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21ST CENTURY CURES IMPLEMENTATION: EXAMINING MENTAL HEALTH INITIATIVES

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON ENERGY AND COMMERCE

HOUSE OF REPRESENTATIVES

ONE HUNDRED FIFTEENTH CONGRESS

SECOND SESSION

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CONTENTS

	Page
Hon. Michael C. Burgess, a Representative in Congress from the State of Texas, opening statement	1
Prepared statement	3
Hon. Gene Green, a Representative in Congress from the State of Texas, opening statement	4
Prepared statement	5
Hon. Greg Walden, a Representative in Congress from the State of Oregon, opening statement	6
Prepared statement	8
Hon. Frank Pallone, Jr., a Representative in Congress from the State of New Jersey, opening statement	9
Prepared statement	10
WITNESSES	
Elinore McCance-Katz, Ph.D., Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration	11
Prepared statement	14
Answers to submitted questions [1]	58
SUBMITTED MATERIAL	
Statement of Texas Tech University Health Sciences Center, submitted by Mr. Burgess	43
Statement of the American Academy of Pediatrics, submitted by Mr. Green	46
Statement of the American Psychiatric Association, submitted by Mr. Green	47
Statement of the American Psychological Association, submitted by Mr. Green	48
Statement of the National Child Traumatic Stress Network, submitted by Mr. Green	46
Article entitled, "Nazis separated me from my parents as a child. The trauma lasts a lifetime," The Guardian, June 18, 2018, submitted by Ms. Schakowsky	51
Statement of the Anti-Defamation League, submitted by Ms. Schakowsky	54

[1] The committee did not receive a response to Ms. McCance-Katz's submitted questions for the record by the time of printing.

21ST CENTURY CURES IMPLEMENTATION: EXAMINING MENTAL HEALTH INITIATIVES

THURSDAY, JULY 19, 2018

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC.

The subcommittee met, pursuant to call, at 10:03 a.m., in room 2123, Rayburn House Office Building, Hon. Michael Burgess, M.D. (chairman of the subcommittee) presiding.

Present: Representatives Burgess, Guthrie, Latta, Lance, Griffith, Bilirakis, Long, Bucshon, Brooks, Mullin, Hudson, Carter, Walden (ex officio), Green, Schakowsky, Matsui, Castor, Kennedy, DeGette, and Pallone (ex officio).

Staff Present: Jennifer Barblan, Chief Counsel, Oversight and Investigations; Daniel Butler, Legislative Clerk, Health; Karen Christian, General Counsel; Adam Fromm, Director of Outreach and Coalitions; Ed Kim, Policy Coordinator, Health; Ryan Long, Deputy Staff Director; James Paluskiewicz, Professional Staff Member, Health; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Austin Stonebreaker, Press Assistant; Josh Trent, Chief Health Counsel, Health; Hamlin Wade, Special Advisor, External Affairs; Jacquelyn Bolen, Minority Professional Staff; Jeff Carrol, Minority Staff Director; Waverly Gordon, Minority Health Counsel: Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Samantha Satchell, Minority Senior Policy Analyst; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; and C.J. Young, Minority Press Secretary.

OPENING STATEMENT OF HON. MICHAEL C. BURGESS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. BURGESS. The Subcommittee on Health will now come to order. The chair recognizes himself 5 minutes for the purpose of an opening statement.

So today we convene and hold an oversight hearing on the mental health division of the 21st Century Cures Act which was signed into law in December 2016. On the anniversary of the House passage of 21st Century Cures, this subcommittee held a hearing on the sections of the law that the National Institute of Health and the Food and Drug Administration are implementing. Today we have Dr. Elinor McCance-Katz, the assistant secretary for Mental Health and Substance Use, here to testify before us about the work

that the substance abuse and Mental Health Services Administration is doing to address our country's mental health needs.

The mental health title of 21st Century Cures was based upon the Helping Families and Mental Health Crisis Reform Act of 2016 which passed the House by a vote of 422 to 2 prior to its inclusion in the Cures bill. This legislative effort represents the most significant reforms to the mental health system in more than a decade.

The first provision within the mental health division strengthened the leadership and the accountability of SAMHSA including establishing the position that Dr. McCance-Katz now holds. One of her duties as the assistant secretary is to develop a strategic plan by the end of this fiscal year.

Cures also strengthened existing programs, including SAMHSA's two biggest programs, the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant. Given that each State and community is different, this law provides flexibility to States to address their unique mental health needs. Additionally, the law authorized the National Mental Health Policy Laboratory to carry out existing and new activities under the mental health policy umbrella including awarding grants for promising service delivery models and expanding evidence-based programs.

Access to mental health and substance use disorder care is vital to the overall health of our Nation. According to the National Alliance on Mental Illness, approximately one in five adults in the United States experience mental illness per year. Of those adults suffering from mental illness, only a little more than 40 percent receive mental health services in the past year. Title 9 of the 21st Century Cures Act focused on promoting access to mental health and substance use disorder care.

The programs included in this title authorized and strengthened several existing programs that previously had not been in statute. Some of these programs provide grants to eligible entries that provide mental health and substance use disorder services to homeless individuals and jail diversion programs. Additionally, the title authorized the program to further integrate primary care and behavioral health services through demonstration projects. Notably, the 21st Century Cures Act expanded the target population of this integration to include additional populations such as certain qualifying children and adolescents.

The Centers for Disease Control and Prevention recently released a vital signs report that showed a rising suicide rate across the United States. In 2016, we lost nearly 45,000 lives to suicide. 21st Century Cures aimed to provide additional suicide prevention resources by codifying the National Suicide Prevention Hotline and authorizing the Garrett Lee Smith Suicide Prevention Resource Center and Youth Suicide Prevention State Grants.

The existence of all of these programs would be far less impactful if we did not have an adequate work force to provide services. Therefore, there was an entire subtitle directed to strengthening the mental and behavioral healthcare workforce through training grants, demonstration programs, and other means.

Cures established several new grant programs to address mental health needs in populations such as Mothers and Children. One

program provides grants to support Statewide or regional pediatric mental health care telehealth access programs. Such programs could be especially helpful in early identification and treatment of mental health issues in school-age children. This is especially critical because 50 percent of all chronic mental illness begins by age 14.

21st Century Cures made meaningful long-sought reforms to our mental health system and is the result of thoughtful bipartisan legislation created over the course of several years. While this law reflects on our diligence and our commitment to improving America's overall mental health, there is work that remains to be done.

I will yield back the balance of my time and recognize the ranking member of the subcommittee, Mr. Green, 5 minutes for an opening statement, please.

[The prepared statement of Mr. Burgess follows:]

PREPARED STATEMENT OF HON. MICHAEL C. BURGESS

Good morning. Today we convene to hold an oversight hearing on the mental health division of the 21st Century Cures Act, which was signed into law in December 2016. On the anniversary of House passage of 21st Century Cures, this Subcommittee held a hearing on the sections of the law that the National Institutes of Health and the Food and Drug Administration are implementing. Today, we have Dr. Elinore McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, here to testify before us about the great work that the Substance Abuse and Mental Health Services Administration (SAMHSA) is doing to address our country's mental health needs.

The mental health title of 21st Century Cures was based upon the Helping Families in Mental Health Crisis Reform Act of 2016, whichpassed the House by a vote of 422–2 prior to its inclusion in Cures. This legislative effort represents the most significant reforms to the mental health system in more than a decade.

The first provision within the mental health division strengthened the leadership and accountability at SAMHSA, including establishing Dr. McCance-Katz's position. One of her duties as the Assistant Secretary is to develop a strategic plan by the end of this fiscal year.

Cures also strengthened existing programs, including SAMHSA's two biggest programs, the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant. Given that each state and community is different, the law provides flexibility to states to address their unique mental health needs. Additionally, the law authorized the National Mental Health Policy Laboratory to carry out existing and new activities under the mental health policy umbrella, including awarding grants for promising service delivery models and expanding evidence-based programs.

Access to mental health and substance use disorder care, especially in the midst of an opioid epidemic, is vital to the overall health of our nation. According to the National Alliance on Mental Illness, approximately one in five adults in the United States experience mental illness per year. Of those adults suffering from mental illness, only 41 percent received mental health services in the past year. Title IX of 21st Century Cures focused on promoting access to mental health and substance use disorder care.

The programs included in this title authorized and strengthened several existing programs that had not been in statute. Some of these programs provide grants to eligible entities that provide mental health and substance use disorder services to homeless individuals and jail diversion programs. Additionally, the title authorized a program to further integrate primary care and behavioral health care services through demonstration projects. Notably, 21st Century Cures expanded the target population of this integration to include additional populations, such as certain qualifying children and adolescents.

The Centers for Disease Control and Prevention recently released a Vital Signs report that showed rising suicide rates across the United States. In 2016, we lost nearly 45,000 lives to suicide. 21st Century Cures aimed to provide additional suicide prevention resources by codifying the National Suicide Prevention Hotline and authorizing the Garrett Lee Smith Suicide Prevention Resource Center and Youth Suicide Prevention State Grants.

The existence of all of these programs would be far less impactful if we did not have an adequate workforce to provide services; therefore there was an entire subtitle dedicated to strengthening the mental and behavioral health care workforce through training grants, demonstration programs, and other means.

Cures established several new grant programs to address mental health needs in populations, such as mothers and children. One program provides grants to support statewide or regional pediatric mental health care telehealth access programs. Such programs could be especially helpful in early identification and treatment of mental health issues in our school-aged children. This is especially critical because 50 percent of all chronic mental illness begins by age 14. Another program awards grants to states for the purpose of screening and treating depression among women who are pregnant or who have given birth in the past year.

21st Century Cures made meaningful, long-sought reforms to our mental health system, and is the result of thoughtful, bipartisan legislation crafted over the course of several years. While this law reflects our diligence and our commitment to improving America's overall mental health, there remains much work to be done.

OPENING STATEMENT OF HON. GENE GREEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. GREEN. Thank you, Mr. Chairman, for holding today's hearing on the implementation of the 21st Century Cures Act. Today we will be examining Division C of the law which focuses on mental health programs and activities administered by the Substance Abuse and Mental Health Service Administration, SAMHSA. I want to thank Dr. McCance-Katz, the assistant secretary for Mental Health and Substance Use of SAMHSA for joining us this morning.

The enactment of the 21st Century Cures in December of 2016 was a great achievement, particularly in a time of sharp partisanship and gridlock. But the work started long before 2016 led by colleagues Fred Upton and Congresswoman Diane DeGette. But all of us on the committee were participants.

In 2014, we set out on a mission to do something positive to boost medical research and innovation, accelerate the discovery and development of new cures and treatment, and improve public health.

After countless hours devoted to roundtables, white papers, hearings, and drafts, Cures enjoyed bipartisan support and endorsements from over 700 organizations representing a full spectrum of the stakeholders. The investment and new authorities created by Cures are intended to go far in solving today's complex scientific problems giving new treatments from the lab table to the bedside and strengthening our nation's public health infrastructure.

The Cures Act made several changes to mental health authorities and programs implemented by SAMHSA reauthorizing several existing mental health grant programs and creating new programs. For example. The Cures Act Established a chief medical officer within SAMHSA to assist in evaluating and organizing programs within the agency and promote best practices.

The law thoroughly requires SAMHSA to develop a strategic plan every 4 years to identify priorities and including a strategy for improving the recruitment, training, and retention of a mental health workforce. The Cures Act also created a national mental health policy laboratory and an inter-department serious mental illness coordinating committee, which issued a report to Congress last December to address the needs of Americans suffering from serious

mental illness and suffering emotional disturbance, across Federal agencies. One of the most important actions that the Federal Government can take to help Americans suffering from mental illness and emotional disturbance is ensuring they have the access to care.

Medicaid is the single largest payer for mental health services in the United States. In 2015, Medicaid covered 21 percent of adults with mental illness and 26 percent of adults with series mental health. I am concerned that actions taken by the Trump administration to make it more difficult to receive Medicaid and increase costs of health coverage more recently by suspending risk adjustment payments to insurers covering high-cost patients will make it more difficult for Americans suffering from mental illness and emotional disturbance to receive treatment they need to live in a full and healthy life.

Before I close, I must note that on the ongoing mental health crisis created by the Trump administration regarding the separation of children from their parents. The American Academy of Pediatrics has emphasized that highly stressful experiences like family separation can cause irreparable harm disrupting a child's brain, architecture, and affecting his or her short- and long-term health. This type of prolonged exposure is serious stress known as toxic stress can lead to lifelong consequences for these children.

Currently there are over 3,000 children who are forcibly separated from their parents by Federal authorities. We must hear how these family separations are impacting the mental and emotional health of these children and what action SAMHSA is taking to help these children recover from the trauma of family situation.

Thank you, Mr. Chairman, and I would be glad to yield my last minute to someone who would like a minute.

Nobody?

Diane? I will yield to my colleague from Colorado.

[The prepared statement of Mr. Green follows:]

PREPARED STATEMENT OF HON. GENE GREEN

Mr. Chairman, thank you for holding today's hearing on the implementation of the 21st Century Cures Act.

Today, we will be examining Division C of the law, which focuses on mental health programs and activities administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

I would like to thank Dr. McCance-Katz, the Assistant Secretary for Mental Health and Substance Use at SAMHSA for joining us this morning.

The enactment of the 21st Century Cures Act in December 2016 was a great achievement, particularly in a time of sharp partisanship and gridlock.

But the work started long before 2016. In 2014, we set out on a mission: do something positive to boost medical research and innovation, accelerate the discovery, development and of new cures and treatment, and improve public health.

After countless hours devoted to roundtables, whitepapers, hearings and drafts, Cures enjoyed bipartisan support and endorsements from over 700 organizations representing the full spectrum of stakeholders.

The investment and new authorities created by Cures are intended to go far in solving today's complex scientific problems, getting new treatments from the lab table to the bedside and strengthening our nation's public health infrastructure.

The Cures Act made several changes to mental health authorities and programs implemented by SAMHSA, reauthorized several existing mental health grant programs and created new programs.

For example, the Cures Act established a Chief Medical Officer within SAMHSA to assist in evaluating and organizing programs within the agency and promote best practices.

The law further requires SAMHSA to develop a strategic plan every four years to identify priorities, including a strategy for improving the recruitment, training, and retention of the mental health workforce.

The Cures Act also created the National Mental Health Policy Laboratory and the Inter-Departmental Serious Mental Illness Coordinating Committee, which issued a report to Congress last December to address the needs of Americans suffering from serious mental illness and serious emotional disturbance across Federal agencies.

One of the most important actions the Federal Government can take to help Americans suffering from mental illness and emotional disturbance is ensuring they have access to care.

Medicaid is the single largest payer for mental health services in the United States. In 2015, Medicaid covered 21 percent of adults with mental illness and 26 percent of adults with serious mental illness.

I am concerned that actions taken by the Trump Administration to make it more difficult to receive Medicaid and the increase the cost of health coverage, most recently by suspending risk adjustment payments to insurers covering high-cost patients, will make it more difficult for Americans suffering from mental illness and emotional disturbance to receive the treatment they need to live a full and healthy life.

Before I close, I must note the ongoing mental health crisis created by the Trump Administration regarding the separation of children from their parents.

The American Academy of Pediatrics has emphasized that "highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and effecting his or her short- and long-term health. This type of prolonged exposure to serious stress—known as toxic stress—can lead to lifelong consequences for children."

Currently, there are over 3,000 children who were forcibly separated from their parents by federal authorities.

We must hear how these family separations are impacting the mental and emotional health of these children and what action SAMHSA is taking to help these children recover from the trauma of family separation.

Thank you, Mr. Chairman, and I yield the remainder of my time.

Ms. DEGETTE. Thank you very much.

I just want to thank you, Doctor, for coming today. And I really look forward to hearing what SAMHSA is doing to implement the reforms in 21st Century Cures. This really, particularly the mental health aspects of the bill were issues that this committee worked on for many years trying to get it right. And I am not sure we yet have it right, but we are certainly working in that direction. So thank you.

And I also want to echo what my colleagues are saying about these kids at the border. I think we are making progress reuniting them with their families, but we need to double our efforts down, and we also need to make sure they get adequate mental health counseling.

I yield back.

