

TRANSFORMING AND MODERNIZING OUR NATION'S MENTAL HEALTH AND ADDICTION SYSTEM



REQUEST

PLEASE SUPPORT THESE PRIORITIES IN ANY COMPREHENSIVE REFORM BILL.

When it comes to mental health and addiction in the U.S., the statistics are shocking: America's suicide rate is the highest it's been in 30 years, with suicide the second leading cause of death among young people. Half of Americans with mental illness and 90 percent of those with a substance use disorder did not get any treatment in the last year. Nearly 80 Americans die every day from an opioid overdose.

Despite advances in brain science and our growing awareness of the toll mental illness and substance use disorders take on our communities, most people aren't getting proper care because our treatment system is overburdened, underfunded, and unable to reach far too many of those in need. The 2014 passage of the bipartisan Excellence in Mental Health Act demonstration program signaled the largest federal investment in mental health and addiction services in generations. However, much work remains to be done.

The National Council and Hill Day partners commend Congress for its attention to mental health and addiction reform legislation, including the Helping Families in Mental Health Crisis Act (H.R. 2646), the Comprehensive Behavioral Health Reform and Recovery Act (H.R. 4435), the Mental Health Reform Act (S. 2680), the Mental Health Awareness and Improvement Act (S. 1893), and the Mental Health and Safe Communities Act (S. 2002), among many others. While their details have received varying reactions from stakeholders and advocacy groups—including the Hill Day partners—these bills have prompted important national conversations about our system's shortcomings and the need for reform.

We ask all members of Congress to urge the House and Senate leadership to hold a vote on legislation to reform our nation's public mental health and addiction treatment systems. We also urge legislators to include the following provisions within any final legislation:

FUNDING MENTAL HEALTH AND ADDICTION AWARENESS TRAINING: One in five Americans will experience a mental health or substance use disorder during the course of a year, but few know how to reach out and help someone in crisis. Evidence-based programs like Mental Health First Aid train Americans on how to recognize when someone is in need and connect them to help.

- **H.R. 2646, S. 2680 AND S. 1893** include provisions based on the bipartisan Mental Health First Aid act, authorizing funding for training programs to help Americans understand the signs and symptoms of mental illness and addictions, along with strategies for de-escalating a crisis and connecting individuals to appropriate treatment services.
- **H.R. 2646** also authorizes funding to train law enforcement officers, paramedics, emergency medical services workers, and other first responders to recognize and intervene with individuals in crisis.



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- **S. 2002** requires mental health awareness and crisis de-escalation training for the federal uniformed services under the Departments of Defense, Homeland Security, and others.

FOCUSING ON EARLY INTERVENTION, INNOVATION, AND DISSEMINATION OF EVIDENCE-BASED PRACTICES:

Just like any health condition, mental illnesses and substance use disorders become harder to treat the later they are identified. We need to move identification and treatment upstream – to support prevention and intervention at an early stage before patients' mental health or substance use conditions worsen.

- **H.R. 2646, S. 2680, AND H.R. 4435** invest in early intervention, so people get the right care at the right time. All three bills establish grants to support effective early childhood mental health programs. All would also codify the 5 percent set-aside for early intervention activities in the Mental Health Block Grant, an important effort for helping individuals with first-onset psychosis.

EXPANDING THE EXCELLENCE IN MENTAL HEALTH ACT DEMONSTRATION: Enacted in 2014, this demonstration program lays the groundwork for transforming our nation's treatment system—but its scope is limited. Twenty-four states are currently planning system reforms that will dramatically expand their capacity to serve more Americans; yet, this 8-state, 2-year program is too narrow to meet existing needs.

- **S. 2525/H.R. 4567**, the bipartisan Expand Excellence in Mental Health Act, would extend participation in the demonstration to all 24 planning states and deserves to be attached as an amendment to any broader mental health reform bill.

SUPPORTING INTEGRATED CARE THROUGH GRANTS, TECHNICAL ASSISTANCE,

SAME-DAY BILLING: Integrated mental and physical health care can improve patient outcomes and reduce health system costs by addressing the drivers of co-morbid chronic diseases like diabetes, heart disease, and lung disease. Yet, too few Americans have access to fully integrated care.

- **H.R. 2646 AND H.R. 4435** clarify that providers may bill Medicaid for mental and physical health services provided on the same day, eliminating a common barrier to integrated care initiatives. It allows providers to be paid for primary and behavioral health services delivered within the same clinic.
- **S. 2680 AND H.R. 4435** reauthorize existing grant funding to support states in scaling up integrated care activities, including by authorizing integrated care training and technical assistance provided through a national TA Center.

