million to fund grants to behavioral health nonprofit organizations and accredited higher education organizations to expand graduate and other mental health education programs. Grants would fund coursework improvements, efforts to improve coursework, and faculty in behavioral and mental health education programs in an effort to strengthen the behavioral healthcare workforce.

Section 6: Improving Access to Mental Health Services in Medically-Underserved Areas

\$20 million would be authorized to support tele-mental health in medically underserved areas. Grants would fund both infrastructure improvements and provision of services.

Section 7: Improving Health Information Technology for Mental Health Providers

The CMHSIA tasks the Secretary of the U.S. Department of Health and Human Services to develop and implement a plan for ensuring that various components of the National Health Information Infrastructure – including electronic health records, data and privacy standards, and community and regional health networks – address the needs of behavioral healthcare providers and finance infrastructure improvements, training, and ongoing quality improvements. \$10 million would be authorized to fund this provision.

Section 8: Paperwork Reduction Study

The CMHSIA would require the Institute of Medicine (IOM) to submit a report to Congress evaluating the paperwork burden shouldered by community behavioral healthcare providers. In its report, the IOM is expected to examine licensing, service definitions, claims payment, and billing codes to provide an estimate of both the national and local costs of complying with these requirements.

Section 9: Wage Study

The CMHSIA would require the IOM to conduct a nationwide analysis of the compensation structure of professional and paraprofessional personnel employed by community behavioral healthcare providers as compared with the compensation structure of comparable safety net providers and relevant private sector health care providers. In its report to Congress, the IOM is expected to examine compensation disparities by type of personnel, type of provider, and geographic region.

A number of organizations, including the National Alliance on Mental Illness (NAMI), Mental Health America (MHA), American Psychological Association (APA), and the Campaign for Mental Health Reform (CMHR), have joined the National Council in supporting this important legislation. Add your organization's name to the list of supporters today!

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