Mr. BURGESS. The gentleman from Texas yields back.

The chair notes there is a vote on the floor. But with the Committee's permission, we will finish with our opening statements before adjourning for the vote.

And I will recognize the gentleman from Oregon, the chairman of the full committee, Mr. Walden, for his opening statement.

OPENING STATEMENT OF HON. GREG WALDEN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OREGON

Mr. WALDEN. Well, thank you very much, Mr. Burgess. We appreciate that. And we appreciate your convening this hearing. It is really important that we do oversight on how 21st Century Cures and the wonderful bipartisan changes incorporated therein are now being implemented. I want to thank our colleagues on the com-

mittee who are here now, and certainly Dr. Tim Murphy who was a real leader in the Congress on mental health reform for his work on this as well. These policies were the result of multiyear, multimember bipartisan congressional effort, and they are based largely off the Helping Families in Mental Health Crisis Act which passed the House in July of 2016 by a sweeping vote of 422 to 2.

It is also important, as an authorizing committee, that, once we pass legislation, we come back and review is it working? Where can we improve? What is not working? And that is why we are here today.

These provisions were ultimately folded into Cures which was signed into law on December 13 of 2016. Division B of Cures authorized these landmark reforms to our nation's mental health laws, and they were long overdue.

When our committee first took on this, there were 112 Federal programs spread across eight Federal agencies designed to address mental illness. And they cost taxpayers $130 billion annually. So 112 programs, eight agencies, $130 billion. And many of the programs had not been updated or reauthorized in years.

In Cures, under the leadership of Fred Upton, our chairman of the committee at the time, and Ms. DeGette and others, we streamlined these programs and brought them into the 21st century. We prioritized access to evidence-based programs and best practices to make them available to providers across the Nation. We granted States additional flexibility in administering mental health block grants to address the specific needs of their patient population. And we increased oversight, transparency, and accountability for these programs.

Cures also made important progress in boosting resources for suicide prevention. Too many of us have friends who have lost loved ones to suicide. My dear friend and colleague, Senator Gordon Smith from Oregon, tragically lost his son Garrett Lee Smith to suicide 1 day before his son's 22nd birthday. I worked hard with Senator Smith to authorize the original Garrett Lee Smith Memorial Act which provides information and training for suicide prevention, surveillance, intervention, strategies for all ages. And I was proud to see this important program reauthorized in Cures.

In a March funding bill which is now law, Congress provided critical funding for nearly 30 sections of the provisions within Cures, and these programs include the National Child Traumatic Stress Network, the National Child traumatic Stress Initiative, Mental and Behavioral Health Training Grants, Assisted Outpatient Treatment, and the National Suicide Prevention Lifeline. In addition, the bill also appropriated more than $2.3 billion in new funding for mental health programs and other training. These are resources that can mean the difference, literally, between life and death.

It is also worth noting the promotion of integration of primary and behavioral health care included in Cures. In Wallowa County out the northeast part of my district and other areas across rural Oregon, I have heard the success stories of providers who have been able now to integrate their community health center and their behavioral health services. We know it works, but we also know there can be barriers to full integration. So I would appreciate

hearing from our witness today about what you are seeing at the Federal level in this space of integration of service.

Finally, I would like to note that the sections in Cures devoted to substance use disorder. And just last month the House passed H.R. 6, the Support for Patients in Communities Act. That is the biggest legislative package to address a drug crisis in American history. That bill started in this very subcommittee. And our work on substance use disorder, however, goes much further back, back to the lead up to the Comprehensive Addiction Recovery Acts, CARA, and the Cures legislation.

So this intersection between mental health issues and substance abuse disorder is clearer now more than ever, and the grants and programs authorized by Cures have set the table for our work to combat the opioid crisis.

So I would like to thank our witness for joining us today and the work that you are doing. Your position was created under the very law that we are examining today. And I know we are all eager to learn more about your work to coordinate critical mental health services and programs across the Federal Government.

Mr. Chairman, I will yield back the balance of my time.

[The prepared statement of Mr. Walden follows:]

PREPARED STATEMENT OF HON. GREG WALDEN

I'd like to thank Dr. Burgess for convening this hearing today to examine the meaningful mental health reforms enacted into law with the 21st Century Cures Act, or Cures. These policies were the result of a multi-year, multi-Congress effort. They are based largely off the Helping Families in Mental Health Crisis Act, which passed the House in July 2016 by a sweeping vote of 422–2.

The provisions were ultimately folded into Cures, which was signed into law on December 13, 2016. Division B of Cures authorized these landmark reforms to our nation's mental health system that were long overdue.

When our committee first took this on, there were 112 federal programs spread across eight federal agencies designed to address mental illness. They cost $130 billion annually, and many of these programs had not been updated or reauthorized in years.

In Cures, we streamlined these programs and brought them into the 21st century. We prioritized access to evidence-based programs and best practices to make them available to providers across the country. We granted states additional flexibility in administering mental health block grants to address the specific needs of their patient population. And we increased oversight, transparency, and accountability for these programs.

Cures also made important progress in boosting resources for suicide prevention. Too many of us have lost loved ones to suicide—my friend and colleague Senator Gordon Smith from Oregon tragically lost his son Garrett Lee Smith to suicide, one day before his 22nd birthday. I worked hard with Senator Smith to authorize the original Garrett Lee Smith Memorial Act, which provides information and training for suicide prevention, surveillance, and intervention strategies for all ages. I was proud to see this important program reauthorized in Cures.

In a March funding bill which is now law, Congress provided critical funding for nearly 30 sections of provisions within Cures. These programs include: The National Child Traumatic Stress Network, The National Child Traumatic Stress Initiative, Mental and Behavioral Health Training Grants, Assisted Outpatient Treatment, and the National Suicide Prevention Lifeline. In addition, the bill also appropriated more than $2.3 billion in new funding for mental health programs and other training. These are resources than can mean the difference between life and death.

It's also worth noting the promotion of integration of primary and behavior health care included in Cures. In Wallowa County and other areas of my district in Oregon, I've heard the success stories of providers who have integrated their community health center and behavioral health services. We know that works, but we also know there can be barriers to full integration and I'd love to hear from our witness about what you're seeing at the federal level in this space.

Finally, I'd like to note the sections in Cures devoted to substance use disorder. Just last month the House passed H.R. 6, the SUPPORT for Patients and Communities Act, the biggest legislative package to address a drug crisis in history. That bill started in this very subcommittee. Our work on substance use disorder, however, goes much further back—back to the leadup to the Comprehensive Addiction and Recovery Act (CARA) and Cures.

The intersection between mental health issues and substance use disorder is clearer now more than ever, and the grants and programs authorized by Cures have set the table for our work to combat the opioid crisis.

I'd like to thank our witness for joining us today. Her position was created under the very law we are examining today, and I know we are all eager to learn more about her work to coordinate critical mental health services and programs across the Federal Government.

Mr. BURGESS. The gentleman yields back. The chair thanks the gentleman.

The chair recognizes the gentleman from New Jersey, the ranking member of the full committee, 5 minutes for an opening statement, please.

OPENING STATEMENT OF HON. FRANK PALLONE, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. PALLONE. Thank you, Mr. Chairman.

It is a critical function of this committee to conduct oversight and ensure that the legislation we pass is working as intended, and that is why I think it is important to hold hearings like these that allow us to learn directly from the administration how policies are being implemented.

In December 2016, President Obama signed the landmark 21st Century Cures Act into law which was truly a product of the hard work of bipartisan members of this committee. And as we know, the Cures Act addressed a wide range of issues facing our healthcare system. However, today we will be focusing on the provisions related to mental health. And I would like to thank Dr. McCance-Katz for joining us today to testify on the important work happening at SAMHSA.

The Helping Families and Mental Health Crisis Act, which was ultimately passed as part of the Cures Act, was an important step towards repairing our country's broken mental health system. And I would specifically like to highlight a provision that I worked hard with my colleagues to include in this legislation that expanded an important set of Medicaid benefits to children receiving inpatient psychiatric treatment. But despite what was accomplished through this law, I think we all agree our work on this issue is far from complete, and more needs to be done to improve access to affordable mental health treatment.

Unfortunately, in the time since we passed the Cures Act the, Republican party has been fixated on repealing the Affordable Care Act and cutting Medicaid, which is the single largest payer of mental health services in the country. For many people, Medicaid provides the only chance they have of getting treatment for a mental health disorder, and I continue to believe that any progress made by the Helping Families and Mental Health Crisis Act would be completely reverse if the Republicans ever succeed in their radical plans to repeal the Affordable Care Act and drastically cut Med-

icaid benefits for low-income individuals. These actions could cause catastrophic harm to people with mental illness.

And speaking of helping families in crisis, I am reminded that this committee has still not acted to help the thousands of families currently in crisis because of the Trump administration's cruel family separation policy. The administration recklessly moved ahead with this inhumane policy with little thought on how to address the long-term health implications for the children torn away from their parents or how to reunite them with their family. And this is a man-made disaster by the Trump administration.

Public health advocates and healthcare providers have already warned how devastating forceable separation can be to a child's mental health and overall development. According to the American Academy of Pediatrics, "highly stressful experiences like family separation can cause irreparable harm, disrupting a child's brain architecture, and affecting his or her short and long-term health. This type of prolonged exposure to serious stress—known as toxic stress—can lead to lifelong consequences for children."

And as I said at the outset of my remarks, oversight is a critical function of this committee. And so far Chairman Walden has not been willing to hold an oversight hearing on the family separation crisis, which I think we should have before we leave for the August recess. And that tells me that the Republican majority are really not as troubled by this crisis as some of them claim to be.

So we must get to the bottom of how this happened so we can ensure it never happens again. We must reunite these families immediately. While we can't undue the trauma that these children have already endured, the administration must take every step possible to prevent further harm.

And with that, I yield back, Mr. Chairman.

[The prepared statement of Mr. Pallone follows:]

PREPARED STATEMENT OF HON. FRANK PALLONE, JR.

It's a critical function of this committee to conduct oversight and ensure that the legislation we pass is working as intended. That's why I do think it's important to hold hearings like these that allow us to learn directly from the Administration how policies are being implemented.

In December 2016, President Obama signed the landmark 21st Century Cures Act into law—which was truly a product of the hard work of bipartisan members of this committee. As we know, the Cures Act addressed a wide range of issues facing our health care system. However, today we'll be focusing on the provisions related to mental health-and I'd like to thank Dr. McCance-Katz for joining us today to testify on the important work happening at the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Helping Families in Mental Health Crisis Act, which was ultimately passed as part of the Cures Act, was an important step towards repairing our country's broken mental health system. I'd specifically like to highlight a provision I worked hard with my colleagues to include in the legislation that expanded an important set of Medicaid benefits to children receiving inpatient psychiatric treatment. But despite what was accomplished through this law, I think we'd all agree our work on this issue is far from complete and more needs to be done to improve access to affordable mental health treatment.

Unfortunately, in the time since we've passed the Cures Act the Republican party has been fixated on repealing the Affordable Care Act and cutting Medicaid-which is the single largest payer of mental health services in the country. For many people, Medicaid provides the only chance they have at getting treatment for a mental health disorder. I continue to believe that any progress made by the Helping Families in Mental Health Crisis Act would be completely reversed if the Republicans ever succeed in their radical plans to repeal the Affordable Care Act and drastically

cut Medicaid benefits for low income individuals. These actions would cause catastrophic harm to people with mental illness.

And speaking of helping families in crisis, I'm reminded that this committee has still not acted to help the thousands of families currently in crisis because of the Trump Administration's cruel family separation policy. The Administration recklessly moved ahead with this inhumane policy with little thought on how to address the long-term health implications for the children torn away from their parents or how to reunite them with their family. This is a man-made disaster by the Trump Administration.

Public health advocates and health care providers have already warned how devastating forcible separation can be to a child's mental health and overall development. According to the American Academy of Pediatrics, "highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and effecting his or her short- and long-term health. This type of prolonged exposure to serious stress—known as toxic stress—can lead to lifelong consequences for children."

As I said at the outset of my remarks, oversight is a critical function of this committee and the fact that Chairman Walden refuses to hold an oversight hearing on the family separation crisis tells me that Chairman Walden and the Republican majority are simply not as troubled by this crisis as some of them claim to be—and I find that incredibly sad.

We must get to the bottom of how this happened so we can ensure it never happens again. We must reunite these families immediately—and while we can't undo the trauma that these children have already endured—the Administration must take every step possible to prevent further harm.

I yield back.

Mr. BURGESS. The chair thanks the gentleman. The gentleman yields back.

The chair notes there are under 5 minutes left on this vote series. My understanding is there are four votes in this series. That should take us a little less than 1 hour to complete. And the committee will stand in recess until immediately after votes.

[Recess.]

Mr. BURGESS. I call the committee back to order. As we recessed we had just concluded with member opening statements.

The chair will remind members that pursuant to committee rules all member's opening statements will be part of the record. And we do want to thank our witness for being here today, and staying with us through votes, and taking time to testify before the subcommittee.

Our witness will have the opportunity to give an opening statement followed by questions from members. And today we are going to hear from Dr. Elinore McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, United States Department of Health and Human Services. We appreciate you being here with us today Dr. McCance-Katz and you are recognized for 5 minutes for an opening statement, please.

STATEMENT OF ELINORE MCCANCE-KATZ, PHD, ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Dr. MCCANCE-KATZ. Chairman Burgess, Ranking Member Green and members of the House Energy and Commerce Subcommittee on Health. Thank you for inviting me to testify at this important hearing.

In December of 2016, the 21st Century Cures Act was signed into law. And I want to thank you for your vision and your leadership

on addressing the needs of Americans living with mental and substance use disorders. We at the Substance Abuse and mental Health Services Administration, the Department of Health and Human Services have been actively implementing this law since its enactment.

As the first Assistant Secretary for Mental Health and Substance Use, a position created by the Cures Act, I take seriously my duties outlined in Cures, including leadership and accountability for behavior health, evidence based program promotion and coordination across government. Part of strengthening leadership and accountability includes a strong clinical perspective at the agency. Cures codifies the role of the chief medical officer. And we have taken this further by establishing and expanding the Office of the Chief Medical Officer to include two additional psychiatrists, a clinical psychologist and a nurse practitioner.

A new component of SAMHSA created by the Cures Act is the National Mental Health and Substance Use Policy laboratory. The policy lab promotes evidence based practices and service delivery through evaluation of models that would benefit from further development, expansion, or replication. The policy laboratory also provides leadership in identifying and coordinating policies and programs related to mental and substance use disorders, including needed policy changes.

The Interdepartmental Serious Mental Illness Coordinating Committee, or ISMIC, was established by the Cures Act to ensure better coordination across the Federal Government to address the needs of adults with serious mental illness and children and youth with serious emotional disturbances and their families.

The ISMIC has been working within five key areas of focus, strengthening Federal coordination to improve care, closing the gap between what works and what is offered, reducing justice involvement and improving care for those who are just as involved, making it easier to obtain evidence-based healthcare for mental and substance use disorders and developing finance strategies to increase availability and affordability of care.

The Cures Act reauthorized the community mental health services block grant and codified the first episode psychosis set aside. If we can intervene early and with needed treatment in psychosocial services, individuals are better able to manage their serious mental illnesses similar to other chronic health conditions.

In 2016, 44,965 Americans died by suicide. And according to SAMHSA's surveys on drug use and health statistics, over 1.3 million Americans attempted suicide. The Cures Act authorized SAMHSA's existing national suicide prevention lifeline. Recent evaluation data showed that the majority of individuals served and then interview following use of life line purported that the intervention stopped them from completing suicide and helped to keep them safe. At the same time, the highest rate of suicide in America is among adults, aged 45 to 64 years old. SAMHSA is grateful to the authorization of the adult suicide prevention program and cures.

The purpose of this program is to implement suicide prevention intervention programs focused on training of healthcare professionals, to ask about suicidal ideations, and to make safety plans

and to assist people to treatment should they endorse thoughts of wanting to end their lives.

