



# Part 2: History and Context for Mental Health Services and the Mental Health Services Block Grant in US Since 1982

Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
Division of State and Community Systems Development



# Disclaimer Slide

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# Purpose

The primary purpose is to acquaint new planners with significant changes in treatment, research, and legal milestones since 1982 in a way that makes it clear how the Cures Act amendments affect the block grant requirements.

Perhaps more experienced planners will also get some benefit from the review if no more than a trip down memory lane.

# Who am I?

- My name is Molly Brooms.
- 36 Years with the Alabama Department of Mental Health – have lived a lot of the history
- Director of Mental Illness Community Programs
- State Planner for Mental Health Services Block Grant
- Block Grant Reviewer
- National Association for State Mental Health Program Directors consultant

# Outline

There are four main headings:

- History of Psychiatric Treatment in the US
- Research, Legislative, and Legal Milestones
- Connection to the Cures Act
- Roles and Responsibilities

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

The following topics will be addressed in this section:

- Designation of the 1990's as the Decade of the Brain
- Federal definition of SMI and SED
- Trauma-informed Care
- Evidence-based practices including Early Serious Mental Illness
- Recovery
- Suicide Prevention
- Diversity

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Decade of the Brain*

- In 1990, President Bush issued a resolution declaring the 1990s as the Decade of the Brain.
- The Library of Congress and the National Institute of Mental Health collaborated to educate the public about the benefits of brain research.
- This proclamation led to a global increase in biological brain research and enhanced knowledge about mental illness as a medical condition.
- Major advances in psychotropic medications including atypical anti-psychotics, SSRI anti-depressants and other new generation anti-depressants have occurred since which then led to more complicated multiple drug therapies

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Federal Definition of SMI and SED*

- In 1993 the Code of Federal Regulations (Federal Register/Vol.58, No. 96/Thursday, May 20, 1993) contained the definition of serious mental illness and severe emotional disturbance.
- The purpose of the definitions was to establish a standardized way to identify and count people so defined and thus estimate incidence and prevalence as required in block grant law.
- The definitions were not intended to establish eligibility for anything other than the block grant.
- If your state's definitions vary from the federal definitions, the differences should be explained in Criterion 2/Planning Step 2.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Trauma-Informed Care*

- The concept of trauma in relation to psychiatric treatment emerged about 40 years ago. Since that time, much research and investigation has been conducted.
- In 1994, the first conference on trauma was held.
- In 1998, SAMHSA funded a study on women, co-occurring disorders, and violence.
- In 2001, SAMHSA funded the National Child Traumatic Stress study leading to the creation of the National Child Traumatic Stress Network (<http://nctsn.org>)
- In 2005, SAMHSA established the National Center for Trauma-Informed Care.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Trauma-Informed Care (cont'd)*

- Recognizing and appropriately responding to trauma is now considered essential in a psychiatric setting given the high frequency of trauma in this population.
- Providers must have a systematic approach throughout the organization as well as specific trauma treatment interventions.
- NASMHPD and SAMHSA have supported efforts to create alternatives to seclusion and restraint in recognition of how re-traumatization can occur.
- Trauma is one of the requested sections in the draft FFY 2018-2019 Block Grant application.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Evidence-based Practices*

- The basic concept is that there are practices which are demonstrably effective in producing desired outcomes.
- In 1995, SAMHSA established the National Registry of Evidence-Based Programs and Practices (NREPP) to identify and disseminate information on effective interventions based on scientific study.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Evidence-based Practices (cont'd)*

- 1998 - Robert Wood Johnson Foundation convened a group of experts and advocates to review the literature for practices which showed positive outcomes over time.
- Between 2000 and 2005 - SAMHSA developed and refined toolkits and provided leadership in the dissemination and implementation of the six initial toolkits: Assertive Community Treatment, Illness Management and Recovery, Family Psychoeducation, Integrated Treatment for Co-Occurring Disorders, Supported Employment, and Medication Management – later MedTeam (Treatment, Evaluation, and Management)
- At the time the 1982 Block Grant legislation was passed, the idea of evidence-based practices(EBP) did not exist.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Evidence-based Practices (cont'd)*

