



November 5, 2021

The Honorable Christopher S. Murphy  
Senate Committee on Health, Education,  
Labor & Pensions  
136 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Bill Cassidy, M.D.  
Senate Committee on Health, Education,  
Labor & Pensions  
520 Hart Senate Office Building  
Washington, D.C. 20510

Re: Reauthorization of the *Mental Health Reform Act of 2016*

Dear Senator Murphy and Senator Cassidy:

On behalf of NAMI, the National Alliance on Mental Illness, we write to thank you for your invitation to provide feedback on programs that were authorized or reauthorized as part of the 21<sup>st</sup> Century Cures Act. We deeply appreciate your invaluable leadership in championing the *Mental Health Reform Act of 2016*, which served as a critical foundation for enhancing mental health services. Today, we applaud your continued bipartisan commitment to transforming our nation's system of mental health care.

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of people affected by mental illness. The communities we serve and advocate for are as diverse as our nation. NAMI is a voice for youth and adolescents, veterans and service members, individuals involved with the criminal justice system, those experiencing homelessness, family caregivers and everyday Americans who are impacted by mental illness. We are all connected by the shared hope of new and innovative treatments, improved health care coverage and support through recovery.

From August 2020 to February of this year, more than 4 in 10 adults reported anxiety or depression.<sup>i</sup> Deaths from overdoses increased by 30 percent in 2020.<sup>ii</sup> And last year, the proportion of children and youth going to emergency rooms for mental health crises<sup>iii</sup> and suicide attempts<sup>iv</sup> increased dramatically. When people—from children to adults to older adults—do not receive the mental health care they need and deserve, their conditions often worsen and have significant impacts to the individual, their family, and their community. Yet, with the right care at the right time, the impact of mental health conditions can be minimized and people can experience recovery.

The reauthorization and reimagining of the *Mental Health Reform Act of 2016* provides an important opportunity to improve access to and quality of services and supports that will help children, adults and older adults who experience mental health challenges. We offer our comments, below, on the programs outlined in your letter of October 5<sup>th</sup>. We would like to encourage you to work closely with the Senate Committee on Finance, which has also asked for suggestions related to mental health issues under their jurisdiction. An integration of efforts that span both HELP and Finance Committee's jurisdiction has the potential to profoundly influence system change and transform delivery of mental health care.

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

The Community Mental Health Services Block Grant (MHBG) program plays a vital role in supporting the public mental health system by providing funds that may be used for people who are uninsured or underinsured, as well as for essential services and supports and other needs that are not billable to insurance or Medicaid. The MHBG serves as an incubator that helps fill gaps and promotes the most effective services and supports, particularly for marginalized people and those who have complex or challenging conditions, and it has helped make community mental health systems the source of innovation in mental health care. Today, as growing numbers of people, including children and youth, experience mental health crises—and as our country prepares for the implementation of 988, a three-digit suicide prevention and mental health crisis hotline number—it is critical that the block grant program target investments in crisis services and early intervention.

- NAMI urges reauthorization and increased appropriations for the **Community Mental Health Services Block Grant**. NAMI strongly supports the existing 10% set-aside to address the needs of individuals with early serious mental illness, including psychosis. This set-aside has allowed for the rapid proliferation of well-researched Coordinated Specialty Care programs nationwide, which are changing the lives of people with early psychosis and improving outcomes, as demonstrated by the Recovery After an Initial Schizophrenia Episode (RAISE) study conducted by the National Institute of Mental Health. NAMI also prioritizes a similar statutorily-mandated 10% MHBG set-aside for crisis services and a matching set-aside for prevention and early intervention.
- NAMI additionally recommends that Congress ensures the authorization and appropriation for a **Behavioral Health Crisis Coordinating Office**, as is currently included in both the House and Senate FY2022 appropriations. 988 crisis response has the potential to transform crisis care in America and reduce historic inequities, but it will require dedicated resources to ensure that there is national coordination with other systems and stakeholders, promotion of and training in standards of care, data collection, analysis and quality improvement, ongoing system planning and communications. Importantly, the inclusion of people who have experienced behavioral health crises and families must be included in planning, implementation and evaluation efforts to ensure services are meeting the needs of the individuals served.

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

The National Mental Health and Substance Use Policy Laboratory (Policy Lab) was authorized in the *Mental Health Reform Act of 2016* to encourage innovation and disseminate evidence-based programs and practices. NAMI supports the intent of the Policy Lab to encourage effective interventions that improve the lives of people with mental health and/or substance use conditions. With rising mental health and substance use needs, leadership and promotion of effective services and supports is more vital than ever.

