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RPTR ALLDRIDGE

EDTR HUMKE

21ST CENTURY CURES IMPLEMENTATION: EXAMINING MENTAL HEALTH INITIATIVES

THURSDAY, JULY 19, 2018

House of Representatives,

Subcommittee on Health,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 10:03 a.m., in Room 2123, Rayburn House Office Building, Hon. Michael Burgess, M.D. [chairman of the subcommittee] presiding.

Present: Representatives Burgess, Guthrie, Latta, Lance, Griffith, Bilirakis, Long, Bucshon, Brooks, Mullin, Hudson, Carter, Walden (ex officio), Green, Schakowsky, Matsui, Castor, Kennedy, DeGette, and Pallone (ex officio).

Staff Present: Jennifer Barblan, Chief Counsel, Oversight and Investigations; Daniel Butler, Legislative Clerk, Health; Karen Christian, General Counsel; Adam Fromm, Director of Outreach and Coalitions; Ed Kim, Policy Coordinator, Health; Ryan Long,

Deputy Staff Director; James Paluskiewicz, Professional Staff Member, Health; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Austin Stonebreaker, Press Assistant; Josh Trent, Chief Health Counsel, Health; Hamlin Wade, Special Advisor, External Affairs; Jacquelyn Bolen, Minority Professional Staff; Jeff Carrol, Minority Staff Director; Waverly Gordon, Minority Health Counsel: Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Samantha Satchell, Minority Senior Policy Analyst; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; and C.J. Young, Minority Press Secretary.

Mr. Burgess. The Subcommittee on Health will now come to order. The chair recognizes himself 5 minutes for the purpose of an opening statement.

So today we convene and hold an oversight hearing on the mental health division of the 21st Century Cures Act which was signed into law in December 2016.

On the anniversary of the House passage of 21st Century Cures, this subcommittee held a hearing on the sections of the law that the National Institute of Health and the Food and Drug Administration are implementing.

Today we have Dr. Elinor McCance-Katz, the assistant secretary for Mental Health and Substance Use, here to testify before us about the work that the substance abuse and Mental Health Services Administration is doing to address our country's mental health needs.

The mental health title of 21st Century Cures was based upon the Helping Families and Mental Health Crisis Reform Act of 2016 which passed the House by a vote of 422 to 2 prior to its inclusion in the Cures bill. This legislative effort represents the most significant reforms to the mental health system in more than a decade.

The first provision within the mental health division strengthened the leadership and the accountability of SAMHSA including establishing the position that Dr. McCance-Katz now holds. One of her duties as the assistant secretary is to develop a strategic plan by the end of this fiscal year.

Cures also strengthened existing programs, including SAMHSA's two biggest programs, the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant. Given that each State and community is different, this law provides flexibility to States to address their unique mental health

needs. Additionally, the law authorized the National Mental Health Policy Laboratory to carry out existing and new activities under the mental health policy umbrella including awarding grants for promising service delivery models and expanding evidence-based programs.

Access to mental health and substance use disorder care is vital to the overall health of our Nation. According to the National Alliance on Mental Illness, approximately one in five adults in the United States experience mental illness per year. Of those adults suffering from mental illness, only a little more than 40 percent receive mental health services in the past year. Title 9 of the 21st Century Cures Act focused on promoting access to mental health and substance use disorder care.

The programs included in this title authorized and strengthened several existing programs that previously had not been in statute. Some of these programs provide grants to eligible entries that provide mental health and substance use disorder services to homeless individuals and jail diversion programs. Additionally, the title authorized the program to further integrate primary care and behavioral health services through demonstration projects.

Notably, the 21st Century Cures Act expanded the target population of this integration to include additional populations such as certain qualifying children and adolescents. The Center for Disease Control and Prevention recently released a vital signs report that showed a rising suicide rate across the United States. In 2016, we lost nearly 45,000 lives to suicide. 21st Century Cures aimed to provide additional suicide prevention resources by codifying the national suicide prevention hotline and authorizing the Garrett Lee Smith Suicide Prevention Resource Center and youth suicide prevention

State grants.

The existence of all of these programs would be far less impactful if we did not have an adequate work force to provide services. Therefore, there was an entire subtitle directed to strengthening the mental and behavioral healthcare workforce through training grants, demonstration programs, and other means.

Cures established several new grant programs to address mental health needs in populations such as Mothers and Children. One program provides grants to support Statewide or regional pediatric mental health care telehealth access programs. Such programs could be especially helpful in early identification and treatment of mental health issues in school-age children. This is especially critical because 50 percent of all chronic mental illness begins by age 14.

21st Century Cures made meaningful long-sought reforms to our mental health system and is the result of thoughtful bipartisan legislation created over the course of several years. While this law reflects on our diligence and our commitment to improving America's overall mental health, there is work that remains to be done.

I will yield back the balance of my time and recognize the ranking member of the subcommittee, Mr. Green, 5 minutes for an opening statement, please.

[The prepared statement of Mr. Burgess follows:]

******** COMMITTEE INSERT ********

Mr. Green. Thank you, Mr. Chairman, for holding today's hearing on the implementation of the 21st Century Cures Act. Today we will be examining Division C of the law which focuses on mental health programs and activities administered by the Substance Abuse and Mental Health Service Administration, SAMHSA. I want to thank Dr. McCance-Katz, the assistant secretary for Mental Health and Substance Use of SAMHSA for joining us this morning.

The enactment of the 21st Century Cures in December of 2016 was a great achievement, particularly in a time of sharp partisanship and gridlock. But the work started long before 2016 led by colleagues Fred Upton and Congresswoman Diane DeGette. But all of us on the committee were participants.

In 2014, we set out on a mission to do something positive to boost medical research and innovation, accelerate the discovery and development of new cures and treatment, and improve public health.

After countless hours devoted to roundtables, white papers, hearings, and drafts, Cures enjoyed bipartisan support and endorsements from over 700 organizations representing a full spectrum of the stakeholders. The investment and new authorities created by Cures are intended to go far in solving today's complex scientific problems giving new treatments from the lab table to the bedside and strengthening our Nation's public health infrastructure.

The Cures Act made several changes to mental health authorities and programs implemented by SAMHSA reauthorizing several existing mental health grant programs and creating new programs. For example. The Cures Act Established a chief medical officer within SAMHSA to assist in evaluating and organizing programs within the agency

and promote best practices.

The law thoroughly requires SAMHSA to develop a strategic plan every 4 years to identify priorities and including a strategy for improving the recruitment, training, and retention of a mental health workforce. The Cures Act also created a national mental health policy laboratory and an inter-department serious mental illness coordinating committee, which issued a report to Congress last December to address the needs of Americans suffering from serious mental illness and suffering emotional disturbance, across Federal agencies. One of the most important actions that the Federal Government can take to help Americans suffering from mental illness and emotional disturbance is ensuring they have the access to care.

Medicaid is the single largest payer for mental health services in the United States. In 2015, Medicaid covered 21 percent of adults with mental illness and 26 percent of adults with series mental health. I am concerned that actions taken by the Trump administration to make it more difficult to receive Medicaid and increase costs of health coverage more recently by suspending risk adjustment payments to insurers covering high-cost patients will make it more difficult for Americans suffering from mental illness and emotional disturbance to receive treatment they need to live in a full and healthy life.

Before I close, I must note that on the ongoing mental health crisis created by the Trump administration regarding the separation of children from their parents. The American Academy of Pediatrics has emphasized that highly stressful experiences like family separation can cause irreparable harm disrupting a child's brain, architecture, and affecting his or her short and long-term health. This type of prolonged exposure is serious stress known as toxic stress can lead to lifelong consequences for these children.

Currently there are over 3,000 children who are forcibly separated from their parents by Federal authorities. We must hear how these family separations are impacting the mental and emotional health of these children and what action SAMHSA is taking to help these children recover from the trauma of family situation.

Thank you, Mr. Chairman, and I would be glad to yield my last minute to someone who would like a minute.

Nobody?

Diane? I will yield to my colleague from Colorado.

[The prepared statement of Mr. Green follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Thank you very much.

I just want to thank you, Doctor, for coming today. And I really look forward to hearing what SAMHSA is doing to implement the reforms in 21st Century Cures. This really, particularly the mental health aspects of the bill were issues that this committee worked on for many years trying to get it right. And I am not sure we yet have it right, but we are certainly working in that direction. So thank you.

