Tim Murphy
U.S. Congressman for the 18th District of Pennsylvania

Detailed Summary of The Helping Families In Mental Health Crisis Act (H.R. 2646)

With findings of a multi-year review by the Energy & Commerce Subcommittee on Oversight & Investigations of the nation's mental health system

Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. The stories are haunting and the numbers are staggering. Nearly 10 million Americans have serious mental illness (schizophrenia, bipolar disorder, and major depression); but, millions are going without treatment as families struggle to find care for loved ones.

To understand why so many in need of care go without treatment, the Energy and Commerce Subcommittee on Oversight and Investigations launched a top-to-bottom review of the country's mental health system beginning in January 2013. The investigation, which included public forums, hearings with expert witnesses and document and budget reviews, revealed the federal government's approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies spread across numerous agencies with little to no coordination. As documented in a recent Government Accountability Office (GAO) report, 112 federal programs intended to address mental illness aren't connecting for effective service delivery and "interagency coordination for programs supporting individuals with serious mental illness is lacking."

While the federal government dedicates $130 billion towards mental health each year, the so-called "mental health system" is best described by its deficits. To name just a few:

- There is a nationwide shortage of nearly 100,000 needed psychiatric beds.
- Three of the largest mental health "hospitals" are in fact criminal incarceration facilities (LA County, Cook County, and Rikers Island jails).
- Privacy rules that frustrate both physicians and family members generate nearly 8,000 official complaints yearly.
- For every 2,000 children with a mental health disorder, only one child psychiatrist is available.
- The leading federal mental health agency does not employ a psychiatrist.

The Helping Families in Mental Health Crisis Act of 2015, H.R. 2646, fixes the nation's broken mental health system by refocusing programs, reforming grants, and removing federal barriers to care.

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TITLE I--ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

What we learned:

- The federal government spends $130 billion annually across 8 departments and 112 programs on mental health, and GAO found "coordination for programs supporting individuals with serious mental illness is lacking."

- Agencies do not collect data on how mental health dollars are spent — let alone whether those dollars are being spent effectively. GAO found "agencies completed few evaluations of the programs specifically targeting individuals with serious mental illness."

- Federal grants and programs to treat the seriously mentally ill do not utilize the best available medical treatments and protocols. GAO found that only 20 percent of grants "required its grantees to state that they will use evidence-based practices to treat individuals with mental illness."

- SAMHSA does not employ a single psychiatrist and witnesses have recommended to the committee to introduce "more psychiatrists and psychologists who have direct clinical expertise in delivering publicly funded care to people with severe psychiatric disorders."

- SAMHSA defines its core mission as reducing "the impact of substance abuse and mental illness on America's communities." Over the past twenty years of SAMHSA's existence the rates of substance abuse, overdose deaths, suicide deaths, homelessness among persons with serious mental illness, incarceration among persons with serious mental illness, and number persons with serious mental illness without treatment have increased.

- SAMHSA was last reauthorized during the Clinton Administration.

What the Helping Families in Mental health Crisis Act does:

Sec. 101. Assistant Secretary for Mental Health and Substance Use Disorders.

Replaces the SAMHSA Administrator with the Assistant Secretary for Mental Health and Substance Use Treatment.

Qualifications

The Assistant Sectary would be required to be a licensed psychiatrist or clinical psychologist with "clinical and research experience regarding mental illness and substance use disorders; and an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders."

Duties of the Assistant Sectary

- promote, evaluate, organize, integrate, and coordinate research, treatment, and services across departments, agencies, organizations, and individuals with respect to the problems of individuals suffering from substance use disorders or mental illness.

- ensure access to effective, evidence-based treatment for individuals with mental illnesses and individuals with a substance use disorder.

Sec. 102. Transfer of SAMHSA authorities.

Replaces SAMHSA with the Office of the Assistant Secretary for Mental Health and Substance Use Treatment and transfers all authority to the Assistant Secretary.

Sec. 103. Reports.

Parity

Requires the Assistant Secretary for Mental Health and Substance Use Disorders to make public all federal investigations into compliance with the parity law so families and consumers know what treatment they have rights to access.

Peer Support

Establishes a report on best practices for peer-support programs, certification and training.

