

# Mental Health Reform at the Federal Level

Joint Subcommittee Studying Mental Health Services  
in the Commonwealth in the 21st Century  
October 26, 2016

Stuart Yael Gordon, J.D., Director of Policy & Communications  
National Association of State Mental Health Program Directors

# Republican Draft Version of Senate HELP Mental Health Reform for Lame Duck Consideration

- ▶ Republicans in the Senate have agreed informally on a draft revision of the Senate Health Education Labor and Pensions (HELP) Committee version of [S. 2680](#), which was voted out of Committee March 16 unanimously and sent to the floor April 26, but still has not seen action on the Senate floor.
- ▶ The revision adds in Title I of Senator John Cornyn's (R-TX) [S. 2002](#), "The Mental Health and Safe Communities Act," which provides grants to law enforcement for crisis intervention teams, and authorizes grants to states, state courts, local governments, local courts, and Indian tribes for court-ordered involuntary assisted outpatient treatment (AOT) programs.
- ▶ Cornyn amendments would also authorize grants to states, local governments, Indian tribes, and nonprofit agencies for:
  - various jail diversion programs—mental health courts, veterans courts, drug courts, and alternative mental health and drug treatment programs—but would now exclude from participation in those diversion programs individuals convicted of serious drug offenses (trafficking in, or importing or exporting controlled dangerous substances) and individuals convicted of violent crimes (involving the use of, or threat of, violent force); and
  - behavioral health and risk assessment screenings of individuals entering jails and prisons.

# Senate HELP Mental Health Reform for Lame Duck Consideration - Cornyn Amendment

- ▶ Cornyn Amendment would also provide grants to states, local governments, Indian tribes, and nonprofit agencies to:
  - fund Forensic Assertive Community Treatment (FACT) programs to provide high intensity services in the community for individuals with mental illness involved in the criminal justice system, in order to prevent recidivism.
  - provide mental health treatment and transitional services for individuals with mental illness and co-occurring disorders, including housing placement or assistance;
  - provide training for drug court personnel and officials in identifying and addressing co-occurring substance use and mental health conditions;
  - provide mental health intervention training for members of the Armed Services;
  - target offenders with histories of homelessness, substance use disorder, or mental illness for a pre-release assessment of the housing status and behavioral health needs of the offender to achieve stable and permanent housing outcomes with appropriate support services;
  - provide school mental health crisis intervention teams; and
  - provide active shooter training and technical assistance to local law enforcement agencies.

# Senate HELP Mental Health Reform for Lame Duck Consideration (cont'd)

- ▶ While Republicans are ready to go with the draft, there has been no discussion yet with Democrats who, perceiving an increasing likelihood they could regain control of the Senate, are in no hurry to discuss, much less vote, on a Republican bill that contains little new funding.
- ▶ Democrats say that the bill, like the [Comprehensive Addiction and Recovery Act \(CARA\)](#), Pub. L. 114-198, enacted earlier this year with minimal new funding, is mostly for show.
- Bill language (generally): “such sums as may be necessary for each of fiscal years 2017 through 2021”.

# Senate HELP Mental Health Reform for Lame Duck Consideration - IMD Exclusion

- ▶ Other than the inclusion of the S. 2002 provisions, the newest version of [S. 2680](#) is mostly unchanged from the version voted out by the HELP Committee in March.
  - The S. 2680 revision contains no changes to exclusion of Federal funding for IMD services in current law, although at the time of the HELP Committee vote, Susan Collins (R-ME) said she would—on the Senate floor—add exceptions to the Medicaid IMD exclusion that were included in the version of the bill originally introduced by Sens. Chris Murphy (D-CT) and Bill Cassidy (R-LA) as [S. 1945](#) but dropped by the Committee (because outside the HELP Committee’s jurisdiction).
    - S. 1945 § 601 would have provided a Federal match to (but not mandated) states to provide non-senior adults inpatient hospital psychiatric services (but not inpatient substance use disorder treatment services) that are furnished in an acute care psychiatric unit in a State-operated psychiatric hospital or a psychiatric hospital if the unit or hospital has a facility-wide average length of stay of less than 20 days.
  - IMD Provision was also dropped because [the Congressional Budget Office’s cost estimate](#) of similar provisions in the first version of Rep. Tim Murphy’s [H.R. 2646](#) [average length of stay of less than **30** days] totaled \$40 billion to \$60 billion. That IMD coverage was dropped from the version of H.R. 2646 passed by the full House on July 14.