One of SAMHSA's roles is it to oversee the implementation of 42 CFR Part 2, the regulation governing confidentiality of substance use disorder patient records. SAMHSA made substantive updates to these regulations in 2017 and 2018. In compliance with the Cures Act, SAMHSA held a listening session attend by over 1,200 people in January 2018 to obtain input about Part 2 implementation. Themes included the need to align 42 CFR Part 2 in HIPAA, the need for technical assistance and training, the importance of integrated care, and the use of electronic health records.

The Cures Act also demonstrates Congress' commitment to addressing the opioids crisis. Through implementation of CURE's SAMHSA awarded $500 million in each of years 2017 and 2018. And the State targeted response grant funding to States and communities around the country. These funds support comprehensive approaches to addressing the opioids crisis through prevention, treatment and recovery services.

I feel strongly that we need to ensure that the direction provided by Congress in Cures is followed with fidelity and the highest quality service delivery possible. In order to achieve this goal, I have reconfigured SAMHSA's technical assistance approach from a grantee-based approach to one which supports a robust national and regional technical assistance strategy emphasizing training on evidence based and effective practices to communities across the country.

Much work has been undertaken at SAMHSA and across HHS to implement the Cures Act, but we know this work is far from over. I look forward to continuing a strong partnership with Congress, to help Americans living with mental and substance use disorders and their families.

I am pleased to answer your questions today. Thank you.

[The prepared statement of Dr. McCance-Katz follows:]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Hearing on
21st Century Cures Implementation: Examining Mental Health Initiatives

Witness appearing before the
House Committee on Energy and Commerce Subcommittee on Health

Assistant Secretary for Mental Health and Substance Use
Elinore F. McCance-Katz, M.D., Ph.D.

July 19, 2018

Chairman Burgess, Ranking Member Green, and members of the Subcommittee, thank you for inviting me to testify at this important hearing.

In December 2016, the 21st Century Cures Act (Cures Act) was signed into law, and the Substance Abuse and Mental Health Services Administration (SAMHSA) has been actively implementing many of the provisions in coordination with our colleagues at the Department of Health and Human Services (HHS), other Federal agencies, state and local governments, tribal entities, and other key stakeholders.

The Cures Act addresses many critical issues including leadership and accountability for behavioral health at the federal level, the importance of evidence-based programs for the treatment and prevention of mental and substance use disorders, and the imperative need to coordinate efforts across government. We at SAMHSA appreciate your leadership and dedication in enacting new authorities to reduce the impact of substance abuse and mental illness on America's communities.

In my testimony, I will highlight key ways in which SAMHSA is implementing Cures Act provisions and how this implementation is benefiting individuals, families, and communities across the country.

Strengthening Leadership and Accountability

The Cures Act established the position of Assistant Secretary for Mental Health and Substance Use. I am humbled and honored to be the first person to serve in this position and bring my experience as a psychiatrist and researcher to this important role. As the Assistant Secretary for Mental Health and Substance Use, I take seriously my duties as outlined in the Cures Act such as maintaining a system to disseminate research findings and evidence-based programs to improve prevention, treatment, and recovery support services; ensuring that grants are subject to performance and outcome evaluations; consulting with stakeholders to improve community-based and other mental health services including for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED); collaborating with other departments (such as the Departments of Veterans Affairs, Defense, Housing and Urban Development, and Labor); and working with stakeholders to improve the recruitment and retention of mental health and addiction professionals. SAMHSA has a very important mission and we focus on using our resources wisely and addressing the most pressing issues.

Strengthening leadership and accountability at SAMHSA includes ensuring a strong clinical perspective at the agency. The Cures Act codifies the role of the Chief Medical Officer (CMO). I believe a clinical perspective at the national level is imperative to sound stewardship and implementation of high quality, effective services. As such, I have built upon the codification of the CMO in the Cures Act by expanding the Office of the Chief Medical Officer (OCMO) to include two additional psychiatrists, a psychologist, and a nurse practitioner. Further, to ensure

the elevation of OCMO within SAMHSA, I have placed it strategically in the Office of the Assistant Secretary (OAS).

OCMO responsibilities include serving as a liaison between SAMHSA and providers, assisting the Assistant Secretary in evaluation, organization, integration, and coordination of SAMHSA programs; promoting evidence-based and promising practices; and coordinating internally and externally to assess the use and ensure the utilization of appropriate performance metrics.

The Cures Act also codified the Center for Behavioral Health Statistics and Quality (CBHSQ), which serves as the federal government's lead agency for behavioral health statistics. CBHSQ conducts national surveys tracking population-level behavioral health issues. These surveys, including the National Survey on Drug Use and Health, serve as the national standard for behavioral health statistics. The Cures Act places a particular emphasis on program evaluation. As such, I have created a new Office of Evaluation, within CBHSQ, which will be responsible for conducting SAMHSA's program evaluations. CBHSQ also is responsible for collecting standardized performance data from grantees. The Center is currently in the process of implementing an innovative, real-time, client-based data-entry and reporting system for the streamlined collection of these data.

The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was required by the Cures Act to ensure better coordination across the entire Federal Government related to addressing the needs of individuals with SMI and SED and their families. The Committee represents collaboration across multiple Departments including: HHS, Justice, Labor, Housing and Urban Development, Defense, Veterans Affairs, Education, and the Social Security Administration. Fourteen non-federal members representing treatment providers, researchers, patients, families, criminal justice systems, and others also participate in the ISMICC.

Last December, as required in the Cures Act, we released the first ISMICC Report to Congress, which was followed by the second public meeting of the ISMICC. The report included recommendations from the non-federal members to focus on the following five areas:

1. Strengthening federal coordination to improve care;
2. Closing the gap between what works and what is offered;
3. Reducing justice involvement and improving care for those who are justice involved;
4. Making it easier to obtain evidence-based behavioral healthcare services; and
5. Developing finance strategies to increase availability and affordability of care.

Since that time, the ISMICC formed working groups to address each of these recommendations. The groups are working to ensure that recommendations lead to practical and actionable activities, which will ultimately benefit those living with mental disorders. For example, the development of guidance to communities on universal mental health screening for youth in schools is underway. Another key example is the development of a pilot survey to better assess the prevalence of mental disorders across America's communities.

We have also engaged subject matter experts across the country, from academia, hospitals, insurers, community providers, state government, consumers, and family members to inform SAMHSA and its partners on complex problems such as civil commitment implementation, workforce challenges, improving crisis response systems, coordinating federal research agendas, screening and treatment of serious emotional disturbance among children, and partnering with the faith community. We provide monthly updates to ISMICC members and they have been strong advocates to address issues related to serious mental illness in our nation. HHS leadership and staff look forward to continued work with the other Federal departments and non-federal public members represented on the Committee.

Ensuring Mental and Substance Use Disorders Prevention, Treatment and Recovery Programs Keep Pace with Science and Technology

The Cures Act created the National Mental Health and Substance Use Policy Laboratory (Policy Lab). The Policy Lab is working to promote evidence-based practices and service delivery models through evaluating models that would benefit from further development and expansion. In particular, the Policy Lab is focusing on schizophrenia and schizoaffective disorder, as well as other SMI. It is also focusing on evidence-based practices and services for substance use disorders with an emphasis on opioids.

The responsibilities of the Policy Lab outlined in Cures are: to identify, coordinate, and facilitate the implementation of policy changes likely to have a significant effect on mental health and mental illness; to work with the Center for Behavioral Health Statistics and Quality to collect information from grantees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based practices, including culturally and linguistically appropriate services and service delivery models; to provide leadership in identifying and coordinating policies and programs, including evidence-based programs related to mental illness and addiction; to periodically review programs and activities operated by the Administration relating to the diagnosis or prevention of, treatment for, and recovery from, mental illness and substance use disorders, including identifying any such programs or activities that are duplicative and are not evidence-based, effective, or efficient.

To provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their practice, the Policy Lab

launched an Evidence-Based Practices Resource Center (Resource Center) in April 2018. The Resource Center, at www.samhsa.gov/ebp-resource-center, contains a collection of science-based resources, including Treatment Improvement Protocols, toolkits, resource guides, and clinical practice guidelines, for a broad range of audiences. Moving forward, SAMHSA plans to develop and to disseminate additional resources, such as new or updated Treatment Improvement Protocols, guidance documents, clinical practice policies, toolkits, and other actionable materials that incorporate the latest scientific evidence on mental health and substance use.

Supporting State Activities and Responses to Mental Health and Addiction Needs

The Cures Act reauthorized the Community Mental Health Services Block Grant and codified a set-aside for first episode psychosis. This set-aside is vitally important to ensuring that people with SMI receive appropriate treatment. If we can intervene early and provide needed treatment and psychosocial services, people are able to manage their SMI and live full, productive lives.

Through this set-aside, states have been able to address the critical need to intervene as quickly and early as possible. States have developed and implemented strategies and programs including: statewide coordinated specialty care models, training of peer support specialists, expansion of treatment capacity through existing treatment teams, and establishment of quality assurance systems.

Since the enactment of the set-aside in 2015, SAMHSA, in coordination with our colleagues at the National Institute of Mental Health (NIMH), a component of the National Institutes of Health, has established 250 of these life-saving programs in every state and the District of Columbia.

Promoting Access to Mental Health and Substance Use Disorder Care

The Cures Act reauthorized many critical programs at SAMHSA. SAMHSA's Programs of Regional and National Significance (PRNS) focus on providing high quality services to myriad populations including those involved with the criminal justice system, those living with HIV, individuals who are homeless, pregnant and postpartum women, and adolescents.

The Cures Act particularly heightened emphasis on serving those living with serious mental illness. For example, the Act reauthorized the Assisted Outpatient Treatment program. Assisted outpatient treatment programs are court-supervised treatment that take place in the community, sometimes referred to as "(involuntary) outpatient commitment." In FY 2016, SAMHSA implemented an Assisted Outpatient Treatment grant program and awarded 17 grants through the program. A variety of program types receive these grants, including, county and city mental health systems, mental health courts, and any other entities with authority under the law of the state in which the grantee is located to mandate Assisted Outpatient Treatment. This four-year program is intended to implement and evaluate new Assisted Outpatient Treatment programs and

identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarceration, and interactions with the criminal justice system, while improving the health and social outcomes of individuals living with SMI. This program is designed to work with families and courts to allow these individuals to obtain treatment while continuing to live in the community and in their homes within those communities. SAMHSA has partnered with the Assistant Secretary for Planning and Evaluation and NIMH to implement a cross-site evaluation that will assess the effectiveness and impact of the Assisted Outpatient Treatment grant program.

SAMHSA is also grateful that the Cures Act recognized and authorized another critical program for individuals living with SMI, Assertive Community Treatment (ACT). ACT is an evidence-based practice considered one of the most effective approaches to delivering services to people with SMI and has been disseminated by SAMHSA for widespread use through its Evidence-Based Toolkit series beginning in 2008. ACT is designed as a coordinated care approach to provide a comprehensive array of services, including medication management and other supportive services, directly via a multi-disciplinary team of professionals, rather than through referrals. An ACT team is composed of 10-12 transdisciplinary behavioral health staff – including psychiatrists, nurses, case managers, peer specialists and others – working together to deliver a mix of individualized, recovery oriented services to a caseload of approximately 100 people with SMI to help them with integration into the community. The services are provided 24 hours, seven days a week and as long as needed, wherever they are needed. ACT was developed to reduce re-hospitalization and improve outcomes on discharge. I am very pleased that Congress appropriated $5 million for SAMHSA's first ever ACT program to be awarded in September 2018.

Suicide prevention is another critical component of mental health care which is highlighted in the Cures Act. Recent data from the Centers for Disease Control and Prevention (CDC) show that suicide deaths tragically continue to rise across the nation in virtually every state and across nearly every age group. According to CDC, in 2016, 44,965 Americans died by suicide; according to the National Survey on Drug Use and Health, there were an estimated 1.3 million suicide attempts in the United States. The Cures Act authorized SAMHSA's existing National Suicide Prevention Lifeline (Lifeline). In 2017, the Lifeline answered over two million calls, far surpassing those recorded for 2016, with over 90 percent of callers reporting that calling the crisis hotline helped stop them from completing suicide.

Suicide remains the second leading cause of death for individuals 15-24 years old. The Cures Act reauthorized the Garrett Lee Smith Memorial Act, which provides grants to states and tribes to reduce youth suicide and suicide attempts. At the same time, the highest rate of suicide in America is among adults 45-64 years old. Prior to the Cures Act, there was no authorized suicide prevention program for adults at SAMHSA. SAMHSA is grateful for the authorization of the adult suicide prevention program in the Cures Act and for Congress' funding of the first

program in FY 2017. In FY 2017, SAMHSA awarded three grants for the Zero Suicide program. The purpose of this program is to implement suicide prevention and intervention programs within health systems for people who are 25 years of age or older. The comprehensive, multi-setting approach will raise awareness of suicide, establish referral processes, and improve care and outcomes for individuals who are at risk for suicide. Fourteen additional Zero Suicide grants are being awarded in FY 2018. SAMHSA also provided five grants under the Cooperative Agreements to Implement the National Strategy for Suicide Prevention program. The purpose of this program is to support states in implementing the 2012 National Strategy for Suicide Prevention goals and objectives focused on preventing suicide and suicide attempts among adults, ages 25 and older, to reduce the overall suicide rate and number of suicides in the United States.

Strengthening Mental and Substance Use Disorder Care for Children and Adolescents

The Cures Act also addresses the needs of children with mental and substance use disorders through reauthorization of the National Child Traumatic Stress Initiative. As one example of the work undertaken, the National Child Traumatic Stress Initiative conducted a Psychological First Aid Train the Trainer course for the State of Texas in response to Hurricane Harvey. Participants were selected from HHS-contracted behavioral health providers, giving priority to those regions most impacted by Hurricane Harvey.

It is estimated that over 7.4 million children and youth in the United States have a serious mental disorder. Unfortunately, only 41 percent of those in need of mental health services actually receive treatment. Created in 1992, SAMHSA's Children's Mental Health Initiative addresses this gap by supporting "systems of care" for children and youth with serious emotional disturbance (SED) and their families in order to increase their access to evidence-based treatment and supports. The Cures Act reauthorized the Children's Mental Health Initiative which provides grants to assist states, local governments, tribes, and territories in their efforts to deliver services and supports to meet the needs of children and youth with SED.

The Children's Mental Health Initiative supports the development, implementation, expansion, and sustainability of comprehensive, community-based services that use the systems of care approach. Systems of care is a strategic approach to the delivery of services and supports that incorporates family-driven, strength-based, and culturally and linguistically competent care in order to meet the physical, intellectual, emotional, cultural, and social needs of children and youth throughout the United States. The systems of care approach helps prepare children and youth for successful transition to adulthood and assumption of adult roles and responsibilities. Services are delivered in the least restrictive environment with evidence-supported treatments and interventions. Individualized care management ensures that planned services and supports are delivered with an appropriate, effective, and youth-guided approach. This approach has demonstrated improved outcomes for children at home, at school, and in their communities. For

example, Children's Mental Health Initiative grantee data show that suicide attempt rates fell over 38 percent within 12 months after children and youth accessed Children's Mental Health Initiative -related systems of care services. In addition, school suspensions/expulsions fell over 42 percent and unlawful behavior fell over 40 percent within 18 months of children and youth beginning systems of care related services and supports.

As directed in the FY 2018 appropriations, SAMHSA is funding a demonstration within the Children's Mental Health Initiative for the first time in FY 2018. The Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis will identify youth and young adults, not more than 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms.

Other Key Priority Implementation Activities

As discussed in the hearing held by this Committee on October 5, 2017 regarding the federal response to the opioid crisis, SAMHSA continues to work closely with states on their implementation of the $1 billion State Targeted Response (STR) program authorized by section 1003 of the Cures Act, which enables states to build comprehensive approaches to opioid use disorder prevention, treatment, and recovery programs. These funds are supporting state efforts to reduce opioid overdose deaths and increase access to treatment. Building on this program, the Omnibus Budget for 2018 included an additional $1 billion for the State Opioid Response program distributed to states through a formula that considered the number of opioid overdose deaths and the treatment gap for those living with opioid use disorders within each state.