- SAMHSA has required in the past that States describe their implementation of and goals for EBPs in the block grant application.
- NIMH conducted the Recovery After an Initial Schizophrenic Episode (RAISE) study to evaluate two Coordinated Specialty Care (CSC) programs.
- Based on these studies, the block grant was modified in 2014 to require a 5% set-aside for programs that address the needs of individuals with early serious mental illness, regardless of the age of the individual at onset. This requirement continued in 2015.
- In 2016, the block grant language was modified to increase the set aside to 10% and to direct SAMHSA to focus on the first episode of psychosis.
- In 2017, the Cures Act codified the 10% set aside requirement, but opened the use to “individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset”.
- SAMHSA uses the term “including psychotic disorders” to mean first episode psychosis (FEP) or some other form of a Coordinated Specialty Care model as identified by NIMH in the RAISE studies.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Evidence-based Practices (cont'd)*

- States may elect to implement full fidelity CSC models or to implement elements of this model.
- Any variation from the researched models will have to be approved by SAMHSA in consultation with NIMH.

# Precursors to the 2016Cures Act

## *History of Psychiatric Treatment in the US*

### *Recovery*

- The idea of consumer self-advocacy took the form of state and federal offices of consumer affairs, state organizations, consumer run-services, and peer support.
- In 1999, the Surgeon General's report highlighted recovery.
- In 2003, the President's Commission on mental health called for recovery as a goal for all who receive mental health care.
- In 2012, SAMHSA published the Working Definition of Recovery and the 10 Guiding Principles of Recovery.
- Recovery - A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Recovery (cont'd)*

- The first principle in peer support services is that hope is the catalyst for recovery.
- Recovery is the goal of treatment whether in the community or in a hospital. “A hospital is not a home”.
- There has been a steady growth in the use of peer support services since the mid-2000’s – i.e., consumer-run drop-in centers, peer support in transitioning from hospitals, peer crisis services.
- Medicaid covers peer support services in 38 states, affirming the effectiveness of this service.
- Both the success of peer services and the quest for less costly, effective services, either due to budget cuts or managed care, fuel the increased use of peer services now and into the future.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Suicide Prevention*

- The rate of deaths by suicide exceeds those from homicide, AIDS, and automobile accidents.
- SAMHSA provides leadership on developing and providing resources to prevent suicide.
- The initiatives are directed to reduce factors that increase suicide risk factors and that increase protective factors.
- SAMHSA funds the National Suicide Prevention Lifeline that responds to over 1.5 million calls each year.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Suicide Prevention*

- SAMHSA is a partner in the National Action Alliance for Suicide Prevention and was involved in publication of the National Strategy for Suicide Prevention.
- This effort is based on data that a comprehensive public health approach to suicide prevention is effective in reducing rates of suicide.
- The Cures Act makes suicide prevention a required section in the FFY18-19 application.

# Precursors to the 2016 Cures Act

## *History of Psychiatric Treatment in the US*

### *Diversity*

There is a supplement to the 1999 Surgeon General's report on mental health that specifically addresses diversity. Findings included a distinct difference for minorities in access to and quality of mental health services.

In the last decade SAMHSA has published a number of studies and guides related to addressing the needs of diverse target populations. For details, see <https://www.samhsa.gov/topics> and select Health Disparities.

These SAMHSA documents focus on cultural diversity, American Indians and Alaska Natives, children/youth, military families, those in the criminal justice system, and the LGBTQ population.

The scarcity of specially trained staff contributes to health disparities experienced by these special populations.

