

**Mental Health Advisory Board  
December 20, 2017  
6:00 P.M.**

The Cabarrus County Mental Health Advisory Board held their quarterly Meeting in the Multipurpose Room at the Cabarrus County Governmental Center in Concord, North Carolina on Wednesday, December 20, 2017, at 6:00 p.m.

Steve Morris, Board of Commissioners Chairman, called the meeting to order at 6:17 p.m.

Those present were: Jay White, Mitzi Quinn, Brad Riley, Gary Gacek, Elizabeth Poole, Mike Legg, John Crump, Del Eudy, John Basilice, Reid Thornburg, William Pilkington, Rebecca True, Jessica Castrodale, Dr. Roderick Lilly, Dr. Jon McKinsey, Georgia Lozier, Alan Thompson, Mike Downs, Steve Morris, Jodi Ramirez, Tasha McClean, Kathy Rogers, Gwen Bartley, Brian Hiatt, Mark Nesbit, Bill Baggs, Jr., Van Shaw, Terri Hugie and Sheila Bruce.

**WELCOME**

Steve Morris, Board of Commissioners Chair, welcomed all attendees. Introductions were made by all.

**A PARENTS STORY**

Gwen Bartley provided an update regarding the minor child whose father spoke at the September quarterly meeting. Ms. Bartley gave a brief history for those members not in attendance at the previous meeting as follows: the minor child was a good student who had not experienced any problems. The minor displayed had a sudden onset of mental health challenges. The family, who is covered by private insurance, Cigna, turned to them for assistance. Cigna referred them to DayMark for an assessment. The minor was non-compliant. Therefore, the clinical staff was unable to provide any recommendations or services for care. Matters began escalating, which resulted in the minor being introduced the Department of Juvenile Justice (DJJ) system. The DJJ located a crisis bed for an assessment. Again, the minor was non-compliant. The minor was then sent home with his parents and advised to continue some out-patient therapy. The minor refused to do so and was placed in the hospital. The hospital advised the family they were unable to be of further assistance since the minor was not a Medicaid patient.

Since the last meeting, Ms. Bartley, through her advocacy services, helped the family obtain Emergency Medicaid (5045) through the Division of Medical Assistance (DMA) in Raleigh. This is a special program for youth with mental health concerns. The requirements are: the youth has to be out of the home for 30 consecutive days, have a psychiatrist from the facility therein recommend the youth be placed into a residential facility for at least 12 months and a diagnosis of mental illness and current behaviors that meet set criteria.

Due to difficulties of the 5045 approval processes, the minor was placed in three different facilities. This necessitated re-application each time at each facility, which almost caused the minor to be discharged because he was not a Medicaid patient. With additional advocacy service assistance, 5045 benefits were secured November 16, 2017. This allowed the minor to stay at the facility, where he currently remains. However, he continues to be non-compliant. New plans and strategies are being taken in an effort to engage him

in activities and therapy. Additionally, the minor has been assigned a Care Coordination Team with Cardinal Innovations to ensure everything is being done to serve him properly. Most recently, a full medical and neurological evaluation has been recommended to make sure there are no underlying medical issues causing the change in his behaviors.

Ms. Bartley summarized that through this situation, we have learned how to fill the gaps in our system, help individuals gain quicker access to services without inflicting additional stress on the family and strengthen our agencies with training, knowledge and collaboration to provide efficient and cost-saving measures in order to provide a positive outcome for our mental health services.

## **MENTAL HEALTH TASK FORCE REPORTS**

### **Access to Resources and Care**

Gwen Bartley reported the task force group has been updating the mental health resource directory and working to improve easier access to information. In connection with the aforesaid and in an effort to centralize information, users will be able to locate resources in Cabarrus County and the surrounding areas by using the website: [www.cabarrusnetworkofcare.org/mentalhealth](http://www.cabarrusnetworkofcare.org/mentalhealth).

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) booklets (1000) have been ordered. Once received, the Access to Resources and Care Task Force and the Public Awareness Task Force will work together to create and insert resources specific to Cabarrus County. The intent is to distribute the booklets to all community agencies having contact with residents seeking mental health information and resources. Booklets can be ordered as needed (550 per order) without any cost to the County.

