

April 2013

## **Senate HELP Committee Unanimously Approves Measure to Promote Awareness, Early Identification of Mental Health Problems among Children and Young Adults**

In a unanimous voice vote, the Senate Health, Education, Labor and Pensions (HELP) Committee has approved *The Mental Health Awareness and Improvement Act of 2013 (S.689)* that would promote awareness and early identification of mental health problems, especially among youths and young adults. The bill would reauthorize and upgrade certain programs administered by the Department of Health and Human Services (HHS) and Department of Education. There is currently no companion legislation in the House of Representatives, but we will report on that process as soon we have additional information.

The HELP Committee bipartisan measure is moving on a separate legislative track at this time although it does contain some similar provisions that are embodied in both President Obama's "Now is the Time" mental health policy proposals released in January, and his FY 2014 federal budget plan to increase access to mental health services in schools – and train appropriate school personnel to recognize the signs of mental illness. The latter budget plan initiative seeks \$235 million in new federal spending to support the President's mental health plan.

During the HELP Committee's discussion last, Sen. Sheldon Whitehouse (D-RI) said he plans to offer an amendment to *S.689* when it reaches the Senate floor to cover behavioral health facilities, under legislation previously enacted in 2009 that promotes the use of health information technology among medical providers. Leaving behavioral and mental health facilities out of the "meaningful use" requirement has created a gap for individuals with mental health disorders because their records are not included as part of the growing health information technology (IT) infrastructure.

**Next Step:** When and how the bill will reach the Senate floor remains uncertain. Senate leaders have not decided when and how the bill will be brought to the floor, according to HELP Committee staff – as recently as last Friday.

*S.689* could be attached to Senate's gun control measure which will be up for consideration over the next few weeks on the full Senate – or attached as a large amendment to another health-related or non-health related measure – being considered by the Senate.

The primary difference between the *S.689* and other mental health policy measures including *The Excellence in Mental Health Act (S.264)* focuses primarily on reauthorizing existing mental health programs in order to gain Senate Republican support. *S. 689*, essentially, does not create any new spending beyond what Congress has already agreed to under the FY 2013 Congressional Continuing Resolution agreement on federal discretionary spending passed in March.

**The Excellence in Mental Health Act would designate certain community mental health centers as Federally Qualified Community Behavioral Health Centers – opening the door to more Medicaid reimbursement. That parallels the special designation given to certain community health centers that provide primary care. The bill would restore a steady funding stream for community behavioral health centers - \$1.4 billion in Medicaid funding over 10 years. These services would be aimed at uninsured and lower-income Americans with the most serious and persistent mental illnesses.**

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### ***The Mental Health Awareness and Improvement Act of 2013 (S.689)***

#### **Introduction**

*The Mental Health Awareness and Improvement Act – S.689* – reauthorizes and improves programs administered by both the Departments of Education and Health and Human Services (HHS) related to awareness, prevention, and early identification of mental health conditions, and the promotion of linkages to appropriate services for children and youth.

The first section of *S.689* focuses on school settings by promoting school-wide prevention through the development of positive behavioral supports and encouraging school-based mental health partnerships.

The second section of the measure focuses on suicide prevention, helping children recover from traumatic events, mental health awareness for teachers and other individuals, and assessing specific barriers to integrating behavioral health and primary care. The bipartisan legislation makes targeted improvements designed to advance Federal efforts to assist states and local communities in addressing the mental health needs of their citizens.

There are 10 major or overarching mental health provisions included in *The Mental Health Awareness and Improvement Act*.

#### **S.689 -- Education Programs**

##### **Amendments to the Elementary and Secondary Education Act of 1965 (ESEA)**

- Encourages the development of school-wide prevention programs, such as positive behavioral interventions and supports (PBIS) to promote positive behaviors in students, create positive conditions for learning in schools, and identify students in need of supports and link them with appropriate mental health services.
- Encourages states to provide technical assistance to Local Educational Agencies and school personnel on the implementation of school-based mental health programs and other approaches designed to improve learning environments in schools.