# Senate HELP Mental Health Reform for Lame Duck Consideration – National Treatment Referral Routing, Crisis Response & Bed Databases

- ▶ Section 406 of [S. 2680](#) creates a National Treatment Referral Routing Service to assist individuals and families in locating mental and substance use disorder treatment providers, which must include:
  - A nationwide telephone number to provide no-cost, year-round access to information updated regularly in at least English and Spanish regarding local behavioral health providers and community-based organizations that does not require individuals to identify themselves;
  - An Internet website to provide a searchable, online treatment services locator that includes information on the name, location, contact information, and basic services provided for behavioral health treatment providers and community-based organizations.
- ▶ Section 410 of [S. 2680](#) requires the Secretary of HHS to award competitive grants (***no specific funding authorized***):
  - to state and local governments and Indian tribes to enhance community-based crisis response systems for adults with (serious mental illness) SMI, children with serious emotional disturbances (SED), and individuals with substance use disorders; OR
  - to states to develop, maintain, or enhance a database of beds at inpatient psychiatric facilities, crisis stabilization units, or residential community mental health and residential substance use disorder treatment facilities for adults with SMI, children with SED, or individuals with substance use disorders.

# Senate HELP Mental Health Reform for Lame Duck Consideration - Crisis Response and Bed Database Grants

- ▶ An application for a grant for a community-based crisis response plan must address gaps in community resources for crisis response and include:
  - a memorandum of understanding;
  - a plan for promoting integration and coordination between local public and private entities engaged in crisis response, including first responders, emergency health care providers, primary care providers, law enforcement, court systems, health care payers, social services providers, and behavioral health providers; and
  - models for minimizing hospital readmissions through appropriate discharge planning.
- ▶ An application for a grant for a bed database must include a plan for developing, maintain, or enhancing an internet-based, searchable database to collect, aggregate and display information about beds for the temporary treatment of individuals in mental or substance use disorder crisis.
  - The bed database must include contact information for each facility and include real-time information about the number of beds available at each facility or unit and, for each available bed, the type of patient that may be admitted, the level of security provided, and any other information that may be necessary to allow for the proper identification of appropriate facilities for treatment of individuals in mental or substance use disorder crisis.

# Senate HELP Mental Health Reform for Lame Duck Consideration - Mental Health Block Grant State Plans

- ▶ [S. 2680](#) requires states receiving mental health block grants to include in a state plan a description of:
  1. how the state will provide organized community-based system of care for individuals with mental illness, and describe available services and resources in a comprehensive system of care, including services for individuals with co-occurring disorders;
  2. how the State and local entities will coordinate services to maximize the efficiency, effectiveness, quality, and cost-effectiveness of health services, rehabilitation services, employment services, housing services, educational services, substance use disorder services, legal services, law enforcement services, social services, child welfare services, medical and dental care services, and other support services to achieve the best possible outcomes and to enable individuals receiving services to function outside of inpatient or residential institutions, to the maximum extent of their capabilities, including services to be provided by local school systems;
  3. how the State promotes evidence-based practices, including those evidence-based programs that address the needs of individuals with early serious mental illness (SMI) regardless of the age of the individual at onset, providing comprehensive individualized treatment or integrating mental and physical health services;
  4. how the state will provide case management services;

# Senate HELP Mental Health Reform for Lame Duck Consideration – Mental Health Block Grant State Plans (cont'd)

5. activities to engage individuals with SMI or children with SED and their caregivers in making health care decisions, including activities that enhance communication between individuals, families, caregivers, and treatment providers; and
  6. as appropriate to and reflective of the uses the State proposes for the block grant funds, a description of: (i) activities intended to reduce hospitalizations and hospital stays, (ii) activities to reduce incidents of suicide, and (iii) a description of how the state integrates mental health and primary care.
- ▶ Mental health block grant set-aside for early intervention for individuals with SMI, currently set at 10 percent, is reduced to 5 percent under S. 2680 (and remains unchanged under the revised version), with states allowed to comply by averaging over two years a combined 10 percent.
  - ▶ The revised version of S. 2680 requires a GAO report within 3 years reviewing variations in the definitions of SMI and SED used by selected states, and making recommendations for improving the provision of mental health services for adults with SMI and children with SED.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Substance Use Block Grant State Plan