- NAMI urges reauthorization and increased appropriations for the **National Mental Health and Substance Use Policy Laboratory**. NAMI further urges a renewed emphasis on data collection and program evaluation from SAMHSA grantees, collaboration with NIMH to accelerate “science to service,” particularly with regard to suicide prevention, mental health crises, and serving children, adults and older adults with harder-to-treat and/or more complex, co-occurring conditions. We also urge that CMS be directed to routinely coordinate with the Policy Lab to inform Medicaid and Medicare coverage and alternative financing methods that result in more rapid spread and use of effective mental health interventions.

### **Increasing Access to Pediatric Mental Health** ([42 U.S.C. §254c-19](#))

The Pediatric Mental Health Care Access Program promotes statewide or regional pediatric mental health telehealth consultation and support for pediatric primary care providers, who are increasingly seeing children experiencing anxiety, depression and other mental health conditions. This is an important program that assists in integrating care, particularly where there are shortages of pediatric mental health experts. This program received additional funds under the American Rescue Plan Act, an indication of the importance of addressing children’s mental health in the context of COVID recovery.

- NAMI urges reauthorization and increased appropriations to expand the **Increasing Access to Pediatric Mental Health** program. NAMI further urges a requirement to ensure that this program is well-coordinated with similar programs funded under HRSA and recommends a GAO report that examines both HRSA and SAMHSA workforce development programs and highlights opportunities to both streamline and fill gaps in behavioral health workforce programs.

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

An estimated 70% of youth in the juvenile justice system have a diagnosable mental health condition and are ten times more likely to suffer from psychosis than youth in the community. About 2 million times each year, people with mental illness are booked into jails, where fewer than half receive any mental health treatment. People with mental illness who are incarcerated, especially non-white individuals, are more likely to be held in solitary confinement and stay longer in jail. As they are released to their communities, people with mental illness face many challenges and are at significantly increased risk for death by overdose or suicide in the weeks following their release. Providing re-entry planning and connection to community mental health services and supports can save lives and reduce the risk of returning to jail, while providing alternatives to incarceration can get people into treatment and kept out of jail in the first place.

- NAMI urges reauthorization and significantly increased appropriations to expand **Jail Diversion Program** grants within *Programs of Regional and National Significance*. NAMI further urges that this program emphasize delivery of effective treatment and peer support interventions for justice-involved individuals with mental illness or co-occurring conditions.

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

Millions of people in the U.S. have both a physical and a mental health or substance use condition. People with severe mental health conditions die, on average, about a decade earlier than their peers without mental illness, most often of treatable chronic medical conditions. Integrating physical and mental health care is critical to improving health outcomes and reducing stigma that keeps people from seeking help early.

- NAMI urges reauthorization and appropriation of the **PIPBHC** program within *Programs of Regional and National Significance*. The PIPBHC program supports better coordination and integration of primary, mental health and substance use care within community mental health centers.
- NAMI strongly urges increased support for programs to increase the integration of behavioral health care within primary care and pediatric care settings. While primary care needs to be integrated into specialty mental health settings, it is equally vital that behavioral health care be routinely integrated into primary and pediatric care settings to increase access and promote early intervention.

### **Projects for Assistance in Transition from Homelessness (PATH)** ([42 U.S.C. §290cc-35](#))

People with severe mental health conditions are more likely to experience homelessness and housing insecurity, unemployment and underemployment, and educational challenges—all of which are social

determinants of health (SDOH) that create barriers to recovery and inclusion and reduce quality of life. Housing is fundamental to recovery, yet people with mental illness are overrepresented in the unhoused population, with about [1 in 3](#) people who experience chronic homelessness having a mental health disability. In contrast, research shows that safe and affordable housing plays a significant role in supporting recovery and reducing total costs of care.<sup>v</sup>

- NAMI urges reauthorization and increased appropriations for the **PATH program**, which supports treatment, case management and other services to assist people with severe mental health conditions or co-occurring disorders who are homeless or at imminent risk of being homeless. NAMI urges broadening the criteria to those at high risk of homelessness.
- NAMI urges significant expansion of the **Homelessness Prevention Program**, a program within *Programs of Regional and National Significance*. Notably, this program provides case management, peer and recovery supports, and connection to sustainable permanent housing for people with severe mental health or co-occurring conditions *to prevent homelessness and housing instability*.

#### **Supported Employment and Supported Education (SE/SEd)**

Supported employment is an approach that helps people find competitive employment while receiving services and supports to help them manage their mental health condition. Similar to supported employment, supported education programs assist young adults in attaining their educational goals. Despite high rates of unemployment and discontinuation of education among people with severe mental health conditions, *there is no SAMHSA program dedicated to promoting widespread implementation of effective SE/SEd programs*.

