Testimony of Assistant Secretary for Mental Health and Substance Use
Elinore F. McCance-Katz, M.D., Ph.D.

Before the
Senate Health, Education, Labor, and Pensions Committee

Hearing on
"Implementation of the 21st Century Cures Act: Responding to Mental Health Needs"

December 13, 2017

Chairman Alexander, Ranking Member Murray, and members of the Senate Health, Education, Labor, and Pensions Committee, thank you for inviting me to testify at this important hearing. One year ago today, the 21st Century Cures Act (Cures Act) was signed into law, and the Substance Abuse and Mental Health Services Administration (SAMHSA) has been actively implementing many of the provisions in coordination with our colleagues at the Department of Health and Human Services (HHS), state and local governments, tribal entities, and other key stakeholders.

The Cures Act touches on so many important issues. The Act strengthens leadership and accountability for behavioral health at the federal level[i], ensures mental health and substance use disorder prevention, treatment, and recovery programs keep pace with science and technology[ii], supports state prevention activities and responses to mental health and substance use disorder needs[iii], promotes access to mental health and substance use disorder care, and strengthens mental and substance use disorder care for children and adolescents[iv]. We at SAMHSA appreciate your leadership and dedication in enacting new authorities to reduce the impact of substance abuse and mental illness on America's communities.

In my testimony, I will highlight how SAMHSA is implementing some of the key provisions of the Cures Act and how it is benefiting the behavioral health community and, most importantly, individuals living with mental illness and/or addiction and their families.

Strengthening Leadership and Accountability

I am humbled and honored to serve, thanks to the Cures Act, as the first Assistant Secretary for Mental Health and Substance Use. As the Assistant Secretary, I take seriously my duties as outlined in the Cures Act such as maintaining a system to disseminate research findings and evidence-based programs to service providers to improve prevention and treatment services; ensuring that grants are subject to performance and outcome evaluations; consulting with stakeholders to improve community-based and other mental health services including for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED); collaborating with other departments (such as the Department of Veterans Affairs, Department of Defense, the Department of Housing and Urban Development (HUD), and the Department of Labor (DOL)) to improve care to veterans and service members and support programs to address chronic homelessness; and working with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals[v]. SAMHSA is a small agency with a small budget, but it has a very important mission. We must use our resources wisely and focus on the most pressing issues: those of SMI and the opioid crisis.

Strengthening leadership and accountability at SAMHSA includes ensuring a strong clinical perspective at the agency. The Cures Act codifies the role of the Chief Medical Officer and we have taken this further by expanding the Office of the Chief Medical Officer to include two additional psychiatrists and a nurse practitioner. The Office of the Chief Medical Officer responsibilities include:

- Serving as a liaison between SAMHSA and providers;

- Assisting the Assistant Secretary in evaluation, organization, integration, and coordination of SAMHSA programs;
- Promoting evidence-based and promising practices; and
- Coordinating internally and externally to assess the use and ensure the utilization of appropriate performance metrics.

The Office of the Chief Medical Officer is strategically positioned within SAMHSA to facilitate the development of policy, practice, and programs that comport with best practices and current trends in contemporary health-care.

The Cures Act codified the Center for Behavioral Health Statistics and Quality, which serves as the federal government's lead agency for behavioral health statistics. The Center for Behavioral Health Statistics and Quality conducts national surveys tracking population-level behavioral health issues, and a new Office of Evaluation will be responsible for conducting SAMHSA's program evaluations. For example, the Center for Behavioral Health Statistics and Quality data collection efforts include the National Survey on Drug Use and Health and the Treatment Episode Data Set. The Center for Behavioral Health Statistics and Quality also is responsible for collecting Government Performance and Results Act data from our grantees. The Center for Behavioral Health Statistics and Quality will also be developing a standardized evaluation with specific questions related to each program that will inform us about the functioning of programs, and help us to determine whether programs are meeting stated goals in serving Americans living with behavioral health disorders and their families.