- ▶ Required items for a statewide needs assessment to receive a substance use disorder prevention and treatment block grant under current law are replaced under S. 2680 by a far more detailed state plan that must:
  1. provide information on the need for substance use disorder prevention and treatment services in the State, including estimates on the number of individuals who need treatment, who are pregnant women, women with dependent children, individuals with a co-occurring mental health and substance use disorder, persons who inject drugs, and persons who are experiencing homelessness;
  2. provide aggregate information on the number of individuals in treatment within the State, including the number of such individuals who are pregnant women, women with dependent children, individuals with a co-occurring mental health and substance use disorder, persons who inject drugs, and persons who are experiencing homelessness;
  3. provide a description of the system that is available to provide services by modality, including the provision of recovery support services;
  4. describe the State's comprehensive statewide prevention efforts, including the number of individuals being served in the system, target populations, and priority needs

# Senate HELP Mental Health Reform for Lame Duck Consideration – Substance Use Block Grant State Plan (cont'd)

5. describe the amount of funds from the prevention set-aside expended on primary prevention;
  6. describe the financial resources available;
  7. describe the manner in which the state and local entities coordinate prevention, treatment, and recovery services with other agencies, including health, mental health, juvenile justice, law enforcement, education, social services, and child welfare agencies;
  8. describe the existing substance use disorders workforce and workforce trained in treating co-occurring substance use and mental disorders;
  9. describe how the State promotes evidence-based practices; and
  10. describe how the State integrates substance use disorder services and primary health care.
- ▶ S. 2680 allows states to submit a joint block grant application for mental health and substance use.
  - ▶ S. 2680 also requires a study by SAMHSA, within 2 years, of whether the state distributions under the block grant programs reflect each state's need for services, and whether the indices used under the formulas for distribution of funds are appropriate.

# Senate HELP Mental Health Reform for Lame Duck Consideration – New and Continuing Grant Programs

- ▶ S. 2680 also includes, without specific total funding amounts in each case:
  - reauthorizations for continuing grant programs:
    - to states for treatment and recovery for homeless individuals with substance use disorders;
    - to states for jail diversion programs; and
    - to states for assisting individuals with substance use disorders in transitioning from homelessness;
  - reauthorization and expansion of grants to additional educational institutions of mental health education and training and to state-licensed mental health nonprofit and for-profit organizations to pay for pre-service and in-service training in a behavioral health-related paraprofessional field;
  - authorization, without specific funding amounts, for new 5-year, \$2 million grants to states collaborating with one or more community programs to promote integration of primary and behavioral health care; and
  - authorization, for the first time in statute, for the National Suicide Prevention lifeline (but without a specific funding authorization amount).

# Senate HELP Mental Health Reform for Lame Duck Consideration – Behavioral Health Training Programs for Underserved Communities

- ▶ S. 2680 also establishes a new training demonstration program to award 5-year grants to (***with no specific authorization amounts provided***):
  - train medical residents and fellows in psychiatry and addiction medicine—including training in tele-behavioral health—in order to practice in underserved, community-based settings that integrate primary care with mental and substance use disorder services;
  - train nurse practitioners, physician assistants, and social workers for the same purpose in the same settings; and
  - establish, maintain, or improve academic units or programs that train students or faculty, including through clinical experience and research, to recognize, diagnose, and treat behavioral health disorders, with a focus on addiction, or develop evidence-based practices or recommendations for the design of such units.
- ▶ S. 2680 also continues an existing post-baccalaureate Minority Fellowship Program (***again, without specific funding authorization***) to increase the knowledge of behavioral health practitioners of prevention, treatment, and recovery for individuals from racial and ethnic minority communities who have a behavioral health disorder and to improve the quality of behavioral health prevention and treatment services delivered to ethnic minorities.
  - The Minority Fellowship grant program would attempt to increase the number of culturally competent behavioral health professionals who teach, administer services, conduct research, and provide direct services to underserved minority populations.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Workforce and Peer Support Studies & Reports

