



THE COMMITTEE ON ENERGY AND COMMERCE

Memorandum

May 20, 2013

TO: Members, Subcommittee on Oversight and Investigations

FROM: Majority Staff

RE: Hearing on “Examining SAMHSA’s Role in Delivering Services to the Severely Mentally Ill”

On Wednesday, May 22, 2013, at 10:00 a.m. in room 2123 of the Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing entitled “Examining SAMHSA’s Role in Delivering Services to the Severely Mentally Ill.”

This hearing is part of the Subcommittee’s ongoing examination of mental health programs and resources with the aim of ensuring that Federal dollars devoted to mental health are reaching those individuals with serious mental illness (SMI)¹ and helping them to obtain the most effective care. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that in 2009 about 11 million U.S. adults (4.8 percent) had SMI and that 40 percent of adults with SMI (an estimated 4.3 million people) reported not receiving any treatment. While the vast majority of individuals with a mental health condition are nonviolent, Director of the National Institute for Mental Health (NIMH), Dr. Thomas Insel, told the Subcommittee on March 5, 2013, that treatment can reduce the risk of violent behavior fifteen-fold in persons with SMI.

On March 5, 2013, the Subcommittee hosted a bipartisan public forum, “After Newtown: A National Conversation on Violence and Severe Mental Illness,” to hear the perspectives of families that have been impacted by such illnesses and the professionals responsible for treating them. In a follow-up hearing on April 26, 2013, the Subcommittee addressed concerns that the Health Information Portability and Accountability Act’s (HIPAA) privacy rule interferes with the timely flow of health information between health care providers, patients, and families, in both general medical and mental health contexts. Specifically, this hearing aims to draw attention to the role of SAMHSA, and specifically the Center for Mental Health Services (CMHS) which it houses, its grants and other programs, in addressing the challenges posed by SMI.

¹ SAMHSA defines SMI as “having a diagnosable mental, behavioral, or emotional disorder in the past year that results in serious functional impairment. These difficulties substantially interfere with a person’s ability to carry out major life activities at home, at work, or in the community.” See MENTAL HEALTH UNITED STATES, 2010, SAMHSA (2012), available at <http://www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf>.

I. WITNESSES

Panel 1:

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration

Panel 2:

E. Fuller Torrey, M.D.
Founder
Treatment Advocacy Center

Sally Satel, M.D.
Resident Scholar
American Enterprise Institute

Joe Bruce
Father of a son with severe mental illness

Joseph Parks III, M.D.
Chief Clinical Officer
Missouri Department of Mental Health

II. BACKGROUND

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 moved NIMH, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism – which, since 1974, had been part of a single agency, ADAMHA – back to the National Institutes of Health, with its focus on research activities. Functions which remained in a newly-renamed Federal agency, SAMHSA, a component of the U.S. Public Health Service within the Department of Health and Human Services (HHS), focus on funding community-based treatment services for substance abuse and mental illness.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. It carries out this work through a combination of discretionary (competitive) and formula grants authorized in Title V of the Public Health Service Act (PHSA) and two block grant programs authorized in PHSA Title XIX that fund community-based treatment and prevention services. PHSA also directs SAMHSA to collect information on the incidence of substance abuse and mental illness at the national and State level. SAMHSA was last reauthorized on a comprehensive basis in 2000 through the Children's Health Act of 2000, although Congress has enacted a number of laws since then that have added new authorities to Title V and otherwise expanded the agency's programs and activities.

CMHS, out of which SAMHSA's work on mental health is administered, is one of three centers authorized under PHSA Title V. Of a total agency budget of about \$3.5 billion in Fiscal Year (FY) 2012 (nearly the same figure proposed in the President's FY 2014 budget), about \$1 billion is allocated to CMHS for mental health-related programs, including block grants. Overall, CMHS-administered mental health programs have grown at more than twice the rate of SAMHSA's substance abuse programs.² Mental health-related Programs of Regional and National Significance, which include all competitive grant programs except Children's Mental Health Services, have received the largest funding increases.³

