

# **Restoring Hope for Mental Health and Well-Being Act of 2022**

## ***Section by Section Summary***

### **Title I: Mental Health and Crisis Care Needs**

#### **Subtitle A—Crisis Care Services and 9-8-8 Implementation**

##### **Sec. 101–102.**

Establishes the Behavioral Health Crisis Coordinating Office within the Substance Abuse and Mental Health Services Administration (SAMHSA) to convene partners and provide technical assistance to enhance access to crisis care, authorized at \$5 million annually for fiscal year (FY) 2023 through FY 2027. Requires the Secretary of Health and Human Services (HHS) to publish best practices for a crisis response continuum of care not later than one year after the date of enactment for use by health care providers, crisis services administrators, and crisis services providers.

#### **Subtitle B—Into the Light for Maternal Mental Health and Substance Use Disorders**

##### **Sec. 111–112.**

Reauthorizes section 317L-1 of the Public Health Service Act (PHSA) to award Screening and Treatment for Maternal Mental Health and Substance Use Disorders grants to states to establish, improve, or maintain programs for screening, assessment, and treatment services for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders. Authorizes \$24 million annually for FY 2023 through FY 2028. Establishes a national hotline to provide information, brief intervention, and mental health and substance use disorder resources to pregnant and postpartum women at risk of, or affected by, maternal mental health and substance use disorders, and authorizes \$10 million annually for FY 2023 through FY 2028.

#### **Subtitle C—REACHING Improved Mental Health Outcomes for Patients**

##### **Sec. 121–123.**

Establishes the Mental Health Crisis Response Partnership Pilot Program by replacing the reauthorization of the Community Crisis Response Systems Grants, authorizing \$10 million annually for FY 2023 through FY 2027. Reauthorizes seven additional SAMHSA programs to address mental health needs, provide crisis response care, and prevent suicide among adults for FY 2023 through FY 2027, including: National Mental Health and Substance Abuse Policy Laboratory, authorized at \$10 million for each fiscal year; Interdepartmental Serious Mental Illness Coordinating Committee; Mental Health Needs Priority Regions of National Significance (PRNS), authorized at \$599.036 million for each fiscal year; Mental Health Awareness Training (MHAT) Grants, authorized at \$24.963 million for each fiscal year; Adult Suicide Prevention, authorized at \$30 million for each fiscal year; Assertive Community Treatment Grants, authorized at \$15 million for each fiscal year; and Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness, authorized at \$22 million for each fiscal year.

## **Subtitle D—Anna Westin Legacy**

### **Sec. 131.**

Establishes an authorization for the SAMHSA National Center of Excellence for Eating Disorders at \$1 million annually for FY 2023 through FY 2027 to award competitive subgrants or subcontracts for the development and provision of training and technical assistance to primary and behavioral health providers and non-clinical community support workers as well as collaboration and coordination with SAMHSA, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration (HRSA) on the identification, effective treatment, and ongoing support of individuals with eating disorders.

## **Subtitle E—Community Mental Health Services Block Grant Reauthorization Act**

### **Sec. 141.**

Reauthorizes the Community Mental Health Services Block Grants for states, territories, Tribes, and Tribal organizations to support community mental health services for adults with serious mental illness and children with serious emotional disturbance and to support the collection of performance and outcome data. Requires that five percent of the funds granted be used for crisis-care services and allows for up to five percent of funds for early intervention activities. Authorizes \$857.571 million annually for FY 2023 through FY 2027.

## **Title II: Substance Use Disorder Prevention, Treatment, and Recovery Services**

### **Subtitle A—Native Behavioral Health Access Improvement**

#### **Sec. 201.**

Reauthorizes the Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans Grant Program to provide culturally appropriate mental health and substance use disorder prevention, treatment, and recovery services to American Indians and Alaska Natives. Requires the Secretary to provide technical assistance to grantees as well as collect and evaluate information on the grant. Authorizes \$40 million annually for FY 2023 through 2027.

