



1001 N. Fairfax Street, Suite 201, Alexandria, VA 22314
Ph: 703.741.7686 • 800.548.0497 Fax: 703.741.7698 • 800.377.1136



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

COMPREHENSIVE ADDICTION AND MENTAL HEALTH REFORM

NAADAC, the Association for Addiction Professionals, and Hill Day partners commend Congress for its attention to comprehensive addiction and mental health reform. Patients, family members, providers, local communities and states have waited far too long for the necessary policy reforms that will improve prevention, facilitate treatment, and ensure healthy communities. ***The time for action is now.***

Four approaches to this issue are reflected in legislation currently before Congress: the Helping Families in Mental Health Crisis Act (**H.R. 2646**), the Mental Health Reform Act (**S. 1945**), the Mental Health Awareness and Improvement Act (**S. 1893**), and the Mental Health and Safe Communities Act (**S. 2002**). While their details have received varying reactions from stakeholders and advocacy groups—including the Hill Day partners—all four bills have prompted important national conversations about our treatment system's shortcomings and the need for reform.

We encourage all members of Congress to contact the leadership of the Senate HELP Committee and the House Energy & Commerce Committee to urge them to mark-up comprehensive legislation to reform our nation's public mental health and addiction treatment systems. We urge legislators to include the following provisions within any final legislation:

RECOGNIZING A DIVERSITY OF PERSPECTIVES: *Beyond the areas of consensus articulated here, NAADAC 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.*

Reauthorizing Key SAMHSA Programs: H.R. 2646, S. 1893, and S. 1945 include language reauthorizing important programs funded by the Substance Abuse and Mental Health Services Administration. These include (but are not limited to): the Garrett Lee Smith Memorial Act suicide prevention activities (H.R. 2646, Sec. 208(c); S. 1893, Sec. 2), the National Child Traumatic Stress Network (H.R. 2646, Sec. 208(a); S. 1893, Sec. 4), Projects for Assistance in Transition from Homelessness (S. 1945, Sec. 804), comprehensive community mental health services for children with serious emotional disturbances (S. 1945, Sec. 805), jail diversion programs (S. 1945, Sec. 803) and more. These are longstanding, successful programs providing important sources of assistance and support to Americans considering suicide, those who are homeless or involved with the criminal justice system, and children with serious emotional disturbances.



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Strengthening Parity Enforcement: The landmark 2008 mental health and addiction parity law was further strengthened by provisions in the Affordable Care Act extending parity's protections to millions of additional consumers. 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 in H.R. 2646 (in Sec. 103(a) and Sec. 901) and S. 1945 (in Sec. 901 and Sec. 902). These provisions will strengthen federal oversight of parity enforcement by commissioning annual reports on the status of federal parity investigations and a one-time report on 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 currently a shortage of more than 2,800 mental health and addiction professionals in workforce shortage areas across the country. S. 1945 and H.R. 2646 each support programs that strengthen and diversify the mental health and addictions health workforce, allowing for better access to needed treatment and culturally competent care for those in need. Both bills maintain funding for the Minority Fellowship Program, which recruits minorities to the mental health and addiction workforce to aid in reducing health disparities and improving health care outcomes for racial and ethnic minority populations. Additionally, each bill maintains funding for the National Health Service Corps (NHSC) and expands the eligible provider pool to include pediatric mental health professionals. NHSC provides incentives for residents – including psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, psychiatric nurse specialists, addiction professionals and psychiatrists—to work in medically underserved communities, offering loan repayment in return for service in rural communities.

Broadening Peer Support Services: The Hill Day partners applaud Congress' growing recognition of the important role peers play in helping individuals along the path to recovery. Peers are individuals who use their lived experience with mental illness or substance abuse, 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 reduce both expensive inpatient services and recurrent psychiatric hospitalization. Individuals utilizing peer support services are better engaged in their care and have improved relationships with their care team. These services also increase individuals' ability to manage their symptoms and reduce their reliance on formal services. We thank Senators Murphy and Cassidy and Representative Murphy for recognizing the role of peer support services in H.R. 2646 (in Sec. 103 (b)) and S. 1945 (in Sec. 102(a)). Both bills support the collection of data to better understand the field of peer support and create a pathway to ensuring expanded opportunities for training and use in care delivery. We look forward to working with Congress and the bill authors to improve and strengthen 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.