# Precursors to the 2016 Cures Act

## Research, Legislative, and Legal Milestones

- This section will address the following:

1985 Birl v Wallis, 1991 Wyatt v King

1986 Protection and Advocacy for Individuals with Mental Illness

1990 Projects for Assistance in Transition from Homelessness Grants

1990 American with Disabilities Act

1990 PATH Grant

1999 Olmstead Decision and Delaware case

1999 The Surgeon General's Report on Mental Health

2003 The President's New Freedom Commission Report on Mental Health

2006 Mortality and Morbidity Study

2008 Mental Health Parity and Addictions Equity Act

2010 Affordable Care Act

2014-2016 Set Aside for Early Serious Mental Illness, including psychosis

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Birl v Wallis and Wyatt v King*

- In 1985, in *Birl v Wallis* the court found that patients released on trial visit could not be returned to the hospital without a recommitment hearing.
- In 1991, in *Wyatt v King* the court found that an unlimited civil commitment period violated the Due Process clause and required that periodic recommitment evaluations be conducted

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Protection and Advocacy for Individuals with Mental Illness Act*

- In 1986, the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act passed.
- The purposes were to ensure that the rights of those with mental illness are protected and to assist states to establish and operate a protection and advocacy system empowered to investigate allegations of abuse and neglect and other rights violations.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Pathways for Assistance in Transition from Homelessness (PATH)*

- PATH grants were created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990.
- The purpose of the grants is to create additional resources to provide outreach, services, and case management to people with SMI who meet the definition of homelessness in the Act.
- The plan prepared for the PATH grant should be reflected in Criterion 1 of the block grant application.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Americans with Disabilities Act*

- Title II of the 1990 Americans with Disabilities Act prohibits public entities, including state and local governments, from discriminating against individuals with disabilities by excluding them from services and activities due to their disability.
- The integration mandate requires public entities to “administer services, programs, and activities in the most integrated setting appropriate to the needs of the qualified individuals with disabilities.” This integration mandate would become the basis of the Olmstead decision in 1999.

# Precursors to the 2016 Cures Act

## Research, Legislative, and Legal Milestones

### Olmstead Decision

- In 1999, a US Supreme Court decision held that people with disabilities have the right to receive state-funded services in the community instead of institutions under the following three criteria:
  1. Treatment professionals find that community supports are appropriate.
  2. The person does not object to living in the community.
  3. Provision of community services is a reasonable accommodation when balanced with other similarly situated people with disabilities.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Olmstead Decision (cont'd)*

- The Court found that a State could meet the reasonable accommodation test by demonstrating “.....that it had a comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the State’s endeavors to keep its institutions fully populated.”
- There has been on-going litigation in several states.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Olmstead Decision (cont'd)*

- In discussions with other states, the following observations were made:
  - Lawsuits are a necessary but not sufficient condition to make change.
  - Leaders and the agency culture are important: adversarial v cooperative.
  - Medicaid flexibility and the role of peers are important tools.
  - The Olmstead Plan should be reflected in the block grant application.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Olmstead Decision (cont'd)*

A wide variety of remedies can be made to address the requirements of the Olmstead decision such as:

- *Supported housing and employment*
- *Peer support*
- Personal care
- HCBS waivers
- *Crisis services*
- Assertive Community Treatment
- *Case Management*
- Respite

# Precursors to the 2107 Cures Act

## *Research, Legislative, and Legal Milestones*

### *1999 Surgeon General's Report*

- *Mental Health: A Report of the 1999 Surgeon General* was the first Surgeon General's report for mental health.
- Significant findings:
  - Mental Health is fundamental to health.
  - Mental disorders are real health conditions.
  - Treatment is effective, and a range of treatments exists for most mental health disorders.
  - Stigma was identified as a barrier to people seeking treatment.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *President's New Freedom Commission*

- In 2003, the President's New Freedom Commission issued the report, "Achieving the Promise: Transforming Mental Health Care in America".
- The ideal of "...a life in the community for everyone" was established.
- The mental health system should actively facilitate recovery and build resilience.
- The report emphasized the importance of choice and personalized care.
- The differences in treatment needs over the life span was highlighted.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Mortality and Morbidity*

