

Top 10 County Policy Priorities for

BEHAVIORAL HEALTH REFORM

County Behavioral Health Landscape

America's **3,069 counties** are integral to America's behavioral health system. Counties annually invest **\$83 billion** in community health systems, including behavioral health services. Through **750 behavioral health authorities** and community providers, county governments plan and operate community-based services for persons with mental illnesses and substance use conditions. County-based behavioral health systems exist in **23 states** that represent **75 percent of the U.S. population**.

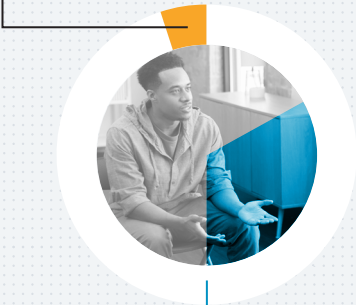
1 IN 4
adults in the U.S. experience
a **mental illness**



MORE THAN HALF

*did not receive treatment
in the past year*

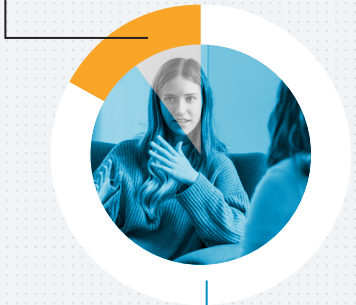
1 IN 20
adults in the U.S. experience
a **serious mental illness**



MORE THAN ONE THIRD

*did not receive treatment
in the past year*

1 IN 6
adults in the U.S. experience
a **substance use disorder**



MORE THAN 90%

*did not receive treatment
in the past year*

approximately
9.5 MILLION

*adults have both a
mental health and
substance use disorder*



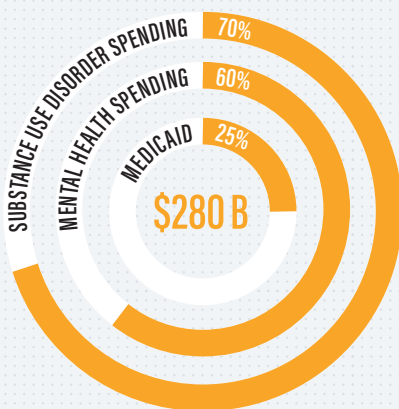
63% OF JAIL INMATES
*have a **substance use disorder***

Counties ensure the safety of the public and are the entry point in the criminal justice system, with approximately **9 million** individuals cycling in and out of over 3,000 local jails every year.

Top 10 County Priorities for Behavioral Health Reform



- 1. Maintain funding for SAMHSA's block grants.** The Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) block grants, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), were last funded at \$857.6 million and \$1.9 billion, respectively, and make it possible for more than 750 county behavioral health authorities and community providers to serve those in most need.
- 2. Fully implement and expand mental health parity.** The Mental Health Parity and Addiction Equity Act of 2008 should be fully implemented to ensure that all insurance plans, including Medicaid and Medicare, provide at least equal coverage for mental health conditions and substance use disorders as for health conditions. Strengthening behavioral health parity protections and enforcing existing protections is a critical component of improving coordination and integration of primary care and behavioral health care in the health care delivery system, and better addressing the behavioral and mental health needs of local communities.
- 3. Ease Medicaid's Institutes of Mental Disease (IMD) exclusion.** This 50-year old policy prevents Medicaid from covering essential mental health and residential care in facilities and impedes the ability of counties from providing inpatient mental health services when clinically necessary, and contributes to inequities in access to treatment and care for low-income individuals on Medicaid. The IMD exclusion must be modernized to expand the treatment capacity of county-operated hospitals and behavioral health facilities while also promoting equitable access to treatment options for low-income individuals.






In 25 states, counties help finance Medicaid, the largest source of funding for behavioral health services in the U.S., and serve as the local safety net, administering wrap-around human services supports.

Approximately **\$280 billion** was expended on mental health services in 2020. Publicly funded sources account for approximately **60%** of mental health spending and **70%** of substance use disorder spending, with Medicaid covering nearly **25%** of all expenditures.

- 4. Enhance Medicaid flexibility.** Exclusionary policies under Medicaid creates inequitable and unconstitutional disruptions to primary and behavioral health care services for justice-involved populations, thus exacerbating rates of untreated mental illness and substance use disorder in local communities and increasing rates of avoidable, costly jail recidivism. Federal policy should permit Medicaid payment for medical services furnished to individuals detained in local jails pretrial, and during at least the 30-day period preceding the individual's release from jail or prison to facilitate continuous access to mental and behavioral health services by justice-involved individuals.
- 5. Expand access to Health Information Technology.** Extend incentives in the Health Information Technology for Economic and Clinical Health (HITECH) Act to mental health and substance use disorder providers for improved integration of health information into local care delivery systems.
- 6. Develop and expand the workforce.** As of 2021, nearly thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. Existing programs such as the National Health Service Corps should include the behavioral health workforce, especially in rural and underserved areas. Additionally, federal measures should remove barriers and create clear pathways into a variety of behavioral health professions.
- 7. Invest and align local crisis response systems.** Our nation's lack of an effective and widely available mental and behavioral health crisis services system has contributed to tragic outcomes for people in crisis. Federal, state and local governments should coordinate better to leverage existing county investments and innovation in the provision of crisis services and align systems of care for better health outcomes for individuals in crisis. Additionally, Medicaid should be leveraged to provide crisis services in local crisis stabilization facilities and in integrated primary, mental health and crisis response care models such as Community Behavioral Health Centers (CCBHC).
- 8. Simplify health privacy provisions.** The more stringent 42 Code of Federal Regulations (CFR) privacy provisions, which generally govern addiction treatment providers, should be coordinated with the Health Insurance Portability and Accountability Act (HIPAA), to support the coordination of care. In addition, HIPAA should be clarified so providers understand more clearly when they can disclose patient safety concerns.
- 9. Reauthorize and fully appropriate MIOTCRA.** Enacted in 2004 at \$50 million yet recently funded at only \$8.5 million, the Mentally Ill Offender Treatment and Recovery Act (MIOTCRA) should be fully funded to support counties in the development and implementation of pre-trial and jail diversion programs to improve outcomes for the 9 million individuals who cycle in and out of county jails every year.
- 10. Respond to the needs of veterans.** The U.S. Department of Veterans Affairs (VA) and Department of Defense (DoD) should reimburse counties for community behavioral health treatment provided to veterans in our communities.



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