



# **Interdepartmental Serious Mental Illness Coordinating Committee**

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The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers

## **Executive Summary**

December 13, 2017





# Executive Summary

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## ISMICC Vision Statement

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Federal interdepartmental leadership, with genuine collaboration and shared accountability of all federal agencies, and in partnership with all levels of government and other stakeholders, supports a mental health system that successfully addresses the needs of all individuals living with serious mental illness or serious emotional disturbances and their families and caregivers, effectively supporting their progress to achieve healthy lives characterized by autonomy, pride, self-worth, hope, dignity, and meaning.

## Role of the ISMICC

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Too many people with serious mental illnesses (SMI) and serious emotional disturbances (SED) do not get the treatment and support that they need. Fragmented systems provide incomplete services that don't draw on available evidence. The result is needless suffering for individuals and families and increased risk of incarceration, homelessness, disability, poor physical and mental health outcomes, and early death. Recognizing this painful reality, there is hope. By improving coordination across our systems and resources, we can provide a better array of services. Through careful attention, planning, and reform, we can improve the use of effective practices that draw on research. This report is the first step in the process to realize these goals and a better life for people with SMI and SED.

In December 2016, the 21st Century Cures Act was signed into law. Through this Act (Public Law 114-255), the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was established to address the needs of adults with SMI and children and youth with SED and their families.

The Assistant Secretary for Mental Health and Substance Use and other federal members of the ISMICC will work across the Department of Health and Human Services (HHS) and other federal departments so that Americans with SMI and SED are able to improve their lives and receive the highest possible standard of care—care that is deeply informed by our knowledge of science and medicine. The ISMICC includes representatives of

“My adult son has cycled 13 times through mental hospitals over a 3-year period. He is taking his medications but continues to have psychotic thoughts not based in reality, and is greatly disabled by them. What has transpired since the closing of psychiatric care facilities is a travesty: incarceration, multiple cycles through hospitals or ERs, and homelessness, and often deaths. Without access to adequate care, many family members are caught in impossible situations, become distraught, or give up entirely. We need a federal standard and community solutions to provide care for highly disabled, mentally ill people like my son.”

— Marilyn (submitted through public comments to the ISMICC)

eight federal departments that support programs that address the needs of people with SMI and SED. Their collaboration is informed and strengthened by the participation of non-federal members, including national experts on health care research, mental health providers, advocates, people with living with mental health conditions, and their families and caregivers. This cross-sector, public-private partnership provides a unique opportunity to share and generate solutions to the problems facing the mental health system. We seek to support a system where individuals are able to engage effectively with a range of treatment and recovery support services that promote opportunities for individuals with SMI and SED to live well in their communities.

A central charge of this committee is to submit two reports to Congress, the first no later than 1 year and the second 5 years after the enactment of the Act. The reports are directed to include:

- A summary of advances in research on SMI and SED related to prevention, diagnosis, intervention, treatment and recovery, and access to services and supports;
- An evaluation of the effect that federal programs related to SMI and SED have on public health, including outcomes across a number of important dimensions; and
- Specific recommendations for actions that federal departments can take to better coordinate the administration of mental health services for adults with SMI or children and youth with SED.

This 2017 ISMICC report to Congress offers an initial assessment of the current needs of Americans with SMI and SED. Chapter 1 documents that, although there are innovations that could improve services and evidence-based programs, far too many people with SMI and SED, and their families, continue to struggle to obtain adequate care and treatment. Chapter 2 includes a summary of information on advances in research on SMI and SED and on strategies to improve services for people with SMI and SED. This chapter centers on presentations from the first ISMICC meeting held in August 2017 as well as ongoing dialogue with the ISMICC members. Chapter 3 includes an inventory of programs throughout the federal government that provide services to individuals with SMI or children and youth with SED, and sets the stage for a broader evaluation of the federal service system for people with SMI and SED. Finally, Chapter 4 includes the 45 recommendations made by the non-federal ISMICC members.