Competitive grants for mental health, substance abuse treatment, and substance abuse prevention account for about one-third of SAMHSA's budget. They are generally issue specific, enabling SAMHSA to allocate funding for a particular matter, such as suicide and other prevention services, youth violence prevention, children's mental health, mental health care system transformation, the National Child Traumatic Stress Network, and support for the homeless, depending on the shifting level of need. According to SAMHSA's "Grant Awards By State 2012/2013," in FY 2012, the agency awarded just over \$384 million in competitive grants for mental health across the 50 States, Washington, D.C., and U.S. territories.⁴ During this same period, SAMHSA awarded nearly \$529 million to recipients in formula grants for mental health, the bulk of which went towards the Community Mental Health Services Block Grants.⁵

Formula grant programs for mental health, substance abuse treatment, and substance abuse prevention account for the other two-thirds of the agency's budget. Unlike competitive grants, the formula block grants allow States the flexibility to allocate funding to address specific issues and populations within their jurisdiction, albeit subject to fixed statutory funding formulas that make it difficult to adjust funding levels. These include:

- the Community Mental Health Services Block Grants, SAMHSA's second-largest program overall at \$460 million, to support community mental health services for adults with SMI and children with serious emotional disturbance, as well as services for persons with or at risk of having co-occurring substance abuse and mental health disorders. The Community Mental Health Services Block Grants fund, on average, 2 percent of the expenses of State mental health agencies;
- the Protection and Advocacy for Individuals with Mental Illness (PAIMI) formula grants, a \$36 million program supporting independent protection and advocacy agencies designated by States and territories to protect the mentally ill from abuse, neglect and violations of their civil rights.

² C. Stephen Redhead, CONG. RESEARCH SERV., R41477, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA): AGENCY OVERVIEW AND REAUTHORIZATION ISSUES, at 8 (Nov. 4, 2010), available at <http://www.crs.gov/Products/R/PDF/R41477.pdf>.

³ *Id.*

⁴ See SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., SAMHSA GRANT AWARDS BY STATE 2012/2013, available at <http://www.samhsa.gov/Statesummaries/index.aspx> (last visited May 10, 2013).

⁵ *Id.*

In October 2010, SAMHSA released *Leading Change: A Plan for SAMHSA's Roles and Actions, 2011-2014*, which outlines eight strategic initiatives that will guide the agency's work over the next few years.⁶ Further, on January 16, 2013, a month after the December 14, 2012 Newtown, CT elementary school shootings, the President announced a series of initiatives to improve mental health services for students and young adults. SAMHSA will take a leadership role in several of these initiatives, including: (1) \$55 million for Project AWARE, a program to train teachers and other adults to detect and respond to mental illness in school-age children and young adults and ensure that they are referred to treatment; (2) \$25 million to support State-based strategies to support young people leaving high school, ages 16 to 25, with mental health and substance abuse issues; and (3) \$50 million to train more than 5,000 additional mental health professionals to serve students and young adults.⁷

III. ISSUES

- What is SAMHSA presently doing, and what more can SAMHSA do going forward, to maximize the allocation of existing resources to treatment services reaching individuals with SMI?
- Are SAMHSA's grant eligibility and acceptance criteria linked to improved mental health outcomes for individuals with SMI?
- How can SAMHSA improve performance management and accountability for its grants and programs?
- With what frequency, and using what methods, does SAMHSA perform oversight of recipients of its formula and competitive grants?
- What has been the record of the PAIMI formula grants in protecting the mentally ill from abuse, neglect, and violations of their civil rights?

IV. STAFF CONTACTS

If you have any questions regarding this hearing, please contact Sam Spector at (202) 225-2927.

⁶ See LEADING CHANGE: A PLAN FOR SAMHSA'S ROLES AND ACTIONS, 2011-2014, SAMHSA (Oct. 2010), available at <http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>.

⁷ *Assessing the State of America's Mental Health System: Hearing Before the S. Comm. on Health, Educ., Labor and Pensions*, 113th Cong. 7-8 (Jan. 24, 2013) (statement of Pamela Hyde, Administrator, SAMHSA), available at <http://www.help.senate.gov/imo/media/doc/Hyde1.pdf>.