- ▶ SAMHSA and HRSA would be required, within 2 years, to conduct a study and publicly post on an appropriate HHS website, a report on the adult and pediatric behavioral health workforce, in order to inform Federal, state, and local workforce development initiatives. The report would include national and state-level projections of supply and demand and an assessment of workforce capacity, strengths, and weaknesses.
- The Government Accountability Office (GAO) would be required, within 2 years, to conduct a study on peer support specialist programs that receive SAMHSA funding and report to Congress on best practices related to training and credentialing requirements, as well as formal work or volunteer experience, exams required, codes of ethics used, recommended skill sets, and continuing education requirements.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Children’s Programs

- ▶ Title V of S. 2680 focuses on children and adolescents by:
  - continuing authorization (***without specific funding***) for grants to states, political subdivisions, or Indian tribes to create community mental health services for children with SED, up through age 21;
  - creating a grant program for states, local subdivisions, and Indian tribes to promote behavioral health integration in pediatric primary care by the creation, maintenance, or improvement of statewide or regional child telehealth psychiatry programs. States would have to provide a 20 percent match of Federal funds;
  - continuing authorization (***without specific funding***) for grants to, and contracts, and cooperative agreements with, public and private nonprofit entities or health facilities and programs operated by or in contract with the Indian Health Service to provide (1) early identification and services for children and adolescents at risk of substance use disorders; (2) substance use disorder treatment services for children and adolescents with co-occurring mental illness and substance use disorders; and (3) assistance to parenting women with substance use disorders in obtaining treatment, linking to community resources to support independent family lives, and staying in recovery so that their children are in safe, stable home environments and receive appropriate health care services.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Children’s Programs (cont’d)

- ▶ [S. 2680](#) authorizes the Director of the Office on Women’s Health in HHS to:
  - update findings, research, fact sheets, resource lists on eating disorders, and make that information publicly available through a website, and through obesity prevention programs; and
  - facilitate the identification of model programs and materials for education and training health professionals on identifying individuals with eating disorders, providing early intervention, referring for treatment, and providing appropriate prevention and treatment.
- ▶ S. 2680 also authorizes the Secretary of HHS to make grants (***without specific funding***) to:
  - states to establish, improve or maintain programs for screening, assessing, and treating for maternal depression women who are pregnant or have given birth in the last 12 months; and
  - state mental health or education agencies to provide evidence-based prevention, intervention, and treatment services for children up to 12 years of age who are at risk or show early signs of developing a mental illness, and could benefit from infant and early childhood intervention or treatment programs or specialized preschool or elementary school programs. States must provide a 10 percent match of Federal funds.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Patient Health Information Confidentiality

▶ Title VI of [S. 2680](#) requires:

- the HHS Office of Civil Rights to ensure that providers, professionals, patients, and their families have adequate, accessible and easily comprehensible resources on the appropriate uses and disclosures of protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA);
- the HHS Secretary, within 1 year, to identify model programs and materials for training health care providers, attorneys, and regulatory compliance staff regarding the permitted uses and disclosures, consistent with HIPAA, of PHI, and for training patients and their families regarding their rights; and
- the HHS Secretary, within 1 year of finalizing the current proposed governing the disclosure of substance use disorder treatment records under 42 CFR Part 2 regulations **[sent to OMB yesterday for a 30 to 60 day review]**, to convene stakeholders to determine the effect of those regulations on patient care, health outcomes, and patient privacy.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Parity

▶ Title VI of [S. 2680](#) also requires:

- a group health plan or issuer offering group or individual health insurance coverage of eating disorder benefits to provide those benefits in compliance with parity requirements;
- the Inspector Generals of the departments of HHS, Treasury, and Labor to, within six months, issue compliance guidance documents that provide:
  - illustrative, de-identified examples of parity in non-quantitative treatment limitations (NQTL) on mental health and substance use disorder benefits, and update that compliance guidance every two years; and
  - guidance on methods that group insurers and issuers of group and individual health insurers can use to disclose to participants, beneficiaries, contracting providers, etc.: (i) NQTLs for both medical/surgical and behavioral health benefits; (ii) the processes, strategies, and evidentiary standards used to apply NQTLs; and (iii) how limitations—such as medical management standards based on medical necessity, drug formulary designs, use of step therapy protocols, and provider network admission standards—are applied to ensure compliance with parity requirements.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Parity (cont'd)