- NASMHPD published a technical report in 2006 titled “Morbidity and Mortality in People with Serious Mental Illness” with the alarming finding that people with serious mental illness, on average, die 25 years earlier than the general population.
- Suicide and injury account for 30-40% of the excess mortality.
- Contributing factors include modifiable risk factors, adverse environmental factors, symptoms, psychotropic medications, polypharmacy, and lack of access to health care and lack of coordination between mental health and general health practitioners.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Mortality and Morbidity (cont'd)*

- Criterion 1 requires that States address medical and health care. Optional questions also addressed this integration in the past.
- The Cures Act added language specifically requiring a description of the State's efforts to integrate mental health/co-occurring MI and SA with primary care using block grant funds. Priority populations for the MHBG remain those with SMI and SED.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Mental Health Parity and Addictions Equity Act*

- In 1996, the Mental Health Parity Act required that large group health plans cover mental health commensurate with physical health relative to annual and lifetime dollar limits.
- In 2008, the Mental Health Parity and Addictions Equity Act extended the 1996 provisions to substance abuse. While MH/SUD coverage was not required for large group plans, coverage had to be roughly equivalent to medical/surgical benefits if offered.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *Affordable Care Act*

- The 2010 Affordable Care Act built upon previous legislation and included the following protections:
  - Mental and behavioral health services are essential health benefits.
  - Pre-existing conditions are covered and spending limits are not allowed.
  - Financial, treatment, and care management provisions cannot be more restrictive for mental health benefits.

# Precursors to the 2016 Cures Act

## *Research, Legislative, and Legal Milestones*

### *First Episode Psychosis Set-Aside*

- In 2016, First Episode Psychosis 10% set-aside replaced the previous 5% set asides that were not specific to psychosis. The Cures Act broadened the scope to persons of any age experiencing early serious mental illness, including first episode psychosis.
- Research supports the efficacy of early intervention in reducing the sequelae of untreated mental illness.
- Earlier treatment reduces acute symptoms and may improve long-term prognosis.

# 2016 Cures Act Block Grant Provisions

- The Cures Act is an extension of legislation which covers many topics beyond the scope of this discussion.
- Criterion 1 was modified to delete the previous language and add:
  - A single state agency responsible for the administration of the programs in the block grant should be identified.
  - The plan should provide for a community-based system of care with available services and resources including services for individual with co-occurring disorders

# 2016 Cures Act Block Grant Provisions (cont'd)

- The plan should address how state and local entities coordinate services such as health, medical, rehabilitation, educational, law enforcement, and social services to maximize efficiency, effectiveness, quality and the cost-effectiveness of services for best outcomes.
- The plan should describe how the state promotes evidence-based practices, including evidence-based programs that addresses the needs of individuals with early serious mental illness, including psychosis, regardless of age.
- The plan should provide information on case management services.

## 2016 Cures Act Block Grant Provisions (cont'd)

- The plan should describe activities aimed at engaging those with SMI/SED in making health care decisions and that enhance communication among individuals, families/caregivers, and treatment providers.
- The plan should outline the use of BG funds for initiatives to reduce hospitalization and hospital stays, efforts to reduce suicide, activities to integrate mental health and primary care, and recovery support services.

## 2016 Cures Act Block Grant Provisions (cont'd)

- Criterion 2 was modified to add “...outcome measures for programs and services provided under this subpart”.
- Criterion 3 was modified to add law enforcement services to the previously included services.
- Criterion 4 was not changed.
- Criterion 5 was modified to change from “needed to implement the plan” to what is available currently.
- Added a section that requires establishing goals and objectives for the period of the plan including targets/milestones and activities undertaken to achieve those targets

# Summary of Major Trends

- Increased research – mental illness is a medical condition
- Advances in psychotropic medications – increased complexity in managing meds
- SAMHSA leadership in establishing NREPP and creating EBP toolkits – Early Serious Mental Illness set-aside
- Disability advocacy, legislation, and lawsuits leading to change
- SAMSHA leadership in efforts to address trauma, suicide prevention, recovery, and diversity
- Surgeon General’s Report and President’s New Freedom Commission recommendations
- Medicaid expansion and the Affordable Care Act
- Insurance coverage for mental health services