And I also want to echo what my colleagues are saying about these kids at the border. I think we are making progress reuniting them with their families, but we need to double our efforts down, and we also need to make sure they get adequate mental health counseling.

I yield back.

[The prepared statement of Ms. DeGette follows:]

******** COMMITTEE INSERT ********

Mr. Burgess. The gentleman from Texas yields back.

There is -- the chair notes there is a vote on the floor. But with the committee's permission, we will finish with our opening statements before adjourning for the vote.

And I will recognize the gentleman from Oregon, the chairman of the full committee, Mr. Walden, for his opening statement.

The Chairman. Well, thank you very much, Mr. Burgess. We appreciate that. And we appreciate your convening this hearing. It is really important that we do oversight on how 21st Century Cures and the wonderful bipartisan changes incorporated therein are now being implemented. I want to thank our colleagues on the committee who are here now, and certainly Dr. Tim Murphy who was a real leader in the Congress on mental health reform for his work on this as well.

These policies were the result of multiyear, multimember bipartisan congressional effort, and they are based largely off the Helping Families in Mental Health Crisis Act which passed the House in July of 2016 by a sweeping vote of 422 to 2.

It is also important, as an authorizing committee, that, once we pass legislation, we come back and review is it working? Where can we improve? What is not working? And that is why we are here today.

These provisions were ultimately folded into Cures which was signed into law on December 13 of 2016. Division B of Cures authorized these landmark reforms to our Nation's mental health laws, and they were long overdue.

When our committee first took on this, there were 112 Federal programs spread across eight Federal agencies designed to address mental illness. And they cost taxpayers $130 billion annually. So 112 programs, eight agencies, $130 billion. And

many of the programs had not been updated or reauthorized in years.

In Cures, under the leadership of Fred Upton, our chairman of the committee at the time, and Ms. DeGette and others, we streamlined these programs and brought them into the 21st century. We prioritized access to evidence-based programs and best practices to make them available to providers across the Nation. We granted States additional flexibility in administering mental health block grants to address the specific needs of their patient population. And we increased oversight, transparency, and accountability for these programs.

Cures also made important progress in boosting resources for suicide prevention. Too many of us have friends who have lost loved ones to suicide. My dear friend and colleague, Senator Gordon Smith from Oregon, tragically lost his son Garrett Lee Smith to suicide 1 day before his son's 22nd birthday. I worked hard with Senator Smith to authorize the original Garrett Lee Smith Memorial Act which provides information and training for suicide prevention, surveillance, intervention, strategies for all ages. And I was proud to see this important program reauthorized in Cures.

In a March funding bill which is now law, Congress provided critical funding for nearly 30 sections of the provisions within Cures, and these programs include the National Child Traumatic Stress Network, the National Child traumatic Stress Initiative, Mental and Behavioral Health Training Grants, Assisted Outpatient Treatment, and the National Suicide Prevention Lifeline. In addition, the bill also appropriated more than $2.3 billion in new funding for mental health programs and other training. These are resources that can mean the difference, literally, between life and death.

It is also worth noting the promotion of integration of primary and behavioral

health care included in Cures. In Wallowa County out the northeast part of my district and other areas across rural Oregon, I have heard the success stories of providers who have been able now to integrate their community health center and their behavioral health services. We know it works, but we also know there can be barriers to full integration. So I would appreciate hearing from our witness today about what you are seeing at the Federal level in this space of integration of service.

Finally, I would like to note that the sections in Cures devoted to substance use disorder. And just last month the House passed H.R. 6, the Support for Patients in Communities Act. That is the biggest legislative package to address a drug crisis in American history. That bill started in this very subcommittee. And our work on substance use disorder, however, goes much further back, back to the lead up to the Comprehensive Addiction Recovery Acts, CARA, and the Cures legislation.

So this intersection between mental health issues and substance abuse disorder is clearer now more than ever, and the grants and programs authorized by Cures have set the table for our work to combat the opioid crisis.

So I would like to thank our witness for joining us today and the work that you are doing. Your position was created under the very law that we are examining today. And I know we are all eager to learn more about your work to coordinate critical mental health services and programs across the Federal Government.

Mr. Chairman, I will yield back the balance of my time.

[The prepared statement of The Chairman follows:]

******** COMMITTEE INSERT ********

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman.

The chair recognizes the gentleman from New Jersey, the ranking member of the full committee, 5 minutes for an opening statement, please.

Mr. Pallone. Thank you, Mr. Chairman.

It is a critical function of this committee to conduct oversight and ensure that the legislation we pass is working as intended, and that is why I think it is important to hold hearings like these that allow us to learn directly from the administration how policies are being implemented.

In December 2016, President Obama signed the landmark 21st Century Cures Act into law which was truly a product of the hard work of bipartisan members of this committee. And as we know, the Cures Act addressed a wide range of issues facing our healthcare system. However, today we will be focusing on the provisions related to mental health. And I would like to thank Dr. McCance-Katz for joining us today to testify on the important work happening at SAMHSA.

The Helping Families and Mental Health Crisis Act, which was ultimately passed as part of the Cures Act, was an important step towards repairing our country's broken mental health system. And I would specifically like to highlight a provision that I worked hard with my colleagues to include in this legislation that expanded an important set of Medicaid benefits to children receiving inpatient psychiatric treatment.

But despite what was accomplished through this law, I think we all agree our work on this issue is far from complete, and more needs to be done to improve access to affordable mental health treatment. Unfortunately, in the time since we passed the Cures Act the, Republican party has been fixated on repealing the Affordable Care Act and

cutting Medicaid, which is the single largest payer of mental health services in the country.

For many people, Medicaid provides the only chance they have of getting treatment for a mental health disorder, and I continue to believe that any progress made by the Helping Families and Mental Health Crisis Act would be completely reverse if the Republicans ever succeed in their radical plans to repeal the Affordable Care Act and drastically cut Medicaid benefits for low-income individuals. These actions could cause catastrophic harm to people with mental illness.

And speaking of helping families in crisis, I am reminded that this committee has still not acted to help the thousands of families currently in crisis because of the Trump administration's cruel family separation policy. The administration recklessly moved ahead with this inhumane policy with little thought on how to address the long-term health implications for the children torn away from their parents or how to reunite them with their family. And this is a man-made disaster by the Trump administration.

Public health advocates and healthcare providers have already warned how devastating forceable separation can be to a child's mental health and overall development. According to the American Academy of Pediatrics, and I am quoting, highly stressful experiences like family separation can cause irreparable harm, disrupting a child's brain architecture, and affecting his or her short and long-term health. This type of prolonged exposure to serious stress, known as toxic, stress, can lead to lifelong consequences for children.

And as I said at the outset of my remarks, oversight is a critical function of this committee. And so far Chairman Walden has not been willing to hold an oversight

hearing on the family separation crisis, which I think we should have before we leave for the August recess. And that tells me that the Republican majority are really not as troubled by this crisis as some of them claim to be.

So we must get to the bottom of how this happened so we can ensure it never happens again. We must reunite these families immediately. While we can't undue the trauma that these children have already endured, the administration must take every step possible to prevent further harm.

And with that, I yield back, Mr. Chairman.

[The prepared statement of Mr. Pallone follows:]

******** COMMITTEE INSERT ********

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back.

The chair notes there are under 5 minutes left on this vote series. My understanding is there are four votes in this series. That should take us a little less than 1 hour to complete. And the committee will stand in recess until immediately after votes.

[Recess.]

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[11:17 a.m.]

Mr. Burgess. I call the committee back to order. As we recessed we had just concluded with member opening statements.

The chair will remind members that pursuant to committee rules all member's opening statements will be part of the record. And we do want to thank our witness for being here today, and staying with us through votes, and taking time to testify before the subcommittee.

Our witness will have the opportunity to give an opening statement followed by questions from members. And today we are going to hear from Dr. Elinore McCance-Katz, the assistant secretary for mental health and substance use, United States Department of Health and Human Services. We appreciate you being here with us today Dr. McCance-Katz and you are recognized for 5 minutes for an opening statement, please.

STATEMENT OF ELINORE MCCANCE-KATZ, PHD, ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Dr. McCance-Katz. Chairman Burgess, Ranking Member Green and members of the House Energy and Commerce Subcommittee on Health. Thank you for inviting me to testify at this important hearing.