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. Recognizing that jails and prisons should not be our nation's largest source of inpatient behavioral health care, legislators are turning to mental health and addiction reform as a means for addressing these health care needs and reducing recidivism. 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



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and drug treatment alternatives to incarceration, and much more.

S. 2002 (in Title II) also includes in its entirety the Comprehensive Justice and Mental Health Act (S. 993/HR 1854), legislation to support collaborative programs between criminal justice and mental health and addiction agencies. This bill reauthorizes and improves the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) while also: continuing support for mental health courts and crisis intervention teams; expanding services to veterans that include treatment court programs, peer to peer services, and appropriate services to veterans who have been incarcerated; establishing grants to provide broader training during police academies and orientation that teach law enforcement personnel how to identify and respond to incidents involving persons with mental health or substance use disorders; supporting corrections-based programs, like transitional services that reduce recidivism rates and screening practices that identify inmates with mental health or substance use conditions; and more.

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. H.R. 2646 (in Title VII) includes the Behavioral Health Information Technology Act, legislation that expands federal Meaningful Use incentives to previously ineligible mental health and substance use treatment providers and facilities. This change will facilitate care coordination among providers while helping to improve data collection and care quality. H.R. 2646 also authorizes grants for telehealth services provided to individuals with mental illnesses, an important means of expanding access to care in areas suffering a shortage of mental health and addiction professionals. S. 1945 (in Sec. 207) also addresses telehealth by establishing telehealth child psychiatry access grants.

Recognizing a Diversity of Perspectives: Beyond the areas of consensus articulated here, NAADAC 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.

Funding Mental Health and Addiction Awareness Training: One in five Americans will experience a mental health or substance use condition during the course of a year, but few know how to reach out and help someone in crisis. S. 1893 (in Sec. 3) authorizes funding for training programs to educate the public about signs and symptoms of mental illness and addictions, including strategies for de-escalating a crisis situation and helping the person connect to appropriate treatment services that are strikingly similar to those taught in Mental Health First Aid courses around the U.S. H.R. 2646 (in Sec. 207(e)) authorizes funding to train law enforcement officers, paramedics, emergency medical services workers, and other first responders to recognize and properly intervene with individuals in crisis. S. 2002 (in Sec. 108) requires mental health awareness and crisis de-escalation training for the federal uniformed services under the Departments of Defense, Homeland Security, and others. These and similar initiatives before Congress—such as the Mental Health First Aid Act (S. 711/H.R. 1877)—will take great strides in helping individuals who are experiencing a mental health or substance use crisis connect with much-needed treatment.

Focusing on Early Intervention, Innovation, and Dissemination of Evidence-Based Practices: NAADAC and Hill Day partners share a deep commitment to ensuring all Americans have access to timely, high-quality care. H.R. 2646 and S. 1945 include numerous provisions designed to move identification and treatment upstream – that is, to support prevention and intervention at an early stage before patients’ mental health or substance use conditions worsen. These two bills establish grants to support innovative approaches to treatment while disseminating information about proven, evidence-based interventions. Both codify the 5 percent set-aside for



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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 Program: Section 223 of the Protecting Access to Medicare Act—also known as the Excellence in Mental Health Act demonstration—established a federal definition for Certified Community Behavioral Health Clinics that provide a comprehensive range of evidence-based outpatient and crisis care while meeting defined quality standards. In return, clinics receive reimbursement that reflects their actual cost of care, supporting them in expanding services to Americans with unmet need. These changes also support states and providers in reducing high hospital emergency room utilization among individuals with behavioral health conditions and ease the burden on hard-pressed law enforcement agencies in urban and rural areas. Yet, with 28 states having applied for planning grant funds to participate in the demonstration, this 8-state, 2-year program is too narrow to meet existing needs. H.R. 2646 (in Sec. 505) extends the Excellence Act demonstration by two years and adds two states, an important first step in bringing these reforms to benefit all Americans.

Supporting Integrated Care Activities through Grants, Technical Assistance, Same-Day Billing: H.R. 2646 (in Sec. 501(a)) and S. 1945 (in Sec. 601(a)) each include an important provision clarifying that providers may bill Medicaid for mental and physical health services provided on the same day. This small but far-reaching clarification will remove a common barrier to the integrated care initiatives now burgeoning throughout the country; it ensures providers may receive reimbursement for primary and behavioral health services that are co-located within the same clinic. In addition, S. 1945 (in Sec. 301) reauthorizes and modifies existing grant funding to support states in scaling up their integrated care activities, including authorizing integrated care training and technical assistance provided through a national Technical Assistance Center.



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