The Interdepartmental Serious Mental Illness Coordinating Committee was required by the Cures Act to ensure better coordination across the entire Federal Government related to addressing the needs of individuals with SMI and SED and their families. I was pleased to chair the first meeting of the Interdepartmental Serious Mental Illness Coordinating Committee in late August which was also attended by Secretary Carson of HUD and many other key leaders in the Federal Government as well as 14 non-federal members. The Interdepartmental Serious Mental Illness Coordinating Committee has been working within five workgroups that focus on:

1. Strengthening federal coordination to improve care;
2. Closing the gap between what works and what is offered;
3. Reducing justice involvement and improving care for those who are justice involved;
4. Making it easier to obtain evidence-based behavioral health; and
5. Developing finance strategies to increase availability and affordability of care.

Tomorrow morning, December 14, we will be holding a press event to release the first Interdepartmental Serious Mental Illness Coordinating Committee Report to Congress which will be followed by the

second public meeting of the Interdepartmental Serious Mental Illness Coordinating Committee. The report includes recommendations from the non-federal members of the Committee and sets the stage for intensive work by the Interdepartmental Serious Mental Illness Coordinating Committee in the years ahead. The meeting will focus on next steps for the Committee. HHS leadership and staff look forward to working with the other Federal departments represented on the Committee, as well as the non-federal public members of the Committee and Congress, in order to improve Federal coordination and the systems that serve people living with SMI.

Ensuring Mental Health and Substance Use Disorder Prevention, Treatment and Recovery Programs Keep Pace with Science and Technology[vi]

The Cures Act created the National Mental Health and Substance Use Policy Laboratory (Policy Lab). The Policy Lab will promote evidence based practices and service delivery models through evaluating models that would benefit from further development and expansion. In particular, the Policy Lab will focus on schizophrenia and schizoaffective disorder, as well as other SMI. It will also focus on evidence-based practices and services for addiction with focus on opioids.

The responsibilities of the Policy Lab include: to identify, coordinate, and facilitate the implementation of policy changes likely to have a significant effect on mental health and mental illness; to work with the Center for Behavioral Health Statistics and Quality to collect information from grantees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based practices, including culturally and linguistically appropriate services and service delivery models; to provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental illness and substance use disorders[vii]; to periodically review programs and activities operated by the Administration relating to the diagnosis or prevention of, treatment for, and recovery from, mental illness and substance use disorders, including identifying any such programs or activities that are duplicative and are not evidence-based, effective, or efficient.

Supporting State Prevention Activities and Responses to Mental Health and Substance Use Disorder Needs[viii]

The Cures Act reauthorized the Community Mental Health Services Block Grant and codified the first episode psychosis set-aside. This set-aside is vitally important to ensuring that people with SMI receive appropriate treatment. If we can intervene early and provide needed treatment and psycho-social services, people are able to manage their SMI as chronic health conditions. I want to share with you one success story from the first episode psychosis program.

> Jesse (whose name has been changed to protect privacy), is a 26 year old African American male. Jesse experienced his first episode of psychosis during his senior year of college. He was able to graduate, but was hospitalized shortly thereafter. Jesse's symptoms were primarily delusional in nature and centered on his beliefs that various people and influential groups were trying to surveil him, harm him, and ultimately ruin his future. This challenging combination of symptoms resulted in Jesse suffering through

four hospitalizations over the course of six months before being referred to the first episode psychosis program. Jesse's challenges with accepting his illness and allowing treatment to proceed as recommended complicated his situation. For example,, Jesse stopped taking medications frequently, particularly early in treatment.

As Jesse began to develop trust with the team of providers, he opened up to the idea of medications and other treatments. As time passed he began to increase his participation in all aspects of the program, and a significant improvement was observed. This progress was interrupted when Jesse opted to stop medications half-way through his time in the program. This discontinuation resulted in a hospitalization. Since that hospitalization Jesse has started a long acting injectable antipsychotic medication in order to improve his follow through and maintain his functioning. Jesse is now approaching the end of two years in the program and things have changed significantly for him. He recently accepted his first full time job with competitive pay and benefits.

