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November 09, 2021

The Honorable Chris Murphy  
136 Hart Senate Office Building  
United States Senate  
Washington, DC 20510

The Honorable Bill Cassidy, M.D.  
520 Hart Senate Office Building  
United States Senate  
Washington, DC 20510

Dear Senators Murphy and Cassidy:

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing over 37,400 psychiatric physicians who treat mental health and substance use disorders. I write to respond to your stakeholder Request for Information (RFI) regarding programs authorized through passage of the *21<sup>st</sup> Century Cures Act* in December 2016. Below please find APA's fiscal and policy reauthorization recommendations. We generally recommend increases in the authorized amounts for all referenced programs, in addition to boosts for programs for which we are sharing more detailed suggestions.

**Community Mental Health Services Block Grant (MHBG) (42 U.S.C. §300x-9)**

The MHBG is awarded to states to help supplement existing or supplement new mental health service activities. The COVID pandemic has increased demand and challenges for community-based mental health services, which Congress recognized by providing additional, temporary increases to the MHBG. States also face the need for significant new resources to implement the full continuum of crisis services to support the new 988 suicide prevention lifeline. As Congress considers the long-term reauthorization of the MHBG, APA recommends that it be doubled, with subsequent annual increases above inflation. An initial reauthorization of \$1.6 billion would be consistent with the FY 22 proposals by the House and Senate Labor-HHS Appropriations subcommittees and the Biden administration and should be increased annually thereafter. These resources will better enable states to implement evidence-based mental health promotion, prevention and treatment practices for early intervention with individuals with serious mental illness and children with serious emotional disturbances. ***We also request that Congress increase the evidence-based crisis services set-aside enacted last year to 10%, consistent with HR 4305, the bipartisan Crisis Care Enhancement Act, introduced by Reps Bustos and Fitzpatrick.*** The core crisis services—crisis call centers, mobile crisis response, and short-term residential stabilization units—have proven effective in reducing costly emergency department boarding, freeing law enforcement officers from managing MH/SUD patients in crisis and diverting patients with severe mental disorders away from the criminal justice system and into appropriate treatment and care. As the new 988 hotline number is implemented in calendar year 2022 and beyond, resources for the full continuum of crisis response services will be vitally needed.

### **Encouraging Innovation and Evidence-Based Programs within the National Mental Health and Substance Use Policy Laboratory (42 U.S.C. §290aa-0)**

In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) decided to restructure the agency's use of the National Registry of Evidence-based Programs and Practices (NREPP). This provided a good opportunity to ensure that providers, administrators, and others implementing mental health and substance use disorder programs have access to best practices that have been rigorously evaluated and proven in real-world settings to improve patient outcomes across the prevention, treatment, and recovery continuum.

The APA is a strong supporter of the use of evidence-based programs and advocated for SAMHSA to require its grantees to use more evidence-based practices during the passage of the 21<sup>st</sup> Century Cures Act. As noted in the report released by the Department of Health and Human Services Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), about 1 in 25 adults has a serious mental illness (SMI) in a given year. However, few adults with SMI receive effective treatment. For the millions of people with substance use, there is also a lack of access to effective treatment. To improve the quality of life for people with mental illness and substance use disorders, it is important to ensure clinicians are aware of the most effective programs, and APA encourages SAMHSA to continue identifying evidence-based programs. In addition, APA encourages Congress to continue its support for NREPP programs.

### **Priority Mental Health Needs of Regional and National Significance (42 U.S.C. §290bb32)**

As Congress considers the reauthorization of the Priority Mental Health Need of Regional and National Significance programs. Allowing SAMHSA flexibility to address emerging needs and changes in trends related to mental health is vital to in order to address mental illness across the lifespan. Further, allowing for flexibility in meeting regional and national needs allows for federal program responses to be backed by research and evidence, which allows for better outcomes.

### **Grants for Jail Diversion Programs (42 U.S.C. §290bb-38)**

As Congress considers the reauthorization of grants for jail diversion programs, the APA appreciates the education SAMHSA has done in this area. Specifically, we appreciate the promotion and the education that SAMHSA has done with drug courts to ensure that patients receive resources on all FDA-approved medications for opioid use disorders and treatments available to meet their individual needs. For people involved in drug courts who may have been on a medication for opioid use disorder, APA recommends that drug court programs ensure that care is coordinated with the patient's physician and that their treatment is continued to allow for stability.

### **Promoting Integration of Primary Care and Behavioral Health (42 U.S.C. §290bb-42)**

The integration of primary care and behavioral health is essential to improving access. The APA appreciates SAMHSA's promotion of these programs and recommends that, as Congress considers reauthorization it encourage awardees of these grants to move toward models of integration that are population focused, evidence based and can show improvement in patients' medical and behavioral health outcomes. The encouragement of measurement-based integration models facilitates positive outcomes for patients by ensuring that treatment

protocols can be adjusted as necessary for patients who are not improving, to confirm that patients are receiving the correct care.