In December of 2016, the 21st Century Cures Act was signed into law. And I want to thank you for your vision and your leadership on addressing the needs of Americans living with mental and substance use disorders. We at the Substance Abuse and mental Health Services Administration, the Department of Health and Human Services have been actively implementing this law since its enactment.

As the first assistant secretary for mental health and substance use, a position created by the Cures Act, I take seriously my duties outlined in Cures, including leadership and accountability for behavior health, evidence based program promotion and coordination across government. Part of strengthening leadership and accountability includes a strong clinical perspective at the agency. Cures codifies the role of the chief medical officer. And we have taken this further by establishing and expanding the Office of the Chief Medical Officer to include two additional psychiatrists, a clinical psychologist and a nurse practitioner.

A new component of SAMHSA created by the Cures Act Is the National Mental Health and Substance Use Policy laboratory. The policy lab promotes evidence based practices and service delivery through evaluation of models that would benefit from

further development, expansion or replication. The policy laboratory also provides leadership in identifying and coordinating policies and programs related to mental and substance use disorders, including needed policy changes.

The Interdepartmental Serious Mental Illness Coordinating Committee or ISMIC was established by the Cures Act to ensure better coordination across the Federal Government to address the needs of adults with serious mental illness and children and youth with serious emotional disturbances and their families.

The ISMIC has been working within five key areas of focus, strengthening Federal coordination to improve care, closing the gap between what works and what is offered, reducing justice involvement and involving care for those -- improving care for those who are just as involved, making it easier to obtain evidence based healthcare for mental and substance use disorders and developing finance strategies to increase availability and affordability of care.

The Cures Act reauthorized the community mental health services block grant and codified the first episode psychosis set aside. If we can intervene early and with needed treatment in psychosocial services, individuals are better able it to manage their serious mental illnesses similar to other chronic health conditions.

In 2016, 44,965 Americans died by suicide. And according to SAMHSA'S surveys on drug use and health statistics, over 1.3 million Americans attempted suicide. The Cures Act authorized SAMHSA'S existing national suicide prevention lifeline. Recent evaluation data showed that the majority of individuals served and then interview following use of life line purported that the intervention stopped them from completing suicide and helped to keep them safe. At the same time, the highest rate of suicide in

America is among adults, aged 45 to 64 years old. SAMHSA is grateful to the authorization of the adult suicide prevention program and cures.

The purpose of this program is to implement suicide prevention intervention programs focused on training of healthcare professionals, to ask about suicidal ideations, and to make safety plans and to assist people to treatment should they endorse thoughts of wanting to ends their lives.

One of SAMHSA'S roles is it to oversee the implementation of 42 CFR part 2, the regulation governing confidentiality of substance use disorder patient records. SAMHSA made substantive updates to these regulations in 2017 and 2018. In compliance with the Cures Act, SAMHSA held a listening session attend by over 1,200 people in January 2018 to obtain input about part 2 implementation. Themes included the need to align 42 CFR part 2 in HIPPA, the need for technical assistance and training, the importance of integrated care, and the use of electronic health records.

The Cures Act also demonstrates Congress' commitment to addressing the opioids crisis. Through implementation of CURE's SAMHSA awarded $500 million in each of years 2017 and 2018. And the State targeted response grant funding to States and communities around the country. These funds support comprehensive approaches to addressing the opioids crisis through prevention, treatment and recovery services.

I feel strongly that we need to ensure that the direction provided by Congress in Cures is followed with fidelity and the highest quality service delivery possible. In order to achieve this goal, I have reconfigured SAMHSA'S technical assistance approach from a grantee based approach to one which supports a robust national and regional technical assistance strategy emphasizing training on evidence based and effective practices to

communities across the country.

Much work has been undertaken at SAMHSA and across HHS to implement the Cures Act, but we know this work is far from over. I look forward to continuing a strong partnership with Congress, to help Americans living with mental and substance use disorders and their families.

I am pleased to answer your questions today. Thank you.

[The prepared statement of Dr. McCance-Katz follows:]

******** INSERT 2-1 ********

Mr. Burgess. Thank you, Dr. McCance-Katz, and thank you for your testimony today. This concludes the witness opening statement portion of the hearing. We will move to member questions. I recognize myself 5 minutes for questions.

And I want to begin by asking unanimous consent to place into the record a statement for the record by Dr. Billy Philips from Texas Tech University Health Sciences Center. The hall professor of family community medicine, professor of public health and executive vice president for rural and community health at Texas Tech University describing their program of telemedicine, wellness, intervention, triage and referral.

Without objection so ordered.

[The prepared statement of Dr. Philips follows:]

******** INSERT 2-2 ********

Mr. Burgess. And Dr. McCance-Katz, let me just -- I am submitting the whole statement for the record. Let me just pull a couple of pieces out of this. Dr. Philips tell us this program provides school based screening assessment and referral services to students that are typically struggling with behavioral and mental health issues and is currently active in 10 west Texas independent school districts.

This project uses telemedicine technology to link remote rural schools that are without sufficient counselors, psychiatrists, and other mental health service providers. It also provides mental health recognition and training services to educators and school resource officers to promote a greater recognition and prompt referral.

He then goes on to describe in some detail how the program runs and the coordination that occurs between their staff and the staff of the school. Interesting he provides some statistics. He says we have -- the impact area has an annual enrollment of 42,000 students in ten mostly rural school districts surrounding Lubbock, Texas. They have created an environment where students are empowered to help create a safe learning environment and better morale.

Of that number, only a small fraction, 414 total, have been referred by teachers. And we have been trained to recognize those who will need to be referred to the larger program, the team has screened out and triaged, by telemedicine, 215 students and 25 of those have been removed from the school population, most by hospitalizations and a few by arrest. And they believe they have averted tragic outcomes and started others on a path towards healing.

So a very interesting program that they have developed for school safety in their rural school districts in west Texas. And I would just be interested in your thoughts as to

how this integrates with the work we did in Cures, and you are doing now with Cures implementation.

Dr. McCance-Katz. Thank you for bringing that forward, because this is a very important part of not only of Cures Act but also a focus of the President's Federal school safety commission. And so we have had the opportunity to speak to a number of districts across the country, Texas being one of them. And these kinds of innovative programs are exactly what we need to better ensure -- two things, one a safe environment for students, a nurturing environment where they can learn.

And the second being one where we identify children early who may have emotional or mental health issues that need to be addressed and there are a number of ways to address those kinds of mental health service needs via either integration directly within the school system or through a close relationship with other types of programs.

Some of the things that the Cures Act do that directly effect those kinds of programs is that Cures reauthorized several types of mental health programs that are oriented toward children. And SAMHSA continues to implement those programs.

So things like Project Aware which provides for infrastructure of these types of services within schools in the States, and programs that teach about mental health psychological, mental health, and mental health first aid type programs to help to identify youth early so that we can get them the care and services that they need, Cures reauthorized those programs and we are in the process right now of making more awards through our granting system.

In addition, when we start talking about integration of care, the community -- the certified community behavioral health centers that Congress established for us represent

a model that can be used to provide those needed services to children who would be referred from the school systems.

Mr. Burgess. Well, certainly I think use of that model will be important. As I understand this program has been funded entirely out of funds within Texas Tech University itself, but they have set up the telemedicine portals, and the secure connections, and the encrypting and all that is it necessary to have those secure connections.

But I actually look forward to working with you and your office on this and perhaps the White House as well, because I do think they are on to something that is very, very important.

I am going to yield back to you, Mr. Green, and recognize you for 5 minutes of questions.

Mr. Green. Thank you, Mr. Chairman. And again welcome, Dr. McCance-Katz.

The 21st Century Cures Act was a landmark law and included important provisions to strengthen mental and substance use disorder care for women, children and adolescents. In particular the Cures has reauthorized the National Child Traumatic Stress Initiative which supports a national network of child trauma centers and focuses on increasing access to affected trauma focused interventions.

Can you explain how the National Child Traumatic Stress Network operates? And what impact it has on improving the lives of children impacted by traumatic stress.

Dr. McCance-Katz. Yes, the National Child Traumatic Stress initiative is a program that is established in a large number of States, it provides national technical assistance services around issues of traumatic stress in children. This is a program that

not only trains practitioners and providers of services, but also will do consultation within communities to help them to address traumatic issues. So this is a very highly regarded and valuable program.