Promoting Access to Mental Health and Substance Use Disorder Care[ix]

The Cures Act reauthorized many critical programs at SAMHSA such as Projects for Assistance in Transition from Homelessness. The Projects for Assistance in Transition from Homelessness program funds services for people with SMI experiencing homelessness. These include outreach, screening, and referral services to get people with mental health and substance abuse issues off the streets and into housing, as well as the primary healthcare, mental health and substance abuse treatment, job training and other services to help them be successful in staying housed.

The Cures Act reauthorized the Assisted Outpatient Treatment program. Assisted outpatient treatment programs are court-supervised treatment that take place in the community, sometimes referred to as "(involuntary) outpatient commitment." In FY 2016, SAMHSA implemented an Assisted Outpatient Treatment grant program and awarded 17 grants through the program. A variety of program types are eligible for these grants, including, county and city mental health systems, mental health courts, and any other entities with authority under the law of the state in which the grantee is located to mandate Assisted Outpatient Treatment. This four-year pilot program is intended to implement and evaluate new Assisted Outpatient Treatment programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system, while improving the health and social outcomes of individuals with an SMI. This program is designed to work with families and courts to allow these individuals to obtain treatment while continuing to live in the community and their homes. Grants were awarded to applicants that have not previously implemented an Assisted Outpatient Treatment program. SAMHSA has partnered with the Assistant Secretary for Planning and Evaluation and the National Institute of Mental Health (NIMH), a component of the National Institutes of Health, to implement a cross-site evaluation that will assess the effectiveness and impact of the Assisted Outpatient Treatment grant program. Additional program outcomes to be evaluated will include the rates of incarceration,

employment, healthcare utilization, mortality, suicide, substance use, hospitalization, homelessness, and use of services. SAMHSA continues to consult with NIMH, the Attorney General, and the Administration for Community Living on this pilot program. In addition, SAMHSA is working with families and courts in the implementation of this program.

Assertive Community Treatment is another important program for people with SMI, and SAMHSA is grateful that the Cures Act authorized a program for Assertive Community Treatment. SAMHSA's FY 2018 Budget requested $5 million dollars for the Assertive Community Treatment program. Assertive Community Treatment is an evidence-based practice considered one of the most effective approaches to delivering services to people with SMI and has been disseminated by SAMHSA for widespread use through its Evidence-Based Toolkit series beginning in 2008. Assertive Community Treatment was developed to reduce re-hospitalization and improve outcomes on discharge. Assertive Community Treatment is designed as a coordinated care approach to provide a comprehensive array of services, including medication management and other supportive services, directly rather than through referrals. An Assertive Community Treatment team is composed of 10-12 transdisciplinary behavioral health staff – including psychiatrists, nurses, peer specialists and others – working together to deliver a mix of individualized, recovery oriented services to approximately 100 people with SMI to help them to integrate into the community. Assertive Community Treatment caseloads are approximately one staff to every 10 individuals served. The services are provided 24 hours, seven days a week and as long as needed, wherever they are needed. Teams often find they can anticipate and avoid crises. If funded in the final appropriations bill, in FY 2018 SAMHSA will award grants, to states, counties, cities, tribes and tribal organizations, mental health systems, healthcare facilities, and other clinical entities to establish, maintain or expand Assertive Community Treatment programs. Special consideration will be given to applicants that serve those adults with SMI who are high utilizers of healthcare and social services including homeless and justice involved populations. In addition, technical assistance and a program evaluation will be supported. The program evaluation will include public health outcomes inclusive of mortality, suicide, substance use, hospitalization; rates of homelessness and involvement with the criminal justice system; patient and family satisfaction with program participation, and; service utilization and cost.