- Modifies the use of funds for grants under *Section 4121* to include the promotion of school-based mental health partnerships designed to help schools link students with the clinical mental health services they need.

## S.689 Mental Health Programs

### Garrett Lee Smith Memorial Act Reauthorization

- Codifies the suicide prevention technical assistance center to provide information and training for suicide prevention, surveillance, and intervention strategies for all ages, particularly among groups at high risk for suicide.
- Reauthorizes the **Youth Suicide Early Intervention and Prevention Strategies** grants to states and Indian tribes, and clarifies that states may receive continuation grants after the first grant is awarded.
- Reauthorizes the **Mental Health and Substance Use Disorder Services on Campuses** grant program and updates the use of funds to allow for the education of students, families, faculty, and staff to increase awareness and training to respond effectively to students with mental health and substance use disorders, to provide outreach to administer voluntary screenings and assessments to students, and to enhance networks with health care providers who treat mental health and substance use disorders.
- The measure also incorporates consideration of the needs of veterans enrolled as students on campus.

### Mental Health Awareness Training

- Reauthorizes grants to states, political subdivisions of states, Indian tribes, tribal organizations, and nonprofit private entities to train teachers, appropriate school personnel, emergency services personnel, and others, as appropriate, to recognize the signs and symptoms of mental illness, to become familiar with resources in the community for individuals with mental illnesses, and for the purpose of the safe de-escalation of crisis situations involving individuals with mental illness.

### Children's Recovery from Trauma

- Reauthorizes the **National Child Traumatic Stress Initiative (NCTSI)**, which supports a national network of child trauma centers, including university, hospital, and community-based centers and affiliate (formerly funded) members.
- Supports the coordinating center's collection, analysis, and reporting of child outcome and other data to inform evidence-based treatments and services. Also supports the continuum of training initiatives related to such evidence-based treatments, interventions, and practices offered to providers.
- Encourages the collaboration between NCTSI and HHS to disseminate evidence-based and trauma-informed interventions, treatments, and other resources to appropriate stakeholders.

### **Assessing Barriers to Behavioral Health Integration**

- Requires a General Accountability Office (GAO) report on the federal requirements impacting access to mental health and substance use disorder treatment related to integration with primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

### **Improving Education and Awareness of Treatments for Opioid Use Disorders**

- Directs the Substance Abuse and Mental Health Services Administration (SAMHSA) to advance, through its current programs, the education and awareness of providers, patients, and other stakeholders regarding Food and Drug Administration (FDA)-approved products to treat opioid use disorders.
- Calls for a report on such activities, including the role of adherence in the treatment of opioid use disorders, and recommendations on priorities and strategies to address co-occurring substance use disorders and mental illness.

### **Examining Mental Health Care for Children**

- Requires a GAO report on the utilization of mental health services for children, including information about how children access care and referrals; the tools and assessments available for children; and the usage of psychotropic medications.

### **Evidence-Based Practices for Older Adults**

- Encourages the HHS Secretary to disseminate information and provide technical assistance on evidence-based practices for mental health and substance use disorders in older adults.

### **National Violent Death Reporting System**

- Encourages the Director of the Centers for Disease Control and Prevention to improve, particularly through the inclusion of other states, the existing **National Violent Death Reporting System**. The reporting system was created in 2002 and currently collects surveillance data from 18 states.

### **GAO Study on Virginia Tech Recommendations**

- There were several recommendations on mental health that were outlined in a report to President Bush in 2007 by the HHS Secretary and Education Secretary, and the Attorney General of the U.S., after the Virginia Tech University shooting tragedy.
- This provision requires a GAO study on the status of implementation of their recommendations, as well as identification of any barriers to implementation and identification of additional actions

the Federal government can take to support states and local communities to ensure the Federal government and laws are not obstacles at the community level.

- The report will only address those recommendations that require participation by HHS.

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If you have any questions on this bulletin, please contact Joel Miller, NASMHPD's Senior Director of Policy and Healthcare Reform, at [joel.miller@nasmhpd.org](mailto:joel.miller@nasmhpd.org), or by phone at (703) 682-7552.