### **Subtitle B—Summer Barrow Prevention, Treatment, and Recovery**

#### **Sec. 211–222.**

Reauthorizes 11 SAMHSA programs that support mental health and substance use disorder prevention, treatment, and recovery services activities for FY 2023 through FY 2027, including: Formula Grants for the Benefit of Homeless Individuals, authorized at \$41.304 million for each fiscal year; Substance Use Disorder Treatment Programs of Regional and National Significance (PRNS), authorized at \$521.517 million for each fiscal year; Prescription Opioid and Heroin Treatment and Interventions Demonstration Grants, authorized at \$25 million for each fiscal

year; Substance Use Disorder Prevention PRNS, authorized at \$218.219 million for each fiscal year; Programs to Reduce Underage Drinking, including an annual report, a national media campaign, Community-based Coalition Enhancement Grants to Prevent Underage Drinking, Pediatric Provider Screening and Brief Intervention Grants, and data collection and research, authorized for a collective \$23 million for each fiscal year; a National Academy of Sciences review and report to Congress authorized at \$500,000 for FY 2023; Jail Diversion Program and Grants, authorized at \$14 million each fiscal year; Projects for Assistance in Transition from Homelessness Program, authorized at \$64.635 million each fiscal year; Grants for Reducing Overdose Deaths authorized at \$5 million each fiscal year; State Pharmacy Opioid Overdose Medication Access and Education Grants, authorized at \$5 million each fiscal year; State and Local Integrated Comprehensive Opioid Use Disorder Response, authorized at \$5 million each fiscal year; and Emergency Department Alternatives to Opioids Demonstration Grants, authorized at \$10 million each fiscal year.

### **Subtitle C—Excellence in Recovery Housing Act**

#### **Sec. 231–237.**

Requires the Secretary, acting through the SAMHSA Assistant Secretary, to collaborate with federal agencies and relevant stakeholders to promote the availability of high-quality recovery housing and services for individuals with substance use disorder. Requires the Secretary to develop and periodically update consensus based best practices for operating, and promoting the availability of, high-quality recovery housing. Requires the Secretary, acting through the SAMHSA Assistant Secretary, and the Secretary of Housing and Urban Development to convene an interagency working group and report to Congress on its activities to increase federal collaboration and coordination, develop a long-term plan to support state, Tribal, and local efforts to operate recovery housing consistent with best practices, and coordinate fair housing practices and data collection on the quality of recovery housing. Permits SAMHSA to provide grants to states, Tribes, and territories for technical assistance to promote and maintain recovery housing according to best practices and to develop related state promotion plans. Reauthorizes \$5 million for the period of FY 2023 through 2027. Makes technical conforming corrections to the Public Health Services Act.

### **Subtitle D—Substance Use Prevention, Treatment, and Recovery Services Block Grant**

#### **Sec. 241–248.**

Reauthorizes and renames SAMHSA’s Substance Abuse Prevention and Treatment Block Grant as the “Substance Use Prevention, Treatment, and Recovery Services Block Grant,” to provide states and Tribes with funding to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance use disorders, authorized at \$1.908 billion annually for FY 2023 through FY 2027. Requires that states’ plans describe the recovery support service activities supported by block grant funds, including number of individuals served, target populations, priority needs, and the amount of funds allocated to recovery support service disaggregated by type of activity. Updates the basis by which states are designated as required to provide HIV related services based on HIV case rate rather than AIDS case rate effective FY 2025. Requires states receiving block

grant funds to provide viral hepatitis screening and referrals to providers whose practice includes viral hepatitis vaccination and treatment. Requires states' report to include the amount of funds provided to each grant recipient the previous fiscal year. Requires the Secretary to conduct a study to develop a model needs assessment process for states. Also replaces "substance abuse" with "substance use" and updates statutory language to recognize Tribes and Tribal organizations as proper nouns.