One important area that the Cures Act addressed is suicide prevention. In 2015, 44,193 Americans died by suicide; according to National Survey on Drug Use and Health statistics, there were approximately 1,104,825 suicide attempts in the United States annually. The Cures Act authorized SAMHSA's existing National Suicide Prevention Lifeline (Lifeline). In 2017, the Lifeline has already answered 1,670,118 calls, surpassing by over 100,000 calls those recorded for 2016. The Lifeline projects that over 2 million calls will be answered by the end of the calendar year. Last month, we received the following comment on the Lifeline website:

> I just wanted to message you guys to let you know that you saved my life — quite literally — and I need to thank you. I believe I looked up your number what will be two years ago in exactly a week. I had a plan to take my own life, and I was going to go

> through with it. For some reason, there was a small part of me that wanted to live, but I couldn't figure out why… so I called you. For the life of me, I cannot remember the woman's name, but she was the kindest, most empathetic person I've ever had the privilege to talk to. I don't even remember what we talked about, really. I don't think it was anything important. But she reminded me that I was a living, breathing person who had thousands of opportunities ahead of me. Of course, it took me a long time after this to completely regain my dedication to life, but I'm well on my way there. I do have ups and downs, of course, but I am still moving forward every day. I am so sorry that I can't remember this woman's name, but whoever you are, thank you. And thank you all for saving my life. I'm now going to my dream school, studying things that I love, and I could not be happier.

Suicide remains the second leading cause of death for individuals 15-24 years old. The Cures Act reauthorized the Garrett Lee Smith Memorial Act, which provides grants to states and tribes to reduce youth suicide and suicide attempts. At the same time, the highest rate of suicide in America is among adults 45-64 years old. Prior to the Cures Act, there was no authorized suicide prevention program for adults at SAMHSA. SAMHSA is grateful for the authorization of the adult suicide prevention program in Cures and for Congress' funding of the program in Fiscal Year (FY) 2017. In FY 2017, SAMHSA awarded three grants for the Zero Suicide program. The purpose of this program is to implement suicide prevention and intervention programs within health systems for people who are 25 years of age or older. The comprehensive, multi-setting approach will raise awareness of suicide, establish referral processes, and improve care and outcomes for individuals who are at risk for suicide. The program funds three grantees (The New York State Office of Mental Health, the Choctaw Nation of Oklahoma, and the University Health System in San Antonio, Texas) at a total cost of $7.5 million. SAMHSA also provided five grants under the Cooperative Agreements to Implement the National Strategy for Suicide Prevention program. The purpose of this program is to support states in implementing the 2012 National Strategy for Suicide Prevention goals and objectives focused on preventing suicide and suicide attempts among adults, ages 25 and older, to reduce the overall suicide rate and number of suicides in the United States. This $7 million program supports five grantees (University of Central Florida - supporting the Florida Implementation of the National Strategy for Suicide Prevention, Massachusetts State Department of Mental Health, Maine Department of Health and Human Services, Tennessee State Department of Mental Health and Substance Abuse Services, and the Utah Department of Human Services).

Strengthening Mental and Substance Use Disorder Care for Children and Adolescents[x]

Ensuring children and adolescents at risk for and living with behavioral health conditions receive the services and supports they need was a key element of the Cures Act, and SAMHSA is implementing many of these elements. Since the Cures Act passed, our nation has faced several natural disasters and man-made traumatic events that have impacted the mental health of all Americans, but especially children and adolescents. The National Child Traumatic Stress Initiative was reauthorized by the Cures

Act and has provided resources to communities and individuals impacted by these tragedies. As one example, the National Child Traumatic Stress Initiative conducted a Psychological First Aid Train the Trainer course for the State of Texas in response to Hurricane Harvey. Participants were selected from HHS-contracted behavioral health providers, giving priority to those regions most impacted by Hurricane Harvey.