▶ Title VI of [S. 2680](#) also requires:

- the Secretaries of HHS, Labor, and Treasury to audit health insurance plan documents of insurers or issuers who have violated parity standards at least 5 times;
- the HHS Secretary, within 6 months, to convene a public meeting of stakeholders to produce an action plan for improved Federal and state coordination of parity compliance enforcement, finalize the action plan 6 months later, and make it plainly available on the HHS website. The action plan must include a timeline, memoranda of understanding to better coordinate enforcement, and recommendations to Congress on the need for additional legal authority;
- the Centers for Medicare and Medicaid Services (CMS), Treasury, and the Labor Department's Employee Benefits Division—within 1 year and annually thereafter for 5 years—to report to Congress on all closed Federal investigations during the preceding 12 months with findings of serious violations of parity standards; and
- GAO, within 3 years, to report on Federal and state parity enforcement and recommendations for additional enforcement, education, and coordination to better ensure compliance.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Suicide Prevention and Other Behavioral Health Improvement Strategies

## ▶ Title VII of [S. 2680](#):

- reauthorizes the Garrett Lee Smith Suicide Prevention Technical Assistance Center, but expands its responsibilities to include all groups at risk for suicide, not just youth, and continues to authorize for 5 years the current funding level of \$6 million per year;
- reauthorizes Garrett Lee Smith grants to states for youth suicide early intervention and prevention strategies and authorizes, for 5 years, \$30 million per year; and
- reauthorizes at \$6.5 million per year for 5 years, competitive grants to institutions of higher education for educating students, families, faculty, and staff to increase awareness of mental illness and substance use disorders through informational materials, outreach services, administering voluntary screenings and assessments, creating a network infrastructure to link with health care providers, and operating help lines.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Grants for Suicide Prevention and Other Behavioral Health Improvement Strategies

▶ Title VII of [S. 2680](#) also:

- reauthorizes grants totaling \$15 million annually for 5 years to states, local subdivisions, Indian tribes and private entities to train teachers and other school personnel to recognize symptoms of childhood and adolescent mental disorders, refer family members to the appropriate mental health services if necessary, train emergency services personnel to identify and appropriately respond to persons with a mental illness, and provide education to teachers and personnel regarding resources that are available in the community;
- reauthorizes grants, contracts or cooperative agreements, funded at \$46 million annually for 5 years, to public and nonprofit private entities, as well as to Indian tribes, for the purpose of developing and maintaining programs that provide for the continued operation of the National Child Traumatic Stress Initiative (NCTSI) under a cooperative agreement that focuses on the mental, behavioral, and biological aspects of psychological trauma response, prevention of long-term consequences of childhood trauma, and early intervention and treatment.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Miscellaneous Reports

▶ Title VII of [S. 2680](#) also:

- requires the President, within 1 year, to submit a report to Congress on implementation of the recommendations made in June 2007 as a result of the Virginia Tech shootings, including identifying additional actions the Federal government can take to support states and local communities in addressing at the community level mental illness and school violence;
- requires the GAO to report to Congress, within 2 years, on Federal requirements that affect access to behavioral health treatment related to integration with primary care, administration and regulation, quality measurement and accountability, and data sharing; and
- requires the GAO, within 1 year, to submit to Congress an evaluation of the ways in which children access mental health care and any barriers to accessing care, the extent and frequency to which children are prescribed psychotropic medications, and the tools, assessments, and medications available and used to diagnose and treat children with mental disorders.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Miscellaneous Reports (cont'd)

▶ Title VII of [S. 2680](#) also:

- requires the HHS Secretary to, as appropriate, provide technical assistance to awardees of grants of regional and national significance to address mental health needs among geriatric populations using evidence-based practices for prevention and treatment of geriatric mental disorders and co-occurring mental health and substance use disorders, as well as disseminate those evidence-based practices to states and non-grantees;
- encourages the Director of the Center for Disease Control and Prevention (CDC) to improve, through the inclusion of additional states, the National Violent Death Reporting System;
- requires the HHS Assistant Secretary for Planning and Evaluation (ASPE) at HHS to evaluate the effect of SAMHSA activities on prevention and treatment, as well as the use of performance metrics for activities carried out under SAMHSA grants, making recommendations on the use of performance metrics to improve the quality of outcomes from SAMHSA grant programs; and
- authorizes SAMHSA to advance, through education, the awareness of providers, patients, and other stakeholders, of all FDA-approved products for treating opioid use disorders, disseminating evidence-based practices for treating those disorders, assessing current barriers to treatment, and developing and implementing strategies to mitigate those barrier.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Mental Health on Campus

- ▶ Title VIII of [S. 2680](#) requires the HHS Secretary and the Secretary of Education to award 3-year competitive grants (with no specific funding authorized) to institutions of higher education to improve mental and behavioral health services and outreach on college campuses, using grant funds to:
  - provide prevention, promotion of mental health, voluntary screening, early intervention, voluntary assessment, treatment, management, and education, including through the use of telehealth;
  - conduct research through a counseling or health center regarding how to improve mental and behavioral health of students through clinical services, outreach, prevention, or academic success in a manner compliant with HIPAA;
  - provide outreach services to notify students about the existence of mental and behavioral health services;
  - educate students, families, faculty, staff, and communities to increase awareness and response approaches;
  - support student groups that educate and promote wellness;
  - employ appropriately trained staff;
  - expand mental health training through internships, and post-doctorate and residency programs; and
  - develop, support, and disseminate culturally and linguistically appropriate best practices.

# Senate HELP Mental Health Reform for Lame Duck Consideration – Mental Health on Campus (cont'd)

- ▶ In addition, Title VIII of [S. 2680](#) also requires the HHS Secretary and the CDC Director to convene an interagency, public-private sector working group to plan, establish, coordinate, and evaluate a targeted public education campaign designed to focus on mental and behavioral health on college campuses. No specific funding is authorized for this effort.
- ▶ Finally, the HHS Secretary is required to establish a College Campus Task Force made up of the heads of various Federal agencies, including SAMHSA, to meet at least 3 times annually and sponsor an annual conference to discuss mental and behavioral health concerns on college campuses, enhance coordination, build partnerships, and share best practices in mental and behavioral health promotion, data collection, analysis, and services. No specific funding is authorized for this effort.

# House Mental Health Reform – H.R. 2646

- ▶ [H.R. 2646](#), sponsored and driven (hard) by Rep. Tim Murphy (R-PA) was passed by the House 422-2 on July 6, and is now also in the Senate, awaiting action. Although the intent in the House was to align the House bill with the Senate legislation, there are still significant differences.
- ▶ One important similarity is the inclusion of state grants to establish crisis response systems or bed databases, *but* with \$5 million in total specific funding authorized over 5 years that is not included in the Senate legislation.
- ▶ Another important difference is that there is specific funding (between \$15 million and \$20 million annually) to extend, through 2022, an assisted outpatient demonstration grant program for states first authorized under the Protecting Access to Medicare Act of 2014.
- ▶ H.R. 2646 also provides liability immunity for volunteer health care professionals working at community health centers.

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680

- ▶ [H.R. 2646](#) also differs from [S. 2680](#) in that the early intervention for children and adolescents grant program limits program participants to children no older than 5 years of age (rather than age 12 in the Senate legislation), but specifically authorizes spending \$20 million over 5 years (not included in the Senate bill).
- ▶ In addition, H.R. 2646:
  - clarifies that the Medicaid statute does not prohibit state Medicaid programs or the Federal government from paying for a primary care service and mental health service provided to a beneficiary at the same facility on the same day;
  - incorporates into statute the managed care coverage of IMD services for 15 days or less in a month recently adopted by CMS in regulations;
  - requires, beginning January 1, 2019, that children receiving IMD services also receive early and periodic screening, diagnostic, and treatment (EPSDT) services, whether or not those services are furnished by the provider of the IMD services; and
  - requires that states paying for personal care or home health care services on and after January 1, 2019, install an electronic visit verification system for such services.