Finally, the 2018 objectives for the Access to Resources and Care Task Force is: (1) bring increased accessibility to mental health resources in Cabarrus County for the uninsured, private insured and undocumented adults and children; (2) gain a better understanding of the IPRS funding and how to better utilize those funds for residents (3) advocate for an increase of integrated mental health workers at our mental health providers.

A discussion ensued during the report. Ms. Bartley responded to questions.

### **Crisis Response Team**

Van Shaw reported over the past several months the task force has been collecting and evaluating data related to services provided by first responders, emergency departments and mobile crisis in order to gain a better understanding of resources in the community and when and in what circumstance each of those resources would be applicable for the patient's needs. It has been determined a gap exists between the crisis response (on the front end) and long term treatment of patients; specifically, case management and patient navigation. Mr. Shaw advised in 2018, the task force will work to develop partnerships to fill the treatment services gap that currently exists.

The task force will also work to provide additional training for first responders responding to emergency calls and to provide a follow up to patients regarding their continued treatment.

## **Public Awareness**

Jodi Ramirez, standing in for Marcella Beam, advised Mental Health First Aid training continues including re-certifications. Ms. Ramirez advised a minimum of 15 participants is required in order to conduct a training session. Therefore, we need to communicate and work with all community groups (schools, governments and churches) to arrange training.

An inventory has been taken of all resource materials in the community to share with all agencies. This will help to identify any gaps that may exist.

Alan Thompson advised additional Emergency Medical Services (EMS) staff will be taking the Mental Health First Aid Trainers training. Additionally, all EMS staff will take CIT and Peer Support Training.

## **CABARRUS COUNTY SCHOOLS/KANNAPOLIS CITY SCHOOLS**

John Basilice presented a PowerPoint presentation titled Responding to Student Mental Health. The topics covered were:

- Needs - Reasons for Referral
- Crisis Response - A threat to hurt oneself or another person (homicide, suicide, threat/harm to oneself)
- Co-located services for higher level needs not in crisis mode
  - Short Term
  - Long Term
  - Medicaid / Private Pay Qualifications
- Counseling and Interventions
  - An episode
  - Self-initiated
  - Crisis

There was discussion throughout the presentation. Mr. Basilice responded to questions.

## **DAYMARK**

Rebecca True, reported the number of treatments provided by DayMark for the months of September, October and November, 2017 as follows:

- Mobile Crisis - 132
- Outpatient - 404 (58 under 18 years of age)
- Facility Based Crisis - 429

There was discussion regarding the time involved/available for law enforcement and paramedics responding to mental health and overdose calls and the under-utilization of a mobile crisis unit.

Alan Thompson commented on potential changes coming in January, 2018 that will allow paramedics to provide an initial assessment and make referrals to mobile engagement/mobile crisis units.

Gwen Bartley announced the soft opening of the Monarch facility for youth ages 6 to 17 is scheduled for December 27, 2017. The facility is for Medicaid patients and will house 16 beds for short term care. The facility is located on Back Creek Road and the telephone number is 844-263-0050.

Reid Thornburg stated the Monarch facility is somewhat of a test pilot. A large part of its success will depend on the support of the State of North Carolina and Department of Human Services and if the facility can be duplicated throughout the State.

#### **CHS - Emergency Department**

Jessica Castrodale, on behalf of Tri Tang, provided State information thus far for 2017 on the following:

- Opioid Overdose Emergency Department (ED) Visits - 2017-390 compared to last year of 328. The highest concentration of cases occurred in Guilford, Cumberland, Pitt, Wayne, Haywood and Lee counties. The cases were predominately male at 61%, 82% white and 36% were between the ages of 25 to 34
- Heroin Overdose ED Visits - 2017-258 compared to 213 last year. The highest concentration of cases were in Guilford, Mecklenburg, Cumberland, Wake, Cabarrus and Forsyth. The demographics are similar to the Opioid overdose information stated above
- Monthly ED visits through November, 2017 - opioids-132 and heroin - 258

Alan Thompson commented briefly regarding the above matters and heat map tracking.

#### **CARDINAL**

Reid Thornburg, announced Cardinal has a new monthly family and member electronic newsletter online.

Mr. Thornburg reported the Community Engagement team had put together a calendar for additional learning and training opportunities through June, 2018. Jodi Ramirez will distribution this information.

The State has issued the second round of naloxone kits. Cabarrus County received 219 of the 1000 kits distributed statewide.

The governing board for Cardinal Innovations has been revamped. Dr. William Pilkington is now serving on the board.