One of SAMHSA's roles is to oversee implementation of 42 CFR part 2, the regulation governing confidentiality of substance use disorder patient records. SAMHSA made substantive updates to these regulations in 2017 and 2018; the first such major revisions since 1987. In compliance with the Cures Act, SAMHSA held a listening session in January 2018 to obtain input about how Part 2 impacts patient care, health outcomes, and patient privacy. More than 1200 people participated in-person or online and SAMHSA received several written comments as well. Major themes included the need to align 42 CFR Part 2 and HIPAA, the need for technical assistance and training, and the importance of integrated care and use of Electronic Health Records. SAMHSA will continue to diligently review these issues and work to ensure that individuals living with substance use disorders have access to practitioners who are fully equipped with the knowledge they need to provide the best care possible. Individuals living with substance use disorders have a right to privacy; but, we must also not forget their right to high quality, effective care for substance use disorders, mental disorders and physical illnesses.

Congress also recognized the critical role behavioral health parity plays in ensuring equitable, high-quality health and behavioral healthcare for all Americans. Section 13002 called for the convening of a public listening session and the creation of a parity action plan for increased enforcement of behavioral health parity. The listening session was held on July 27, 2017. More than fifteen groups provided public comment in person and a total of 40 comments were received via email or in writing. Comments were received from various stakeholder groups including insurance representatives, employers, behavioral health providers, and patients or their advocates. The most common concerns cited by commenters were the need for more guidance from Federal agencies, transparency from insurance companies as to parity analysis and coverage decisions, and enforcement of parity protections. The Action Plan includes strategies and action steps to address these comments.

I feel strongly that we need to ensure that the direction provided by Congress in Cures is followed with fidelity and the highest quality service delivery possible. In order to achieve this goal, I have re-configured SAMHSA's Technical Assistance (TA) approach from a grantee-based TA approach to one which supports a robust national and regional strategy that emphasizes training on evidence-based and effective practices to communities across the country.

Conclusion

I am thankful for the clear and meaningful direction and goals that Congress articulated in the Cures Act. I believe that it is my responsibility to ensure that the vision identified in the Cures Act is realized. SAMHSA has made great strides in our programming and policies but there is more work to do. There are many more people and their families struggling with mental illness and addiction that need help. I look forward to continuing a strong partnership with Congress to help these Americans. With the Cures Act, Congress has provided an instrumental blueprint for addressing these needs, and we at SAMHSA greatly appreciate your efforts.

Mr. BURGESS. Thank you, Dr. McCance-Katz, and thank you for your testimony today. This concludes the witness opening statement portion of the hearing. We will move to member questions. I recognize myself 5 minutes for questions.

And I want to begin by asking unanimous consent to place into the record a statement for the record by Dr. Billy Philips from Texas Tech University Health Sciences Center, the Hall Professor of Family Community Medicine, Professor of Public Health and Executive Vice President for Rural and Community Health at Texas Tech University describing their program of Telemedicine, Wellness, Intervention, Triage and Referral.

Without objection so ordered.

[The information appears at the conclusion of the hearing.]

Mr. BURGESS. And Dr. McCance-Katz, I am submitting the whole statement for the record. Let me just pull a couple of pieces out of this. Dr. Philips tell us this program provides school based screening assessment and referral services to students that are typically struggling with behavioral and mental health issues and is currently active in 10 west Texas independent school districts.

This project uses telemedicine technology to link remote rural schools that are without sufficient counselors, psychiatrists, and other mental health service providers. It also provides mental health recognition and training services to educators and school resource officers to promote a greater recognition and prompt referral.

He then goes on to describe in some detail how the program runs and the coordination that occurs between their staff and the staff of the school. Interesting he provides some statistics. He says the impact area has an annual enrollment of 42,000 students in ten mostly rural school districts surrounding Lubbock, Texas. They have created an environment where students are empowered to help create a safe learning environment and better morale.

Of that number, only a small fraction, 414 total, have been referred by teachers. And we have been trained to recognize those who will need to be referred to the larger program, the team has screened out and triaged, by telemedicine, 215 students and 25 of those have been removed from the school population, most by hospitalizations and a few by arrest. And they believe they have averted tragic outcomes and started others on a path towards healing.

So a very interesting program that they have developed for school safety in their rural school districts in west Texas. And I would just be interested in your thoughts as to how this integrates with the work we did in Cures, and you are doing now with Cures implementation.

Dr. MCCANCE-KATZ. Thank you for bringing that forward, because this is a very important part of not only of Cures Act but also a focus of the President's Federal school safety commission. And so we have had the opportunity to speak to a number of districts across the country, Texas being one of them. And these kinds of innovative programs are exactly what we need to better ensure—two things, one a safe environment for students, a nurturing environment where they can learn.

And the second being one where we identify children early who may have emotional or mental health issues that need to be ad-

dressed and there are a number of ways to address those kinds of mental health service needs via either integration directly within the school system or through a close relationship with other types of programs.

Some of the things that the Cures Act do that directly effect those kinds of programs is that Cures reauthorized several types of mental health programs that are oriented toward children. And SAMHSA continues to implement those programs.

So things like Project Aware which provides for infrastructure of these types of services within schools in the States, and programs that teach about mental health psychological, mental health, and mental health first aid type programs to help to identify youth early so that we can get them the care and services that they need, Cures reauthorized those programs and we are in the process right now of making more awards through our granting system.

In addition, when we start talking about integration of care, the certified community behavioral health centers that Congress established for us represent a model that can be used to provide those needed services to children who would be referred from the school systems.

Mr. BURGESS. Well, certainly I think use of that model will be important. As I understand this program has been funded entirely out of funds within Texas Tech University itself, but they have set up the telemedicine portals, and the secure connections, and the encrypting and all that is it necessary to have those secure connections.

But I actually look forward to working with you and your office on this and perhaps the White House as well, because I do think they are on to something that is very, very important.

I am going to yield back to you, Mr. Green, and recognize you for 5 minutes of questions.

Mr. GREEN. Thank you, Mr. Chairman. And again welcome, Dr. McCance-Katz.

The 21st Century Cures Act was a landmark law and included important provisions to strengthen mental and substance use disorder care for women, children and adolescents. In particular the Cures has reauthorized the National Child Traumatic Stress Initiative which supports a national network of child trauma centers and focuses on increasing access to affected trauma focused interventions.

Can you explain how the National Child Traumatic Stress Network operates? And what impact it has on improving the lives of children impacted by traumatic stress.

Dr. MCCANCE-KATZ. Yes, the National Child Traumatic Stress initiative is a program that is established in a large number of States, it provides national technical assistance services around issues of traumatic stress in children. This is a program that not only trains practitioners and providers of services, but also will do consultation within communities to help them to address traumatic issues. So this is a very highly regarded and valuable program.

Mr. GREEN. Following the chairman, do you know of any grantees in the State of Texas off the top of your head?

Dr. MCCANCE-KATZ. I don't have the grantees dedicated to memory. But I will tell you this we can get you that very quickly.

Mr. GREEN. OK. Thank you. I appreciate it.

If children that are impacted by traumatic stress receive early interventions and the trauma informed care they need, can the long-term health affects of trauma be mitigated in any way?

Dr. MCCANCE-KATZ. Yes, they can. There is a fair amount of literature on this in terms of how trauma affects children and the ability to address those traumatic events in therapeutic environments can mitigate the affects later in life.

Mr. GREEN. I am interested in how the National Child Traumatic Stress Network is responding to the recent events related to the family separations at the border as a result of the Trump administration's zero tolerance. Is the network being utilized to coordinate or facilitate services for children that have endured this trauma as a result of family separation policy?

Dr. MCCANCE-KATZ. Well, what I would say, Congressman Green, is that SAMHSA itself is not involved in those issues. Those issues are being dealt with by a different part of HHS, the Administration for Children and Families and the Office for Refugee Resettlement. Any provider within a jurisdiction can go to a SAMHSA national program and ask for resources, but SAMHSA itself is not directly involved in that.

Mr. GREEN. OK. Well, I was wondering, HHS is responsible for those children, if you happen to find any information on what is being done with HHS in the network for these children—my concern about the National Children Traumatic Stress has a document on its website that notes, children can recover from traumatic separation and other traumatic experiences with development of culturally and linguistically appropriate trauma services for these children and their families, including evidence based and trauma folks treatment. I would hope that would be part of the process and obviously SAMHSA in that effort.

In the interdepartmental serious mental illness coordinating committee report that was released by SAMHSA last December it listed five areas of focus, including increasing availability and affordability of the care. Could a patient suffering from a serious mental illness, and SMI or a serious emotional disturbance, be denied health insurance—insurers as having a preexisting condition?

Dr. MCCANCE-KATZ. So that is not my area of expertise. I really don't feel comfortable commenting on the details of health insurance. What I would say is that Medicaid is one of the largest providers of mental health services through their insurance program and they serve millions of Americans at this very moment.

Mr. GREEN. Thank you, Mr. Chairman. I would also like to ask unanimous consent to place into the record a statement by the American Academy of Pediatrics opposing separation of children at the border, the American Psychiatric Association, opposing the separation of children from their parents. The American Psychological Association regarding the traumatic affects of separating families, and again the National Child Traumatic Stress Network and key points on the traumatic separation of refugee children and immigrant children.

I ask unanimous consent to place into the record.

Mr. BURGESS. Without objection so ordered.

[The information appears at the conclusion of the hearing.]

Mr. BURGESS. The gentleman's time has expired.

Mr. GREEN. I yield.

Mr. BURGESS. The gentleman yields back. The chair recognizes the gentleman from Kentucky, Mr. Guthrie, 5 minutes for questions.

Mr. GUTHRIE. Thank you, Mr. Chairman and thanks for being here Dr. McCance-Katz.

I have a question, the CDC has found that less than half of substance use disorder patients with multiple mental health issues have ever received treatment for their mental health issue. The commission suggests this is due to lack of access, fear of shame, and discrimination, and a lack of motivation to seek treatment. Would you discuss how you planned to encourage and work with States using the State targeted response opioid money to help patients with untreated mental health disorders?

I am from Kentucky and as you know we have a very large population in need of these services, and the general public who just need education and awareness of these services.

Dr. MCCANCE-KATZ. Yes, yes. Thank you for that question, because we are very much engaged on that issue. And so the State targeted response to opioids part of the Cures Act provides funding for technical assistance and training within the States. What we have now done at SAMHSA, what we have put in place in February was to have a grantee whose requirement was to establish teams within every State, multiple teams for States with larger geographic areas, but these teams had to have addiction experts and other types of mental health expertise and physical healthcare expertise available so that they could go into communities. Communities and providers within those communities let their States know what kinds of services, and training, and technical assistance, and these teams go in and provide that on the spot.

And so we believe that that is going to be a way that we establish evidence-based practice. We know that the co-occurring rate of mental and substance use disorders is quite high. And so if somebody has a substance use disorder, they must be screened for mental health issues. We know that treating one and not treating the other and the person who has cooccurring disorders will not solve both problems. And these teams are professionals. They are licensed within their States and certified by their various regulatory boards to provide that kind of technical assistance and training as part of their own clinical practices and they are doing that in our communities now.

Mr. GUTHRIE. OK thanks. And before my next question, I was watching I guess a new TV show that is out that Amy Adams the actress stars in. And several of the characters seem to have addictions so I can't really tell where the show is going yet. But at the very end of the show they had a public service announcement for SAMHSA. I don't know if you knew that or saw that. At the very end it says, if you have any issues or know people who have, please call. I don't know if you are getting any response from that, but I was pleased at the end of show they were trying to show people how to reach out that have addiction issues.

So my next question is for guidance issued via the 21st Century Cures Act, SAMHSA has released extensive guidance for con-

sumers on how they can report parity concerns as well as tools for health plans. Does SAMHSA have future plans to offer providers additional pathways for addressing potential—this is hard to say—offer providers additional pathways for addressing potential parity violations or concerns?

Dr. MCCANCE-KATZ. So we are very pleased that we have a portal that consumers can use where they can report what they believe may by parity violations, difficulties they are having with getting coverage for their mental health or substance use problems. That portal will get them to the appropriate Federal agency, be it labor, be it CMS, be it Treasury, so we are pleased about that.

We also provide guidance—SAMHSA last summer did a 30-State parity policy academy where we trained on issues related to parity and MHPAEA and how States can make sure that the appropriate attention is being paid so the people of their States can get the services that they need.

Mr. GUTHRIE. Well thank you. And those are my two questions and I appreciate you being here.

And I yield back.

Mr. BURGESS. The chair thanks the gentleman. The gentleman yields back. The chair now recognizes the gentleman from New Jersey, ranking member of the full committee, Mr. Pallone 5 minutes for questioning.

Mr. PALLONE. Thank you, Mr. Chairman.

Doctor, the Cures Act included provisions that specifically addressed child trauma. And as I noted in my opening statement I continue to have grave concerns about the children forcibly separated from their parents or guardians as a result of Trump administration's zero-tolerance policy.

And I have sought information from the administration on whether children in the office of refugee's care may have experienced trauma. And my resolution of inquiry that was debated by the committee last week specifically requested documents on the long-term health implications of the family separation policy on the children in ORR's care.

As HHS' leader on mental health issue, SAMHSA is uniquely qualified to speak to the impacts of trauma and the long-term health implications. So my questions are going to focus on this. And it is not just me that has raised concern about the health impacts of the family separation policy. This has been echoed by numerous pubic health organizations and child health advocates, including the American Academy of Pediatrics, the American Public Health Association, Trust for America's Health and the National Association of County and City Health Officials.

So in fact the National Child Traumatic Stress Network, which is administered by SAMHSA, notes "that separation from parents or primary caregivers is one of the most potent, traumatic stressors a child can experience, especially under frightening, sudden, chaotic or prolonged circumstances." What is traumatic or toxic stress basically, if you don't mind?

Dr. MCCANCE-KATZ. Traumatic or toxic stress can be any of a number of things that an individual would experience as emotionally distressing and various individuals will have different types of responses to that. In fact, as you mentioned, one of them has been

reported to be separation. But I would suggest to you that there are lots of stressors that these children have probably experienced in their travels to the United States.

So not having seen any of these kids, not being able to attribute what their distress might be about, it is hard to say exactly what the etiology of any particular individual's problem might be.

Mr. PALLONE. So could you comment on how the circumstances of separation increase the likelihood of traumatic or toxic stress, could you comment on that?

Dr. MCCANCE-KATZ. Very hard to say. What I will say is that if you were to look at the literature on traumatic stress, you would see somewhere depending on the study you look at up to 43 percent of individuals will experience some type of traumatic stress in their lifetime, most of them do not go on to develop major mental disorders. And when you mitigate, when you relieve that stressor, they do recover.

People have an amazing amount of resilience. That's why all of us who are exposed to some type of stress don't develop mental disorders, some do, we can't predict with reliability who will.

Mr. PALLONE. Then all the more reason why if you have had separation to try to get the kids back together with their parents, because then maybe they can recover.

Dr. MCCANCE-KATZ. And our Department is working very hard on that. Our Secretary has spoken to that issue and they are addressing it every single day.

Mr. PALLONE. Well, I guess the problem that I have is that you mention that SAMHSA is not involved in the child separation issue that related from the zero-tolerance policy. But the problem is that the Cures Bill required SAMHSA to coordinate mental health services across the Federal Government. Do you think that SAMHSA as a leader of mental health care for our country should play a role in responding to this crisis at the border?

Dr. MCCANCE-KATZ. SAMHSA has defined responsibilities. One of those, as you mentioned in the Cures Act, is the National Traumatic Child Stress Network and we do implement that and we work with our grantees to make sure that they are providing the services that are needed across this nation to serve Americans who may be experienced with traumatic stress and their children.

It is also a decision by others as to what agencies are specifically involved in the day-to-day activities of any particular event. So SAMHSA does what it is required to do by the Cures Act and we stand ready to provide additional assistance if it were requested.

Mr. PALLONE. I don't want to put words in your mouth, but it sounds like you would be willing to help but maybe no one at the Department is asking you to. But you don't have to respond to that.

I just think that it is clear that these families must be reunified immediately and ensure that these kids have access to the trauma informed prevention and mental health services in order to recover and mitigate the harm experienced as a result of this policy.

And I will leave it at that, because my time has run out. Thank you.

Mr. BURGESS. The gentleman's time has expired. The gentleman yields back. The chair now recognizes the gentleman from Virginia 5 minutes for questions please.

