

July 17, 2018

TO: Members, Subcommittee on Health

FROM: Committee Majority Staff

RE: Hearing entitled “21st Century Cures Implementation: Examining Mental Health Initiatives”

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## I. INTRODUCTION

The Subcommittee on Health will hold a hearing on Thursday, July 19, 2018, at 10:00 a.m. in 2123 Rayburn House Office Building. The hearing is entitled “21st Century Cures Implementation: Examining Mental Health Initiatives.”

## II. WITNESSES

- Elinore McCance-Katz, MD, PhD, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration.

## III. BACKGROUND

The 21st Century Cures Act (Cures) was signed into law on December 13, 2016.<sup>1</sup> Enactment of Cures was the culmination of a bipartisan, multi-year effort by Congress to modernize the cycle of discovery, development, and delivery of innovative medical products. Division B of Cures authorized landmark mental health reforms, largely based on the bipartisan H.R. 2646, Helping Families in Mental Health Crisis Act, which passed the House in July of 2016 as a standalone bill by a vote of 422-2.

This hearing will provide a status update on the mental health provisions in Cures, which were funded by the March fiscal year 2018 omnibus, giving members an opportunity to hear from the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency at the helm of implementing these provisions included in the law.

## IV. 21<sup>ST</sup> CENTURY CURES ACT SAMHSA PROVISIONS

**Sec. 6001. Assistant Secretary for Mental Health and Substance Use:** Established an Assistant Secretary for Mental Health and Substance Use (Assistant Secretary) to head the Substance Abuse and Mental Health Services Administration (SAMHSA). The authorities of the existing SAMHSA Administrator were transferred to the Assistant Secretary.

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<sup>1</sup> 21st Century Cures Act, Pub. L. No. 114-255.

**Sec. 6002. Strengthening the Leadership of the Substance Abuse and Mental Health**

**Services Administration:** Required the Assistant Secretary to maintain a system to disseminate research findings and evidence-based practices; ensure that grants are subject to performance and outcome evaluations; consult with stakeholders to improve community-based and other mental health services, collaborate with other federal departments to improve care for veterans, service members, and the homeless; and work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals.

**Sec. 6003. Chief Medical Officer:** Established a Chief Medical Officer (CMO) within SAMHSA to assist the Assistant Secretary in evaluating and organizing programs within the agency and to promote evidence-based and promising best practices. Required the CMO to coordinate with the Assistant Secretary for Planning and Evaluation (ASPE) to assess the use of performance metrics to evaluate SAMHSA programs, and to coordinate with the Assistant Secretary to ensure consistent utilization of appropriate performance metrics and evaluation designs.

**Sec. 6004. Improving the Quality of Behavioral Health Programs:** Codified the existing Center for Behavioral Health Statistics and Quality (CBHSQ) at SAMHSA, tasked with coordinating with the Assistant Secretary, the ASPE, and the CMO to improve the quality of services provided by SAMHSA.

**Sec. 6005. Strategic Plan:** Required SAMHSA to develop a strategic plan every four years identifying priorities and including a strategy for improving the mental health workforce, taking into consideration recommendations of the ASPE and the Interdepartmental Serious Mental Illness Coordinating Committee.

**Sec. 6006. Biennial Report Concerning Activities and Progress:** Required SAMHSA to submit a biennial report to Congress containing a review of progress toward strategic priorities, goals, and objectives identified in the strategic plan as well as an assessment of programs, and a description of coordination activities.

**Sec. 6007. Authorities of the Centers for Mental Health Services (CMHS), Substance Abuse Prevention (CSAP), and Substance Abuse Treatment (CSAT):** Updated the statute to reflect changes in terminology and increased the coordination and cooperation with other relevant federal agencies. Required the Director of CMHS to collaborate with the National Institute of Mental Health (NIMH) to ensure mental health programs reflect the best available science and are evidence-based and to improve grants management.

**Sec. 6008. Advisory Councils:** Amended current law regarding the advisory councils for SAMHSA, CSAT, CSAP, and CMHS to ensure the council members had the appropriate education and expertise, and added the Directors of the NIMH, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse as ex officio members of the applicable advisory councils.

