

Thousands face loss of mental health coverage in the US

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Behavioral health clinics in eight states that administer addiction and mental health services under a pilot program authorized by the federal government in 2014 face a shutdown due to Congress' failure to renew funding for the program. Approximately 9,000 patients will lose coverage and three thousand jobs will be eliminated, according to the *Washington Post*.

The legislation passed in 2014, titled the Excellence in Mental Health Act, established a Medicaid-reimbursed program wherein Certified Community Behavioral Health Clinics (CCBHCs) could provide a range of services including mental health and addiction services, free screening, assessment and diagnosis, individual and family-centered treatment plans, psychiatric rehabilitation services, outpatient mental health services, and outpatient primary care screening and monitoring of key health indicators and health risk.

The program was aimed at providing mental health services at an earlier stage than Medicaid-eligible patients usually receive it and encouraged participating states to search out innovative methods to administer treatment to the most vulnerable members of society, including children placed in foster care and new inmates in jails and prisons.

Integration of various forms of treatment and coordination between different providers aimed to "provide a comprehensive collection of services needed to create access, stabilize people in crisis and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders," according to a document released by the National Council for Behavioral Health.

By integrating various treatments and services under a single program, the CCBHCs are allowed to bill Medicaid for the resulting bundled services, resulting in a higher payout to clinics than would normally be provided by Medicaid. Psychiatry, for example, is one of several

treatments that are typically reimbursed at a lower rate than the cost of delivering service. By charging Medicaid a single fee per patient the program is able to recoup some of the losses that would otherwise be absorbed by the healthcare providers.

The program was in part designed to address the surging opioid epidemic in the US, which has seen overdose rates skyrocket in recent years.

Administrators of the program in participating states have implemented various measures which have resulted in better health outcomes for their residents.

In Oregon, for example, a data analysis funded by the program showed higher rates of emergency room visits for patients who suffered from chronic back pain and mental illness. The pain management program that was subsequently developed for those patients resulted in fewer emergency room visits and lower reported incidences of pain, depression and anxiety, according to the *Post*.

Niagara County, New York, officials developed a program which offered expanded drug and alcohol treatment for inmates in the county jail, and free transportation for newly released inmates to attend addiction counseling. This program has reportedly reduced rates of recidivism in that county.

The program also offers expanded services for military veterans, especially those in rural areas who are underserved by the existing Veterans Affairs system.

The program was initially authorized for eight states, including Oregon, Oklahoma, Minnesota, Missouri, Nevada, New York, New Jersey and Pennsylvania. Since the program began in 2017 it has served an estimated 381,000 patients.

In October, Congress failed to authorize continued funding for the program, estimated at \$520 million per year, when they passed an \$8.4 billion package aimed at addressing the opioid epidemic. Because the program had

only been funded for two years in the initial legislation, clinics in participating states will begin closing as early as January. The remaining programs would run out of funding in May 2019.

The elimination of the CCBHCs and the resulting loss of care for hundreds of thousands of patients have received little coverage in the media, with an article in the *Post* being the only reporting from a major national news site. This is unsurprising since the impoverished beneficiaries of the program are hardly the upper-middle-class target audience of the *New York Times*, CNN and other mainstream media outlets.

Indeed, the larger question of why the provision of basic health services, which are a routine part of the state-run medical programs in most industrialized countries, requires special funding from Congress and only extend to eight states remains unasked. The politicians in both the Democratic and Republican parties have little interest in passing any legislation which will reduce the profitability of the insurance and pharmaceutical companies.

The elimination of this program by Congress is only a small part of the larger drive by the ruling class to dismantle the various social assistance programs conceded to the working class through decades of struggle in the 20th century. For the Democrats' part, this process is concealed behind populist rhetoric and is embodied in the Obama-era Affordable Care Act, which mandated the purchase of insurance from the private market and shifted billions of dollars annually from the public to private interests.

For Trump and his supporters, the attack on social programs is pursued more openly, though usually accompanied by right-wing nostrums about improving "personal responsibility" and "accountability." This approach is exemplified in Trump's executive order in April of this year titled "Reducing Poverty in America by Promoting Opportunity and Economic Mobility" which ordered his cabinet secretaries to aim for the elimination of any public assistance programs that do not have work requirements attached to them.



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