

TITLE X OF THE 21ST CENTURY CURES ACT STRENGTHENS MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER CARE FOR WOMEN, CHILDREN AND ADOLESCENTS

This is the fourth article in a series on the 21st Century Cures Act (the "Cures Act"), which was signed into law on December 13, 2016. Over the next few weeks, we will publish a series of articles summarizing various components under the Cures Act. The articles in our series are located [here](#).

This article specifically focuses on several new federal grant programs established by Title X of the Cures Act (Sections 10002, 10005 and 10006) that are available to states and other "eligible entities" that strengthen care for women, children and adolescents suffering from mental health and substance abuse disorders. In addition to creating new programs, Title X made technical updates to existing grant programs (Sections 10001, 10003 and 10004) and reauthorized funding for such programs.

Below is a summary of the new grant programs established by Title X of the Cures Act.

INCREASING ACCESS TO PEDIATRIC MENTAL HEALTH CARE (SECTION 10002)

Section 10002 increases access to pediatric mental health care by authorizing the Health Resources and Services Administration ("HRSA"), in coordination with other relevant federal agencies, to award grants that promote behavioral health integration in pediatric primary care by supporting the development and improvement of existing statewide or regional pediatric mental health care telehealth access programs.

In order to be eligible for grant funding, a statewide or regional pediatric mental health care telehealth program must:

- Be a statewide or regional network of pediatric mental health teams that provides support to pediatric primary care sites as an integrated team;
- Support and further develop organized state or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;
- Conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers' preferred mechanisms for receiving consultation, training and technical assistance;
- Develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;
- Provide rapid statewide or regional telephone or telehealth consultations when required by pediatric mental health teams and pediatric primary care providers;
- Conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment and referral of children with behavioral health conditions;
- Provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers or mental health counselors, and in scheduling and conducting technical assistance;
- Assist with referrals to specialty care and community behavioral health resources; and
- Establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanded capacity of pediatric primary care providers to identify, treat and refer children with mental health issues.

State grantees must also submit a comprehensive evaluation of activities carried out with the grant fund, including outcome evaluation. Additionally, state grantees are required to match at least 20 percent of the federal funds.

In order to implement this Section, the Cures Act authorizes \$9 million for fiscal years 2018-2022.

SCREENING AND TREATMENT FOR MATERNAL DEPRESSION (SECTION 10005)

Section 10005 creates a federal grant program for states to support the screening and treatment of maternal depression ("STMD").¹ Maternal depression, or postpartum depression, affects one out of nine women, according to the Centers for Disease Control, and is often underdiagnosed and untreated.² STMD grants are for states to establish, improve or maintain existing programs that provide screening, assessment and treatment services for maternal depression, including culturally and linguistically appropriate services. STMD grants are to serve women who are pregnant or who have given birth in the preceding 12 months. Section 10005 authorizes the appropriation of \$5 million each fiscal year for fiscal years 2018-2022 to carry out STMD grants. When distributing STMD grant funds, the Secretary of Health and Human Services ("HHS Secretary") has the discretion to give priority to states proposing to improve or increase access to screening services for maternal depression in primary care settings.

To be eligible for STMD grants, states must submit an application that meets the requirements set forth by the HHS Secretary. At a minimum, states will need to describe how the state's program(s) will increase the percentage of women screened and treated for maternal depression in one or more communities. In addition, states will need to explain how a program(s), if expanded, would increase women's access to screening and treatment services for maternal depression. To be eligible for STMD grant funding, it is mandatory that a state program(s) provide training and information to health care providers about maternal depression that addresses screening, treatment, follow-up services and available community resources. States also have the option to utilize STMD grant funds for activities that:

- Enable health care providers (including obstetrician-gynecologists, pediatricians, psychiatrists, mental health care providers and adult primary care clinicians) to provide or receive psychiatric consultation, in-person or remotely, to assist in the treatment;
- Establish connections with community-based resources, including mental health resources, primary care resources and support groups; and
- Use telehealth services for rural areas and medically underserved areas.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH PROMOTION, INTERVENTION AND TREATMENT (SECTION 10006)



Section 10006 creates a federal grant to support mental health promotion, intervention and treatment programs for infants and early childhood ("I-ECMH").³ The I-ECMH grants are to awarded to "eligible entities," which are defined as human services agencies or nonprofit institutions that employ licensed mental health professionals who have specialized training and experience with infant to early childhood mental health assessment, diagnosis and treatment or are accredited or approved by the appropriate state agency, as applicable, to provide the services to eligible children covered by grant. The HHS Secretary will award I-ECMH grants to eligible entities to develop, maintain or enhance programs for infants and children, up to age 12, who are at significant risk of developing or showing signs of or have been diagnosed with mental illness, including serious emotional disturbance and who may benefit from early intervention or treatment ("eligible children"). In addition, I-ECMH grants are for programs to provide multigenerational therapy aimed at supporting the caregiving relationship. To qualify, the eligible entities' services or programs must be evidenced-informed or evidence-based practices that are culturally and linguistically appropriate and can be duplicated in other appropriate settings.

To request I-ECMH grant funds, eligible entities will be required to submit an application to the HHS Secretary. Section 10006 indicates that eligible entities have the flexibility to use I-ECMH grant funds for:

- Furnishing age-appropriate mental health promotion and early intervention or mental illness treatment services to eligible children, which may include social and behavioral services as well as services to support the caregiving relationship;
- Training health care professionals with expertise in infant to early childhood mental health care about integration with other disciplines, such as primary care clinicians, child welfare staff and education providers;
- Providing mental health consultation to personnel of early care and education programs who work with children and families;
- Training mental health clinicians in infant and early childhood about promising and evidence-based practices for treatment and early intervention, including identifying and treating mental illness and behavioral disorders resulting from exposure to adverse childhood experiences or trauma; and
- Providing age-appropriate assessment, diagnostic and intervention services for eligible children.

Section 10006 authorizes the appropriation of \$20 million for the period of fiscal years 2018 through 2022. Of significance, eligible entities must agree to match federal funding in an amount that is not less than 10 percent of the total amount of the federal funds provided under the grant.

If you have questions or would like additional information regarding Title X of the Cures Act, please contact:

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¹ 42 U.S. Code § 247b-13a.

² <https://www.cdc.gov/reproductivehealth/depression/>.

³ 42 U.S. Code § 280h-6.