Mr. Green. Following the chairman, is there -- do you know of any grantees in the State of Texas off the top of your head?

Dr. McCance-Katz. I don't have the grantees dedicated to memory. But I will tell you this we can get you that very quickly.

Mr. Green. Okay. Thank you. I appreciate it.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Green. If children that are impacted by traumatic stress receive early interventions and the trauma informed care they need, can the long-term health affects of trauma be mitigated in any way?

Dr. McCance-Katz. Yes, they can. There is a fair amount of literature on this in terms of how trauma affects children and the ability to address those traumatic events in therapeutic environments can mitigate the affects later in life.

Mr. Green. I am interested in how the National Child Traumatic Stress Network is responding to the recent events related to the family separations at the border as a result of the Trump administration's zero tolerance. Is the network being utilized to coordinate or facilitate services for children that have endured this trauma as a result of family separation policy?

Dr. McCance-Katz. Well, what I would say, Congressman Green, is that SAMHSA itself is not involved in those issues. Those issues are being dealt with by a different part of HHS, the Administration for Children and Families and the Office for Refugee Resettlement. Any provider within a jurisdiction can go to a SAMHSA national program and ask for resources, but SAMHSA itself is not directly involved in that.

Mr. Green. Okay. Well, I was wondering, HHS is responsible for those children, if you happen to find any information on what is being done with HHS in the network for these children -- my concern about the National Children Traumatic Stress has a document on its website that notes, children can recover from traumatic separation and other traumatic experiences with development of culturally and linguistically appropriate trauma services for these children and their families, including evidence based and trauma folks treatment. I would hope that would be part of the process and obviously

SAMHSA in that effort.

In the interdepartmental serious mental illness coordinating committee report that was released by SAMHSA last December it listed five areas of focus, including increasing availability and affordability of the care. Could a patient suffering from a serious mental illness, and SMI or a serious emotional disturbance, be denied health insurance -- insurers as having a preexisting condition?

Dr. McCance-Katz. So that is not my area of expertise. I really don't feel comfortable commenting on the details of health insurance. What I would say is that Medicaid is one of the largest providers of mental health services through their insurance program and they serve millions of Americans at this very moment.

Mr. Green. Thank you, Mr. Chairman. I would also like to ask unanimous consent to place into the record a statement by the American Academy of Pediatrics opposing separation of children at the border, the American Psychiatric Association, opposing the separation of children from their parents. The American Psychological Association regarding the traumatic affects of separating families, and again the National Child Traumatic Stress Network and key points on the traumatic separation of refugee children and immigrant children.

I ask unanimous consent to place into the record.

Mr. Burgess. Without objection so ordered.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Burgess. The gentleman's time has expired.

Mr. Green. I yield.

Mr. Burgess. The gentleman yields back. The chair recognizes the gentleman from Kentucky, Mr. Guthrie, 5 minutes for questions.

Mr. Guthrie. Thank you, Mr. Chairman and thanks for being here Dr. McCance-Katz.

I have a question, the CDC has found that less than half of substance use disorder patients with multiple mental health issues have ever received treatment for their mental health issue. The commission suggests this is due to lack of access, fear of shame, and discrimination, and a lack of motivation to seek treatment. Would you discuss how you planned to encourage and work with States using the State targeted response opioid money to help patients with untreated mental health disorders?

I am from Kentucky and as you know we have a very large population in need of these services, and the general public who just need education and awareness of these services.

Dr. McCance-Katz. Yes, yes. Thank you for that question, because we are very much engaged on that issue. And so the State targeted response to opioids part of the Cures Act provides funding for technical assistance and training within the States. What we have now done at SAMHSA, what we have put in place in February was to have a grantee whose requirement was to establish teams within every State, multiple teams for States with larger geographic areas, but these teams had to have addiction experts and other types of mental health expertise and physical healthcare expertise available so that they could go into communities. Communities and providers within those communities

let their States know what kinds of services, and training, and technical assistance, and these teams go in and provide that on the spot.

And so we believe that that is going to be a way that we establish evidence based practice. We know that the co-occurring rate of mental and substance use disorders is quite high. And so if somebody has a substance use disorder, they must be screened for mental health issue. We know that treating one and not treating the other and the person who has cooccurring disorders will not solve both problems. And these teams are professionals. They are licensed within their States and certified by their various regulatory boards to provide that kind of technical assistance and training as part of their own clinical practices and they are doing that in our communities now.

Mr. Guthrie. Okay thanks. And before my next question, I was watching I guess a new TV show that is out that Amy Adams the actress stars in. And several of the characters seem to have addictions so I can't really tell where the show is going yet. But at the very end of the show they had a public service announcement for SAMHSA. I don't know if you knew that or saw that. At the very end it says, if you have any issues or know people who have, please call. I don't know if you are getting any response from that, but I was pleased at the end of show they were trying to show people how to reach out that have addiction issues.

So my next question is for guidance issued via the 21st Century Cures Act, SAMHSA has released extensive guidance for consumers on how they can report parity concerns as well as tools for health plans. Does SAMHSA have future plans to offer providers additional pathways for addressing potential -- this is hard to say -- do providers additional pathways for addressing potential parity violations or concerns?

Dr. McCance-Katz. So we are very pleased that we have a portal that consumers can use where they can report what they believe may by parity violations, difficulties they are having with getting coverage for their mental health or substance use problems. That portal will get them to the appropriate Federal agency, be it labor, be it CMS, be it Treasury, so we are pleased about that.

We also provide guidance -- SAMHSA last summer did a 30-State parity policy academy where we trained on issues related to parity and MHPAEA and how States can make sure that the appropriate attention is being paid so the people of their States can get the services that they need.

Mr. Guthrie. Well thank you. And those are my two questions and I appreciate you being here.

And I yield back.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. The chair now recognizes the gentleman from New Jersey, ranking member of the full committee, Mr. Pallone 5 minutes for questioning.

Mr. Pallone. Thank you, Mr. Chairman.

Doctor, the Cures Act included provisions that specifically addressed child trauma. And as I noted in my opening statement I continue to have grave concerns about the children forcibly separated from their parents or guardians as a result of Trump administration's zero-tolerance policy.

And I have sought information from the administration on whether children in the office of refugee's care may have experienced trauma. And my resolution of inquiry that was debated by the committee last week specifically requested documents on the

long-term health implications of the family separation policy on the children in ORR's care.

As HHS' leader on mental health issue, SAMHSA is uniquely qualified to speak to the impacts of trauma and the long-term health implications. So my questions are going to focus on this. And it is not just me that has raised concern about the health impacts of the family separation policy. This has been echoed by numerous pubic health organizations and child health advocates, including the American Academy of Pediatrics, the American Public Health Association, Trust for America's Health and the National Association of County and City Health Officials.

So in fact the National Child Traumatic Stress Network, which is administered by SAMHSA notes, and I quote, "that separation from parents or primary caregivers is one of the most potent, traumatic stressors a child can experience, especially under frightening, sudden, chaotic or prolonged circumstances." unquote. What is traumatic or toxic stress basically, if you don't mind.

Dr. McCance-Katz. Traumatic or toxic stress can be any of a number of things that an individual would experience as emotionally distressing and various individuals will have different types of responses to that. In fact as you mentioned one of them has been reported to be separation. But I would suggest to you that there are lots of stressors that these children have probably experienced in their travels to the United States.

So not having seen any of these kids, not being able to attribute what their distress might be about, it is hard to say exactly what the etiology of any particular individual's problem might be.

Mr. Pallone. So could you say, or could you comment on how the circumstances of separation increase the likelihood of traumatic or toxic stress, could you comment on that?

Dr. McCance-Katz. Very hard to say. What I will say is that if you were to look at the literature on traumatic stress, you would see somewhere depending on the study you look at up to 43 percent of individuals will experience some type of traumatic stress in their lifetime, most of them do not go on to develop major mental disorders. And when you mitigate, when you relieve that stressor, they do recovery.

People have an amazing amount of resilience. That's why all of us who are exposed to some type of stress don't develop mental disorders, some do, we can't predict with reliability who will.

Mr. Pallone. Then all the more reason why if you have had separation to try to get the kids back together with their parents, because then maybe they can recover.