Mr. GRIFFITH. Thank you very much. Mr. Chairman, thank you for being here today, very important topics, Cures and CARA and mental health are all so important. You have touched on a number of things.

I am going to ask some questions that probably are not answerable in the 5 minutes that we have. And so I will give you an opportunity to answer, but recognize that I would like for you to think about them and come up with answers if you can and send them to us at a later date.

Dr. MCCANCE-KATZ. Certainly.

Mr. GRIFFITH. So the first one is, in your testimony you discussed concerns brought up about the enforcement of parity protections, mental health, and other medicine or treatment. I was in a meeting with Secretary Acosta where he brought up similar concerns from the Department of Labor about the fact they have enforcement authority under ERISA plans, et cetera, but really have difficulty in the enforcement side of that. And so the question is what tools are necessary? What suggestions would you have for us about steps that we can take in the Federal law to ensure compliance with mental health parity and physical health parity? So the two are being treated the same in our various plans. And I will give you an opportunity, but I recognize that is probably an hour lecture as opposed to part of an answer in a 5-minute segment.

Dr. MCCANCE-KATZ. So my quick answer to that would be that the question is quite an important one. It is one that I would want to seek legal counsel about.

Mr. GRIFFITH. Yes.

Dr. MCCANCE-KATZ. And one that we will be happy to give a written answer to.

Mr. GRIFFITH. I appreciate that. And I would like an extended answer because these issues are all complex.

Dr. MCCANCE-KATZ. Absolutely.

Mr. GRIFFITH. Switching gears, I am talking to a principal in one of my rural schools I represent a mostly rural district. And we are talking about school safety and mental health is obviously a major component in that. And he says look, we can identify a child that has some issues and send them off for evaluation, but because of the current state of privacy laws, they can't tell us what is going on. And we don't need to know everything that is going on in the child's life. But if there are some things that we need to know like are they violent, do they have a violent tendency, even if you don't expect them to do something now, is there a violent component in their emotional or mental issues. We can at least pay more attention, maybe have them checked by the office so we can look in their bookbag every day to see if they are bringing in contraband, guns or other weapons or issues that we maybe ought to be aware of.

So we have got no ability to do that. And so the question is is there some way we can expand the knowledge base of folks? And we have passed some bills here to try to make it more like HIPAA, but that still wouldn't cover—that would be with drug abuse, but it still wouldn't cover the school personnel who may very well need to know what is going on. If you could get my some answers on that back, if you have something quick, that is great.

Dr. MCCANCE-KATZ. So what I will tell you is this is a topic that is part of the Federal school safety commission that is one of the areas that the President has asked us to look at. And I will just go a little bit further, we will give you something in writing as well, but part of the big problem here is that providers, teachers, administrators don't understand when they can communicate. And if there is a threat already both HIPAA and FERPA allow communication, but this is not well understood. And so one of things that we really have to do is we have to work very hard to get that information out as to just what these laws allow and what they don't allow.

Mr. GRIFFITH. My time is running out, but I do want to jump in and say, so here is the dilemma you get, if there is a direct threat, yes, that is true or if you think they are going to be harmful to somebody else at that moment, but if you just detect that there may be a developing problem and that they may be a threat in the future I don't think it covers.

Now we can certainly sit down and look at this. And so the school personnel would like to know what signs should we be looking for if this person might be starting to move further into their issues with mental illness that might—right now they are not a threat, but they have got some violent tendencies that we need to keep an eye on, what should we be looking for? They don't have a clue and they are with the child every day during the week, most weeks. And so they are probably the first people who could pick up on that.

I am going to flip to one more, we don't have time for the answer, I apologize for that. And that is we did a lot of work here trying to figure out how we could deal with adult children, even if they are living in the home, have mental health issues, also medical issues, and how do the parents get to be interactive and I would love to help on that, I know Ms. DeGette of Colorado struggled with this at some time.

Ms. DEGETTE. Yes.

Mr. GRIFFITH. If we can be of assistance or if there is something that you all have that we need to do in the code, this committee on a bipartisan basis wants to help. We want to fix the problem, but we don't want to give up all the privacy rights and balancing the two are tough.

I yield back.

Mr. BURGESS. The chair thanks the gentleman. The gentleman yields back. The chair now recognizes the gentlelady from Illinois Ms. Schakowsky 5 minutes for questions.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman.

Dr. McCance-Katz, I was going to—I guess I will ask this question to start, given SAMHSA's leadership on traumatic informed care and practice, has the Office of Refugee Resettlement worked with SAMHSA to ensure the children being held in their custody are receiving trauma informed care?

Dr. MCCANCE-KATZ. So I can say two things about that. One is that the Office of Refugee Resettlement assures that these children are getting both physical healthcare and mental healthcare and they are getting that regularly. That is——

Ms. SCHAKOWSKY. OK. And the reason I was going to say I am not going to ask you that because quite frankly I was pretty shocked by your attitude that well, we all have trauma in our life and most of us get over it. And they will probably get over. You may have heard Congressman Green enter into the record statements from a number of the professional health organizations, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American Academy of Pediatrics. And the concern about the trauma.

I want to add into the record too a couple of other articles of people and groups that actually weighed in that were victims of long ago atrocities about separation of children.

So I ask unanimous consent to enter into the record two articles. The first from the Guardian: "Nazis separated me from my parents as a child. The trauma lasts a lifetime." That is the one article.

Mr. BURGESS. Without objection.

Ms. SCHAKOWSKY. On the second from the Anti-Defamation League, "Hidden children of the Holocaust open up about border situation, saying policies separating migrant children from parents is unconscionable." And they have in this article talking about the lifelong affects which—so maybe it is fine that they didn't contact you about that.

I wondered if you do have any——

Mr. BUCSHON. I object. I have an objection to submitting articles about the Nazis and comparing what the Nazis did to what the current U.S. Government's policy is in the United States. With clarification, I may remove my objection, but to compare Nazis to the United States of America is something I will object to and I won't allow those to be submitted to the record.

Ms. SCHAKOWSKY. Well, then let me just comment on that in defense, particularly of the Anti-Defamation League today issued a statement on behalf of a group of hidden children of the Holocaust who felt strongly compelled to oppose the Trump administration's expanded "zero tolerance" policies.

Mr. BUCSHON. I Object, Mr. Chairman.

Mr. BURGESS. Objection is heard.

Ms. SCHAKOWSKY. I am going to ask for the yeas and nays.

Mr. BUCSHON. We can resolve this if the gentlelady would recognize there is no comparison between the current United States Government and the Nazis.

Ms. SCHAKOWSKY. I recognize that there isn't, but this is about a particular issue of separating children from their parents and the long-term affect.

Mr. BUCSHON. OK, I remove my objection thank you.

[The information appears at the conclusion of the hearing.]

Ms. SCHAKOWSKY. Thank you, I appreciate that.

I wanted to ask you about no touching policies. I have had a hard time pinning down exactly what that is, if there is a policy, if this is being done by the particular staffs at particular places, because—it is unclear exactly if it is a firm policy. But I certainly have heard of places for example, and there have been articles, that a sister was not able to embrace her younger brother, that they were told the children may not touch each other, that staff may not come and hold children that are in great distress. I won-

dered what kind of trauma, if those decisions are trauma informed care?

Dr. MCCANCE-KATZ. It is really not possible for me to comment on that, because I am not familiar with the details of it.

Ms. SCHAKOWSKY. The issue of touching, are you not informed about the effects of touching or comforting physical touching when it comes to mental health?

Dr. MCCANCE-KATZ. What I am not familiar with is the agency and its roles and——

Ms. SCHAKOWSKY. No, I am asking a more general question. According to decades of psychological study, positive touch from adults cannot only lower stress levels in the most, but can have long-term beneficial affects if administered regularly. And relatedly, a consistent lack of positive touch has been shown to have detrimental affects on kids as they mature. Do you agree with that?

Dr. MCCANCE-KATZ. I don't have an opinion on it, it is out of context.

Ms. SCHAKOWSKY. Really? I am asking generally about an issue that you are supposedly an expert on. Trauma informed care. And this is not——

Dr. MCCANCE-KATZ. Let me just tell you that touching can have all sorts of implications, good and bad. And so I——

Ms. SCHAKOWSKY. Do you agree with the statement——

Mr. BURGESS. I think the witness has answered the question and the gentlelady's time has expired.

I am going to go to Ms. Brooks from Indiana 5 minutes for questions please. Dr. Bucshon next? Dr. Bucshon 5 minutes for questions.

Mr. BUCSHON. All right. Thank you. Well first of all thanks for being here. I very much appreciate it.

I just want to say that I am opposed to separating children from their families so I think all of us on both sides of the aisle are. But I also have serious concerns and I wasn't going to bring this subject up, but since it seems like my colleagues on the other side are staying on message on this and every one of them is going to talk about this, I feel that I will also. I am also concerned about the thousands children coming unaccompanied from and trekking thousands of miles across Mexico, being brought by coyotes and drug cartels, approximately 10,000.

I have just been down there so this is information I know, many of whom have been sexually assaulted and abused. So I am concerned about them also. Just so everyone knows, we have about 12,000 children under our custody, 10,000 of which approximately are unaccompanied that came with no adult, no family member. It is a tragic circumstance.

As well as the families who are coming in currently, adult males with children because they know that we don't have any beds for them in the United States and if they come, we are releasing with ankle bracelets into the United States, 200 to 300 of these people per day. Again, that is not my opinion, that is what we are doing, because the cartels and coyotes know our laws and when we don't follow the law they exploit it—or when we do follow our law that

needs to be changed and it is Congress' fault, when we need to adjust these things.

But many of these people are coming in my view from the past failed policies most recently of the Obama administration on open borders and sanctuary cities and catch and release being encouraged to send their children thousands of miles by themselves. In fairness, their countries are in dire circumstances and I can't say what I would do, but I do know that the situation is much more complicated than is being portrayed.

And I am also concerned about the millions of citizen children every day who are being abused, neglected and suffering traumatic problems. And we all know that that is a difficult circumstance, that is all I am going to say on that.

Section 605 of Cures required SAMHSA to develop a strategic plan every 4 years identifying priorities, including a strategy for improving the mental health workforce. Additionally, your testimony mentions engaging subject matter experts from across the country, from academia hospitals, insurers, community providers, State governments consumers, and family to inform SAMHSA on the complex problems and it is a complex problem such as workforce challenges among other things.

Can you expand a little bit on what SAMHSA is doing it address the workforce challenges, particularly in rural areas related to mental health? And let me just say this, I know because I was a healthcare provider before, one of the big challenges is financial support for this type of—these type of services.

But can you expand on that a little bit?

Dr. MCCANCE-KATZ. I can. And thank you for the question. So we have developed a new program that will be in place by September 30th so the end of this fiscal year that sets up both specialized programs around issues related to mental and substance use disorders. So things like the teens that I mentioned for the opioids crisis, we call it the State targeted response, we have one for veterans, we have the National Child Traumatic Stress initiative. We have a number of different types of topic-related special national programs.

We have the new clinical support system for serious mental illness that will address issues around serious mental illness. We also are establishing technical assistance and training programs within each of the 10 HHS regions. Those again are focused on localized needs of communities because we know every community is different.

We also recently have established a relationship with the Department of Agriculture that does a lot of rural work and so we are expanding our technical assistance through some of their initiatives into rural areas. Telehealth is a big issue for the Department of Health and Human Services. We have the behavioral health coordinating committee which includes the operating divisions and telehealth is a specific issue that we are working on to provide additional guidance to States to try to expand the reach of the practitioners that we have into rural areas.

Mr. BUCSHON. Thank you very much for that answer. Mr. Chairman, I yield back.

Mr. BURGESS. The chair thanks the gentleman. The gentleman yields back. The chair recognizes the gentlelady from California, Ms. Matsui for 5 minutes of questions please.

Ms. MATSUI. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you very much it for joining us today. I am pleased we are hosting this hearing to discuss the mental health provisions in 21st Century Cures. I look forward to having oversight hearing of the final section of 21st Century Cures, including health IT and interoperability.

Before I ask my questions about mental health and Cures, I have to make a comment about the mental health of thousands of children who have been separated their families due to President Trump's zero-tolerance policy. Public health, mental health, and pediatric experts, including the American Academy of Pediatrics, the American Nurses Association have voiced concerns about the harm caused through the stress and trauma incurred by children who have been forcibly separated from their parents. The stress and trauma not only has immediate harmful impact on these children, but is also damaging a long term impact, on a child's health and development.

Dr. McCance-Katz, SAMHSA notes that the impact of childhood traumatic stress can last for far beyond childhood and that child trauma survivors are more likely to have long term health problems, including behavior health and substance use disorders. That is why this committee must act immediately to ensure that HHS is reuniting children with their parents and to ensure that HHS has long-term plans to mitigate the impact of trauma on these children.

Now moving onto my legislative priorities for 21st Century Cures. I authored Title 11, the compassionate communication on HIPAA's section of the bill that passed into law, these provisions seek to clarify confusion about the HIPAA privacy rule as it applies in mental health scenarios. The confusion for patients, families, doctors, and even administrators and lawyers about what information can and cannot be shared remains.

Cures requires that the HHS Office for Civil Rights to coordinate with SAMHSA and other relevant agencies to develop, disseminate, and periodically update model programs to train healthcare providers, lawyers, patients and the families on the permitted use and disclosure of protected health information of individuals seeking and receiving treatment from mental health or substance use disorders.

Dr. McCance-Katz, as you know, HHS released additional guidance on this topic back in December. What progress has it made to develop model training programs?

Dr. MCCANCE-KATZ. Well, I have a few things to tell you. One, is that we are working very hard with the office of civil rights to coordinate those efforts and one of things that we did just last week was to train attorneys, healthcare attorneys, on issues around both HIPAA and 42 CFR. In fact I brought a copy of the training and I will be happy to leave it if you would like to see it.

Ms. MATSUI. That would be great. Thank you.

Dr. MCCANCE-KATZ. We had 1,000 attorneys on that webinar, that is the most you can have. And the American Bar Association

which has possession of this now and is continuing to disseminate it, they said that they thought we would have 4,000 could they have accommodated everybody that wanted to learn about this topic.

We are also using this to develop something that I will just say is going to be in a little more simpler language for people like me, who are practitioners, to do special training for practitioners on the privacy issues. But the thing that I think is most exciting is that yesterday we were able to publish a funding announcement, we will have a national center on privacy. HIPAA and 42 CFR and I think that is going to make a huge difference.

Ms. MATSUI. How about the other stakeholders such as clinicians, are you going to be bringing them in too as you develop and disseminate these model training programs?

Dr. MCCANCE-KATZ. Absolutely. So we will have a single grantee whose job it will be to train clinicians, to train administrators and often these will be lawyers that are involved in healthcare systems. But the other requirement that I put in that funding announcement is that we must put out materials for families and for patients.

Ms. MATSUI. That is really very important because many times this is merely misunderstood, even if we set up these programs, if we don't have a communication in essence to even have some patients come in and parents come in to understand what the process is, because when the family gets into a certain kind of situation, people don't know what to do.

And I would hope that we would keep these training sessions going too, because just because we have a certain set trained, doesn't mean that it is all done.

Dr. MCCANCE-KATZ. That is correct. And this will be a multiyear initiative.

Ms. MATSUI. OK well thank you. Yield back.

Mr. BURGESS. The chair thanks the gentlelady. The gentlelady yields back. The chair now recognizes the gentlelady from Indiana, Mrs. Brooks, for 5 minutes of questions please.

Mrs. BROOKS. Thank you, Mr. Chairman and thank you Dr. McCance-Katz. Thank you so much for being here as the first Assistant Secretary focused on these issues in this way and every answer you have given your portfolio is so large about so many issues that our constituents care about, I am having a hard time figuring out where to focus.

I have to tell you as an attorney who practiced criminal defense in the courts. As former U.S. attorney, as someone who has been very involved in the criminal justice system. We know that 21st century Cures reauthorized and added some programs regarding revising the jail diversion grant programs for mental health in our jails. Our jails are often just overflowing, are often the largest institutions in many ways in counties that have those with mental illness.

Can you give us any updates on these successes you have seen in the programs so far that we can help our local county jails and State prisons deal with this problem?