SAMHSA has also been working with the Health Resources and Services Administration and stakeholders to advance screening and treatment for maternal depression. In alignment with the Cures Act, SAMHSA continues to fund screening for depression in specific grant programs (e.g., Pregnant and Postpartum Women, Project Linking Actions for Unmet Needs in Children's Health (LAUNCH)), and participates in Federal interagency collaborations providing expertise regarding depression screening in federally supported family services programs (e.g., Department of Agriculture/Women, Infants and Children program; Health Resources and Services Administration /Maternal and Child Health Bureau Home Visiting Programs). SAMHSA's toolkit, "Depression in Mothers: More Than the Blues," (available in English and Spanish) has garnered widespread interest and uptake among family service providers. In August 2017, SAMHSA consulted with researchers, practitioners, consumers and family members to determine priority areas for practice and policy related to maternal depression, with a particular focus on low-income women; to identify best practices in screening, treatment, and innovative, technology-based interventions; to more broadly integrate this issue in medical settings, particularly among obstetricians/gynecologists, family practice, and pediatric medicine; and to identify gaps in training and workforce development. A guidance document is being prepared based on suggestions from this feedback.

It is estimated that over 7.4 million children and youth in the United States have a serious mental disorder. Unfortunately, only 41 percent of those in need of mental health services actually receive treatment. Created in 1992, SAMHSA's Children's Mental Health Initiative addresses this gap by supporting "systems of care" for children and youth with SED and their families, in order to increase their access to evidence-based treatment and supports. The Cures Act reauthorized the Children's Mental Health Initiative which provides grants to assist states, local governments, tribes, and territories in their efforts to deliver services and supports to meet the needs of children and youth with SED.

The Children's Mental Health Initiative supports the development, implementation, expansion, and sustainability of comprehensive, community-based services that use the systems of care approach. Systems of care is a strategic approach to the delivery of services and supports that incorporates family-driven, strength-based, and culturally and linguistically competent care in order to meet the physical, intellectual, emotional, cultural, and social needs of children and youth throughout the United States. The systems of care approach helps prepare children and youth for successful transition to adulthood and assumption of adult roles and responsibilities. Services are delivered in the least restrictive environment with evidence-supported treatments and interventions. Individualized care management ensures that planned services and supports are delivered with an appropriate, effective, and youth-guided approach. This approach has demonstrated improved outcomes for children at home, at school, and in

their communities. For example, Children's Mental Health Initiative grantee data show that suicide attempt rates fell over 38 percent within 12 months after children and youth accessed Children's Mental Health Initiative -related systems of care services. In addition, school suspensions/expulsions fell over 42 percent and unlawful behavior fell over 40 percent within 18 months of children and youth beginning systems of care related services and supports.

SAMHSA's FY 2018 Budget requested that Congress allow SAMHSA the ability to develop and implement a services research demonstration effort as part of the Children's Mental Health Initiative based on the North American Prodrome Longitudinal Study funded by NIMH. During the prodrome phase, a disease process has begun but is not yet diagnosable or, or potentially, inevitable. The demonstration will address whether community-based intervention during this phase can prevent the further development of SED and ultimately SMI. The project will examine the extent to which evidence-based early intervention for young people at clinical high risk for psychosis can be scaled up to mitigate or delay the progression of mental illness, reduce disability, and/or maximize recovery. The new effort would be funded from a 10 percent set-aside of the base program and would focus on youth and young adults who are identified to be at clinical high risk for developing a first episode of psychosis. If funded, the grantees would focus on this population in order to support the development and implementation of evidence-based programs providing community outreach and psychosocial interventions for youth and young adults in the prodrome phase of psychotic illness.

Other Priority Implementation Activities

As discussed in the hearing held by this Committee on October 5th regarding the federal response to the opioid crisis, SAMHSA continues to work closely with states on their implementation of State Targeted Response (STR) grants. On October 30, 2017, notification was sent to all governors indicating that the FY 2018 funding allocation for the program will remain the same as it was in the first year of the program. On November 17, 2017, SAMHSA announced the availability of $1 million in supplemental funding for one year to enhance STR activities in areas of the greatest need, as determined by the highest rates of overdose deaths in 2015 according to the Centers for Disease Control and Prevention data.