This report is intended to set the stage for work by HHS and other federal government departments in the years ahead. A final ISMICC report is due to Congress in December 2022 and will both describe what has been accomplished and identify future opportunities to continue to better coordinate federal program and policy development. This is all part of the charge—to improve services, engagement and access; close gaps in availability of evidence based treatment; reduce the number of persons with SMI and SED that are involved with criminal justice systems; and support financing models that promote access to evidence-based treatment and recovery support services.

## Recommendations From the Non-Federal ISMICC Members<sup>1</sup>

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The non-federal members of the ISMICC created a set of recommendations aimed at coordinating the efforts of federal departments to develop a comprehensive continuum of care focused on improving outcomes for people of all ages with SMI and SED, and promoting evidence-based practices and a strong community-based system of care. These recommendations were developed based on input from the non-federal members of the ISMICC and do not represent federal policy. These recommendations should not be interpreted as the formal position of the Administration.

Organized within five main areas of focus, the recommendations aim to realize the ISMICC vision. Realizing this vision will require changes at the state, tribal, and local levels, with assistance from federal policies and programs, and support from Congress. It is anticipated that the recommendations will be refined and amended as the work of the ISMICC moves forward. The final ISMICC report to Congress in 2022 will review accomplishments resulting from the work of the ISMICC and provide recommendations to further guide federal coordination.

### Focus 1: Strengthen Federal Coordination to Improve Care

- 1.1. Improve ongoing interdepartmental coordination under the guidance of the Assistant Secretary for Mental Health and Substance Use.
- 1.2. Develop and implement an interdepartmental strategic plan to improve the lives of people with SMI and SED and their families.
- 1.3. Create a comprehensive inventory of federal activities that affect the provision of services for people with SMI and SED.
- 1.4. Harmonize and improve policies to support federal coordination.
- 1.5. Evaluate the federal approach to serving people with SMI and SED.
- 1.6. Use data to improve quality of care and outcomes.
- 1.7. Ensure that quality measurement efforts include mental health.
- 1.8. Improve national linkage of data to improve services.

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<sup>1</sup> These recommendations reflect the views of the non-federal ISMICC members. Federal members were consulted regarding factual concerns and federal processes, but the final list of recommendations are the product of the non-federal members. These recommendations do not represent federal policy, and the federal departments represented on the ISMICC have not reviewed the recommendations to determine what role they could play in the future activities of the departments. The recommendations should not be interpreted as recommendations from the federal government.

## **Focus 2: Access and Engagement: Make It Easier to Get Good Care**

- 2.1. Define and implement a national standard for crisis care.
- 2.2. Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization.
- 2.3. Educate providers, service agencies, people with SMI and SED and their families, and caregivers about the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, including 42 CFR Part 2, in the context of psychiatric care.
- 2.4. Reassess civil commitment standards and processes.
- 2.5. Establish standardized assessments for level of care and monitoring of consumer progress.
- 2.6. Prioritize early identification and intervention for children, youth, and young adults.
- 2.7. Use telehealth and other technologies to increase access to care.
- 2.8. Maximize the capacity of the behavioral health workforce.
- 2.9. Support family members and caregivers.
- 2.10. Expect SMI and SED screening to occur in all primary care settings.

## **Focus 3: Treatment and Recovery: Close the Gap Between What Works and What Is Offered**

- 3.1. Provide a comprehensive continuum of care for people with SMI and SED.
- 3.2. Make screening and early intervention among children, youth, transition-age youth, and young adults a national expectation.
- 3.3. Make coordinated specialty care for first-episode psychosis available nationwide.
- 3.4. Make trauma-informed, whole-person health care the expectation in all our systems of care for people with SMI and SED.
- 3.5. Implement effective systems of care for children, youth, and transition-aged youth throughout the nation.