### **Subtitle E—Timely Treatment for Opioid Use Disorder**

#### **Sec. 251–253.**

Eliminates the requirement that an individual be addicted to opioids for at least one year before being admitted for treatment by an Opioid Treatment Program (OTP). Requires the Assistant Secretary for Mental Health and Substance Use to conduct a study and report within 180 days on the impact of treatment exemptions (also known as flexibilities) allowed during the pandemic on OTP effectiveness and safety. Changes federal opioid treatment standards to allow an OTP to operate one or more mobile units to dispense medications at locations other than the registrant's principal place of business or professional practice under the same registration. Previously, each mobile unit had to be separately registered. Requires the Secretary to establish new criteria to allow certain patients to receive take home medications in either a 14 day or a one-month supply.

### **Title III: Access to Mental Health Care and Coverage**

#### **Subtitle A—Collaborate in an Orderly and Cohesive Manner**

#### **Sec. 301.**

Amends section 520k of the Public Health Service Act and reauthorizes a program that allows HHS to award grants to states that partner with a community program, a health center, or a primary health care physician practice to implement and evaluate specified models of care that integrate behavioral health and primary care services. Recipients who provide care to medically underserved populations and in areas where the prevalence of behavioral health conditions exceeds the national average are given priority for these grants. Authorizes incentive payments for recipients that use appropriate billing codes and quality measures for behavioral health services as well as grants for national and regional organizations that provide technical assistance to improve integration. Reauthorizes \$60 million annually for FY 2022 through FY 2026.

#### **Subtitle B—Helping Enable Access to Lifesaving Services**

#### **Sec. 311.**

Reauthorizes multiple programs to support and strengthen the health care workforce, including: Liability Protections for Health Professional Volunteers, reauthorized through October 1, 2027; Mental and Behavioral Health Education and Training Grants, reauthorized at \$50 million for FY 2023 through FY 2027; and the Training Demonstration Program, reauthorized at \$10 million annually for FY 2023 through FY 2027. Updates the Minority Fellowship Program to include those "in the fields of crisis care management."

## **Subtitle C—Eliminating the Opt-Out for Nonfederal Governmental Health Plans**

### **Sec. 321.**

Requires self-funded, non-federal governmental plans to comply with mental health parity requirements starting six months after the date of enactment or longer contingent on the terms of the plan agreement.

## **Title IV: Children and Youth**

### **Subtitle A—Supporting Children’s Mental Health Care Access**

#### **Sec. 401–402.**

Reauthorizes HRSA’s Pediatric Mental Health Care Access grant program that promotes behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs in states at \$14 million annually for FY 2023 through FY 2025 and \$30 million annually for FY 2026 through FY 2027. Reauthorizes SAMHSA’s Infant and Early Childhood Mental Health Grant Program, intended to improve outcomes for children from birth to age 12 by developing, maintaining, or enhancing mental health promotion, intervention, and treatment services at \$50 million for the period of FY 2023 through FY 2027.

### **Subtitle B—Continuing Systems of Care for Children**

#### **Sec. 411–412.**

Reauthorizes the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Grants. Maintains existing program structure with the exception of redefining eligible to “parents or kinship caregivers.” Authorizes at \$125 million annually for FY 2023 through FY 2027. Reauthorizes the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) Grants at \$29.605 million annually for FY 2023 through FY 2027.

### **Subtitle C—Garrett Lee Smith Memorial Reauthorization**

#### **Sec. 421-424.**

Reauthorizes the Suicide Prevention Resource Center at \$9 million annually for FY 2023 through FY 2027. Reauthorizes the State and Tribal Youth Suicide Prevention and Early Intervention Grants Program at \$40 million annually for FY 2023 through FY 2027 and provides the allowable use of funds for supplies to securely store commonly used means of suicide within a household. Reauthorizes the Mental Health Youth Suicide Prevention Campus Grants at \$7 million for each fiscal year. Reauthorizes and renames the Mental and Behavioral Health Public Outreach and Education at Institutions of Higher Education program at \$1 million for FY 2023 through FY 2027 and specifies that representatives from minority-serving institutions and community colleges be included on the program’s working group.