Dr. McCance-Katz. And our Department is working very hard on that. Our Secretary has spoken to that issue and they are addressing it every single day.

Mr. Pallone. Well, I mean I guess the problem that I have is that you mention that SAMHSA is not involved in the child separation issue that related from the zero-tolerance policy. But the problem is that the Cures Bill required SAMHSA to coordinate mental health services across the Federal Government. Do you think that SAMHSA as a leader of mental health care for our country should play a role in responding to this crisis at the border?

Dr. McCance-Katz. SAMHSA has defined responsibilities. One of those, as you mentioned in the Cures Act, is the National Traumatic Child Stress Network and we do

implement that and we work with our grantees to make sure that they are providing the services that are needed across this Nation to serve Americans who may be experienced with traumatic stress and their children.

It is also a decision by others as to what agencies are specifically involved in the day-to-day activities of any particular event. So SAMHSA does what it is required to do by the Cures Act and we stand ready to provide additional assistance if it were requested.

Mr. Pallone. I don't want to put words in your mouth, but it sounds like you would be willing to help but maybe no one at the Department is asking you to. But you don't have to respond to that.

I mean, I just think that it is clear that these families must be reunified immediately and that -- ensure that these kids have access to the trauma informed prevention and mental health services in order to recover and mitigate the harm experienced as a result of this policy.

And I will leave it at that, because my time has run out. Thank you.

Mr. Burgess. The gentleman's time has expired. The gentleman yields back. The chair now recognizes the gentleman from Virginia 5 minutes for questions please.

Mr. Griffith. Thank you very much. Mr. Chairman, thank you for being here today, a very important topics, Cures and Cara and mental health are all so important. You have touched on a number of things.

I am going to ask some questions that probably are not answerable in the 5 minutes that we have. And so I will give you an opportunity to answer, but recognize that I would like for you to think about them and come up with answers if you can and send them to us at a later date.

Dr. McCance-Katz. Certainly.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Griffith. So the first one is, in your testimony you discussed concerns brought up about the enforcement of parity protections, mental health, and other medicine or treatment. I was in a meeting with Secretary Acosta where he brought up similar concerns from the Department of Labor about the fact they have enforcement authority under ERISA plans, etcetera, but really have difficulty in the enforcement side of that. And so the question is what tools are necessary? What suggestions would you have for us about steps that we can take in the Federal law to ensure compliance with mental health parity and physical health parity? So the two are being treated the same in our various plans. And I will give you an opportunity, but I recognize that is probably an hour lecture as opposed to part of an answer in a 5-minute segment.

Dr. McCance-Katz. So my quick answer to that would be that the question is quite an important one. It is one that I would want to seek legal counsel about.

Mr. Griffith. Yep.

Dr. McCance-Katz. And one that we will be happy to give a written answer to.

Mr. Griffith. I appreciate that. And I would like an extended answer because these issues are all complex.

Dr. McCance-Katz. Absolutely.

Mr. Griffith. Switching gears I am talking to a principal in one of my rural schools I represent a mostly rural district. And we are talking about school safety and mental health is obviously a major component in that. And he says look, you know, we can identify a child that has some issues and send them off for evaluation, but because of the current State of privacy laws, they can't tell us what is going on. And we don't need to know everything that is going on in the child's life. But if there are some things that we

need to know like are they violent, do they have a violent tendency, even if you don't expect them to do something now, is there a violent component in their emotional or mental issues. We can at least pay more attention, maybe have them checked by the office so we can look in their bookbag every day to see if they are bringing in contraband, guns or other weapons or issues that we maybe ought to be aware of.

So we have got no ability to do that. And so the question is is there some way we can expand the knowledge base of folks? And we have passed some bills here to try to make it more like HIPPA, but that still wouldn't cover -- that would be with drug abuse, but it still wouldn't cover the school personnel who may very well need to know what is going on. If you could get my some answers on that back, if you have something quick, that is great.

Dr. McCance-Katz. So What I will tell you is this is a topic that is part of the Federal school safety commission that is one of the areas that the President has asked us to look at. And I will just go a little bit further, we will give you something in writing as well, but part of the big problem here is that providers, teachers, administrators don't understand when they can communicate. And if there is a threat already both HIPPA and FERPA allow communication, but this is not well understood. And so one of things that we really have to do is we have to work very hard to get that information out as to just what these laws allow and what they don't allow.

Mr. Griffith. My time is running out, but I do want to jump in and say, so here is the dilemma you get, if there is a direct threat, yes, that is true or if you think they are going to be harmful to somebody else at that moment, but if you just detect that there may be a developing problem and that they may be a threat in the future I don't think it

covers.

Now we can certainly sit down and look at this. And so the school personnel would like to know what signs should we be looking for if this person might be starting to move further into their issues with mental illness that might -- You know, right now they are not a threat, but they have got some violent tendencies that we need to keep an eye on, what should we be looking for? They don't have a clue and they are with the child every day during the week, most weeks. And so they are probably the first people who could pick up on that.

I am going to flip to one more, we don't have time for the answer, I apologize for that. And that is we did a lot of work here trying to figure out how we could deal with adult children, even if they are living in the home, have mental health issues, also medical issues, and how do the parents get to be interactive and I would love to help on that, I no know Ms. DeGette of Colorado struggled with this at some time.

Ms. DeGette. Yes.

Mr. Griffith. If we can be of assistance or if there is something that you all have that we need to do in the code, this committee on a bipartisan basis wants to help. We want to fix the problem, but we don't want to give up all the privacy rights and balancing the two are tough.

I yield back.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. The chair now recognizes the gentlelady from Illinois Ms. Schakowsky 5 minutes for questions.

Ms. Schakowsky. Thank you, Mr. Chairman.

Dr. McCance-Katz, I was going to -- I guess I will ask this question to start, given SAMHSA'S leadership on traumatic informed care and practice, has the Office of Refugee Resettlement worked with SAMHSA to ensure the children being held in their custody are receiving trauma informed care?

Dr. McCance-Katz. So I can say two things about that. One is that the Office of Refugee Resettlement assures that these children are getting both physical healthcare and mental healthcare and they are getting that regularly. That is --

Ms. Schakowsky. Okay. And the reason I was going to say I am not going to ask you that because quite frankly I was pretty shocked by your attitude that well, you know, we all have trauma in our life and most of us get over it. And they will probably get over. You may have heard Congressman Green enter into the record statements from a number of the professional health organizations, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American Academy of Pediatrics. And, you know, the concern about the trauma.

You know I want to add into the record too some -- a couple of other articles of people that actually and groups that actually weighed in that were victims of long ago atrocities about separation of children.

So I ask unanimous consent to enter into the record two articles. The first from the Guardian, "Nazis separated me from my parents as a child. The trauma lasts a lifetime." unquote. That is the one article.

Mr. Burgess. Without objection.

Ms. Schakowsky. On the second from the Anti-Defamation League, quote "Hidden children of the Holocaust open up about border situation, saying policies

separating migrant children from parents is unconscionable." And they have in this article talking about the lifelong affects which -- so maybe it is fine that they didn't contact you about that.

I wondered if you do have any --

Mr. Bucshon. I object. I have an objection to submitting articles about the Nazis and comparing what the Nazis did to what the current U.S. Government's policy is in the United States. With clarification, I may remove my objection, but to compare Nazis to the United States of America is something I will object to and I won't allow those to be submitted to the record.

Ms. Schakowsky. Well, then let me just comment on that in defense, particularly of the Anti-Defamation League today issued a statement on behalf of a group of hidden children of the Holocaust who felt strongly compelled to oppose the Trump administration's expanded, quote "zero tolerance" unquote policies.

Mr. Bucshon. I Object, Mr. Chairman.

Mr. Burgess. Objection is heard.

Ms. Schakowsky. I am going to ask for the yeas and nays.

Mr. Bucshon. We can resolve this if the gentlelady would recognize there is no comparison between the current United States Government and the Nazis.

Ms. Schakowsky. I recognize that there is -- that there isn't, but this is about a particular issue of separating children from their parents and the long-term affect.

Mr. Bucshon. Okay, I remove my objection thank you.

[The information follows:]

******** COMMITTEE INSERT ********

Ms. Schakowsky. Thank you, I appreciate that.