# Precursor Relationship to Cures Act

## **Precursor Highlights:**

1990's Decade of the Brain----Definition of SMI and SED (focus of attention and counting)----Trauma----Suicide Prevention----Recovery----Diversity----PAIMI Act----ADA----Olmstead----Mortality and Morbidity--  
--National reports ----Insurance

## **Cures Act Block Grant Provisions:**

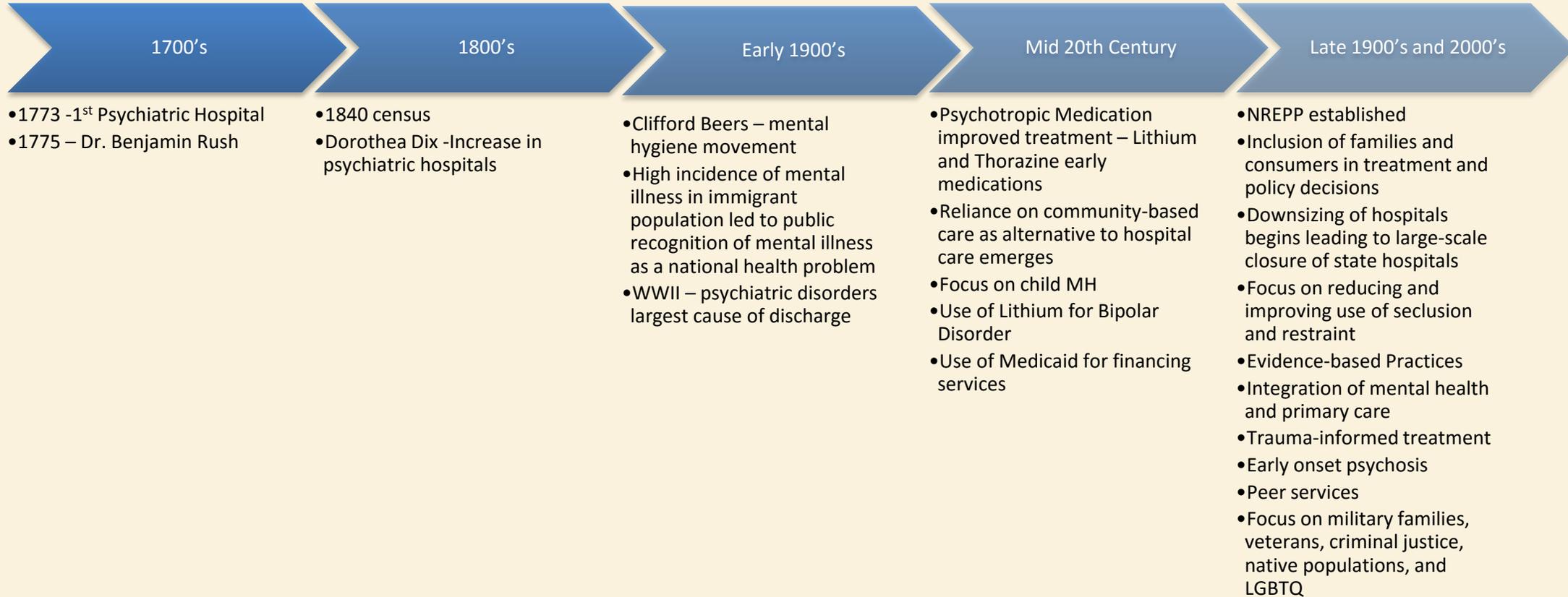
Changes to Criterion 1 incorporate EBPs, integration of health and mental health systems and health decision-making, recovery support, suicide reduction, and the concepts of efficiency, effectiveness, quality, and cost-effectiveness of services.

