Federal Cuts to Behavioral Health Will Harm Public Safety

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The Department of Justice (DOJ) has slashed $88 million in grant awards for substance abuse treatment, mental health services, and programs that team police with health professionals. These cuts will hurt not only individuals suffering from these problems but also affect everyone's safety by perpetuating cycles of behavioral health crises, arrests, and incarceration that put increased burdens on law enforcement.

The cuts come even as President Trump signed an executive order in July focused on homelessness that promised to "end crime and disorder" through a "new approach focused on protecting public safety." That order acknowledged that many people facing homelessness struggle with untreated behavioral health problems such as mental health and addiction, and that these can contribute to safety concerns. The reductions in funding, however, will worsen, not remedy, these problems.

In April, the DOJ canceled grants initially valued at $820 million, supporting more than 550 organizations across 48 states and territories covering issues such as violence prevention, reentry programming, and victims' services, including $88 million for essential substance use and mental

health treatment. These cuts, devastating on their own, are also just a prelude to more harms to come from reductions to Medicaid, public health research, and mental health and addiction treatment.

This analysis is part of a series exploring how these, and other federal cuts, risk jeopardizing public safety. Federal investments in behavioral health serve the public in ways that cannot be replaced. Addressing behavioral health issues effectively requires collaboration between law enforcement and health care providers, community support, and funding for research and treatment. DOJ grants fill critical gaps at the state, local, and community levels. They allow local agencies to marshal the expertise of leading researchers and experts from around the country through training and technical assistance to improve their law enforcement and behavioral health responses. Federal support also sustains health care providers, especially in rural areas, through programs funded by Medicaid, the Centers for Disease Control, and the Substance Use and Mental Health Services Administration.

Public Safety and Public Health

Policymakers across the political spectrum have noted the important federal role in addressing the mental health and substance use crises. There is bipartisan recognition that federal support for treatment and innovative approaches to crisis response is critical for public safety. In his first term, President Trump signed landmark legislation that extended Medicaid coverage for opioid treatment and overdose prevention. And majorities of Americans back federal funding to increase access to mental health and substance use treatment, a consensus that makes sense because these health investments directly impact safety.

People with mental illness and substance use disorders are overrepresented in the criminal justice system. Approximately 44 percent of people in jail have a mental illness, compared to 23 percent of the general population. An estimated 58 percent in prison have a substance use disorder, compared to 18 percent of the general population. Upon release from incarceration, people with behavioral health issues face many barriers, including the lack of stable housing, health care, and solid community connections, all of which can jeopardize recovery and increase the likelihood of relapse and rearrest.

With community-based care for mental health and substance use already severely underfunded, law enforcement has too often become our default response. Police are first responders to individuals in crisis, even absent any immediate safety threat. Jails are often described as "de facto mental health care" because they have filled the vacuum and because behavioral health issues underlie many of the circumstances that lead there. Police are among the first to note, however, that law enforcement is not necessarily the best solution. Further, the punitive-only approach does not work for many behavioral health challenges.

Thus, communities around the country in both red and blue states, have sought viable alternative remedies, such as partnerships between law enforcement and public health that prioritize treatment and other supports through diversion programs, improved police training, residential addiction treatment centers, and drug courts. Co-responder models pair officers with specialists such as paramedics and social workers, and alternative response programs deploy trained unarmed civilians instead of police to respond to low-risk calls for behavioral health crises. These approaches have had promising results, freeing up police resources, improving 911 response times, reducing fentanyl-related overdose deaths, and lowering arrest rates for people with mental health crises. They are also more cost-effective than incarceration in the long run.

Although these innovations happen at the local level, the federal government, especially the DOJ, has been key to their development and expansion across Democratic and Republican administrations. But through the recent cuts, the department has now stepped back from these roles, with devastating consequences for efforts to address behavioral health problems effectively.

Federal Retreat from Investing in Health and Safety

The DOJ has also previously cultivated national networks of experts who provide invaluable connections that allow a local agency to learn from others that are thousands of miles away, helping to avoid repeating mistakes and wasting money.

