

Excellence in Mental Health Act Improves Behavioral Health Resources for Public Safety

After generations of sustained funding cuts, our nation's community-based mental health and addiction treatment providers are stretched beyond their capacity; many have been forced to close programs or limit who can be served. As a result, public safety officials increasingly find themselves on the front lines of responding to unmet behavioral health needs. A new demonstration program, the Excellence in Mental Health Act, will provide a much-needed infusion of funding into the addiction and mental health system, expanding treatment capacity and alleviating the burden on public safety officers.

Untreated behavioral health conditions are putting an increasing strain on public safety resources. Public safety officials are frequently the first responders in behavioral health emergencies, despite the fact that many officers lack training to handle an individual with a serious behavioral health condition. Responding to these calls also takes public safety officials away from their other important job responsibilities. Meanwhile, people with addiction and mental illness are over-represented in jails and prisons: 65 percent of inmates meet the criteria for a substance abuse disorder (a rate seven times higher than the general population)ⁱ and more than half have a mental health problem.ⁱⁱ Inmates with mental illness or addiction often become trapped in a revolving door of arrest, release, poverty, deterioration of health, and re-arrest. For example, data suggest that 60-80 percent of inmates with a drug addiction commit a new crime after release from prison.ⁱⁱⁱ

Treatment, prevention, and recovery supports can improve health and reduce recidivism. Behavioral health treatment and recovery are ongoing processes that happen over time, supporting individuals in improving their health and wellness while living a self-directed life and striving to reach their full potential.^{iv} Yet, only 11 percent of Americans with a substance use disorder and 40 percent of those with a mental illness receive treatment for their condition.^v Intensive interventions such as assertive community treatment, residential substance use care, comprehensive case management, medication-assisted treatment, and others can help keep offenders healthy and out of trouble. Unfortunately, in far too many communities, available funding is inadequate to meet these needs.

The Excellence in Mental Health Act demonstration program helps reduce the pressure on public safety officers by expanding Americans' access to crisis care, acute addiction care including detoxification, comprehensive behavioral health treatment and chronic care management in community mental health and addiction settings. The Excellence Act is an 8-state, 2-year demonstration program that establishes criteria for Certified Community Behavioral Health Clinics (CCBHCs) designed to provide comprehensive services and supports to people living with serious mental illnesses and substance abuse disorders. It also provides enhanced reimbursement and other resources to these clinics, allowing them to serve more people and better meet community needs.

These changes offer much-needed support to public safety officials and strengthen behavioral health providers' relationship with the criminal justice system by:

- **Ensuring access to acute care, including addiction treatment:** The Excellence Act requires certified clinics to ensure patients have access to inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs. They must also maintain strong relationships and coordinate care with these acute care providers, facilitating transitions from one setting of care to another and ensuring patients do not fall through the cracks and disengage with treatment.
- **Increasing the availability of crisis care:** The Excellence Act requires participating providers to offer 24-hour crisis services, including mobile crisis care, allowing individuals experiencing a behavioral health emergency to get the professional care they need, and providing public safety with an intervention that does not involve incarceration or pulling officials away from their other duties.
- **Coordinating and improving care:** Participating providers must establish and maintain partnerships with juvenile and criminal justice agencies, emergency rooms and other facilities as part of their requirement to coordinate care across settings and providers.
- **Expanding access to care for the seriously ill:** The demonstration program infuses over \$1 billion into the community behavioral health safety net, giving clinics the funds they need to serve more people at all stages of care: from prevention to early treatment, crisis intervention, chronic care management, and more. By improving individuals' access to timely, comprehensive care, this program can improve patients' health while reducing the number of behavioral health-related calls public safety officials receive.

States are now embarking on a one-year planning process to implement the Excellence in Mental Health Act.

Within the scope of federally-determined [criteria](#), each state has flexibility to establish its own approach to certifying and reimbursing participating providers. Ultimately, CCBHCs will directly deliver comprehensive behavioral health services while also working with designated collaborating organizations such as hospitals or peer recovery groups to further extend and coordinate their services. These agencies will be paid for their actual cost of providing services, a revolutionary step forward for a system that has typically been so severely underfunded.

Public safety officials can make their voices heard by encouraging their home states to participate in the Excellence in Mental Health Act Demonstration Program, and by being an active participant in the planning process. More information on the demonstration program and application process can be found [here](#).

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ⁱ The National Center on Addiction and Substance Abuse at Columbia University, Behind Bars II: Substance Abuse and America's Prison Population (February 2010), <http://www.casacolumbia.org/addiction-research/reports/substance-abuse-prison-system-2010>.

ⁱⁱ Bureau of Justice Statistics, Special Report: Mental Health Problems of Prison and Jail Inmates (September 2006), <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

ⁱⁱⁱ National Council on Alcoholism and Drug Dependence, Drugs and Crime, <https://ncadd.org/learn-about-drugs/drugs-and-crime>.

^{iv} U.S. Department of Health and Human Services, Recovery is Possible. <http://www.mentalhealth.gov/basics/recovery/index.html>

^v Substance Abuse and Mental Health Services Administration (SAMHSA) (2014): Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings. <http://www.samhsa.gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014/NSDUH-SR200-RecoveryMonth-2014.htm>