Crisis intervention training for law enforcement, probation and parole, 911 tele-communicators and EMS has just completed for the year 2017. Out of 121 graduates, 69 were from Cabarrus County.

#### **NC POLICE CHIEF'S COMMITTEE ON MENTAL HEALTH**

Gary Gacek reported Basic Law Enforcement Training (BLET) has increased the number of hours for mental health training from eight to 32. The request has been made and is being reviewed to increase the mental health training hours in BLET to 40 hours. This would allow officers to complete BLET with their CIT Certification. This would also save time after BLET from officers needing to attend an additional 40 hours of training for the CIT Certification.

Lastly, the State's Chiefs Winter Conference is scheduled for January, 2018.

#### **STEPPING UP**

Rebecca True introduced Tasha McClean, Case Manager at the Detention Center. The position is part of the Stepping Up Program through a partnership with DayMark and the Sheriff's Office.

Tasha McLean explained the process and work performed in her role. Upon arrival at the Detention Center, inmates fill out a questionnaire. This serves as a tool used to assist in identifying inmates with potential mental health or substance abuse issues so as to provide them with referrals for treatment. Further, upon discharge, Ms. McClean will connect inmates with resources, schedule an appointment to continue care upon discharge and follow up if appointments are not kept to include, if needed, contacting a mobile engagement unit. In short, the goal is to connect inmates to care.

Additionally Ms. McClean will collect data to help track the success of the program, what are the barriers to obtaining care and how many individuals are keeping their appointment for treatment/care after discharge. In short, the objective of the Stepping Up Program is to connect individuals with care, decrease crime and decrease incarceration.

A discussion ensued regarding a wide variety of issues regarding training to include Magistrates and the available resources for those leaving jail.

#### **SUBSTANCE USE TASK FORCE**

Dr. William Pilkington reported Cabarrus Health Alliance has hired someone for 90 days to assist with data collection and reporting for the Syringe Exchange Program and naloxone kits. Below is information provided by Cabarrus Health Alliance.

\*\* This space intentionally left blank. \*\*



**Syringe Exchange Program 6 Month Update  
6/16/2017 to 12/5/2017**

**Syringes 2017**

Month	Given	Received	Client Interactions
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	220	1	11
July	320	91	11
August	680	378	25
September	700	1196	22
October	620	520	32
November	1100	2342	37
December			
<b>Totals</b>	<b>3640</b>	<b>4528</b>	<b>138</b>

**Naloxone 2017**

Month	Kits Out	Reversals	Client Interactions
January	0	0	0
February	0	0	0
March	30	2	25
April	0	0	0
May	0	0	0
June	65	12	59
July	9	1	9
August	15	2	15
September	21	4	14
October	133	21	75
November	160	8	60
December			
<b>Totals</b>	<b>433</b>	<b>50</b>	<b>257</b>

**Unique Individuals enrolled: 22**

**Updates:**

- Hired 90-day Harm Reduction Program Coordinator, Whitney Schwalm (10/30 - 1/30/2017)
- Change in service hours based off client feedback → Mon, Wed, & Fri 12-2pm AND 3:30-5:30pm
- New website: [www.cabarrushealth.org/sep](http://www.cabarrushealth.org/sep)
- New volunteer application and standardized orientation process
- Contract with Stericycle for safe disposal of syringes/needles
- Currently developing formal referral process for primary care and chronic disease management with Community Free Clinic & Rowan Cabarrus Community Health Centers, Inc.

**Grants on the Docket:**

- CHA Internal Grant RFP due 12/29/2017. Estimated start Date 01/01/2018

**Next Steps:**

- Exploring feasibility of an Overdose Rapid Response / Community Response Team to follow up on individuals who are seen by EMS. Learning trip to Winston-Salem on Monday December 11<sup>th</sup>, including representatives from CHA, Daymark, EMS, and law enforcement agencies.
- Looking at a more accurate way of counting returned syringes – by weight and standard measure.

**COUNTY LEADERSHIP FORUM ON OPIOID ABUSE FOLLOWUP**

Jodi Ramirez advised 13 ideas came out of the County Leadership Forum on Opioid Abuse held on December 18, 2017. The Progress Update form, which is shown below, highlights the progress being made.

A discussion ensued regarding a variety of issues addressed in the County Leadership Forum on Opioid Abuse. The LEAD program and the HOPE initiative were also discussed.