State of the States Report

Report on the state of the states in metal health and substance abuse treatment:

- A detailed report on how federal mental health and substance abuse treatment funds are used in each state;

- A summary of best practice models in the states highlighting programs that are cost effective, provide evidence based care, increase access to care, integrate physical and behavioral medicine and improve outcomes for individuals with mental illness and/or

substance abuse;

- Statistical report of outcome measures in each state:
    - Rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, emergency psychiatric hospitalizations, emergency room boarding while awaiting psychiatric hospital bed availability;
    - For those with mental illness: arrests, incarcerations, victimization, homelessness, joblessness, employment, enrollment in educational and/or vocational programs;
- Outcome Measures of State Assisted Outpatient Treatment Programs
    - For states and counties with AOT programs, information will be reported on rates at which the program impacted those with serious mental illness for those who participated in AOT programs compared with those who did not participate but would still qualify for AOT programs by nature of their history
    - For states and counties without AOT in order to compare outcomes with AOT programs, data will be collected for those individuals with mental illness who

TITLE II--GRANT REFORM AND RESTRUCTURING

What we learned:

- Police officers are too often serving as mental health social workers and first responders of incidents involving a violent psychotic episode. Many of these events are entirely preventable.
- Early intervention and prevention are critical to the treatment of mental illness given the age of onset; 50% of serious psychiatric illness occurs before the age of 14, and 75% before the age of 24 (NIMH).
- According to the National Institute of Mental health "While mental disorders are common in the United States, their burden of illness is particularly concentrated among those who experience disability due to serious mental illness (SMI)." Yet, GAO found that of the 112 federal programs that generally supported individuals with serious mental illness, only 30 are targeted specifically to persons with serious mental illness.
- Prisons have seemingly replaced mental hospitals for caring for the mentally ill. While there is no precise number on the number of mentally ill in prisons, estimates vary between 20% and 50 % of all inmates.
- Assisted outpatient treatment has been proven to reduce hospitalization, homelessness, violence, and save money. It ensures those with serious mental illness get the care they need and do not end up in the revolving door of psychiatric wards and prisons.

- There are only 8,300 child and adolescent psychiatrists in the country, but there are more than 17 million children with a diagnosable mental health condition and each year 100,000 Americans will experience their first episode of psychosis.

What the Helping Families in Mental health Crisis Act does:

Sec. 201. National mental health policy laboratory.

This section creates a National Mental Health Policy Laboratory that will be made up of medical professionals and experts in research design who will establish evidence-based and peer-review standards for all grants.

Sec. 202. Innovation grants.

Provides two year grants for enhancing the screen, diagnosis, and treatment of mental illness and serious mental illness; and/or integration and/or coordination of physical, mental health, and substance abuse services as well as expands a model that has shown initial scientific efficacy but would benefit from further applied research.

Sec. 203. Demonstration grants.

Five years grants for the expansion, replication, and/or scaling of existing evidence based programs across states, communities, or institutions to enhance effective screening, early diagnosis, intervention, and treatment of mental illness and serious mental illness.

Sec. 204. Early childhood intervention and treatment.

Three to ten year grants to initiate and undertake early childhood intervention and treatment programs, and specialized preschool and elementary school programs, with the goal of preventing chronic and serious mental illness; and studying the longitudinal outcomes of programs

Sec. 205. Extension of assisted outpatient treatment grant program for individuals with serious mental illness.

Extend by two years Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness included in the Protecting Access to Medicare Act of 2014.

Sec. 206. Block grants.

- Authorizes five percent of the Mental Health Block Grant for the Recovery After an Initial Schizophrenia Episode (RAISE) project and the North American Prodrome Longitudinal Study at the National Institute of Mental Health.

- Rewards states that have an Assisted Outpatient Treatment law with a two percent increase in their block grant funding.

- Rewards states with that have an need for treatment standards will receive a two percent increase in their block grant funding.

Sec. 207. Workforce development.

Tele-Psychiatry Grant Program.

Establishes a $12 million four-year grant program to assist up to ten states in developing a tele-psychiatry and physician training program for treating and referring children and young adults with mental health disorders. This grant would also be used to connect primary care physicians with psychiatrists or psychologists through the use of tele-health technology.

Minority Mental Health Workforce

Authorize the Assistant Secretary to awards fellowships, which may include stipends, for the purposes of increasing the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health or substance abuse services to underserved and minority populations.

Physician volunteers community health clinics

Enable medical and mental health professionals to receive Federal Tort Claims Act malpractice insurance if they volunteer at a community health center and at community behavioral health centers.

National Health Service Corps

Makes child and adolescent psychiatrists eligible under the National Health Service Corp.

Sec. 208. Authorized grants and programs.

National Child Traumatic Stress Network

Reauthorizes the National Child Traumatic Stress Network and requires the program to collect, analyze, and report network-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the program.

Anti-Stigma Program For Students

Authorizes the Assistant Secretary for Mental Health and Substance Use Disorders to organize a national awareness campaign involving public health organizations, advocacy groups for persons with serious mental illness, and social media companies to assist secondary school students and postsecondary students in reducing the stigma associated with serious mental illness, understanding how to assist an individual who is demonstrating signs of a serious mental illness, and understanding the importance of seeking treatment from a physician, clinical psychologist, or licensed mental health professional when a student believes the student may be suffering from a serious mental illness or behavioral health disorder.