**Sec. 6009. Peer Review:** Ensured that at least half of the members of a peer review group reviewing a grant, cooperative agreement, or contract related to mental illness have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work.

**Sec. 6021. Improving Oversight of Mental and Substance Use Disorders Programs Through the Assistant Secretary for Planning and Evaluation:** Outlined the role and responsibilities of the ASPE at the Department of Health and Human Services (HHS) in planning and evaluating activities related to mental health and substance use disorder programs and required the ASPE to provide recommendations to Secretary of HHS, the Assistant Secretary for Mental Health and Substance Use, and Congress on improving related mental and substance use disorder prevention and treatment programs.

**Sec. 6022. Reporting for Protection and Advocacy Organizations:** Required Protection and Advocacy Organizations to provide a detailed, disaggregated accounting of from where their funds were received.

**Sec. 6023. GAO Study:** Required the Government Accountability Office (GAO) to conduct a study on programs funded under Title I of the Protection and Advocacy for Individuals with Mental Illness Act. GAO released their report “Federal Procedures to Oversee Protection and Advocacy Programs Could Be Further Improved” in May of 2018.

**Sec. 6031. Interdepartmental Serious Mental Illness Coordinating Committee:** Created a coordinating committee to evaluate federal programs related to serious mental illness (SMI) / serious emotional disturbance (SED) and provide recommendations to better coordinate mental health services for people with SMI and SED. Members of the Coordinating Committee released their recommendations in their first Report to Congress on December 14, 2017.

**Sec. 7001. Encouraging Innovation and Evidence-Based Programs:** Established the National Mental Health and Substance Use Policy Laboratory (NMHSUPL) to promote evidence-based practices and service delivery models and authorized the appropriation of \$14 million for the period of fiscal years 2018-2020 for such grants. There was no specific fiscal year 2018 appropriation, but SAMHSA is currently undertaking this function.

**Sec. 7002. Promoting Access to Information on Evidence-Based Programs and Practices:** Allowed the Assistant Secretary to improve access to information on evidence-based programs and practices for states, local communities, nonprofit entities, and other stakeholders.

**Sec. 7003. Priority Mental Health Needs of Regional and National Significance:** Updated and reauthorized the Priority Mental Health Needs of Regional and National Significance Program to support prevention, treatment, and rehabilitation of mental health services and other programs to target responses based on mental health needs. Reauthorized the appropriation at the last appropriated level of \$394,550,000 for fiscal years 2018-2022. For fiscal year 2018, this program was appropriated \$426,659,000.

**Sec. 7004. Substance Use Disorder Treatment Needs of Regional and National Significance:** Updated and reauthorized the Priority Substance Use Disorder Treatment Needs of Regional and

National Significance Program to improve the quality and availability of treatment and rehabilitation services for substance use disorder services in targeted areas. Reauthorized the appropriation at the last appropriated level of \$333,806,000 for fiscal years 2018-2022. For fiscal year 2018, this program was appropriated \$403,427,000.

**Sec. 7005. Priority Substance Use Disorder Prevention Needs of Regional and National Significance:** Updated and reauthorized the Priority Mental Health Needs of Regional and National Significance Program to support projects and programs for prevention of substance use and other programs to target responses based on health needs. Reauthorized the appropriation at the last appropriated level of \$211,148,000 for fiscal years 2018-2022. For fiscal year 2018, this program was appropriated \$248,219,000.

**Sec. 8001. Community Mental Health Services Block Grant:** Gave states additional flexibility to use Community Mental Health Services (CMHS) block grant funding to provide community mental health services for adults with SMI and children with SED. Reauthorized the CMHS Block Grant at the last appropriated level of \$532,571,000 for fiscal years 2018-2022. For fiscal year 2018, the block grant was appropriated \$701,532,000.

**Sec. 8002. Substance Abuse Prevention and Treatment Block Grant:** Clarified that the state will ensure ongoing training for substance use disorder prevention and treatment professionals on recent trends in drug abuse in the state, evidence-based practices for substance use disorder services, performance-based accountability, and data collection and reporting requirements. Reauthorizes the block grant at the last appropriated level of \$1,858,079,000 billion for fiscal years 2018-2022. For fiscal year 2018, the block grant was appropriated \$1,778,879,000.