- NAMI urges authorization and appropriation of a **new, nationwide SE/SEd program** at SAMHSA designed to reduce education and employment inequities for youth and adults with or at high risk for a severe mental health condition.

#### **SSI/SSDI Outreach, Access, and Recovery (SOAR)**

SAMHSA's SOAR program assists eligible adults and children who are experiencing or are at risk of homelessness connect to disability benefits. The very nature of mental health and substance use conditions can make it difficult, if not impossible, for people to navigate systems to obtain benefits, like SSI/SSDI, for which they are eligible. As a result, programs like SOAR play an invaluable role in reducing inequities and connecting people to important recovery supports.

- NAMI urges authorization and appropriation of an expansion in the **SOAR program** to reach youth and adults *before* they are homeless or at risk of homelessness (especially those who have experienced a behavioral health crisis) and expand the program scope to include a wider range of benefits, including health coverage and reenrollment, housing and rental assistance, and other benefit programs that address social determinants of health.

#### **Programs for Children with a Serious Emotional Disturbance (42 U.S.C. §290ff-4)**

Unlike many other chronic medical conditions, most mental health conditions begin early in life—half of all mental illness begins by age 14; 75% by age 24. Research shows that getting help early results in better outcomes and lower costs; treatment delays result in worse outcomes and conditions that are harder to treat. Unfortunately, fewer than 50% of children and youth in need of mental health services actually receive treatment. The Children's Mental Health Services initiative supports "systems of care" (SOC), a family-driven, youth-guided and strength-based approach to providing effective treatment and support for children and youth with serious emotional disturbances (SED) and their families. However, despite rising needs for children's mental health services, funding for this program has remained stagnant.

- NAMI urges reauthorization and increased appropriations to expand and strengthen the **Children’s Mental Health Services** program. NAMI further urges that this program incentivize grantees to incorporate effective interventions for children and youth with a range of mental health and co-occurring conditions.

#### **Healthy Transitions**

About 1 in 5 young adults (ages 18-25) had a mental health condition in the past year. Well over a million young adults have a severe mental health condition and are far more likely to experience homelessness, be arrested, drop out of school, and be unemployed compared to their peers without these conditions. The Healthy Transitions program helps improve access to services and supports, including care coordination, for young people ages 16-25, but currently provides grants to only 22 states.

- NAMI urges significant expansion of the **Healthy Transitions** program within *Programs of Regional and National Significance* to ensure it is available nationwide and helping young adults get on a path of recovery early in their experience of a severe mental health condition.

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

This year, more than two in five adults reported experiencing symptoms of anxiety or depression and the percentage of people who needed, but did not receive, therapy increased significantly.<sup>vi</sup> In the last year, proportionately fewer people who identified as Black, Asian, Hispanic or Latino received outpatient mental health treatment than people who identified as White.<sup>vii</sup> The profound shortage of mental health professionals across the country means that people often cannot find available behavioral health providers—and of these providers, the vast majority are non-Hispanic Whites. To meet the needs of our diverse country, it is imperative to recruit and retain a diverse behavioral health workforce.

- NAMI urges reauthorization and significantly increased appropriation of the **Minority Fellowship Program** within *Programs of Regional and National Significance*.

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

Assisted Outpatient Treatment (AOT) is a program that delivers outpatient treatment under court order to adults with severe mental health conditions who meet criteria, such as a prior history of repeated hospitalizations or arrests. NAMI believes AOT should include outreach and engagement, effective treatment, and emphasize peer supports and realizing recovery goals.

- NAMI urges reauthorization and reappropriation of the **Assisted Outpatient Treatment** program, with an emphasis on implementation of effective services and supports. NAMI recommends that this program incorporate assistance with implementing Psychiatric Advance Directives, a legal tool that allows a person to state their preferences in advance of a crisis.

#### **Assertive Community Treatment (ACT)**

ACT is a multi-disciplinary, integrated, team-based approach with a strong evidence base for effectiveness in improving outcomes for people with severe mental health conditions. ACT teams typically include 10-12 staff, including peer specialists, and provide intensive, recovery-oriented services and supports and case management. Despite the effectiveness of this intervention—and its potential to reduce the need for Assisted Outpatient Treatment—ACT teams are not widely available.

- NAMI urges significant expansion of the **Assertive Community Treatment** program within *Programs of Regional and National Significance*. NAMI further urges that the ACT program and Policy Lab coordinate closely to evaluate the ACT program and modifications of the model, such as ACT teams that incorporate tele-health.