Dr. MCCANCE-KATZ. Yes. And this is really a great benefit of the Cures Act that these kinds of resources are being made available.

What we have done at SAMHSA is to fund mental health courts both for adults and for youth who are experiencing mental illness sometimes for the first time but it has involved them in the justice system. We also are starting programs that divert people prior to arrest. This is really very important because people who have serious mental illnesses suffer from a great deal of stigma. And these things when have you an arrest it makes it so much more difficult for you to be able to navigate in communities without problems.

It makes it more difficult to get insurance. Makes it more difficult to get a job, makes it more difficult to get housing. So we like the idea of prediversion programs and we are funding some of those again through the abilities given to us in the Cures Act.

Mrs. BROOKS. And I applaud you from that, and I also think that what you just mentioned the National Center on Privacy and the fact that that many lawyers got on a call. I want to applaud the American Bar Association for encouraging that. And I believe that many, many lawyers will participate in that kind of training. And I want to encourage you getting the word out as well as my colleagues across the aisle.

What is the best way for our constituents to learn about all of these grant opportunities? There just seems to be so many new grants, so many new programs and quite frankly we are having a hard time trying to help direct all of our constituents. We had a school shooting in my district on May 25th. And when you talked about teachers and educators wanting to learn more, that is the one thing that I heard is that our teachers and educators are so concerned about learning more about whether it is the mental health first aid, whether it is about identifying as Congressman Griffith brought up.

What can you share with us is the best mechanisms we can provide our constituents to be educated or to pursue grant programs, particularly for mental health in our schools, mental health in our communities, what are the best ways we should be communicating this, instead of just going to SAMHSA's website? And how can we have better access to the tools to provide our constituents?

Dr. MCCANCE-KATZ. And so I would say that SAMHSA's website has that information and it is a resource.

Mrs. BROOKS. Extensive.

Dr. MCCANCE-KATZ. It is. And we are working on how to simplify that and make it easier to find things. But we also are working on developing webinars on specific programs to talk to the public about what those programs are and about the funding opportunities that are available.

The other thing that we will be using the system of regionalized training for is for these kinds of opportunities as well, to make it easier for those who are taking advantage of those regional programs to know more about what the opportunities are.

So if you have an addiction transfer center for example in region one, the Northeast, that technology transfer center also can make it easier for the communities and individuals in those communities to find out what the resources are as it relates to addiction. We will have one for substance abuse prevention and we will also have one for mental health issues.

We also are supplementing those mental health technology transfer centers to specifically work on issues related to schools and our children's needs. That will be happening in the next fiscal year and so we hope that by regionalizing the programs that we can get down to the community level and communicate better because you are so right it is very difficult.

Mrs. BROOKS. Thank you. I applaud all the work that your office is doing. It is so critically important. I look forward to helping you with that. I yield back.

Mr. BURGESS. The chair thanks the gentlelady. The gentlelady yields back.

The chair recognizes the gentlelady from Florida, 5 minutes for questions, please.

Ms. CASTOR. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you for being here today. You have a very significant responsibility as Assistant Secretary for Mental Health and Substance Use, and I want to thank you for taking on this very important assignment. I have reviewed your bio. You have great experience and a number of degrees from outstanding institutions, so I think your expertise is needed here in this area.

I want to ask you about the long-term mental health implications of child traumatic stress caused by the family separation policy. You have heard the concern from colleagues here today. And we are reflecting the concern that we are hearing back home all across the country.

But I would like to ask you about child traumatic stress caused by the family separation policy on those children that have been forcibly separated from their families. I know you cannot get into specific cases. But based upon your extensive expertise, I would like you to comment in general.

At this point, many public health organizations have stressed that "the practice of separating children from their loved ones and caregivers for an extensive period of time is a threat to public health, inflicting serious trauma, and threatening long-term irreversible health effects."

Do you agree?

Dr. MCCANCE-KATZ. This is a form of trauma.

Ms. CASTOR. What are some of the serious long-term irreversible health effects that could result from family separation?

Dr. MCCANCE-KATZ. So I can't speak to family separation per se. I don't know who might develop a mental disorder that will have long-term implications for them. None of us do.

Ms. CASTOR. That kind of runs counter to everything we are hearing from organizations, the leading mental health organizations and public health organizations, from across the country.

Dr. MCCANCE-KATZ. The President has directed that families not be separated further. Secretary Azar has made it very clear that our job is to reunite these families. We are working very hard at HHS to do that. These children are in a safe environment. The practitioners there are all licensed within the States that these facilities——

Ms. CASTOR. You would not have recommended this policy at the outset, would you have?

If they came to you as the Assistant Secretary, would you have recommended this policy? Were you asked? Were you consulted?

Dr. MCCANCE-KATZ. There are a number of different policy implications there, and——

Ms. CASTOR. I am not trying to play gotcha. I am curious. I know Secretary Azar, I believe he said he was not consulted. Were you asked as the Assistant Secretary for Substance Use Mental Health?

Dr. MCCANCE-KATZ. Asked what?

Ms. CASTOR. Before the family separation policy was implemented?

Dr. MCCANCE-KATZ. I was not consulted about that.

Ms. CASTOR. OK. We know that there is a significant body of evidence detailing the public health implications of adverse childhood experiences. Would you consider the forceable separation of children from their parents to be an adverse childhood experience?

Dr. MCCANCE-KATZ. I would consider separation from parents to be an adverse experience. And I would also remind you that these children are getting physical healthcare and mental healthcare, and they are getting that very regularly.

Ms. CASTOR. Thank you.

It is likely that this forceable separation already compounds upon other adverse childhood experiences these children have faced in their home countries such as witnessing domestic violence or gun violence.

Do these experiences have a cumulative effect?

Dr. MCCANCE-KATZ. Depending on the individual, the reality is that most people have a great deal of resiliency. And when they can get their mental health issues addressed, and these children are getting mental healthcare in these facilities, then we hope that they will not go on to have any adverse affects.

Ms. CASTOR. Well, the CDC and Kaiser Permanente adverse childhood experiences study found many long-term health impacts of adverse childhood experience, including the risk of disrupted neural development, social, emotional, and cognitive impairment, and heightened risk for disease, disability, and social problems.

Can you explain some of the specific physical and mental health problems that can result from adverse childhood experience?

Dr. MCCANCE-KATZ. There are a variety of different types of mental disorders that can be a result of adverse experiences.

Ms. CASTOR. And there are risk factors for behavioral health and substance use disorders specifically, correct?

Dr. MCCANCE-KATZ. That is true.

Ms. CASTOR. There was a recent news report that said——

Mr. BURGESS. I believe the gentlelady's time has expired.

Ms. CASTOR. Well, I would ask the courtesy most members have gotten an additional 30 seconds. I just want to ask about funding shifts at HHS, because there is a recent report that HHS has quietly dipped into tens of millions of dollars to pay for what has happened through family separation. The Department has burned through at least $40 million in the past 2 months.

I am just wondering, has that impacted your shop at SAMHSA? Have you been asked to shift any moneys out that were previously directed towards SAMHSA?

Dr. MCCANCE-KATZ. SAMHSA has not had any direct effect——

Ms. CASTOR. Thank you very much Mr. Chairman.

Mr. BURGESS. That response is negative, and the gentlelady yields back.

The chair recognizes the gentleman from Florida, 5 minutes, please.

Mr. BILIRAKIS. OK. Thank you very much. I appreciate it, Mr. Chairman.

Dr. McCance-Katz, in accordance with Section 13002 of Cures, I understand that SAMHSA last year convened a public listening session on mental health parity involving 15 in-person groups with an additional 40 comments submitted via email and in writing.

Can you provide us with a high level summary of those comments? How were these comments addressed through SAMHSA's action plan? And do you plan to host another meeting with industry stakeholders?

Dr. MCCANCE-KATZ. Yes, we did hold that listening session. And the comments that we received were around need for education around the Parity Act and how individuals who experience what they believe to be pari violations would get assistance that they need. And what are the responsibilities of States and insurers around these issues.

SAMHSA is in the process of developing a guidance on that, and that should be out before the end of this calendar year is what I was told prior to this hearing. So I am giving you the information that I have available to me.

Mr. BILIRAKIS. OK. Thank you very much.

In your testimony, you mentioned that over 7.4 million children and youth in our nation have a serious mental health disorder while only 41 percent actually receive treatment leaving the vast majority untreated. The 41 percent are the ones that were identified, so it could be even more than that.

So, as you know, it is a serious issue. And I am glad that the chairman is holding this hearing and we are taking this issue very seriously. It really is an epidemic.

And In addition to supporting systems of care, how is SAMHSA working with industry to address workforce shortage issues?

Dr. MCCANCE-KATZ. So when you think about what type of problem we have, we have an urgent problem, we have an urgent need to get more services to Americans who are living with these kinds of conditions. What is the fastest way to do that? By the way, it is not going to be by opening more medical schools. That is going to take too long.

And so when I think about this, I have to think about how can I get services to Americans. I can do it by training and providing technical assistance that will prepare practitioners to intervene and to provide care and treatment for mental and substance use disorders. And that is why so much attention, since I have come to SAMHSA——

Mr. BILIRAKIS. So when you talk about practitioners, are you talking about psychologists, psychiatrists, or primary care physicians who would get additional training?

Dr. MCCANCE-KATZ. All of the above.

Mr. BILIRAKIS. All of the above.

Dr. MCCANCE-KATZ. All of the above. And so we are setting up programs of regional training and technical assistance. We also have speciality programs. We are working very hard to disseminate that information so that clinicians and practitioners, psychiatrists, psychologists, nurse practitioners, physician assistants, counselors, social workers, and primary care doctors would be able to take advantage of these kinds of trainings. That allows them to get specialized kinds of skills and provide that service to their clients.

Now, the other thing that I would say is that we are working to set up programs through our grant-funded organizations that will provide ways that practical assistance can be provided. So, for example, in the State targeted response funds that Cures provided, the States can contract with providers that provide specialized opioid treatment services. We also have a grant program at SAMHSA. It is called MAT–PDOA, which just means medication assisted—it is a way to implement medication assisted treatment.

Those programs provide practical experience. So we have the ability to provide didactic classroom style webinar, web-based training, but then the ability within regions of the country where people can go and see this in practice. And we think that that is a way to better assure that practitioners will feel confident enough and able to use a new skill set to provide care when Americans need it.

We also continue to support programs called SBIRT, Screening, Brief Intervention, Referral to Treatment. We also encourage primary care to continue to——

Mr. BILIRAKIS. How does that work now in the schools? How are we going to identify the kids that have these issues? And is the burden going to be always on the teacher? Where do you go next once they are diagnosed?

I know it is very expensive. The treatment centers and a lot of the insurance companies do not cover.

Mr. BURGESS. And the gentlemen——

Mr. BILIRAKIS. And even if they do, the co-pays are so very high and the deductibles.

I am sorry, Doctor.

Mr. BURGESS. The gentleman's time has expired.

Mr. BILIRAKIS. OK. All right.

Mr. BURGESS. The gentleman from Georgia has been waiting very, very patiently here all day. Perhaps that question could be responded to in writing.

The gentleman from Georgia is recognized for 5 minutes.

Mr. CARTER. Thank you, Mr. Chairman.

Dr. McCance-Katz, thank you for being here. And thank you for what you do for the children, particularly of our citizens. We appreciate that very much. I know a lot of this hearing has gotten a little bit off base, but I want you to know that we appreciate what you are doing for our citizens here.

I am sorry to have to report to you that Georgia is not doing so good with mental health services. In fact, we rate about 47th out of 50. And that is one of the things that bothers me. And, in fact, it is estimated that we have less than 20 percent of the beds that we need for mental health services in the State of Georgia as well. Particularly when it comes to childhood mental health, we have got

159 counties in the State of Georgia, and only 76 of them have a licensed—or 76 do not have a licensed psychologist. We have got, again, 159 counties, 52 of them have no licensed social worker.

All of these figures are alarming to us, and alarming to me in particular because of the fact that in the State of Georgia, for those children between the ages of 15 and 19, the second leading cause of death is suicide. And for those between 10 and 14, the third leading cause of death is suicide.

So all of that leads me to ask you, Cures reauthorized the children's mental health initiative, and that provided a lot of grants and a lot of assistance that we are very appreciative for. But I just wanted to ask you, particularly in the State of Georgia, we have a lot of rural areas, particularly in south Georgia, in my district, a lot of rural areas. And I am just wondering how do we get services to those areas? Any suggestions on how we can improve services there?

Dr. MCCANCE-KATZ. So SAMHSA has supported two types of integrated care programs. One is where behavioral health providers would be able to be part of a team in a primary care program such as a federally qualified health center.

The second way is through programs such as our certified community behavioral health clinics that bring primary care directly into a behavioral health setting. So that a person can easily access all the care and services that they need in one setting.

SAMHSA, as you know, has limited funds. We do demonstrations. We work closely in terms of establishing those demonstrations and then doing more technical assistance in training and try to establish those programs on a national level. We talk with our colleagues at the Centers for Medicare and Medicaid Services.

Mr. CARTER. OK. What about telemedicine? Telehealth, telemedicine. Is that something that we should be focusing more on?

Dr. MCCANCE-KATZ. Yes. And I was just about to get there.

Mr. CARTER. I am sorry.

Dr. MCCANCE-KATZ. So, yes, telehealth is a very important piece of it, particularly for areas that have a lot of large rural communities.

Mr. CARTER. Right.

Dr. MCCANCE-KATZ. Telehealth can really extend the reach of a practitioner who may be in a more urban area but can—and so the Department of Health and Human Services has a committee that is working on telehealth guidance for the States and, in addition to that, is working with, for example, the Drug Enforcement Administration around issues of prescribing so that we can utilize those telehealth providers to the very best extent.

Mr. CARTER. Great.

Are there grants specifically for that, or are they just included in the regular grants that you can use it for that purpose?

Dr. MCCANCE-KATZ. We have, at SAMHSA, part of a larger grant program that our telehealth services come from and I believe that other parts of HHS, such as HRSA, have specific funding for telehealth services.

Mr. CARTER. Great.

Another thing I want to talk about real quickly is the opioid addiction and the funds that have been going there, the grants that

have been going there. We have been very fortunate. The Georgia Department of Behavioral Health and Developmental Disabilities has gotten over almost $12 million. And I want to report back to you, because I have been a part of some of these programs. And it is working well, and it is been utilized well. In fact, one of the cities, and I want to give them a shout-out, the city of Pembroke, Georgia, in my district, in Bryan County, has been very active in this and has implemented a number of programs that have media campaigns, school partnerships. A number of programs that have been very successful.

Can you elaborate just very quickly on what else we might be doing with that?

Dr. MCCANCE-KATZ. So the opioids crisis is one of Secretary Azar's priorities.

Mr. CARTER. And this committee's priority.

Dr. MCCANCE-KATZ. Yes. And we are very grateful to Congress for the increase in funding to address these issues.

So what we have to do is to work very hard to integrate substance abuse treatment, opioid addiction treatment, into primary care settings in addition to having speciality care available. We know that people find it very difficult to access care, and so we want to broaden the number of providers that are willing to engage in the care and to use innovative practices, such as telehealth, this is why we are working with the Drug Enforcement Administration, to make it possible for a clinician to have a greater reach and to reach Americans in those rural areas that have such difficulty accessing.

Mr. CARTER. Great.

And thank you again for your work.

And I yield back.

Mr. BURGESS. The chair thanks the gentleman. The gentleman yields back.

Seeing that all members have had the opportunity to ask questions, I want to again thank our witness for taking time to be here with us today.

Pursuant to committee rules, I remind members they have 10 business days to submit additional questions for the record. And I ask our witness to submit responses within 10 business days upon receipt of those questions.

Without objection, the subcommittee is adjourned.