**Sec. 8003. Additional Provisions Related to the Block Grants:** Codified an existing practice permitting states to submit a joint application for the mental health and substance abuse block grants and allowed the Assistant Secretary to waive application deadlines and compliance requirements for states in the case of a public health emergency declared by the HHS Secretary.

**Sec. 8004. Study of Distribution of Funds under the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant:** Required the Secretary of HHS to report to Congress within 2 years of enactment on whether funding for the mental health and substance abuse block grants are being distributed to states and territories according to need and recommend changes if necessary.

**Sec. 9001. Grants for Treatment and Recovery for Homeless Individuals:** Reauthorized and made technical updates to grants for treatment and recovery for homeless individuals to support mental health and substance use disorder services. Reauthorized appropriations at the last appropriated level of \$41,304,000 for each of fiscal years 2018-2022. For fiscal year 2018, these grants were appropriated \$36,386,000.

**Sec. 9002. Grants for Jail Diversion Programs:** Reauthorized and made technical updates to develop and implement programs to divert individuals with a mental illness from the criminal justice system to community-based services. Reauthorized appropriations at the last

appropriated level of \$4,269,000 for each of fiscal years 2018-2022. For fiscal year 2018, these grants were appropriated \$4,269,000.

**Sec. 9003. Promoting Integration of Primary and Behavioral Health Care:** Reauthorized grants to support integrated care models for primary care and behavioral health care services and required applicants to submit a plan to provide integrated services to special populations. Reauthorized appropriations at the last appropriated level of \$51,878,000 for each of fiscal years 2018-2022. For fiscal year 2018, this program was appropriated \$49,877,000.

**Sec. 9004. Projects for Assistance in Transition from Homelessness:** Reauthorized and updated grants for states to provide services to homeless individuals who are suffering from serious mental illness, or co-occurring serious mental illness and substance use disorders. Reauthorized appropriations at the last appropriated level of \$64,635,000 for each of fiscal years 2018-2022. For fiscal year 2018, these grants were appropriated \$64,635,000.

**Sec. 9005. National Suicide Prevention Lifeline Program:** Required the Secretary to continue the National Suicide Prevention Lifeline program and consult with the Secretary of Veterans Affairs to ensure veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline. Authorized appropriations at the last appropriated level of \$7,198,000 for each of fiscal years 2018-2022. For fiscal year 2018, this program was appropriated \$7,198,000.

**Sec. 9006. Connecting Individuals and Families with Care:** Required the Secretary to maintain the National Treatment Referral Routing Service to help individuals and families locate mental health and substance use disorder treatment providers through a nationwide phone system and internet website.

**Sec. 9007. Strengthening Community Crisis Response Systems:** Authorized the Secretary to award grants to state and local governments, Indian tribes, and tribal organizations to strengthen community-based crisis response systems or to develop, maintain, or enhance a database of beds at inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities. Authorized the appropriation of \$12.5 million for the period of fiscal years 2018-2022. This program was not funded for fiscal year 2018. Prior to enactment of Cures, the same section of the Public Health Service Act authorized a different program, which had not been funded.

**Sec. 9008. Garrett Lee Smith Memorial Act Reauthorization:** Codified the suicide prevention technical assistance center to provide information and training for suicide prevention, surveillance, and intervention strategies for all ages, particularly among groups at high risk. Reauthorized the appropriation at the last appropriated level of \$5,988,000 for each of fiscal years 2018-2022. Reauthorized the Youth Suicide Early Intervention and Prevention Strategies grants to states and tribes and clarified that states may receive continuation grants after the first grant is awarded. Reauthorized the appropriation of \$30 million for each of fiscal years 2018-2022. For fiscal year 2018, the Garrett Lee Smith Suicide Prevention Resource Center received \$5,988,000 in funding, and the Youth Suicide Early Intervention and Prevention Strategies grants received \$23,427,000 in funding.