In 2022, for example, Chaffey Community College in California created the Higher Education Assessment Team, which brings together law enforcement and social workers who provide comprehensive services to address mental health crises. In its first three years, the program was able to connect hundreds to treatment in response to crisis calls with fewer than five arrests, averting violence and unnecessary incarceration. The program's leadership credits DOJ-funded support from a national training and technical assistance provider as essential to this success. The DOJ has now slashed that funding as part of cuts to over $500 million awarded by the agency in technical assistance nationwide. As a result, the college, like numerous other similar agencies across the country, lost access to resources to evaluate and improve its crisis response, along with a network to share lessons learned and best practices.

The DOJ also cut many direct grants to law enforcement for mental health collaborations, such as through Connect and Protect, which funds the Higher Education Assessment Team. Although its grant was not terminated, it is set to expire this year. With limited prospects for additional funding, it is now uncertain whether the college will be able to expand or even maintain the program.

In Covington County, Alabama, a grant termination will force the shutdown of a program that paired sheriff's deputies with mental health professionals for crisis response and created a telehealth system. Officers will have to return to handling mental health calls on their own, with fewer tools to disrupt cycles of arrest and incarceration among people in crisis. In Oklahoma, the Shawnee Police Department lost a different federal grant to launch a crisis intervention team. This resulted in more arrests instead of treatment referrals, fewer officer-led wellness visits, and

reduced resources to respond to potential suicide situations. An expert on criminal justice policy at the National Alliance for Mental Illness, the nation's largest grassroots mental health organization, warned that if federal funding for alternative responses and trainings disappears, thousands of law enforcement agencies will lose an invaluable avenue for sharing best practices as well as crucial support for law enforcement and mental health partnerships.

Looking Beyond DOJ's Recent Cuts

Law enforcement and medical professionals alike are increasingly concerned that broader federal budget cuts will be catastrophic, likely derailing critical addiction recovery programs across the country and threatening to reverse progress even as opioid deaths had begun to decline. It is estimated that the recently passed budget will slash an unprecedented $860 million from Medicaid and other health coverage while about 7.8 million people will lose health care.

Decreasing deaths requires medications such as naloxone, which can rapidly reverse the effects of an overdose. But a $56 million Substance Abuse and Mental Health Services Administration program to expand access to naloxone is now facing elimination. Medication access is also only one piece of a larger recovery puzzle. Cara Poland, an addiction physician at Michigan State University College of Human Medicine, noted that most of her patients not only struggle with substance and mental health conditions but also live with multiple chronic diseases. They often lack stable jobs, housing, childcare, and transportation. Without comprehensive recovery supports, the likelihood of relapse and arrest increases.

Law enforcement and health care providers agree: Early intervention and high-quality behavioral health care can reduce justice system involvement. But with the pending Medicaid cuts, treatment options will shrink, especially in already underserved rural areas, resulting in more crisis situations involving law enforcement. As Eric Samson, the sheriff of Androscoggin County, Maine, observed, reduced health coverage will force behavioral health service providers to close, leading in turn to a renewed influx of people in courts and jails. "Fewer community-based resources mean people will deteriorate quicker and will end up here in jail," Samson said.

As Congress returns this month to consider its next appropriations and budget decisions, it needs to heed law enforcement and public health professionals' warnings about the harmful consequences of recent health-related funding cuts on public safety.
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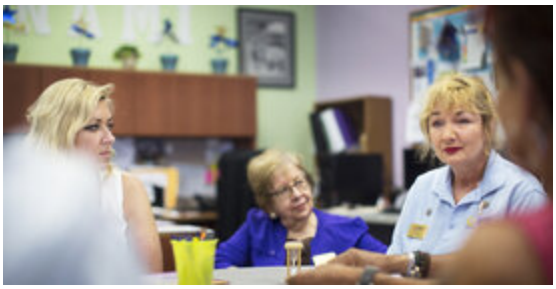

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