Reauthorization of Garrett Lee Smith Suicide Prevention Programs

Reauthorizes the Garrett Lee Smith Memorial Act and maintains the Youth Suicide Early Intervention and Prevention Strategies Program for States and Tribes, the Mental Health and Substance Use Disorders Services and Outreach on Campus Program, and the Suicide Prevention Technical Assistance Center.

National Suicide Prevention Lifeline Program

Authorizes for the first time the National Suicide Prevention Lifeline program and requires the Assistant Sectary to coordinating a network of crisis centers across the United States for providing suicide prevention and crisis intervention services to individuals seeking help at any time, day or night, maintaining a suicide prevention hotline to link callers to local emergency, mental health, and social services resources; and consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans' suicide prevention hotline.

TITLE III--INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

What we learned:

- The federal governments' approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

- When eight different federal departments were asked by GAO to identify all programs serving those with a serious mental illness they could not. Nor, could they identify who those programs severed. In one example a program operated joint by two different agencies gave conflicting answer to the question "does this program serve for individual with a serious mental illness?"

- A separate GAO report found that across eight federal agencies the federal government spends $2.8 billion on 26 separate homelessness programs. The report states that a fragmented service system has led to programs offering similar services and serving similar populations and inefficiencies in program administration and service delivery across the federal government.

What the Helping Families in Mental health Crisis Act does:

Sec. 301. Interagency Serious Mental Illness Coordinating Committee

Establishes a committee to assist the Assistant Secretary in carrying out the Assistant Secretary's duties and develop and annually update a summary of advances in serious mental illness research related to causes, prevention, treatment, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with serious mental illness.

TITLE IV--HIPAA AND FERPA CAREGIVERS

What we learned:

- There is an average of nearly 8,000 complaints to HHS each year about HIPAA.

- A lack of understanding and consistent misinterpretations of the HIPAA privacy rule and Family Educational Rights and Privacy Act (FERPA) have created enormous barriers for parents and caregivers of individuals with serious mental illness to both provide and

receive information with clinicians.

- This problem has been especially pernicious for parents whose young adult mentally ill child lives at home.

- Regulations, known as 42 CFR Part 2, promulgated after the passage of a 1972 substance use treatment law block provider access to crucial medical histories and putting in jeopardizing patient safety.

What the Helping Families in Mental health Crisis Act does:

Sec. 401. HIPAA

Allows a licensed mental health professional to share the diagnoses, treatment plans, appointment scheduling, medications and medication related instructions of a patient with a serious mental illness to an identified responsible caregiver if that information is necessary to protect the health, safety, or welfare of the individual or general public.

Sec. 402. FERPA

Allows an educational agency or institution to disclose an education record to the caregiver of the student if a physician, psychologist, or other recognized mental health professional believes such disclosure to the caregiver is necessary to protect the health, safety, or welfare of such student or the safety of one or more other individuals.

Sec. 403. Confidentiality of records

Allows substance use treatment records to be shared with a caregiver in the same manner that all other HIPAA protected health information is.

TITLE V--MEDICARE AND MEDICAID REFORMS

What we learned:

- Fifty years ago there were over 500,000 inpatient psychiatric beds in the United States and today there are fewer than 40,000.
- Children are 7 times more likely to complete a care program for a mental health disorder when that treatment delivered at their pediatricians' offices, yet Medicaid prohibits seeing two doctors on the same day.
- Access to a full range of mental health medications in crucial to ensuring patients adhere to a treatment regimen.

What the Helping Families in Mental health Crisis Act does:

Sec. 501. Enhanced Medicaid coverage relating to certain mental health services

- Allows for the billing of mental health services and primary care services at the same location, on the same day, to a patient.

- Repeals the IMD exclusion for inpatient psychiatric hospital where the facility-wide average length of stay of less than 30 days.

Sec. 502. Access to mental health prescription drugs under Medicare and Medicaid.

Codifies protected as a protected class of medication under Medicare and Medicaid for drugs used to treatment mental health disorder.

Sec. 503. Elimination of 190-day lifetime limit on coverage of inpatient psychiatric hospital services under Medicare.

Eliminates the 190-day lifetime limit on coverage of inpatient psychiatric hospital services under Medicare.

Sec. 504. Modifications to Medicare discharge planning requirements.

Requires that hospitals have discharge plans for patients with a mental health condition that includes accessing community based services.

Sec. 505. Demonstration programs to improve community mental health services.

Extends by two years and expands by two states the certified community behavioral health clinics to participate in demonstration programs.