**Sec. 9009. Adult Suicide Prevention:** Established suicide prevention and intervention programs grants for individuals aged 25 years or older to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide. Authorized the appropriation of \$30 million for the period of fiscal years 2018-2022. For fiscal year 2018, these grants were appropriated \$11,000,000.

**Sec. 9010. Mental Health Awareness Training Grants:** Reauthorized grants to states, political subdivisions of states, Indian tribes, tribal organizations, and nonprofit private entities to train teachers, appropriate school personnel, emergency services personnel, and others, as appropriate, to recognize the signs and symptoms of mental illness, to become familiar with resources in the community for individuals with mental illnesses, and for the purpose of the safe de-escalation of crisis situations involving individuals with mental illness. Reauthorized the appropriation at the last appropriated level of \$14,963,000 for each of fiscal years 2018-2022. These grants were appropriated \$19,963,000 for fiscal year 2018.

**Sec. 9011. Sense of Congress on prioritizing American Indians and Alaska Native youth within suicide prevention program:** Stated it is the Sense of Congress that the Secretary of HHS should prioritize programs and activities for populations with disproportionately high rates of suicide, such as American Indians and Alaska Natives.

**Sec. 9012. Evidence-Based Practices for Older Adults:** Required the Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

**Sec. 9013. National Violent Death Reporting System:** Encouraged the Director of the Centers for Disease Control and Prevention (CDC) to improve, particularly through the inclusion of other states, the existing National Violent Death Reporting System. The reporting system was created in 2002 and currently collects surveillance data from 32 states.

**Sec. 9014. Assisted Outpatient Treatment:** Increased and extended an existing authorization for a grant program for Assisted Outpatient Treatment (AOT) and reauthorized appropriations of \$15 million in fiscal year 2017, \$20 million for fiscal year 2018, \$19 million for each of fiscal years 2019 and 2020, and \$18 million for each of fiscal years 2021 and 2022. AOT was appropriated \$15,000,000 for fiscal year 2018.

**Sec. 9015. Assertive Community Treatment:** Established a grant program to establish, maintain, or expand assertive community treatment programs for adults with SMI, and authorized appropriations of \$5 million for the period of fiscal years 2018-2022. For fiscal year 2018, this grant program was appropriated \$5,000,000.

**Sec. 9016 Sober Truth on Preventing Underage Drinking Reauthorization:** Reauthorized the Interagency Coordinating Committee for \$1 million for each of fiscal years 2018-2022, the National Media Campaign to Prevent Underage Drinking for \$1 million for each of fiscal years 2018-2022, the Community-Based Coalition Enhancement grants for \$5 million for each of fiscal years 2018-2022, and funding for additional research on underage drinking for \$3 million

for each of fiscal years 2018-2022. For fiscal year 2018, these programs received a total appropriation of \$7,000,000.

**Sec. 9017. Center and Program Repeals:** Repealed section 514 of the Public Health Service Act relating to methamphetamine and amphetamine initiatives, section 506B of the Public Health Service Act relating to ecstasy and other club drugs, and eight other outdated programs.

**Sec. 9026. Reports:** Required SAMHSA and the Health Resources and Services Administration (HRSA) to issue a report on national- and state-level projections for the supply and demand of mental health and substance use disorder provider workforce and required the GAO to report to Congress on peer-support specialist programs in states receiving grants from SAMHSA.

**Sec. 9031. Mental Health and Substance Use Disorder Services on Campus:** Reauthorized the Mental Health and Substance Use Disorder Services on Campuses grant program and authorized education programs to increase awareness and training to respond effectively to students with mental health and substance use disorders, provide outreach to administer voluntary screenings of students, enhance networks with health care providers who treat mental health and substance use disorders, and provide direct mental health services. Reauthorized appropriations of \$7 million for each of fiscal years 2018-2022. For fiscal year 2018, this grant program was appropriated \$6,488,000.

**Sec. 9032. Interagency Working Group on College Mental Health:** Provided federal leadership by establishing an interagency working group to discuss mental and behavioral health on college campuses and to promote federal agency collaboration to support innovations in mental health services and supports for students on college and university campuses. Authorized appropriations of \$1 million for the period of fiscal years 2018-2022 to carry out these activities. The working group was not funded for fiscal year 2018.

