

United States Senate

WASHINGTON, DC 20510

October 5, 2021

To whom it may concern:

In 2015, we introduced the bipartisan *Mental Health Reform Act of 2015* after hearing directly from those in the mental health and substance use disorder communities. We held dozens of roundtables in Louisiana and Connecticut, met with national groups in Washington, D.C., and reviewed written feedback from stakeholders across the country. We worked closely with former Chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee Senator Lamar Alexander (R-TN) and current Chair Senator Patty Murray (D-WA), and many of our other colleagues on the Committee. As a result, the majority of the [*Mental Health Reform Act of 2016*](#) was included and signed into law as part of the 21st Century Cures Act.

The COVID-19 pandemic has highlighted the continuing need to support mental health and substance use disorder programs, as well as disparities in access and outcomes across different populations. Reports show that during the pandemic, 40 percent of U.S. adults reported struggling with mental health or substance use.¹ Even more troubling, drug overdoses killed a record number of Americans in 2020, which reflected a 30 percent increase over the year prior. The pandemic has caused unprecedented stress and barriers to care for many Americans that is reflected in these rising numbers. As we seek to address the mental health and substance use disorder crisis within the COVID-19 pandemic happening now, we are asking for your help.

Many of the federal mental health and substance use disorder programs that were authorized or reauthorized as part of the 21st Century Cures Act are nearing the end of their authorization periods in Fiscal Year 2022. To help us develop new legislation and better understand how Congress should continue to support the provision of mental health and substance use disorder services moving forward, we are seeking feedback from stakeholders, including patients, their families, health care providers, advocacy organizations and state, local, tribal, and territorial governments on the effectiveness of certain mental health and substance use disorder programs.

Specifically, we seek your feedback on the following programs, together with new policy ideas you may have to address mental health and substance use disorder in the U.S.:

- Community Mental Health Services Block Grant (42 U.S.C. §300x-9)
- Encouraging Innovation and Evidence-Based Programs within the National Mental Health and Substance Use Policy Laboratory (42 U.S.C. §290aa-0)
- Priority Mental Health Needs of Regional and National Significance (42 U.S.C. §290bb-32)
- Increasing Access to Pediatric Mental Health (42 U.S.C. §254c-19)
- Grants for Jail Diversion Programs (42 U.S.C. §290bb-38)
- Promoting Integration of Primary Care and Behavioral Health (42 U.S.C. §290bb-42)
- Projects for Assistance in Transition from Homelessness (42 U.S.C. §290cc-35)
- Programs for Children with a Serious Emotional Disturbance (42 U.S.C. §290ff-4)

¹ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

- Minority Fellowship Program (42 U.S.C. §290ll)
- Assisted Outpatient Treatment (42 U.S.C. §290aa)
- Mental and Behavioral Health Education and Training Grants (42 U.S.C. §294e-1)
- Development and Dissemination of Model Training Programs under the Health Insurance Portability and Accountability Act (42 U.S.C §1320d-2)

Thank you in advance for your time and attention to this important matter. Please direct feedback to our offices no later than November 5, 2021.

Sincerely,

Bill Cassidy, M.D.

Bill Cassidy, M.D.
United States Senator

C. S. Murphy

Christopher S. Murphy
United States Senator