- 3.6. Make housing more readily available for people with SMI and SED.
- 3.7. Advance the national adoption of effective suicide prevention strategies.
- 3.8. Develop a priority research agenda for SED/SMI prevention, diagnosis, treatment, and recovery services.
- 3.9. Make integrated services readily available to people with co-occurring mental illnesses and substance use disorders, including medication-assisted treatment (MAT) for opioid use disorders.
- 3.10. Develop national and state capacity to disseminate and support implementation of the national standards for a comprehensive continuum of effective care for people with SMI and SED.

#### **Focus 4: Increase Opportunities for Diversion and Improve Care for People With SMI and SED Involved in the Criminal and Juvenile Justice Systems**

- 4.1. Support interventions to correspond to all stages of justice involvement. Consider all points included in the sequential intercept model.
- 4.2. Develop an integrated crisis response system to divert people with SMI and SED from the justice system.
- 4.3. Prepare and train all first responders on how to work with people with SMI and SED.
- 4.4. Establish and incentivize best practices for competency restoration that use community-based evaluation and services.
- 4.5. Develop and sustain therapeutic justice dockets in federal, state, and local courts for any person with SMI or SED who becomes involved in the justice system.
- 4.6. Require universal screening for mental illnesses, substance use disorders, and other behavioral health needs of every person booked into jail.
- 4.7. Strictly limit or eliminate the use of solitary confinement, seclusion, restraint, or other forms of restrictive housing for people with SMI and SED.
- 4.8. Reduce barriers that impede immediate access to treatment and recovery services upon release from correctional facilities.
- 4.9. Build on efforts under the Mentally Ill Offender Treatment and Crime Reduction Act, the 21<sup>st</sup> Century Cures Act, and other federal programs to reduce incarceration of people with mental illness and co-occurring substance use disorders.

## **Focus 5: Develop Finance Strategies to Increase Availability and Affordability of Care**

- 5.1. Implement population health payment models in federal health benefit programs.
- 5.2. Adequately fund the full range of services needed by people with SMI and SED.
- 5.3. Fully enforce parity to ensure that people with SMI and SED receive the mental health and substance abuse services they are entitled to, and that benefits are offered on terms comparable to those for physical illnesses.
- 5.4. Eliminate financing practices and policies that discriminate against behavioral health care.
- 5.5. Pay for psychiatric and other behavioral health services at rates equivalent to other health care services.
- 5.6. Provide reimbursement for outreach and engagement services related to mental health care.
- 5.7. Fund adequate home- and community-based services for children and youth with SED and adults with SMI.
- 5.8. Expand the Certified Community Behavioral Health Clinic (CCBHC) program nationwide.

## **Future Work of the ISMICC**

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This report is intended to set the stage for work by HHS and other federal government departments in the years ahead. In the immediate future, the ISMICC will help to prioritize recommendations and continue to meet on a routine basis to provide guidance as necessary to assist in addressing the recommendations in this report.

Over the next 5 years, the ISMICC will work in collaboration with federal interdepartmental leadership to promote shared accountability for a system that provides the full range of treatments and supports needed by individuals and families living with SMI and SED. Specifically, activity will center on the five focus areas: greater federal coordination, better access and engagement, greater availability of evidence-based treatment and recovery support services, fewer numbers of people with SMI and SED involved with criminal justice, and financing. ISMICC members recognize that this effort will require partnerships with all levels of government and a diverse array of other stakeholders. Mental health care and treatment is not solely a federal responsibility, but rather one shared across federal, state, tribal, and local governments; private insurers; and diverse provider organizations and advocates.



In the months ahead, the ISMICC will, with federal staff support, continue existing data collection efforts and begin the process of a broader evaluation of federal policies and programs, and their impact nationally. The federal ISMICC members will also examine the non-federal recommendations and look for opportunities to improve systems and coordination. Progress toward the recommendations also will be tracked. The committee looks forward to increasing the proportion of people with SMI and SED who receive effective care, treatment, and recovery support services. The ISMICC will fulfill Congress' vision by improving the direction and coordination of federal programs in support of this goal and the Committee's vision.



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