**Sec. 9033. Mental and Behavioral Health Outreach and Education on College Campuses:** Directed the Secretary of HHS in collaboration with the CDC to convene an interagency, public-private sector work group to plan, establish, and begin coordinating and evaluating a targeted, public-education campaign to focus on mental and behavioral health on the campuses of institutions of higher education. Authorized appropriations of \$1 million for the period of fiscal years 2018-2022 to carry out these activities. The public-education campaign was not funded for fiscal year 2018.

**Sec. 10001. Programs for Children with Serious Emotional Disturbances:** Reauthorized and updated programs to provide comprehensive community mental health services to children with SED. Reauthorized appropriations at the last appropriated level of \$119,026,000 for fiscal years 2018-2022. For fiscal year 2018, these programs received \$125,000,000 in funding.

**Sec. 10003. Substance Use Disorder Treatment and Early Intervention Services for Children and Adolescents:** Reauthorized and updated grants for substance use disorder treatment and early intervention for children and adolescents to provide early identification and services. Reauthorized appropriations at the last appropriated level of \$29.6 million for each of 2018-2022. These services were appropriated \$29,605,000 for fiscal year 2018.

**Sec. 10004. Children's Recovery from Trauma:** Reauthorized the National Child Traumatic Stress Initiative (NCTSI), which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate members. Reauthorized appropriations at the last appropriated level of \$46.9 million for each of fiscal years 2018-2022. The NCTSI was appropriated \$53,887,000 for fiscal year 2018.

**Sec. 11001. Sense of Congress:** Established a Sense of Congress that clarification is needed regarding existing permitted uses and disclosures of health information under the Health Information Portability and Accountability Act (HIPAA) by health care professionals to communicate with caregivers of adults with SMI to facilitate treatment.

**Sec. 11002. Confidentiality of Records:** Required the Secretary to, within a year of finalizing updated rules related to the confidentiality of health records related to alcohol and drug abuse, convene relevant stakeholders to determine the effect of the regulation on patient care, health outcomes, and patient privacy. SAMHSA held a 42 CFR part 2 Listening Session on January 31, 2018.

**Sec. 11003. Clarification on Permitted Uses and Disclosures of Protected Health Information:** Directed the Secretary through the Director of the Office for Civil Rights to clarify circumstances when a health care provider or covered entity may use or disclose protected health information related to the treatment of an adult with a mental or substance use disorder. The Office of the National Coordinator for Health Information Technology (ONC) in collaboration with SAMHSA released fact sheets clarifying the permitted uses and disclosures on May 2, 2018.

**Sec. 11004. Development and Dissemination of Model Training Programs:** Required the Secretary to identify or recognize private or public entities to develop model training and educational programs to educate health care providers, regulatory compliance staff, and others regarding the permitted use and disclosure of health information under HIPAA. Authorized appropriations of \$10 million for the period of fiscal years 2018-2022. Although there was no specific appropriation for fiscal year 2018, the HHS Office of Civil Rights (OCR) is undertaking this function. In December of 2017, OCR announced new collaboration with partner agencies within HHS to identify and develop model programs and materials for training on permitted uses and disclosures of the protected health information of patients seeking or undergoing mental health or substance use disorder treatment. OCR also created two new HIPAA webpages focused on information related to mental and behavioral health, one for professionals and another for consumers. These webpages reorganized existing guidance and contained new guidance on sharing information related to mental health and substance use disorder treatment.

**Sec. 13005. Information and Awareness on Eating Disorders:** Allowed HHS to update resource lists and fact sheets related to eating disorders and increase public awareness, through existing programs and activities, on the signs and symptoms of eating disorders and treating individuals with eating disorders.



**Sec. 13006. Education and Training on Eating Disorders:** Allowed HHS to facilitate the identification of model programs and materials for educating and training health professionals in effective strategies to identify individuals with eating disorders, provide early intervention services, and refer patients to appropriate treatment.

**V. STAFF CONTACTS**

If you have any questions regarding this hearing, please contact Kristen Shatynski and Josh Trent of the Committee staff at (202) 225-2927.