Criterion 2 adds outcome measures. There is an added requirement for establishing goals and means to achieve the goals which seems to me to be a variation on previous Criterion 2 language.

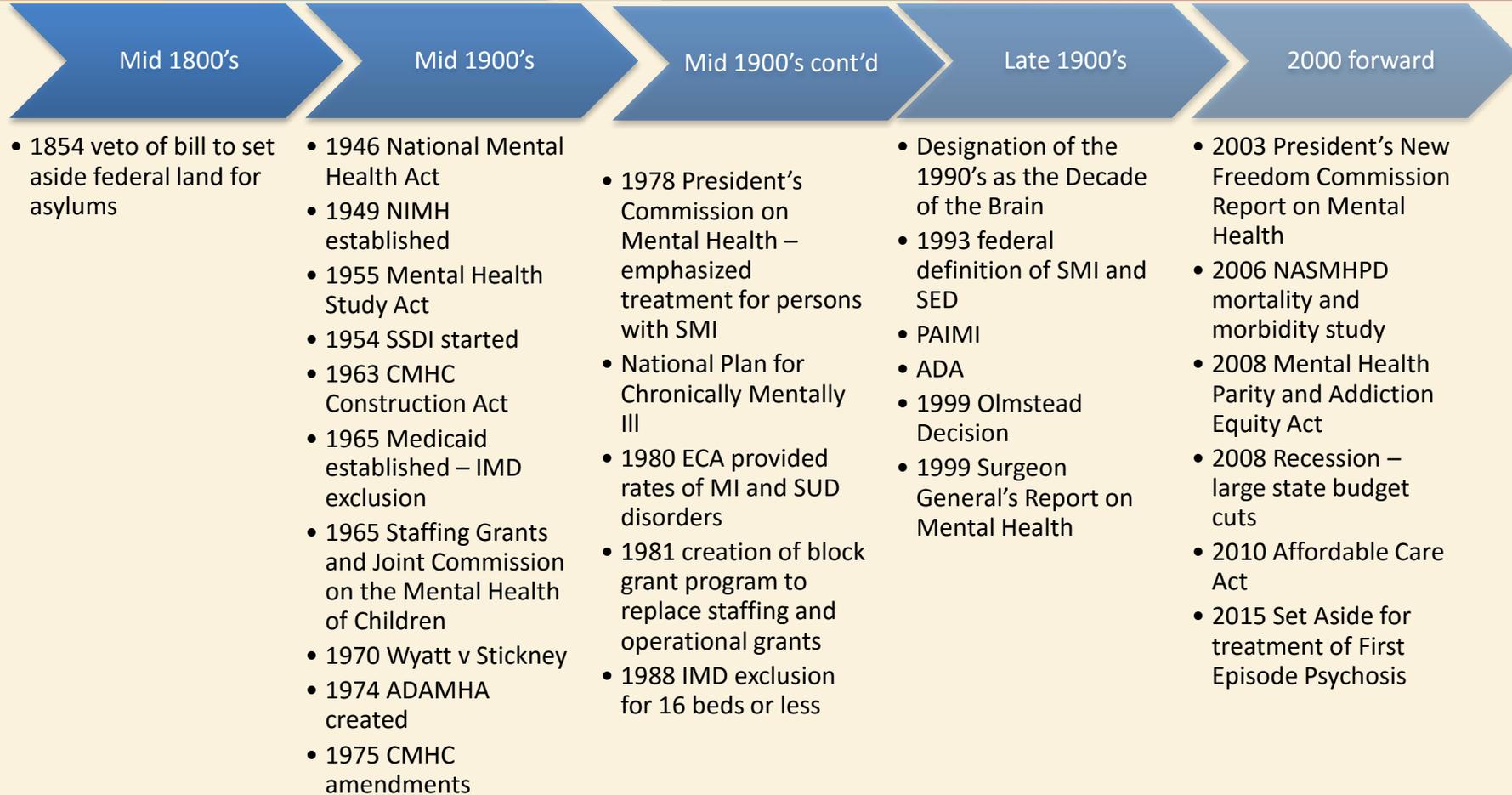
Criterion 1 and 3 added law enforcement to list of community agencies with which to coordinate.