I wanted to ask you about no touching policies. I have had a hard time pinning down exactly what that is, if there is a policy, if this is being done by the particular staffs at particular places, because -- it is unclear exactly if it is a firm policy. But I certainly have heard of places for example, and there have been articles, that a sister was not able to embrace her younger brother, that they were told the children may not touch each other, that staff may not come and hold children that are in great distress. I wondered what kind of trauma, if those decisions are trauma informed care?

Dr. McCance-Katz. It is really not possible for me to comment on that, because I am not familiar with the details of it.

Ms. Schakowsky. Touching children that are -- the issue of touching are you not informed about the effects of touching or comforting physical touching when it comes to mental health?

Dr. McCance-Katz. What I am not familiar with is the agency and its roles and --

Ms. Schakowsky. No, I am asking a more general question. According to decades of psychological study, positive touch from adults cannot only lower stress levels in the most, but can have long-term beneficial affects if administered regularly. And relatedly, a consistent lack of positive touch has been shown to have detrimental affects on kids as they mature. Do you agree with that?

Dr. McCance-Katz. I don't have an opinion on it, it is out of context.

Ms. Schakowsky. Really? I am asking generally about an issue that you are supposedly an expert on. Trauma informed care. And this is not --

Dr. McCance-Katz. Let me just tell you that touching can have all sorts of

implications, good and bad. And so I --

Ms. Schakowsky. Do you agree with the statement --

Mr. Burgess. I think the witness has answered the question and the gentlelady's time has expired.

I am going to go to Ms. Brooks from Indiana 5 minutes for questions please. Dr. Bucshon next? Dr. Bucshon 5 minutes for questions.

Mr. Bucshon. All right. Thank you. Well first of all thanks for being here. I very much appreciate it.

I just want to say that I am opposed to separating children from their families so I think all of us on both sides of the aisle are. But I also have serious concerns and I wasn't going to bring this subject up, but since it seems like my colleagues on the other side are staying on message on this and every one of them is going to talk about this, I feel that I will also. I am also concerned about the thousands children coming unaccompanied from and trekking thousands of miles across Mexico, being brought by coyotes and drug cartels, approximately 10,000.

I have just been down there so this is information I know, many of whom have been sexually assaulted and abused. So I am concerned about them also. Just so everyone knows, we have about 12,000 children under our custody, 10,000 of which approximately are unaccompanied that came with no adult, no family member. It is a tragic circumstance.

As well as the families who are coming in currently adult males with children because they know that we don't have any beds for them in the United States and if they come, we are releasing with ankle bracelets into the United States, 200 to 300 of these

people per day. Again, that is not my opinion, that is what we are doing, because the cartels and coyotes know our laws and when we don't follow the law they exploit it -- or when we do follow our law that needs to be changed and it is Congress' fault, when we need to adjust these things.

But many of these people are coming in my view from the past failed policies most recently of the Obama administration on open borders and sanctuary cities and catch and release being encouraged to send their children thousands of miles by themselves. In fairness, their countries are in dire circumstances and I can't say what I would do, but I do know that the situation is much more complicated than is being portrayed.

And I am also concerned about the millions of citizen children every day who are being abused, neglected and suffering traumatic problems. And we all know that that is a difficult circumstance, that is all I am going to say on that.

Section 605 of Cures required SAMHSA to develop a strategic plan every 4 years identifying priorities, including a strategy for improving the mental health workforce. Additionally, your testimony mentions engaging subject matter experts from across the country, from academia hospitals, insurers, community providers, State governments consumers, and family to inform SAMHSA on the complex problems and it is a complex problem such as workforce challenges among other things.

Can you expand a little bit on what SAMHSA is doing it address the workforce challenges, particularly in rural areas related to mental health? And let me just say this, I know because I was a healthcare provider before, one of the big challenges is financial support for this type of -- these type of services.

But can you expand on that a little bit?

Dr. McCance-Katz. I can. And thank you for the question. So we have developed a new program that will be in place by September 30th so the end of this fiscal year that sets up both specialized programs around issues related to mental and substance use disorders. So things like the teens that I mentioned for the opioids crisis, we call it the State targeted response, we have one for veterans, we have the National Child Traumatic Stress initiative. We have a number of different types of topic-related special national programs.

We have the new clinical support system for serious mental illness that will address issues around serious mental illness. We also are establishing technical assistance and training programs within each of the 10 HHS regions. Those again are focused on localized needs of communities because we know every community is different.

We also recently have established a relationship with the Department of Agriculture that does a lot of rural work and so we are expanding our technical assistance through some of their initiatives into rural areas. Telehealth is a big issue for the Department of Health and Human Services. We have the behavioral health coordinating committee which includes the operating divisions and telehealth is a specific issue that we are working on to provide additional guidance to States to try to expand the reach of the practitioners that we have into rural areas.

Mr. Bucshon. Thank you very much for that answer. Mr. Chairman, I yield back.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. The chair recognizes the gentlelady from California, Ms. Matsui for 5 minutes of questions

please.

Ms. Matsui. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you very much it for joining us today. I am pleased we are hosting this hearing to discuss the mental health provisions in 21st Century Cures. I look forward to having oversight hearing of the final section of 21st Century Cures, including health IT and interoperability.

Before I ask my questions about mental health and Cures, I have to make a comment about the mental health of thousands of children who have been separated their families due to President Trump's zero-tolerance policy. Public health, mental health, and pediatric experts, including the American Academy of Pediatrics, the American Nurses Association have voiced concerns about the harm caused through the stress and trauma incurred by children who have been forcibly separated from their parents. The stress and trauma not only has immediate harmful impact on these children, but is also damaging a long term impact, on a child's health and development.

Dr. McCance-Katz, SAMHSA notes that the impact of childhood traumatic stress can last for far beyond childhood and that child trauma survivors are more likely to have long term health problems, including behavior health and substance use disorders. That is why this committee must act immediately to ensure that HHS is reuniting children with their parents and to ensure that HHS has long-term plans to mitigate the impact of trauma on these children.

Now moving onto my legislative priorities for 21st Century Cures. I authored Title 11, the compassionate communication on HIPPA's section of the bill that passed into law, these provisions seek to clarify confusion about the HIPPA privacy rule as it applies in

mental health scenarios. The confusion for patients, families, doctors, and even administrators and lawyers about what information can and cannot be shared remains.

Cures requires that the HHS Office for Civil Rights to coordinate with SAMHSA and other relevant agencies to develop, disseminate, and periodically update model programs to train healthcare providers, lawyers, patients and the families on the permitted use and disclosure of protected health information of individuals seeking and receiving treatment from mental health or substance use disorders.

Dr. McCance-Katz, as you know, HHS released additional guidance on this topic back in December. What progress has it made to develop model training programs?

Dr. McCance-Katz. Well, I have a few things to tell you. One, is that we are working very hard with the office of civil rights to coordinate those efforts and one of things that we did just last week was to train attorneys, healthcare attorneys, on issues around both HIPPA and 42 CFR. In fact I brought a copy of the training and I will be happy to leave it if you would like to see it.

Ms. Matsui. That would be great. Thank you.

Dr. McCance-Katz. We had 1,000 attorneys on that webinar, that is the most you can have. And the American Bar Association which has possession of this now and is continuing to disseminate it, they said that they thought we would have 4,000 could they have accommodated everybody that wanted to learn about this topic.

We are also using this to develop something that I will just say is going to be in a little more simpler language for people like me, who are practitioners, to do special training for practitioners on the privacy issues. But the thing that I think is most exciting is that yesterday we were able to publish a funding announcement, we will have a

national center on privacy. HIPPA and 42 CFR and I think that is going to make a huge difference.

Ms. Matsui. How about the other stakeholders such as clinicians are you going to be bringing them in too as you develop and disseminate these model training programs?

Dr. McCance-Katz. Absolutely. So that is -- so we will have a single grantee whose job it will be to train clinicians, to train administrators and often these will be lawyers that are involved in healthcare systems. But the other requirement that I put in that funding announcement is that we must put out materials for families and for patients.

Ms. Matsui. That is really very important because many times this is merely misunderstood, even if we set up these programs, if we don't have a communication in essence to even have some patients come in and parents come in to understand what the process is, because when the family gets into a certain kind of situation, people don't know what to do.

And I would hope that we would keep these training sessions going too, because just because we have a certain set trained, doesn't mean that it is all done.

Dr. McCance-Katz. That is correct. And this will be a multiyear initiative.

