On December 13, President Obama signed HR 34, the 21st Century Cures Act, which incorporates monumental bipartisan reform of our nation’s mental health system. These reforms include a host of Treatment Advocacy Center priorities, including provisions to increase the number of psychiatric beds nationwide, elevate the federal focus on mental illness by creating a federal position of assistant secretary for mental health and substance use disorders and to address the criminalization of untreated mental illness.

The full bill is more than 300 pages, with more than 100 pages dedicated to mental health reform. Below is a selected summary of some of the most significant changes. The full 21st Century Cures Act can be found here.

Reforming SAMHSA
- Creates a new Assistant Secretary for Mental Health and Substance Use Disorders to be presidentially appointed with Senate confirmation, who will oversee SAMHSA and coordinate related programs and research across the federal government, with emphasis on science and evidence based programs, and with the aid of a newly established Chief Medical Officer.

- Establishes a new federal policy laboratory for mental health and substance use, to elevate and disseminate policy changes and service models that work based on evidence, research, and science.

Funding and Strengthening Evidence-Based Treatment Programs for Severe Mental Illness (SMI)
- Strengthens and expands critical Assisted Outpatient Treatment (AOT) programs to help break the revolving-door cycle through a grant reauthorization and funding increase for states to implement AOT and permits states to use Department of Justice grant funding for AOT in civil courts as an alternative to incarceration.

- Establishes, hand in hand with AOT, a grant program for Assertive Community Treatment (ACT) teams to provide critical wrap-around services in the community to people with SMI.

- Provides states with new innovative opportunities to deliver much-needed care in IMDs to adult Medicaid patients with SMI.

- Requires states to expend not less than 10 percent of their community mental health services block grant funding each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

- Strengthens community response systems with a grant program to create databases on psychiatric beds, crisis stabilization units, and residential treatment facilities.

- Directs CMS to outline for states innovative opportunities to use Medicaid 1115 waivers to provide care for adults with serious mental illness.
Decriminalizing mental illness

- Allows DOJ funding to be used for civil AOT programs to provide treatment opportunities before incarceration.
- Allows DOJ funding to be used for Forensic Assertive Community Treatment Programs (FACT) for individuals with severe psychiatric disorders in the criminal justice system.
- Directs the Attorney General to establish a pilot federal mental health court, and provides avenues for better screening and assessment of people with mental illness in the criminal justice system.
- Allows DOJ funding to be used to provide assistance to individuals with SMI transitioning out of jails and prisons, including housing assistance and mental health treatment.
- Provides additional grant opportunities to provide law enforcement and the court system with Crisis Intervention Team (CIT) training and programs to divert people with SMI from the criminal justice system.
- Reauthorizes the Comprehensive Justice and Mental Health Act, which provides a host of beneficial programs, including grants to continued support for mental health courts and crisis intervention teams, training for law enforcement on mental illness, and teams to address frequent users of crisis services.

Mandating data collection on the role of SMI in public issues

- Requires the SAMHSA Assistant Secretary to award competitive grants to develop databases on psychiatric beds, crisis stabilization units, and residential treatment facilities.
- Requires federal government reporting on federal, state, and local costs of imprisonment for individuals with serious mental illness, including the number and types of crimes committed by mentally ill individuals.
- Requires Attorney General data collection and dissemination regarding the involvement of mental illness in all homicides, as well as deaths or serious bodily injuries involving law enforcement officers.
- Requires the Secretary of Health and Human Services to conduct a study on the impact of recent federal regulations providing coverage of treatment in IMD facilities in Medicaid managed care plans.

Clarifying the HIPAA quagmire

- Requires the Secretary of Health and Human Services to issue guidance clarifying the circumstances under which healthcare providers and families can share and provide protected information about a loved one with SMI.
- Requires the Secretary to develop model programs and trainings for health care providers to clarify when information can be shared and trainings for patients and their families to understand their rights to protect and obtain treatment information.

Ensuring accountability for Protection and Advocacy organizations

- Requires a detailed accounting of Protection and Advocacy funding sources and how such funds are spent.
Commissions a GAO study of Protection and Advocacy programs to ensure compliance with statutory and regulatory responsibilities, including such responsibilities related to family engagement and investigations of alleged abuse, neglect and availability of adequate treatment of persons with mental illness.

Mental Health Parity & Medicaid

- Clarifies that Medicaid is to permit same-day billing for the provision of both primary care and mental health services.
- Requires new federal guidance on parity compliance and requires a public meeting of stakeholders to create an action plan to improve federal and state coordination on parity requirements.
- Requires the GAO to conduct a study on parity enforcement and provide recommendation for increasing enforcement results.

Establishing a federal adult suicide prevention program.

- Requires the assistant secretary to award grants to implement suicide prevention and intervention programs for individuals who are 25 years of age or older, to include screening for suicide risk, suicide intervention services and treatment referrals.

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