TITLE VI--RESEARCH BY NATIONAL INSTITUTE OF MENTAL HEALTH

What we learned:

- Most of this research is within a larger topic, such as schizophrenia (13% or $196M).
- Suicide, or self-directed violence, is much more common with a person who is suffering from mental illness than outwardly-directed violence.

What the Helping Families in Mental health Crisis Act does:

Sec. 601. Increase in funding for certain research.

Authorizes the National Institute of Mental Health to research on the determinants of self- and other directed-violence in mental illness, including studies directed at reducing the risk of self harm, suicide, and interpersonal violence and the brain research through the Brain Research through Advancing Innovative Neurotechnologies Initiative.

TITLE VII--BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

What we learned:

- Federal law already provides a mechanism for hospitals and clinicians to invest in electronic health records.
- Expanding the application of electronic medical records to the mental health community will produce better outcomes for persons with mental illness and reduce overall

healthcare spending by integrating care.

- Untreated mental illness is a significant cost driver for persons with physical ailments. Untreated depression doubles health care costs by complicating symptoms and treatment adherence for back pain, headache and heart disease. The Archives of Internal Medicine found that diabetics with untreated severe depression had 86% higher healthcare costs.

- A January 2013 study by Johns Hopkins University found that hospitals readmission rates for the mentally ill fell by 39% when other mental health professionals like psychologists were given electronic access to inpatient psychiatric records.

What the Helping Families in Mental health Crisis Act does:

Sec. 701 and 702. Behavioral Health Information Technology

Allows behavioral health providers to be eligible for electronic health record incentives under the HITECH Act.

TITLE VIII-- REAUTHORIZATION AND REFORMS

What we learned:

- Through the investigation it the lack of clinical focus at SAMHSA has been a recurring theme.

- The Protection and Advocacy for Individuals with Mental Illness (PAIMI) program funds attorneys who actively interfere with physician-prescribed treatments and the desires of parents to get help for sons or daughters with serious mental illness. PAIMI has gone beyond its original statutory authority to lobby against assisted outpatient treatment laws (in violation of federal law) and promote closure of psychiatric hospitals, which has exacerbated a shortage of inpatient psychiatric beds.

What the Helping Families in Mental health Crisis Act does:

Subtitle A--Organization and General Authorities

Sec 801. In General

At least 60 days before awarding a grant, cooperative agreement, or contract, the Assistant Secretary shall give written notice of the award to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

Sec 802. Advisory Councils

Brings a clinical focus to Advisory Councils and by requiring half of the members of the Council shall have a medical degree, or a corresponding doctoral degree in psychology and clinical experience.

Sec. 803. Peer-Review Groups

Brings a clinical focus to peer-review groups and by requiring half of the members of the group shall have a medical degree, or a corresponding doctoral degree in psychology and clinical experience.

Subtitle B--Protection and Advocacy for Individuals With Mental Illness

Sec. 811. Prohibition Against Lobbying By Systems Accepting Federal Funds To Protect And Advocate The Rights Of Individuals With Mental Illness.

Prohibition on lobby for grant recipients under the Protection and Advocacy for Individuals with Mental Illness Act.

Sec. 812. Ensuring That Caregivers Of Individuals With Serious Mental Illness Have Access To The Protected Health Information Of Such Individuals.

Ensure that caregivers, as defined in the Helping Families in Mental Health Crisis Act of 2015, of individuals with serious mental illness have access to the protected health information of such individuals consistent with such section the HIPAA changes in the legislation.

Sec. 813. Protection And Advocacy Activities To Focus Exclusively On Safeguarding Rights To Be Free From Abuse And Neglect.

Refocus Protection and Advocacy for Individuals with Mental Illness Act grantees on ensuring individuals with a mental illness are free from abuse and neglect.

Sec. 814. Reporting.

Requires a detailed and disaggregated accounting of how funds are spent and whether the funds were received from the Federal Government, the State government, a local government, or a private entity.

Sec. 815. Grievance Procedure.

Requires the Assistant Secretary shall establish an independent grievance procedure for families of individual with a serious mental illness.

Sec. 816. Evidence-Based Treatment For Individuals With Serious Mental Illness.

Requires grant recipients to ensure that individuals with serious mental illness have access to and can obtain evidence-based treatment for their serious mental illness.

TITLE IX—REPORTING

GAO Study

A GAO study on the extent to which covered group health plans comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 including—

- How non-quantitative treatment limitations, including medical necessity criteria, of covered group health plans comply with the law;

- How the responsible Federal departments and agencies ensure that plans comply with the law; and

- How proper enforcement, education, and coordination activities within responsible Federal departments and agencies can be used to ensure full compliance with the law, including educational activities directed to State insurance commissioners.