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ONE HUNDRED THIRTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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February 7, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

Pursuant to House Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce is examining a range of programs and issues, including mental health, that have been raised in the wake of the Newtown, Connecticut, tragedy.

As the committee in the U.S. House of Representatives with jurisdiction over the key federal departments and agencies who play a role in mental health research and care, we announced last month that we intend to examine mental health resources and programs across the federal spectrum. Among other objectives of this review, we seek to gain a better understanding of societal factors contributing to and potential causes of outbreaks of violence.

We appreciate the contribution to this effort reflected in your February 4, 2013, op-ed in *USA Today*, "Bring Mental Illness Out of the Shadows."[1] We agree with you that a national discussion on mental health and addressing the negative perceptions that exist about mental illness is an important first step. Such a national dialogue on mental health in the wake of the Newtown tragedy should begin with some basic facts. One in five Americans struggles with mental illness.[2] Despite evidence that prevention and treatment services can be effective, fewer than 40 percent of Americans experiencing mental illness receive treatment in a given year.[3] Additionally, as you noted in your op-ed, the vast majority of Americans with a mental health condition are not violent. In fact, fewer than 5 percent of violent crimes are committed by people who suffer from serious mental illness,[4] and these individuals are 11 times more likely to

[1] http://www.usatoday.com/story/opinion/2013/02/04/kathleen-sebelius-on-mental-health-care/1890859/
[2] http://www.samhsa.gov/newsroom/advisories/1201185326.aspx
[3] *Ibid.*
[4] *Supra* note 1.

be victims of a violent crime than the general population.[5] However, for the rare cases where mental illness appears to play a part in tragic and violent events like Newtown, it is important that policy solutions build upon lessons learned from prior experience.

After past tragedies, federal, state, and local entities have reviewed what steps should be taken to prevent future tragedies from occurring. For example, after the Columbine High School attack, the United States Secret Service and Department of Education issued a report entitled "The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States." This report focused on the "thinking, planning, and other behaviors engaged in by students who carried out school attacks," in particular examining "pre-attack behaviors" that could be detectable and used to prevent future attacks. After the Virginia Tech attacks in 2007, a Review Panel presented a report to the Governor of the Commonwealth of Virginia that recommended certain changes to address gaps across the entirety of the mental health system which had prevented individuals from getting appropriate and necessary treatment to promote their recovery.

In addition, President George W. Bush directed the Secretaries of Health and Human Services (HHS) and Education and the Attorney General to meet with a wide range of state and local leaders and experts on the broader issues raised by the Virginia Tech tragedy, and to report back on what they learned, together with recommendations for how the federal government can help avoid such tragedies in the future. Their findings and recommendations with regard to HHS (see Attachment) were issued in June 2007 in a report entitled *Report to the President on Issues Raised by the Virginia Tech Tragedy* (Report).

A helpful starting point for the Committee's inquiry is to examine the current and past efforts by federal agencies, in particular those of HHS, to assess and improve upon our mental health system in reaction to previous tragedies. Some of the recommendations made in the Report following Virginia Tech appear to be similar to proposals that were presented by the President on January 16, 2013, after the Newtown tragedy, to address concerns about access to mental health treatment. These include efforts to improve early detection and treatment for behavioral health and violence issues among young people, support for effective mental health public education campaigns, provider training, and encouragement of innovative approaches in mental health services, all to improve school and community preparedness.

In order to determine what actions were taken after previous tragedies, and whether those actions were effective, the Committee seeks information on the status of HHS's efforts to implement the recommendations made in the 2007 Report following the Virginia Tech shootings. Therefore, we request that you provide by February 21, 2013, an update on those findings and recommendations relating to HHS that are set forth in the Attachment.

[5] http://www.nimh.nih.gov/about/director/2011/understanding-severe-mental-illness.shtml

If you have any questions regarding this request, please contact Sam Spector with the Committee staff at (202) 225-2927.

Sincerely,

Fred Upton
Chairman

Henry A. Waxman
Ranking Member

Tim Murphy
Chairman
Subcommittee on Oversight
and Investigations

Diana DeGette
Ranking Member
Subcommittee on Oversight
and Investigations

Marsha Blackburn
Vice Chairman

Michael C. Burgess
Vice Chairman
Subcommittee on Oversight
and Investigations

Attachment

Attachment

1. Develop, in conjunction with the Department of Education (Education), additional guidance that clarifies how information can be shared legally under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and the Family Educational Rights and Privacy Act (FERPA) and disseminate it widely to the mental health, education, and law enforcement communities;

2. Consider, in conjunction with Education, whether further actions are needed to balance more appropriately the interests of safety, privacy, and treatment implicated by FERPA and HIPAA;

3. Continue to work together, and with states and appropriate partners, to improve, expand, coordinate, and disseminate information and best practices in behavioral analysis, threat assessments, and emergency preparedness, for colleges and universities;

4. Work through the Centers for Disease Control and Prevention's 10 Academic Centers of Excellence on Youth Violence Prevention and collaborate with Education to identify opportunities to expand CDC's "Choose Respect" initiative so that it includes efforts to develop healthy school climates and prevent violence in schools;

5. Include a focus on college students in its mental health public education campaign to encourage young people to support their friends who are experiencing mental health problems;

6. Continue to work together, with Education, the Department of Justice, and with states and local communities to improve and expand their collaboration on their "Safe Schools/Healthy Students" program;

7. Convene the directors of state mental health, substance abuse, and Medicaid agencies and constituent organizations to explore ways to expand and better coordinate delivery of evidence-based practices and community-based care to adults and children with mental and substance abuse disorders;

8. Examine current strategies for implementing innovative technologies in the mental health field to enhance service capacity, through such means as telemedicine, electronic health records, health information technology, and electronic decision support tools in health care;

9. Promote, through the interagency Federal Executive Steering Committee on Mental Health (Steering Committee) led by HHS, federal agency collaboration to support innovations in mental health services and supports for school aged children and young adults in primary care and specialty mental health settings using evidence-based programs and innovative technologies;

10. Examine, through the Steering Committee, ways of disseminating more widely state and local grant opportunities that focus on detecting and treating behavioral health and violence issues with children and youth;

11. In conjunction with the Department of Homeland Security, examine their community preparedness grants to state and local communities, which include an emphasis on early detection of hazards through information sharing, to clarify the grants that are available for the prevention of and preparedness for violence in schools, offices, and public places.