### **Minority Fellowship Program (42 U.S.C. §290II)**

For almost 50 years, the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP) has helped improve behavioral health care outcomes for racial and ethnic populations by growing the number of diverse behavioral healthcare providers in the nation's workforce. The program seeks to reduce health disparities and improve behavioral health care outcomes by providing experiential learning experiences and coursework for psychiatry trainees, thus enhancing their ability to provide culturally competent, quality mental health and substance use disorder services within medically underserved communities. Investing further in this important program will not only help to strengthen diversity in the mental health profession, but also help address current and projected behavioral health workforce shortages and promote needed training for providers to address health disparities. As Congress begins its work to reauthorize the MFP, ***APA requests that the total authorization for the program be increased to \$30 million.*** This additional funding for the MFP will promote greater mental health equity by fostering the growth of the culturally competent minority practitioner pipeline to treat patients with mental health and substance use disorder conditions. We also suggest that Congress support an analogous program to promote culturally competent care and workforce for the LGBTQ community.

### **Assisted Outpatient Treatment (42 U.S.C. §290aa)**

This program has been effective in states that have Assisted Outpatient Treatment laws. As Congress considers reauthorization of this program, APA recommends focusing on the evaluation component of the program by an external evaluator. More specifically, APA recommends looking at outcomes with regard to implementation, utilization, and equity. We also recommend that this program be coordinated with SAMHSA's Center of Excellence for SMI – SMI Advisor. Required coordination between the two programs could allow the SMI advisor to work with grantees allowing for understanding of lessons learned and best practices, while also providing technical assistance and education support.

### **Development and Dissemination of Model Training Programs under the Health Insurance Portability and Accountability Act (42 U.S.C §1320d-2)**

A growing body of research shows that coordinated medical care can improve health outcomes,<sup>1</sup> but providers may be resistant to sharing mental health patient information due to confusion and stricter than necessary interpretations surrounding HIPAA laws. In addition, stricter requirements for the sharing of certain substance use disorder records make it difficult for patients with substance use disorders to benefit from high-quality, coordinated care models. Often, practitioners refuse to share information with other practitioners due to incorrect legal advice or for fear of being out of compliance with HIPAA. In December 2017, the Department of Health and Human Services' Office of Civil Rights released helpful clarifying guidance regarding situations in which mental health and addiction information may be shared between health care practitioners. ***As Congress considers reauthorization of the program, APA recommends encouraging the Department of Health and Human Services to continue to***

***educate providers about changes to privacy laws, including 42 CFR Part 2, and how they interact with regulatory changes to improve interoperability and prevent information blocking.*** In addition, in order to help alleviate some of the patient information sharing issues, Congress could include policies encouraging greater adoption of electronic health records and the use of secure information exchange among mental health, substance use, and community providers, which would allow better information sharing in these care scenarios.

### **New Initiatives**

The mental health challenges facing our country have continued to evolve since enactment of the *21<sup>st</sup> Century Cures Act*, including its incorporation of much of the *Mental Health Reform Act of 2015*. We remain grateful for your leadership last year in enacting the provisions included in the Consolidated Appropriations Act to strengthen compliance with the Mental Health Parity and Addiction Equity Act. APA also strongly supports your *Parity Implementation Assistance Act, S. 1962*, which would better enable states to enforce the new law. We strongly encourage you to include S. 1962 in your *Cures* reauthorization discussions.

In addition, the evidence base has continued to grow for the Collaborative Care Model, with more than 90 research studies now demonstrating its efficacy. This proven approach to integrating measurement-based behavioral health care into the primary care setting is covered by Medicare, most private insurers, and many state Medicaid programs. Research has also shown the model has a 12:1 benefit to cost ratio for the treatment of depression in adults. CoCM is a force multiplier, greatly increasing the number of patients being treated for mental health and substance use disorders when compared to traditional 1:1 treatment. In addition, CoCM has been shown to increase physician and patient satisfaction and reduce stress among primary care physicians. Representatives Fletcher and Herrera-Beutler have introduced bipartisan legislation, HR 5218, to enhance adoption of the model and improve the evidence base for others. We encourage you to include this in your deliberations, as well.

Finally, the APA will share with you shortly, by separate cover, the additional ideas put forward in our reply to the recent Request for Information issued by the Senate Committee on Finance, which we expect to be of interest to you.

Thank you for the opportunity to submit these comments for your consideration. We also thank you for your leadership during this challenging time. Please let us know how we can aid your efforts to improve mental health across our nation. If you have any questions, please contact Michelle Greenhalgh at [mgreenhalgh@psych.org](mailto:mgreenhalgh@psych.org) / 202.459.9708

Sincerely,



Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych  
CEO and Medical Director  
American Psychiatric Association