REAUTHORIZING KEY SAMHSA PROGRAMS: SAMHSA funds a number of longstanding, successful programs providing assistance and support to Americans considering suicide, those who are homeless or involved with the criminal justice system, and children with serious emotional disturbances. We support the program reauthorizations included in the various reform bills, including:

- Garrett Lee Smith Memorial Act suicide prevention activities (**H.R. 2646, H.R. 4435, S. 2680, S. 1893**)
- National Child Traumatic Stress Network (**H.R. 2646, H.R. 4435, S. 2680, S. 1893**)
- Projects for Assistance in Transition from Homelessness (**S. 2680**)
- Comprehensive community mental health services for children with serious emotional disturbances (**S. 2680**)
- Jail diversion programs (**S. 2680**)

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STRENGTHENING PARITY ENFORCEMENT: Parity is a critical tool in ensuring Americans have access to the full range of medically necessary mental health and addiction care. Yet, parity's promise has been stymied by confusion over rule implementation and enforcement issues. Our groups are pleased to see improved parity compliance measures receiving attention.

- **H.R. 2646, H.R. 4435 AND S. 2680** will strengthen federal oversight of parity enforcement, including by commissioning reports on the status of federal parity investigations and the extent to which group health plans and Medicaid managed care plans are in compliance with the 2008 parity law.

BOLSTERING THE MENTAL HEALTH AND ADDICTION WORKFORCE: According to the Association of American Medical Colleges, there is a shortage of more than 2,800 mental health and addiction professionals across the country. We support programs that strengthen and diversify the mental health and addiction health workforce, allowing for better access to needed treatment and culturally competent care for those in need.

- **H.R. 2646, H.R. 4435 AND S. 2680** support the Minority Fellowship Program, which recruits future professionals to work with underserved minority populations with mental health and substance use disorders to aid in reducing health disparities and improving outcomes for underserved and minority populations in communities across America.
- **S. 2525/H.R. 4567**, the Expand Excellence in Mental Health Act, allows Certified Community Behavioral Health Clinics to build the cost of hiring new staff into their prospective payment rates, helping to alleviate the workforce shortage in clinics struggling to recruit or retain staff.

BROADENING PEER SUPPORT SERVICES: Peers are individuals who use their lived experience with mental illness or a substance use disorder, plus skills learned in formal training, to facilitate support groups, provide one-on-one support, and engage in other activities to promote patients' health and wellness. This evidence-based model of care has been shown to improve patients' engagement in care, increase individuals' ability to manage their own symptoms, and reduce both expensive inpatient services and recurrent psychiatric hospitalization.

- **H.R. 2646 AND S. 2680** support data collection to better understand the field of peer support and create a pathway to expanded use of peers in care delivery. We recommend strengthening the bills' definition of peer specialists so as to ensure inclusion of individuals in long-term recovery and to accommodate typical peer practice and supervision patterns.
- **H.R. 4435** establishes a SAMHSA grant program to develop and sustain training and education programs, including tuition support, for peers and other professionals.
- **S. 2210**, the PEER Act, promotes the use and integration of peer support services into the primary care setting at Department of Veterans' Affairs facilities and centers. The VA has effectively used peer support to enhance the delivery of care in behavioral health settings since 2013; this bill builds on those successes by establishing a pilot program that assesses the feasibility and advisability of establishing peer support services in primary care settings.

ADDRESSING JUSTICE-INVOLVED POPULATIONS: People with mental illness and addiction are more likely than others to be victims of crime; yet they are disproportionately represented in jails and prisons, primarily as a result of nonviolent offenses. 65 percent of inmates meet the criteria for a substance use disorder (a rate seven times higher than the general population) and more than half have a mental health condition. Inmates with mental illness or addiction often become trapped in a revolving door of arrest, release, poverty, deterioration of health, and re-arrest.

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- **S. 2002** includes numerous provisions designed to support justice-involved individuals: grants for law enforcement crisis intervention teams; a pilot program for federal drug and mental health courts; assistance for addressing mental health and addictions as part of offender reentry, mental health and drug treatment alternatives to incarceration, and much more.
- **S. 993/H.R. 1845**, the Comprehensive Justice and Mental Health Act, was included in its entirety in S. 2002. This legislation supports collaborative programs between criminal justice and mental health and addiction agencies and was passed by the Senate in a bipartisan vote this year. We support passage of this legislation as a standalone bill or as an amendment to other moving legislation.

PROMOTING TECHNOLOGY FOR BEHAVIORAL HEALTH: As the U.S. health care system moves quickly into the digital age, mental health and addiction treatment providers face major challenges to their adoption and use of health information technology.

- **S. 2691**, the Integrating Behavioral Health through Technology Act, supports behavioral health providers in coordinating care and sharing information with other health professionals by providing financial incentives for the adoption and use of interoperable electronic health records. The 5-state pilot program would authorize up to \$250 million in grants to states.
- **H.R. 2646, H.R. 4435 and S. 2680** authorize grants for telehealth services supporting child psychiatry, an important means of expanding access to care for young people in areas suffering a shortage of mental health and addiction professionals.

RECOGNIZING A DIVERSITY OF PERSPECTIVES: Beyond the areas of consensus articulated here, the National Council and Hill Day Partners recognize and embody a diversity of perspectives on how to balance privacy, patient rights, and family engagement. Our groups look forward to sharing our individual views and working with the bill sponsors, committee staff, and congressional leadership to ensure that the needs of consumers, families, and providers are fully met through any comprehensive reform legislation that moves forward.