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680 (cont'd)

- ▶ Also included in [H.R. 2646](#), but not in S. 2680, are the addition of:
  - a \$12 million SAMHSA program of grants to American Psychological Association-accredited doctoral, internship, and postdoctoral residency schools or programs in health service psychology to support the recruitment, education, and clinical training experiences of psychology students, interns, and postdoctoral residents for education and clinical experience in community mental health settings—including psychiatric hospitals, forensic hospitals, community mental health centers, community health centers, federally qualified health centers, or adult and juvenile correctional facilities; and
  - an investment of \$12 million over five years in the pediatric health care workforce.

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680 (cont'd)

▶ Also included in [H.R. 2646](#), but not in the S. 2680, are the addition of:

- a program of \$10 million in grants over 5 years to develop and sustain behavioral health paraprofessional training and education programs, including through tuition support, in order to (i) increase the number of behavioral health paraprofessionals, including trained peers, recovery coaches, mental health and addiction specialists, prevention specialists, and pre-masters-level addiction counselors, and (ii) help communities develop the infrastructure to train and certify peers as behavioral health paraprofessionals;
- pediatric mental health subspecialty professionals to the health professionals who qualify for participation in the National Health Service Corps' fellowship program targeting health professional shortage areas; and
- a 5-year SAMHSA grant program, funded at a total of \$30 million over five years, to implement programs that (i) screen for suicide risk in adults and provide intervention and referral to treatment; (ii) implement evidence-based practices to treat individuals who are at suicide risk, including appropriate follow-up services; and (iii) raise awareness, reduce stigma, and foster open dialogue about suicide prevention.

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680 (cont'd)

- ▶ H.R. 2646 authorizes spending a total of \$5 million over 5 years for grants to states, counties, cities, Indian tribes, mental health systems, and health care facilities to establish and maintain Assertive Community Treatment programs for individuals with SMI, without the requirement of the Cornyn amendment to the Senate legislation that the program be forensically related.
- ▶ With regard to firearms violence by individuals with mental illness, § 603 of H.R. 2646 encourages the National Institute of Mental Health to conduct or support research on the determinants of self-directed and other violence connected to mental illness.

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680 (cont'd)

- ▶ [H.R. 2646](#) sets the Mental Health Block Grant set-aside for early intervention programs for individuals with serious mental illness at 10 percent (the current percentage, but twice the percentage in S. 2680). However, the House legislation does not permit states to meet the set-aside percentage by averaging set-aside amounts over two years, as does the Senate legislation.
- ▶ H.R. 2646 also differs from the Senate legislation by authorizing:
  - \$46,887,000 annually over 5 years for NCTSI (an increase of \$887,000 over the Senate annual amount);
  - specific funding for the National Suicide Prevention Lifeline of \$6 annually over five years (the Senate bill contains no specific funding);
  - \$12,000 less than the \$6 million authorized annually in the Senate bill for the Suicide Technical Assistance Center (still expanding its responsibilities to all populations at risk, and not just youth, but specifying that individuals at high risk for suicide, such as Indian youth, be prioritized); and
  - \$35,427,000 annually over 5 years for youth suicide early intervention and prevention strategies (\$5.427 million more than the Senate).

# House Mental Health Reform – H.R. 2646 – Other Differences from S. 2680 (cont'd)

- ▶ H.R. 2646 also differs from the Senate legislation by authorizing:
  - a total of \$9 million over 5 years for infant and early childhood tele-mental health programs (no funding in the Senate legislation);
  - \$6,488,000 annually over 5 years for mental health and substance use disorder services on campus (no specific funding in the Senate legislation);
  - \$12,669,000 for the first 3 of 5 years of funding for the Minority Fellowship Program, with a \$1 million increase in the last two years (no specific funding in the Senate legislation); and
  - a total of \$9 million over 3 years for grants to train law enforcement officers, corrections officers, paramedics, emergency medical services workers, and other first responders in crisis intervention techniques (the Cornyn provision in S. 2680 includes no specific funding authorization for such training).