Criterion 5 changed needed resources from those necessary to implement the plan to those that are available.

# History of Psychiatric Treatment in the US



# Research, Legislative, and Legal Milestones



# History and Role of SAMHSA/CMHS

- The Substance Abuse and Mental Health Services Administration was created in 1992 as a result of reorganizing the previous Alcohol, Drug Abuse, and Mental Health Administration.
- There are currently four centers:
  - Center for Mental Health Services (administers the MHBG)
  - Center for Substance Abuse Prevention (administers the SABG along with the Center for Substance Abuse Treatment)
  - Center for Substance Abuse Treatment
  - Center of Behavioral Health Statistics and Quality

# History and Role of SAMHSA/CMHS (cont'd)

- SAMHSA leads efforts to advance mental health and to decrease the impact of substance abuse and mental illness on communities. Note how many references there have been to SAMHSA studies, resources, and policies.
- In this leadership role, SAMHSA established Strategic Initiatives as areas of highest priority to provide a platform for directing its resources and to shape national policy.

# History and Role of SAMHSA/CMHS (cont'd)

- SAMHSA provides leadership in other areas:
  - Collection and dissemination of research and program evaluation findings
  - Publication of resource materials for states, communities, families, consumers, and providers
  - Hosting national conferences to acquire and disseminate information
  - Management of the block grant programs including creation of the block grant application guidance, review and approval of applications, and monitoring use of the block grants

# Role of State Project Officer (SPO)

- The State Project Officers are located in the Center for Mental Health Services and are responsible for the following:
  - knowing the statutory and WebBGAS requirements and providing technical assistance and additional application guidance to state planners
  - Linking state planners to resources for program development and evaluation
  - Providing oversight and monitoring for the block grant
  - Reviewing and approving the application and implementation report
  - Managing fulfillment of technical assistance requests

# Role of Block Grant Monitor

- Block grant monitors conduct site visits to states to determine compliance with the block grant requirements.
- The block grant monitors collaborate with the State Project Officers (SPO) before and after the site visit.
- The monitors develop written reports of the monitoring visits which highlight any statutory issues or need for technical assistance.
- The report also highlights innovative practices.
- The report is shared with the SPO and the State.
- As a result of their review, they make recommendations to the state for technical assistance, i.e., know resources that might help the state.

# Role of State Planner

- Central to the block grant application and report process
- Manage the preparation process to submit approvable documents:
  - Know your SPO and ask for their advice
  - Know those responsible for financial, programmatic, and service data – who do you depend on to provide what and by when – create a timeline and politely ask for input by x
  - Know who signs the assurances and certifications and what time frame is needed to get them signed
  - Know deadlines for submission of application (9/1) and report (12/1) and make sure they are met

## Role of State Planner (cont'd)

- Work with the Planning Council to establish priorities, goals, and measures – meet with them in time to incorporate their input – provide information from the Implementation Report to guide the discussion
- Coordinate with the Olmstead Plan and the PATH grant as well as any internal planning processes
- Request technical assistance through the Technical Assistance Tracker in coordination with the SPO
- Get the application and report in on time and looking pretty – concise but comprehensive, tell your story

# Role of Planning Council

- The Mental Health Planning Council is a statutory requirement. SAMHSA encourages a Behavioral Health Planning Council.
- They will be as valuable as you let them be – coffee and chatting versus engagement and respect
- Consider frequency of meetings and agenda – quarterly is about right
- Possible use of funds to support special projects selected by the Planning Council
- Provide input on block grant priorities, goals, and measures
- Review and comment on the plan – provide access to WebBGAS to view sections as completed

# The End

Questions?

Thank you for your attention.

Please let [david.miller@nasmhpd.org](mailto:david.miller@nasmhpd.org) know how this presentation can be improved/made more useful.