Ms. Matsui. Okay well thank you. Yield back.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back. The chair now recognizes the gentlelady from Indiana, Mrs. Brooks, for 5 minutes of questions please.

Mrs. Brooks. Thank you, Mr. Chairman and thank you Dr. McCance-Katz.

Thank you so much for being here as the first assistant secretary focused on these issues in this way and every answer you have given your portfolio is so large about so many issues that our constituents care about, I am having a hard time figuring out where to focus.

I have to tell you as an attorney who practiced criminal defense in the courts. As former U.S. attorney, as someone who has been very involved in the criminal justice system. We know that 21st century Cures reauthorized and added some programs regarding revising the jail diversion grant programs for mental health in our jails. Our jails are often just overflowing, are often the largest institutions in many ways in counties that have those with mental illness.

Can you give us any updates on these successes you have seen in the programs so far that we can help our local county jails and State prisons deal with this problem?

Dr. McCance-Katz. Yes. And this is really a great benefit of the Cures Act that these kinds of resources are being made available.

What we have done at SAMHSA is to fund mental health courts both for adults and for youth who are experiencing mental illness sometimes for the first time but it has involved them in the justice system. We also are starting programs that divert people prior to arrest. This is really very important because people who have serious mental illnesses suffer from a great deal of stigma. And these things when have you an arrest it makes it so much more difficult for you to be able to navigate in communities without problems.

It makes it more difficult to get insurance. Makes it more difficult to get a job, makes it more difficult to get housing. So we like the idea of prediversion programs and

we are funding some of those again through the abilities given to us in the Cures Act.

Mrs. Brooks. And I applaud you from that, and I also think that what you just mentioned the national center on privacy and the fact that that many lawyers got on a call. I want to applaud the American Bar Association for encouraging that. And I believe that many, many lawyers will participate in that kind of training. And I want to encourage you getting the word out as well as my colleagues across the aisle.

When you talk about -- what is the best way for our constituents to learn about all of these grant opportunities? There just seems to be so many new grants, so many new programs and quite frankly we are having a hard time trying to help direct all of our constituents. We had a school shooting in my district on May 25th. And when you talked about teachers and educators wanting to learn more, that is the one thing that I heard is that our teachers and educators are so concerned about learning more about whether it is the mental health first aid, whether it is about identifying as Congressman Griffith brought up.

What can you share with us is the best mechanisms we can provide our constituents to be educated or to pursue grant programs, particularly for mental health in our schools, mental health in our communities, what are the best ways we should be communicating this, instead of just going to SAMHSA'S website? And I mean, how can we have better access to the tools to provide our constituents?

Dr. McCance-Katz. And so I would say that SAMHSA'S website has that information and it is a resource.

Mrs. Brooks. Extensive.

Dr. McCance-Katz. It is. And we are working on how to simplify that and make

it easier to find things. But we also are working on developing webinars on specific programs to talk to the public about what those programs are and about the funding opportunities that are available.

The other thing that we will be using the system of regionalized training for is for these kinds of opportunities as well, to make it easier for those who are taking advantage of those regional programs to know more about what the opportunities are.

So if you have an addiction transfer center for example in region one, the Northeast, that technology transfer center also can make it easier for the communities and individuals in those communities to find out what the resources are as it relates to addiction. We will have one for substance abuse prevention an we will also have one for mental health issues.

We also are supplementing those mental health technology transfer centers to specifically work on issues related to schools and our children's needs. That will be happening in the next fiscal year and so we hope that by regionalizing the programs that we can get down to the community level and communicate better because you are so right it is very difficult.

Mrs. Brooks. Thank you. I applaud all the work that your office is doing. It is so critically important. I look forward to helping you with that. I yield back.

RPTR ALLDRIDGE

EDTR HUMKE

[12:13 p.m.]

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back.

The chair recognizes the gentlelady from Florida, 5 minutes for questions, please.

Ms. Castor. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you for being here today. You have a very significant responsibility as assistant secretary for mental health and substance use, and I want to thank you for taking on this very important assignment. I have reviewed your bio. You have great experience and a number of degrees from outstanding institutions, so I think your expertise is going to be -- is needed here in this area.

I want to ask you about the long-term mental health implications of child traumatic stress caused by the family separation policy. You have heard the concern from colleagues here today. And we are reflecting the concern that we are hearing back home all across the country.

But I would like to ask you about child traumatic stress caused by the family separation policy on those children that have been forcibly separated from their families. I know you cannot get into specific cases. But based upon your extensive expertise, I would like you to comment in general.

At this point, many public health organizations have stressed that, quote, "the practice of separating children from their loved ones and caregivers for an extensive period of time is a threat to public health, inflicting serious trauma, and threatening long-term irreversible health effects."

Do you agree?

Dr. McCance-Katz. This is a form of trauma.

Ms. Castor. What are some of the serious long-term irreversible health effects that could result from family separation?

Dr. McCance-Katz. So I can't speak to family separation per se. I don't know who might develop a mental disorder that will have long-term implications for them. None of us do.

Ms. Castor. That kind of runs counter to everything we are hearing from organizations, the leading mental health organizations and public health organizations, from across the country.

Dr. McCance-Katz. The President has directed that families not be separated further. Secretary Azar has made it very clear that our job is to reunite these families. We are working very hard at HHS to do that. These children are in a safe environment. The practitioners there are all licensed within the States that these facilities --

Ms. Castor. You would not have recommended this policy at the outset, would you have?

If they came to you as the assistant secretary, would you have recommended this policy? Or did they ask you the -- were you asked? Were you consulted?

Dr. McCance-Katz. There are a number of different policy implications there, and --

Ms. Castor. I am not trying to play gotcha. I am curious. I know Secretary Azar, I believe he said he was not consulted. Were you asked as the assistant secretary for substance use mental health?

Dr. McCance-Katz. Asked what?

Ms. Castor. Before the family separation policy was implemented?

Dr. McCance-Katz. I was not consulted about that.

Ms. Castor. Okay. We know that there is a significant body of evidence detailing the public health implications of adverse childhood experiences. Would you consider the forceable separation of children from their parents to be an adverse childhood experience?

Dr. McCance-Katz. I would consider separation from parents to be an adverse experience. And I would also remind you that these children are getting physical healthcare and mental healthcare, and they are getting that very regularly.

Ms. Castor. Thank you.

It is likely that this forceable separation already compounds upon other adverse childhood experiences these children have faced in their home countries such as witnessing domestic violence or gun violence.

Do these experiences have a cumulative effect?

Dr. McCance-Katz. Depending on the individual, the reality is that most people have a great deal of resiliency. And when they can get their mental health issues addressed, and these children are getting mental healthcare in these facilities, then we hope that they will not go on to have any adverse affects.

Ms. Castor. Well, the CDC and Kaiser Permanente adverse childhood experiences study found many long-term health impacts of adverse childhood experience, including the risk of disrupted neural development, social, emotional, and cognitive impairment, and heightened risk for disease, disability, and social problems.

Can you explain some of the specific physical and mental health problems that can result from adverse childhood experience?

Dr. McCance-Katz. There are a variety of different types of mental disorders that can be a result of adverse experiences.

Ms. Castor. And there are risk factors for behavioral health and substance use disorders specifically, correct?

Dr. McCance-Katz. That is true.

Ms. Castor. There was a recent news report that said --

Mr. Burgess. I believe the gentlelady's time has expired.

Ms. Castor. Well, I would ask the courtesy most members have gotten an additional 30 seconds. I just want to ask about funding shifts at HHS, because there is a recent report that HHS has quietly dipped into tens of millions of dollars to pay for what has happened through family separation. The Department has burned through at least 40 million in the past 2 months.

I am just wondering, has that impacted your shop at SAMHSA? Have you been asked to shift any moneys out that were previously directed towards SAMHSA?

Dr. McCance-Katz. SAMHSA has not had any direct effect --

Ms. Castor. Thank you very much Mr. Chairman.

Mr. Burgess. That response is negative, and the gentlelady yields back.

The chair recognizes the gentleman from Florida, 5 minutes, please.

Mr. Bilirakis. Okay. Thank you very much. I appreciate it, Mr. Chairman.

Dr. McCance-Katz, in accordance with Section 13002 of Cures, I understand that SAMHSA last year convened a public listening session on mental health parity involving 15

in-person groups with an additional 40 comments submitted via email and in writing.