[Whereupon, at 12:30 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

Statement for the Record

Submitted to the House Committee on Energy and Commerce Subcommittee on Health

21st Century Cures Implementation: Examining Mental Health Initiatives

July 19, 2018

Thank you for the opportunity to submit a statement to today's hearing on "21st Century Cures Implementation: Examining Mental Health Initiatives." As the Hall Professor of Family and Community Medicine, Professor Public Health, and Executive Vice President for Rural and Community Health at the Texas Tech University Health Sciences Center in Lubbock, Texas, I appreciate this chance to discuss the Mental Health Screening in Schools Telemedicine, Wellness, Intervention, Triage and Referral (TWITR) Project. I specifically want to thank Chairman Burgess for his support of the TWITR project and his dedication to improving access and treatment for mental and behavioral health in the United States. I also want to thank the witness for today's hearing, The Honorable Elinore McCance-Katz, who took time to talk with me and the Texas Tech University Health Sciences President about the TWITR project just a few weeks ago.

Access to health professionals and services to address the mental and behavioral health needs of adolescents remains an important challenge. *21st Century Cures* included important provisions and reforms to strengthen our mental health infrastructure in this country, which included driving evidence-based programs, and improving mental healthcare for children, which is why I am pleased to have this opportunity to discuss the TWITR Project. The TWITR Project is a mental health screening program, which provides screening, assessment, and referral services to students who are determined to be immediate threats to do harm to themselves or others. This program provides school-based screening, assessment, and referral services to students that are typically struggling with behavioral and mental health issues and is currently active in 10 West Texas independent school districts (ISDs). The TWITR Project uses telemedicine technology to link remote rural schools that are without sufficient counselors, psychiatrists, and other mental health service providers. It also provides mental health recognition and training services to educators and school resource officers to promote greater recognition and prompt referral. This is important to areas like West Texas, which is very large, rural, and lacks immediate access in many communities to mental health professionals.

The TWITR Project bryuses assessment instruments commonly used in clinical practice and the process for the TWITR Project is as follows:

- The TWITR Project staff will make contact with the referral school administration when they arrive at the school. The Telepsychiatry staff will follow the school district's procedures for signing in and out of the building.
- During this visit, the TWITR Project staff can request student records [current grades, truancy reports, discipline referrals, and any other pertinent information] to assist in understanding the student's academic/social history and to monitor changes in the student's behavior throughout the school year.
- TWITR Project staff will then complete the initial student evaluation, administer required TWITR Project assessments to the student, and other applicable parties [parent/guardian, teacher/counselor]. TWITR project staff will also obtain guardian/parent signatures on required psychiatry forms. This requires training all school staff to recognize the signs of behavioral health problems and refer children needing immediate care. Evidence-based screening is done by Licensed Professional Counselors. If a child exceeds norms they are seen immediately via Telemedicine by a Psychiatrist at TTUHSC and emergency measures are taken if needed.

Data for the TWITR Project illustrate effective outcomes. For the 2013-2017 school years, the use of TWITR resulted in 25 students being removed from schools, of which about half were homicidal and the remainder were actively suicidal. While I cannot share specific details, the following two stories illustrate the seriousness of these young people.

1) Following triage, an individual was detained by the school resource officer, held on a mental health warrant, and searches found – a note, a map, names, a date certain, and interviews verified the intent to purchase the ammunition and handgun. According to the timeframe, this individual was detained on Thursday, had planned to buy a firearm on Saturday, and to carry out a plan for harm on Monday morning.
2) Following triage, an individual was ordered to inpatient emergency care by psychiatrists, EMS failed to transport, school personnel found subject moments before suicide in gym locker room. Subject was hospitalized, stabilized, and is in long-term residential treatment facility.

We have many other examples of how this intervention prevents harm to individuals themselves, or others, which I would be pleased to discuss in further details with the Committee. Overall, we have impacted an annual enrollment of almost 42,000 students in 10 mostly rural school districts in and around Lubbock, Texas, by creating an environment where students are empowered to help create a safe learning environment and better morale. Of that number, only a small fraction (414 total) have been referred by teachers we have trained to recognize those who need to be referred to TWITR. The TWITR team has screened and

triaged by telemedicine about 215 and, as previously mentioned, 25 have been removed from school, most by hospitalization and a few by arrest. We have averted tragic outcomes and started others on a path toward healing.

It is important to emphasize that we respect the culture of the schools we are invited to work in, and the schools appreciate us for it. Our best friends in the schools are often the school resource officers, especially when we worry about a particular child. We monitor things like grade point averages, truancy rates, disciplinary referrals, and other school climate outcomes of TWITR, which often improve in the schools where we work. The schools obtain consent from parents and guardians at the beginning of the school year, the TWITR team obtains the consent of parents and students before an encounter, and treatment is consented as well. We work in places in the school that are private, and we bring our own HIPPA compliant telemedicine hotspots and software to encrypt to ensure privacy and security. We are purposeful in our activities so that we do not add to the stigma associated with mental health, but instead help those who may suffer from a mental health disease.

Telemedicine is vital to the success of TWITR. While a virtual visit does not replace an in-person visit, it helps ensure access to timely care, brings care closest to home, saves time and distance, and depending on where one lives – rural or urban area – it can impact one or the other dynamic more and thus can help avoid health disparities. In mental health applications, telemedicine replaces whatever method of care is most convenient and economical at the time that care is needed. In many areas we work with, until The TWITR Project, the most convenient alternative was to not get any care at all.

Again, thank you for the opportunity to submit this statement. I hope that as the Committee and the Department of Health and Human Services, specifically the Substance Abuse and Mental Health Services Administration, continues to implement the mental health provisions of *21st Century Cures*, that they will find opportunities to support proven activities such as TWITR to help improve mental health access and treatment.

AAP Statement Opposing Separation of Children and Parents at the Border

5/8/2018 by: Colleen Kraft, MD, MBA, FAAP, President, American Academy of Pediatrics

"As a pediatrician, as a parent, as the president of the American Academy of Pediatrics (AAP), I am appalled by a new policy reportedly signed by Department of Homeland Security that will forcibly separate children from their parents, a practice that this Administration has already been carrying out for months. In fact, during my recent trip to the border, I saw its impact with my own eyes, and I am not alone in my outrage and dismay at its sweeping cruelty. The AAP is opposed to this policy and will continue to urge the Department of Homeland Security and the Department of Justice to reverse it immediately.

"So many of these parents are fleeing for their lives. So many of these children know no other adult than the parent who brought them here. They can be as young as infants and toddlers.

"Separating children from their parents contradicts everything we stand for as pediatricians – protecting and promoting children's health. In fact, highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress - known as toxic stress - can carry lifelong consequences for children.

"The new policy is the latest example of harmful actions by the Department of Homeland Security against immigrant families, hindering their right to seek asylum in our country and denying parents the right to remain with their children. We can and must do better for these families. We can and must remember that immigrant children are still children; they need our protection, not prosecution."

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The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org and follow us on Twitter @AmerAcadPeds.

Professional Resources

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Pediatrics as a Profession
National Conference & Exhibition (NCE)

Professional Education

PediaLink/Online Education
Maintenance of Certification
Professional Education Publications
Education in Quality Improvement for Pediatric Practice (EQIPP)

AMERICAN PSYCHIATRIC ASSOCIATION

News Releases

May 30, 2018

APA Statement Opposing Separation of Children from Parents at the Border

WASHINGTON, D.C. — The American Psychiatric Association issued the following statement from President Altha Stewart, M.D.:

"As physician experts in mental health, the American Psychiatric Association opposes any policy that separates children from their parents at the United States border. Children depend on their parents for safety and support. Any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and posttraumatic stress disorder (PTSD). The evidence is clear that this level of trauma also results in serious medical and health consequences for these children and their caregivers. Many families crossing the United States border are fleeing war and violence in their home countries and are already coping with the effects of stress and trauma. These children deserve our protection and should remain with their families as they seek asylum. The APA recommends an immediate halt to the policy of separating children from their parents."

American Psychiatric Association

The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with more than 37,800 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit www.psychiatry.org.

Media Contacts

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press@psych.org

AMERICAN PSYCHOLOGICAL ASSOCIATION

ABOUT APATOPICSPUBLICATIONS & DATABASESPSYCHOLOGY HELP CENTERNEWS & EVENTSSCIENCE EDUCATIONCAREERSMEMBERSHIP

May 29, 2018

Statement of APA President Regarding the Traumatic Effects of Separating Immigrant Families

WASHINGTON — Following is the statement of APA President Jessica Henderson Daniel, PhD, regarding the deleterious impact on the health and well-being of children and families who are separated as they seek to enter the United States without proper documentation:

"The administration's policy of separating children from their families as they attempt to cross into the United States without documentation is not only needless and cruel, it threatens the mental and physical health of both the children and their caregivers. Psychological research shows that immigrants experience unique stressors related to the conditions that led them to flee their home countries in the first place. The longer that children and parents are separated, the greater the reported symptoms of anxiety and depression for the children. Negative outcomes for children include psychological distress, academic difficulties and disruptions in their development.

"The American Psychological Association calls on the administration to rescind this policy and keep immigrant families intact (/advocacy/immigration/index.aspx) . We support practical, humane immigration policies that consider the needs of immigrants, and particularly immigrant families. We must adopt policies that take into account what we know about the harmful, long-term psychological effects of separation on children and their families. This is not an acceptable policy to counter unlawful immigration."

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States. APA's membership includes nearly 115,700 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

Contact

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NCTSN The National Child Traumatic Stress Network

KEY POINTS:

Traumatic Separation and Refugee & Immigrant Children

- The relationship with a loving parent or primary caregiver is critical to a child's sense of self, safety, trust and ability to thrive.
- Separations from parents or primary caregivers is one of the most potent traumatic stressors a child can experience, especially under frightening, sudden, chaotic, or prolonged circumstances. Such separations may increase children's risk for developing depression, anxiety, separation-related posttraumatic stress disorder symptoms ("traumatic separation"), or other trauma reactions.
- For young children, separation from their primary attachment figure affects their emotional and physical wellbeing in several ways, including:

  Inability to trust, soothe themselves, or develop foundations for meaningful relationships due to the disruption in the single most important relationship they have.

  Terror on the face of their attachment figure triggers a fear response in children that may affect them cognitively, emotionally, and physiologically for the rest of their lives.

- This risk is greater for children who experienced previous traumas in their home countries, such as domestic or gang violence, due to the cumulative impact of such stressors on child development.
- Children who experience traumatic separation may have a variety of trauma symptoms including:

  Intrusion: nightmares, scary images, or thoughts about the separation or past traumas

  Avoidance: trying not to remember or talk about people, places, things, or situations associated with the separation or past traumas

  Negative trauma-related beliefs: blaming oneself or others for the separation; believing the world is extremely dangerous; loss of trust

  Negative trauma-related emotions: extreme anger, sadness, guilt, fear, shame, etc.

  Negative behaviors: aggression, withdrawal, irritability, oppositional behavior

  Hyperarousal: trouble sleeping, not listening, trouble paying attention, stomachaches, headaches, increased vigilance to danger

- Children with traumatic separation often do not understand why the separation occurred and may blame themselves for the separation. Providing honest, age-appropriate information to the child about the reason for the separation is critical.

- After a long period of traumatic separation, a child who had initially been inconsolable may eventually become more withdrawn and quiet. This change could be misinterpreted as an indication that the child has adjusted to the separation. Instead, the change may occur because the child's stress hormone levels are depressed and their emotions are dulled.
- During refugee and immigration processes, children may also experience concern about the parent's safety. Facilitating direct parent-child communication can help to diminish the child's sense of danger.
- The negative impact of traumatic separation from parents is potentially long lasting and may continue even after children are reunited with their parents. Without early recognition and effective intervention, children may have serious medical and mental health problems throughout their lives.
- Such long-term consequences may include: struggling with behavioral issues; dropping out of school; turning to damaging coping strategies, leading to issues with drugs and alcohol; or being diagnosed with chronic illnesses, such as diabetes or heart disease.
- The presence of a supportive parent is a protective factor that helps children regulate negative emotional states and promotes connections in the brain that protect children from developing PTSD and depression and help children recover from traumatic stress. Younger children are particularly vulnerable due to their attachment needs, dependence on caregivers, and less developed cognitive and coping abilities.
- Children can recover from traumatic separation and other traumatic experiences with developmentally, culturally, and linguistically appropriate trauma services for these children and their families, including evidence-based, trauma-focused treatment.

SOURCE

Adapted from *Children with Traumatic Separation: Information for Professionals*, a fact sheet from the National Child Traumatic Stress Network Childhood Traumatic Grief Committee. Available at: https://www.nctsn.org/resources/children-traumatic-separation-information-professionals. Other information available at: https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma.

National Child Traumatic Stress Network
Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

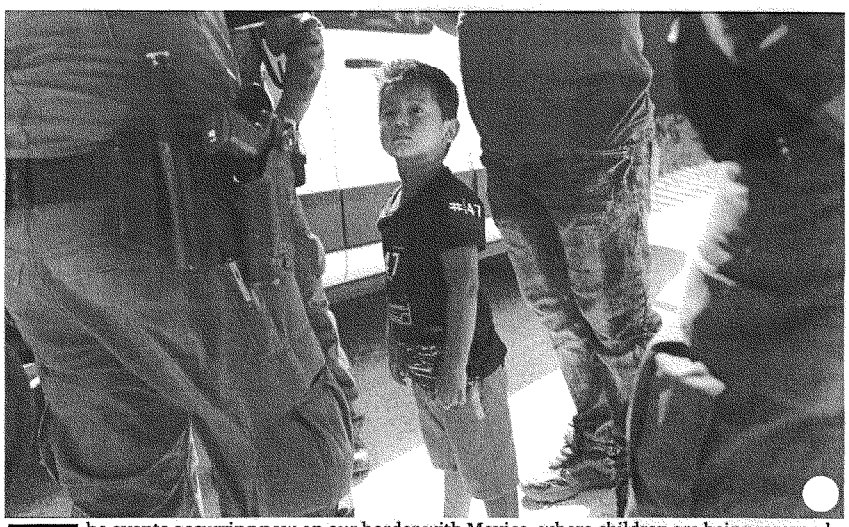
The Guardian

Nazis separated me from my parents as a child. The trauma lasts a lifetime

Yoka Verdoner

I know from experience that the Trump-sanctioned brutality at the US border with Mexico will scar its child victims for life

Mon 18 Jun 2018 02.00 EDT



The events occurring now on our border with Mexico, where children are being removed from the arms of their mothers and fathers and sent to foster families or "shelters", make me weep and gnash my teeth with sadness and rage. I know what they are going through. When we were children, my two siblings and I were also taken from our parents. And the problems we've experienced since then portend the terrible things that many of these children are bound to suffer.

My family was Jewish, living in 1942 in the Netherlands when the country was occupied by the Nazis. We children were sent into hiding, with foster families who risked arrest and death by

taking us in. They protected us, they loved us, and we were extremely lucky to have survived the war and been well cared for.

Yet the lasting damage inflicted by that separation reverberates to this day, decades hence.

Have you heard the screams and seen the panic of a three-year-old when it has lost sight of its mother in a supermarket? That scream subsides when mother reappears around the end of the aisle.

This is my brother writing in recent years. He tries to deal with his lasting pain through memoir. It's been 76 years, yet he revisits the separation obsessively. He still writes about it in the present tense:

In the first home I scream for six weeks. Then I am moved to another family, and I stop screaming. I give up. Nothing around me is known to me. All those around me are strangers. I have no past. I have no future. I have no identity. I am nowhere. I am frozen in fear. It is the only emotion I possess now. As a three-year-old child, I believe that I must have made some terrible mistake to have caused my known world to disappear. I spend the rest of my life trying desperately not to make another mistake.

My brother's second foster family cared deeply about him and has kept in touch with him all these years. Even so, he is almost 80 years old now and is still trying to understand what made him the anxious and dysfunctional person he turned into as a child and has remained for the rest of his life: a man with charm and intelligence, yet who could never keep a job because of his inability to complete tasks. After all, if he persisted he might make a mistake again, and that would bring his world to another end.

My younger sister was separated from our parents at five. She had no understanding of what was going on and why she suddenly had to live with a strange set of adults. She suffered thereafter from lifelong, profound depression.

I was older: seven. I was more able than my siblings to understand what was happening and why. I spent most of the war with Dick and Ella Rijnders. Dick was mayor of a small, rural village, and he and Ella lived in a beautiful house next to a wide waterway. Ella had a warm smile and Dick referred to me as his "oldest daughter". I was able to go to school normally, make friends, and became part of village life. I was extraordinarily lucky, but I was not with my own parents, sister, and brother. And, eventually, I also had to leave the Rijnders, my loving second "family". I was returning to my own family, but this meant another separation.