As directed by the Cures Act, SAMHSA is working collaboratively with the HHS Office for Civil Rights on guidance that will clarify existing permitted uses and disclosures of health information under the Health Insurance Portability and Accountability Act of 1996 by healthcare professionals to improve communication with caregivers of adults with SMI in order to facilitate treatment. In January 2017, SAMHSA issued a final rule related to Confidentiality of Substance Use Treatment Records and a Supplemental Notice of Proposed Rulemaking. The final rule facilitates the sharing of patient data for research purposes; increases patient choice to disclose more broadly, such as in integrated healthcare settings; updates the rule to be more compatible with electronic health records; and clarifies requirements for audits. The Supplemental Notice of Proposed Rulemaking sought public input related

to the role of contractors, subcontractors, and legal representatives in the healthcare system with respect to payment and healthcare operations. Since the final rule was issued, SAMHSA has been providing technical assistance, developing a final rule related to the Supplemental Notice of Proposed Rulemaking, and working on additional guidance documents to help patients better understand their choices. In line with the Cures Act, SAMHSA will be convening relevant stakeholders early next year to determine the effect of the regulation on patient care, health outcomes and patient privacy.

With the passage of the Cures Act, specifically section 13002, Congress recognized the critical role behavioral health parity plays in ensuring equitable, high-quality health and behavioral healthcare for all Americans. Section 13002 called for the convening of a public listening session and the creation of a parity action plan for increased enforcement of behavioral health parity.

The listening session was held on July 27th, 2017. More than fifteen groups provided public comment in person and a total of 40 comments were received via email or in writing. The Public Listening Session was concurrently webcast and attended in person by more than 75 individuals. All comments are available on the HHS website at, https://www.hhs.gov/programs/topic-sites/mental-health-parity/achieving-parity/cures-act-parity-listening-session/comments/index.html in addition to a recording of the event https://www.youtube.com/watch?v=BcA-JS3fOj8.

Comments were received from various stakeholder groups including insurance representatives, employers, behavioral health providers, and patients or their advocates. The most common concerns cited by commenters were the need for more guidance from Federal agencies, transparency from insurance companies as to parity analysis and coverage decisions, and enforcement of parity protections. The forthcoming Action Plan will include strategies and action steps to address these comments.

In March and April 2017, in collaboration with DOL, HHS's Center for Consumer Information & Insurance Oversight and HHS's Center for Medicaid and CHIP services, SAMHSA conducted two parity policy academies to provide technical assistance for improved parity implementation in the commercial insurance market, the Medicaid program and the Children's Health Insurance Program programs. In addition, the HHS parity website has been updated to include information from the Public Listening Session as well as the Parity Portal which provides information for individuals who may have experienced a parity violation.

Conclusion

Much work has been undertaken at SAMHSA and across HHS to implement the Cures Act, but we know this work is far from over. There are many more people and their families struggling with mental illness and addiction that need help. I look forward to continuing a strong partnership with Congress to help these Americans. The Cures Act has served to focus attention and resources on the needs of Americans living with SMI and addiction, and their families. Congress has provided a blueprint for addressing these needs, and we at SAMHSA greatly appreciate their efforts.

[i] 21st Century Cures Act, Pub. L. No. 114-255, Title VI, 130 Stat. 1033 (2016).
[ii] *Id.* at Title VII.
[iii] *Id.* at Title VIII.
[iv] *Id.* at Title X.
[v] *Id.* at Sec. 6002.
[vi] *Id.* at Title VII.
[vii] *Id.* at Sec. 7001.
[viii] *Id.* at Title VIII.
[ix] *Id.* at Title IX.
[x] *Id.* at Title X.