### **Mental and Behavioral Health Education and Training Grants** ([42 U.S.C. §294e-1](#))

People of all ages—in every neighborhood and every community—are experiencing mental health challenges. People need help and don't know where to turn because the help often just isn't there. NAMI believes that creating a robust and diverse pipeline of behavioral health providers is essential to addressing the unacceptable lack of access to mental health care throughout the country. As one strategy in addressing this problem, the Mental and Behavioral Health Education and Training Grants program provides grants to accredited programs to support recruitment, education and clinical experience of students in behavioral health professions.

- NAMI urges reauthorization and significantly increased appropriations for **Mental and Behavioral Health Education and Training Grants**. NAMI urges expansion of this program, particularly to develop innovative, less traditional pipelines that work with high schools and community colleges to support students in pursuing mental health careers, as well as to develop pathways that support people in becoming certified peer support specialists.

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

NAMI members regularly relay heartbreaking stories of tragically avoidable trauma, treatment failures, and loss of life due to providers misinterpreting the permitted uses and disclosures of protected health information under the HIPAA privacy rule. As a result, NAMI was very pleased to see this provision in the *Mental Health Reform Act of 2016*.

- NAMI urges continued authorization and appropriation of the **Model Training Programs under HIPAA Act**. However, to realize Congressional intent, we strongly suggest a requirement of HHS to convene key stakeholder groups to regularly review this program and make recommendations on how to improve resources and training developed by the Center of Excellence for Protected Health Information (CoE-PHI) to better serve people with severe mental health conditions and their families.

NAMI appreciates the opportunity to provide feedback on the programs mentioned above and is grateful for the attention to the vital role of SAMHSA in shaping our nation's mental health system. Additionally, we would like to take this opportunity to highlight notable gaps in the mental health system that deeply affect NAMI's members and our partners in the provider community. While we hope that early intervention will one day minimize the need for acute services, the tragic reality is that there are too many people, particularly children and youth, for whom there are no appropriate, recovery-focused crisis stabilization and intensive short and longer-term treatment options available. As a result, too many emergency departments "board" people, including children, for days, or even weeks, before a placement is found—or a person is discharged without appropriate supports. We urge investment in ensuring that our nation's mental health system provides a broad range of recovery-focused, intensive treatment options to help children and adults with severe and acute conditions get on a path of recovery.

We would also like to note that navigating coverage and access to mental health services and supports is extraordinarily challenging, yet there is no program dedicated to addressing system navigation for adults or adult caregivers. As a result, people experience untold distress and delayed or no treatment because they don't know where to turn to for help navigating the system. Ultimately, this contributes to worsened conditions, over-reliance on emergency departments and higher costs. Further, although there are estimated to be over 8 million caregivers of adults with mental illness in the country, there is a lack of services and supports to maintain caregiver wellness and to help them best support the recovery of the person they care for. This, too, is a notable gap that further strains families across the country.



We encourage you to authorize and appropriate new programs, or expand existing programs, to meet these compelling system gaps.

In closing, NAMI would like to, once again, commend your leadership and your dedication to transforming mental health care in America. We look forward to the work ahead and stand ready to serve as a resource to you. If you would like to discuss any issues raised in this letter, please contact Jennifer Snow, Director of Public Policy, at [jsnow@nami.org](mailto:jsnow@nami.org).

Sincerely,



Hannah Wesolowski  
Interim National Director, Government Relations, Policy & Advocacy  
NAMI (National Alliance on Mental Illness)

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<sup>i</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7013e2-H.pdf>

<sup>ii</sup> CDC, "Drug Overdose Deaths in the U.S. Up 30% in 2020," July 14, 2021, [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20210714.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20210714.htm).

<sup>iii</sup> Leeb, R.T., Bitsko, R.H., Radhakrishnan, L., Martinez, P., Njai, R., and Holland, K.M. (2020). Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1-October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;79:1675-1680. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

<sup>iv</sup> Yard, E., Radhakrishnan, L., Ballesteros, M.F., et al. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic—United States, January 2019-May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70L888-894. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

<sup>v</sup> <https://www.norc.org/PDFs/A%20Case%20Study%20and%20Evaluation%20of%20Programs%20Addressing%20Social%20Determinants%20of%20Health%20for%20Individuals%20with%20Serious%20Mental%20Illness/Housing%20Report.pdf>

<sup>vi</sup> [https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm#T1\\_down](https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm#T1_down)

<sup>vii</sup> <https://www.samhsa.gov/data/sites/default/files/reports/rpt35320/NSDUHDetailedTabs2020/NSDUHDetailedTabs2020/NSDUHDetailedTabsSect8pe2020.htm>