In later life, I was never able to really settle down. I lived in different countries and was successful in work, but never able to form lasting relationships with partners. I never married. I almost forgot to mention my own anxiety and depression, and my many years in psychotherapy.

My grief and anger about today's southern border come not just from my personal life. As a retired psychotherapist who has worked extensively with victims of childhood trauma, I know all too well what awaits many of the thousands of children, taken by our government at the border, who are now in "processing centers" and foster homes - no matter how decent and caring those places might be. We can expect thousands of lives to be damaged, for many years or for ever, by "zero tolerance". We can expect old men and women, decades from now, still suffering, still remembering, still writing in the present tense.

What is happening in our own backyard today is as evil and criminal as what happened to me and my siblings as children in Nazi Europe. It needs to be stopped immediately.

Yoka Verdoner is a child survivor of the Holocaust. A retired teacher and psychotherapist now living in California, she edited Signs of Life: The Letters of Hilde Verdoner-Sluizer from Nazi Transit Camp Westerbork, 1942-1944

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ADL

IMMIGRANT & REFUGEE RIGHTS

"Hidden Children of the Holocaust" Open Up About Border Situation, Say Policy Separating Migrant Children From Parents Is Unconscionable

New York, NY, June 19, 2018 ... The Anti-Defamation League (ADL) today issued a statement on behalf of a group of hidden children of the Holocaust who felt strongly compelled to oppose the Trump Administration's expanded "zero tolerance" policy for migrants seeking to cross the border, which has led to thousands of children being separated from their parents.

The hidden children, many separated from their parents at the beginning of World War II, are recalling the severe and lasting trauma they experienced as a consequence of their forced separation. Now aged in their 70s and 80s, the Holocaust survivors are reacting to what is happening along America's southern borders with a mix of anger and disbelief, calling the practice of separating families with young children inhumane and unconscionable.

According to news reports, nearly 2,500 children have been separated from their parents under the new policy. Such practices have the effect of causing unnecessary trauma to the children – many of whom have already suffered significant traumatic experiences – negatively impacting their physical and mental health and increasing their risk of early death.

In a video testimonial released today, Rachelle Goldstein, co-director of the Hidden Child Foundation, a New York-based organization which represents Jewish Holocaust survivors who were hidden during the war, spoke to the lifelong pain she -- and -- others have endured as a consequence of being separated from their parents at a very young age. Rachelle was just under 3-years-old when she was separated from her parents in Belgium. The video also includes her husband, Jack Goldstein, who was separated from his parents when he was 9-years-old. The video closes by urging viewers to sign an ADL petition calling on the Attorney General to stop this practice now.

The Hidden Child Foundation issued the following statement:

> *As former Hidden Children of the Holocaust, we know that the trauma of separation from parents lasts a lifetime. Now in our late 70s and 80s, we still ache from the losses we suffered as a result of this separation. It is very difficult for us to see such inhumanity taking place today at our southern border. Let's be clear: We are not comparing what is happening today to the Holocaust. But forcibly*

separating children from their parents is an act of cruelty under all circumstances.

When speaking about the fate of such children, White House Chief of Staff John Kelly said recently: "The children will be taken care of — put into foster care or whatever." That "whatever" mostly means institutional warehousing. For a child, this is a wrenching experience even under the best conditions. We, who were placed in orphanages and convents during World War II, know that it takes more than a clean bed and three meals a day to endure being severed from one's parents.

Children can bear all sorts of adversities and cruelties as long as they are with a parent. A mother or father's presence assures the child that he or she will be cared for even under the direst circumstances.

All Hidden Children suffered lifelong anxieties that resulted from that early separation. The youngest, particularly, worried about their parents' "disappearance." All wondered if they would ever be reunited.

These migrant children are surely longing for their parents – as we did. We feel compelled to raise our voices for them.

The Hidden Child Foundation represents the youngest survivors of the Holocaust. With a worldwide membership of more than 6,000, the organization has a mission to educate all people about the consequences of bigotry and hatred so that never again will anyone suffer the atrocity, the injustice and the agony of genocide.

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The Anti-Defamation League was founded in 1913 to stop the defamation of the Jewish people and to secure justice and fair treatment to all. Today it is the world's leading organization combating anti-Semitism, exposing hate groups, training law enforcement on hate crimes, developing anti-bias education programs for students, countering cyber-hate and relentlessly pursuing equal rights for all.

MEDIA CONTACT: E-MAIL US

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August 6, 2018

The Honorable Elinore McCance-Katz
Assistant Secretary
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. McCance-Katz:

Thank you for appearing before the Subcommittee on Health on July 19, 2018, to testify at the hearing entitled "21st Century Cures Implementation: Examining Mental Health Initiatives."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on August 20, 2018. Your responses should be mailed to Dan Butler, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to dan.butler@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Michael C. Burgess, M.D.

1. Texas has a few innovative mental health programs, particularly addressing the K-12 school-age population. One of these programs is the Telemedicine Wellness, Intervention, Triage, and Referral Project at Texas Tech University Health Science Center. I think it is important for states and institutions to have ample flexibility to effectively address their citizens' particular mental health needs. What Cures implementation and other efforts are underway at SAMHSA that would provide a flexible framework and resources for states?

2. As an OB/GYN I am particularly interested in maternal mental health, which was addressed in 21st Century Cures. What specific initiatives have been employed to increase the screening and diagnosis of postpartum depression, suicide risk and prevention, etc. within maternal mental health? If no initiatives have been employed, what are the plans and timelines for improving/increasing maternal mental health screening and/or suicide prevention in mothers?

3. The Children's Mental Health Services section of the SAMHSA FY19 budget request states that "Recent research by the National Institute on Mental Health indicates that there is an opportunity to improve treatment for youth who are at high risk of forming serious mental illness through earlier intervention." What kind of programs does SAMHSA fund through Children's Mental Health Services and other grant programs to achieve this goal of early identification and intervention?

4. Once children and adolescents are identified as potentially needing mental health screening or treatment, what resources are available to schools and other entities outside of the health care industry to help families obtain help for their children?

5. 21st Century Cures Act authorized the Department Health and Human Services to provide federal grants to states for the purpose of screening, assessing and treating postpartum depression.

    a. What specific initiatives have been employed to increase the screening and diagnosis of postpartum depression, suicide risk and prevention, and other issues related to maternal mental health? If no initiatives have been employed, what are the plans and timelines for improving/increasing maternal mental health screening and/or suicide prevention?

    b. What are the various ways in which maternal mental health services could be better organized or coordinated across the government? Are there specific efficiency and effective measures that can be taken?

The Honorable Greg Walden

1. Thank you again for testifying before the subcommittee today. One aspect of this issue that's important to me is suicide prevention. Oregon has the 16th highest suicide rate in the US, which is high but what's more striking is the prevalence of rural areas at the top of the list – Montana, Alaska, Wyoming, Idaho, etc. My very rural district in Oregon looks a lot more like Montana than New York or New Jersey – two states with the lowest suicide rates. As I mentioned in my opening statement, I worked closely with Senator Gordon Smith to enact the original Garrett Lee Smith Memorial Act. As those dollars have flowed out into states and local communities, what are you seeing that works as we try to reverse increasing suicide rates?

    a. Our committee recently marked up and reported out the National Suicide Hotline Improvement Act which will direct FCC and SAMHSA to study and report on the feasibility of an N11 dialing code for the national suicide prevention hotline. Have you looked at that and would that help in your view?

    b. I also mentioned in my opening statement that there are providers in my district who have worked hard to integrate primary care and behavioral health. Some clinics that I've met with and toured have as much as 90% patient overlap between primary and behavioral health, and they emphasize coordination of care to address the root of the patient's health issues, not just the symptoms. Can you talk about ways that SAMHSA is evaluating these models, and if the success in my district is not unique, ways that you're encouraging this through grants, etc.?

The Honorable John Shimkus

1. Many of the patients we have heard from and about during our consideration of public policy proposals also suffer from other mental health challenges, such as depression. In fact, studies have shown patients with depression are nearly three times more likely to use and become dependent on opioids than patients who are not depressed.

    a. Can you please provide us with your understanding of the relationship between depression and opioid dependence or abuse? In addition, can you tell us whether effective treatment of depression is important to help prevent or combat opioid dependence and abuse? What is SAMSHA currently doing to investigate the relationship between depression and opioid dependence and abuse, and/or to promote screening and treatment strategies that take into account the link between depression and opioid dependence and abuse?

    b. Further, has SAMHSA examined the effect of access limitations on the effectiveness of depression treatment, and if so, what it found? What can SAMHSA do – and what is it doing today—to reduce the risk that Americans suffering from depression will be unable to obtain the medication their doctor recommends as most appropriate for them?

The Honorable Leonard Lance

1. What has SAMHSA has done to implement Section 13006 of CURES, which authorized eating disorders early identification trainings for health professions to provide our medical professionals the tools they need to identify and intervene for their patients from eating disorders?

2. What will SAMHSA do to ensure eating disorder early identification trainings are disseminated broadly throughout to the health professional community?

3. The second tranche of monies ($485 million in STR grants) called for in the 21st Century Cures Act to address the opioid crisis has been released and made available for states. The final report of the Presidents Commission on Combating Drug Addiction and Opioid Crisis identified a strong corollary effect of Substance Use Disorder in patients with mental health issues, citing a reference to a CDC finding that 40% of patients with a SUD also have a mental health issue, and calling for an increase in the use of screening measures to identify patients at high risk for this co-morbity. Realizing there is large overlap between SUD and Mental Health Disorders, what steps is SAMHSA taking to encourage states to use this money to screen for patients with mental health issues who are also at a high risk for developing an SUD?

4. We are interested in learning more about SAMSHA operations in delivering care in rural communities affected by the opioid crisis.

    a. How is SAMSHA addressing resource gaps in terms of physician and specialist care in rural communities affected by the opioid crisis?

    b. What programs does SAMSHA provide aimed at preventing as well as treating infectious diseases among people injecting drugs, particularly in rural areas?

    c. Are there active or planned community grant programs for diagnosing and treating infectious disease at the site of care?

    d. Is SAMSHA collaborating with any other agencies (CDC or HRSA) to address the public health risk of hepatitis and HIV posed by the opioid epidemic?

    e. How does SAMHSA work with FQHC's to ensure that they are equipped to provide other wrap around medical services for rural opioid users, including mental health, harm reduction, and testing and treating for infectious diseases?

5. Has SAMHSA considered the value of public health education efforts for community grantees regarding the connection between infectious disease and opioid injection use/addiction?

The Honorable H. Morgan Griffith

1. In your testimony you discussed concerns brought up about the enforcement of parity protections. I was in a meeting with Secretary Acosta where he brought up similar concerns from the Department of Labor (DOL) about the fact that they have enforcement authority but no ability to implement penalties on those not in compliance with parity laws.

    a. Do you have suggestions about steps we can take at the federal level to ensure compliance with parity laws?

2. Is there statutory language that needs to be changed in order to facilitate loving parents being able to receive information about their adult child's mental health and/or medical issues, while making sure we maintain patient privacy protections? Do you have any suggestions on how to strike the appropriate balance?

3. Because of privacy laws, if a school employee identifies a child that may need to be referred for mental health treatment, they can do so but then are not privy to any of the information. I understand why this is the case, but in situations where it is discovered that the child may have violent tendencies, though they have yet to commit a violent act or directly threatened anyone, should school officials be alerted? Do current laws allow this information to be communicated to school officials (again, before a violent act has occurred or is imminent, if there is no direct threat, etc.)? If not, are there ways you think we could balance privacy concerns and getting school officials the appropriate information?

    a. Is there guidance published for school personnel that makes them aware of signs they should be looking for that may indicate a student could pose a threat in the future?

The Honorable Gus M. Bilirakis

1. In your testimony, you mentioned the National Child Traumatic Stress Initiative conducted a Psychological First Aid Train the Trainer course for the State of Texas in response to Hurricane Harvey. Participants were selected from HHS-contracted behavioral health providers, and priority given to regions most impacted by the storm.

    a. Given Florida's history with major storms, has SAMHSA rolled out a similar program in Florida?

    b. Is this program model able to be replicated in other states continually in the crosshairs for natural disasters like Florida?

The Honorable Markwayne Mullin

1. Your office recently announced that you are accepting applications to help tribes address the opioid crisis. How does your agency plan on allocating and fairly awarding these grants to ensure tribes have equal access to SAMHSA's resources?

a. How is your agency coordinating with IHS to award these grants?

b. Do you believe that most tribes have the resources to apply for these grants?

c. Do you believe most tribes have the data to show that they are in need of the grants? Even the smaller tribes?

d. Do you believe that Congress should continue to appropriate opioid funds specifically to tribes?

e. Do you believe that additional public grants available to tribes should be more streamlined and coordinated?

The Honorable Frank Pallone, Jr.

1. How should communities without a DATA-waived provider, Opioid Treatment Program, or other MAT provider respond to individuals in need of treatment for an opioid use disorder (OUD)? What efforts are underway at SAMHSA to expand access to MAT for the treatment of OUD in such communities?

2. Could you provide an update on what actions SAMHSA has taken to promote the awareness and adoption of evidenced-based behavioral health programs and practices since SAMHSA terminated the National Registry of Evidence-based Programs and Practice (NREPP)contract? Specifically, could you provide an update on:

    a. the Evidence-Based Practice Resource Center established by SAMHSA;

    b. any proposed or published Toolkits or other resources to support the adoption of evidence-based programs and practices;

    c. process for identifying topics covered by such Toolkits or other resources, including whether there will be opportunities for stakeholders to submit topics for consideration;

    d. process for developing Toolkits or other resources;

    e. how uptake and success of Toolkits and other resources in supporting the adoption of evidence-based programs and practices will be measured and evaluated?

    f. will the NREPP website remain as a legacy website or does SAMHSA plan to remove it completely?

The Honorable Eliot L. Engel

1. I have heard concerns about the ability of scientists to access national data resources they need to carry out opioid-related research – specifically, data from the National Survey on Drug Use and Health. Certain data from the survey, which researchers had access to in the past, have been unavailable for close to three years. The inability to access this data makes it more difficult for researchers to conduct epidemiological studies on opioid use. In the midst of this ongoing opioid crisis, I think we need to do everything possible to ensure that scientific experts have all the tools they need to fight this battle. Can you provide any clarity as to when these vital data from the National Survey on Drug Use and Health will once again be available to researchers? Will the data will be readily accessible to researchers at minimal or no cost? Will the data be made available via remote access?

2. I have heard concerns from local governments regarding the need to get Cures funding out to communities faster. Can you speak to how SAMHSA is working to ensure funding reaches communities as quickly as possible?

The Honorable Doris O. Matsui

1. Co-Occurring Mental health and substance use disorder
   This Committee passed a package of bills intended to address the opioid epidemic. Throughout the process, I have pushed my colleagues to take a broad view of the epidemic. We need treatment for those addicted to opioids now, but we also need to truly bolster our behavioral health system to ensure that we address the root causes of mental illness and addiction. Today, we have an opioid crisis, but tomorrow the drug of choice will change (and in fact, in some communities today, opioids are not the most prevalent challenge). If we don't treat underlying mental illness and work to prevent addiction, we will be doing our communities a disservice.

   a. Dr. MCCANCE-KATZ, what is the relationship between underlying mental illnesses, such as depression, and substance use disorder, including opioid use disorder?

   b. Is effective treatment of underlying mental illness, such as depression, important to help prevent or combat substance use disorder, including opioid use disorder?

   c. What work is SAMHSA doing on the relationship between underlying mental illness and substance use disorder? Is SAMHSA working to promote screening and treatment strategies that take the link between the two into account? Has SAMHSA examined or worked to address the effect of limited access to mental health treatment on substance use disorder?

   d. Does SAMHSA plan to encourage states to use STR funding to expand access to programs, treatments, education, or awareness efforts to address patients with untreated mental health disorders?

e. It's always important for us to recognize that there is more work to be done. Do you have suggestions for the Committee about how we can better support efforts to increase access to both mental health and substance use disorder treatment and prevention?

○