Can you provide us with a high level summary of those comments? How were these comments addressed through SAMHSA's action plan? And do you plan to host another meeting with industry stakeholders?

Dr. McCance-Katz. Yes, we did hold that listening session. And the comments that we received were around need for education around the Parity Act and how individuals who experience what they believe to be pari violations would get assistance that they need. And what are the responsibilities of States and insurers around these issues.

SAMHSA is in the process of developing a guidance on that, and that should be out before the end of this calendar year is what I was told prior to this hearing. So I am giving you the information that I have available to me.

Mr. Bilirakis. Okay. Thank you very much.

In your testimony, you mentioned that over 7.4 million children and youth in our Nation have a serious mental health disorder while only 41 percent actually receive treatment leaving the vast majority untreated. The 41 percent are the ones that were identified, so it could be even more than that.

So, again, this is a serious -- as you know, it is a serious issue. And I am glad that the chairman is holding this hearing and we are taking this issue very seriously. It really is an epidemic.

And In addition to supporting systems of care, how is SAMHSA working with industry to address workforce shortage issues?

Dr. McCance-Katz. We are addressing -- so when you think about how

can -- what type of problem we have, we have an urgent problem, we have an urgent need to get more services to Americans who are living with these kinds of conditions. What is the fastest way to do that? By the away, it is not going to be by opening more medical schools. You know, that is going to take too long.

And so when I think about this, I have to think about how can I get services to Americans. I can do it by training and providing technical assistance that will prepare practitioners to intervene and to provide care and treatment for mental and substance use disorders. And that is why so much attention, since I have come to SAMHSA --

Mr. Bilirakis. So you when take about practitioners, are you talking about psychologists, psychiatrists, or primary care physicians who would get additional training?

Dr. McCance-Katz. All of the above.

Mr. Bilirakis. All of the above.

Dr. McCance-Katz. All of the above. And so we are setting up programs of regional training and technical assistance. We also have speciality programs. We are working very hard to disseminate that information so that clinicians and practitioners, psychiatrists, psychologists, nurse practitioners, physician assistants, counselors, social workers, and primary care doctors would be able to take advantage of these kinds of trainings. That allows them to get specialized kinds of skills and provide that service to their clients.

Now, the other thing that I would say is that we are working to set up programs through our grant-funded organizations that will provide ways that practical assistance can be provided. So, for example, in the State targeted response funds that Cures provided, the States can contract with providers that provide specialized opioid

treatment services. We also have a grant program at SAMHSA. It is called MAT-PDOA, which just means medication assisted -- it is a way to implement medication assisted treatment.

Those programs provide practical experience. So we have the ability to provide kind of didactic classroom style webinar, web-based training, but then the ability within regions of the country where people can go and see this in practice. And we think that that is a way to better assure that practitioners will feel confident enough and able to use a new skill set to provide care when Americans need it.

We also continue to support programs called SBIRT, Screening, Brief Intervention, Referral to treatment. We also encourage primary care to continue to --

Mr. Bilirakis. How does that work now, you know, in the schools? How are we going to identify the kids that have these issues? And is the burden going to be always on the teacher? Where do you go next once they are diagnosed?

You know, I know it is very expensive. The treatment centers and a lot of the insurance companies do not cover.

Mr. Burgess. And the gentlemen --

Mr. Bilirakis. And even if they do, you know, the co-pays are so very high and the deductibles.

I am sorry, Doctor.

Mr. Burgess. The gentleman's time has expired.

Mr. Bilirakis. Okay. All right.

Mr. Burgess. The gentleman from Georgia has been waiting very, very patiently here all day. Perhaps that question could be responded to in writing.

The gentleman from Georgia is recognized for 5 minutes.

Mr. Carter. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you for being here. And thank you for what you do for the children, particularly of our citizens. We appreciate that very much. I know a lot of this hearing has gotten a little bit off base, but I want you to know that we appreciate what you are doing for our citizens here.

I am sorry to have to report to you that Georgia is not doing so good with mental health services. In fact, we rate about 47th out of 50. And that is one of the things that bothers me. And, in fact, it is estimated that we have less than 20 percent of the beds that we need for metal health services in the State of Georgia as well. Particularly when it comes to childhood mental health, we have got 159 counties in the State of Georgia, and only 76 of them have a licensed -- or 76 do not have a licensed psychologist. We have got, again, 159 counties, 52 of them have no licensed social worker.

All of these figures are alarming to us, and alarming to me in particular because of the fact that in the State of Georgia, the -- for those children between the ages of 15 and 19, the second leading cause of death is suicide. And for those between 10 and 14, the third leading cause of death is suicide.

So all of that leads me to ask you, Cures reauthorized the children's mental health initiative, and that provided a lot of grants and a lot of assistance that we are very appreciative for. But I just wanted to ask you, particularly in the State of Georgia, we have a lot of rural areas, particularly in south Georgia, in my district, a lot of rural areas. And I am just wondering how do we get -- how do we get services to those areas? Any suggestions on how we can improve services there?

Dr. McCance-Katz. So SAMHSA has supported two types of integrated care programs. One is where behavioral health providers would be able to be part of a team in a primary care program such as a federally qualified health center.

The second way is through programs such as our certified community behavioral health clinics that bring primary care directly into a behavioral health setting. So that a person can easily access all the care and services that they need in one setting.

SAMHSA, as you know, has limited funds. We do demonstrations. We work closely in terms of establishing those demonstrations and then doing more technical assistance in training and try to establish those programs on a national level. We talk with our colleagues at the Centers for Medicare and Medicaid Services.

Mr. Carter. Okay. What about telemedicine? Telehealth, telemedicine. Is that something that we should be focusing more on?

Dr. McCance-Katz. Yes. And I was just about to get there.

Mr. Carter. I am sorry.

Dr. McCance-Katz. So, yes, telehealth is a very important piece of it, particularly for areas that have a lot of large rural communities.

Mr. Carter. Right.

Dr. McCance-Katz. Telehealth can really extend the reach of a practitioner who may be in a more urban area but can -- and so the Department of Health and Human Services has a committee that is working on telehealth guidance for the States and, in addition to that, is working with, for example, the Drug Enforcement Administration around issues of prescribing so that we can utilize those telehealth providers to the very best extent.

Mr. Carter. Great.

Are there grants specifically for that, or are they just included in the regular grants that you can use it for that purpose?

Dr. McCance-Katz. We have, at SAMHSA, part of a larger grant program that our telehealth services come from and I believe that other parts of HHS, such as HRSA, have specific funding for telehealth services.

Mr. Carter. Great.

Another thing I want to talk about real quickly is the opioid addiction and the funds that have been going there, the grants that have been going there. We have been very fortunate. The Georgia Department of Behavioral Health and Developmental Disabilities has gotten over almost $12 million. And I want to report back to you, because I have been a part of some of these programs. And it is working well, and it is been utilized well. In fact, I have been -- one of the cities, and I want to give them a shout-out, the city of Pembroke, Georgia, in my district, in Bryan County, has been very active in this and has implemented a number of programs that have, you know, media campaigns, school partnerships. A number of programs that have been very successful.

Can you elaborate just very quickly on what else we might be doing with that?

Dr. McCance-Katz. So the opioids crisis is one of Secretary Azar's priorities.

Mr. Carter. And this committee's priority.

Dr. McCance-Katz. Yes. And we are very grateful to Congress for the increase in funding to address these issues.

So what we have to do is to work very hard to integrate substance abuse treatment, opioid addiction treatment, into primary care settings in addition to having

speciality care available. We know that people find it very difficult to access care, and so we want to broaden -- we want to broaden the number of providers that are willing to engage in the care and to use innovative practices, such as telehealth, this is why we are working with the Drug Enforcement Administration, to make it possible for a clinician to have a greater reach and to reach Americans in those rural areas that have such difficulty accessing.

Mr. Carter. Great.

And thank you again for your work.

And I yield back.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back.

Seeing that all members have had the opportunity to ask questions, I want to again thank our witness for taking time to be here with us today.

Pursuant to committee rules, I remind members they have 10 business days to submit additional questions for the record. And I ask our witness to submit responses within 10 business days upon receipt of those questions.

Without objection, the subcommittee is adjourned.

[Whereupon, at 12:30 p.m., the subcommittee was adjourned.]