# County Leadership Forum on Opioid Abuse

## Progress Update 12/18/17

County and Location of Forum: Cabarrus County, Kannapolis City Hall Laurette Center

Date and Length of Forum (Please attach agenda): September 7, 2017 – 2 hours

### IDEA #1: *Drug Courts – Law Enforcement Assisted Diversion (LEAD)*

#### North Carolina LEAD Programs

In operation: Fayetteville, Wilmington

Launching LEAD: Waynesville

Departments with LEAD Set Up Committees: Statesville

Exploring programs: Gastonia, Dare County, Durham, Orange County, Hickory

*LEAD is a pre-booking diversion pilot program developed with the community to address low-level drug and crimes associated with sex work. The program allows police and sheriffs to redirect low-level offenders engaged in drug or sex work activity to community-based programs and services, instead of jail and prosecution. By diverting eligible individuals to services, LEAD is committed to improving public safety and public order, and reducing the criminal behavior of people who participate in the program.*

Name of lead person for idea: DA's office or judge

Timeline to implement idea: ASAP

**PROGRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IDEA #2: *Stepping UP Initiative*

Name of lead person/agency for idea: Sheriff Brad Riley, Billy West Daymark Treatment Services

**PROGRESS:** The Sheriff's office has meet with Daymark staff to develop criteria, policies and procedures to identify those in being booked into the Cabarrus Detention Center, that have mental illness. A fulltime Case Manager from Daymark will be working at the Detention Center to assess and provide appointments to community resources for the individual to gain help and support in their recovery. An Advisory group of stakeholders will meet to learn how the program is going and what success and challenges we are seeing and need to address in the development of the program.

**IDEA #3: *Develop collaborative between medical, psychiatric, and social services for substance using pregnant patients***



Name of lead person/agency for idea: OB Service providers, Hope Haven, Community Care of Southern Piedmont, Cabarrus Health Alliance

**PROGRESS:** Substance Use Network (SUN) Project, partnership between Dr. Russell Suda (CHA), Community Care of Southern Piedmont, McLeod and Daymark. Currently, work is being done to create a home, similar to Serenity House for women that are pregnant or with young children and seeking a sober living facility. This coordinated effort in potential partnership with Hope Haven.

**IDEA #4: *Drug Diversion Court***

Name of lead person/agency for idea: Court System (DA's office, judges, clerk's office)

Timeline to implement idea: 6 months to 1 year

**PROGRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDEA #5: *Public education and marketing of available resources and services***

Name of lead person/agency for idea: Cabarrus Health Alliance, law enforcement agencies (DARE), local media outlets, Carolinas HealthCare System, churches, schools

**PROGRESS:** CommUNITY Conversations have provided an opportunity for first responders, physicians, and families to educate the public on the opioid issue in our community. At the events, all attendees received a bag with a local resource sheet, information on the Good Samaritan law, and info on the progression from prescription medications to heroin. Cabarrus Health Alliance received the Drug Free Communities Grant \$625,000 over 5 years. The grant will work with local pharmacies to establish policies that will require them to promote safe storage and disposal options with patients. Provide training on medication storage and disposal, as well participate in at least 4 different community events. Work with local agencies to provide information to parents to lock up their medications at home or properly disposed of expired medications. Paying for Channel 22's Opioid PSA to play in Carolina Mall during December. Provide lock boxes to parents whose child has been identified the Cabarrus County Schools PASS Program for medication misuse.

**IDEA #6: *Public Awareness and Education***

Name of lead person/agency for idea: Cabarrus Health Alliance, Cabarrus County Schools, Kannapolis City Schools, DARE Officers

**PROGRESS:** Please see progress update from IDEA #5: *Public education and marketing of available resources and services*. The 'Roadmap to Behavioral Health' being modified by the Mental Health Task Force – Access to Care work group with assist with educating individuals on how to navigate the system



based on their insurance. Mikayla Gasparly who oversees the Network of Care is working with Jonora Jones with Cardinal to assist in updating the Substance Use resources section to more adequately assist residents. During all CommUNITY Conversations a resource sheet was provided to all attendees.

**IDEA #7: *Prevention Services***

Name of lead person/agency for idea: Cabarrus Health Alliance, Cabarrus County Schools, Kannapolis City Schools, DARE Officers

**PROGRESS:** Cabarrus Health Alliance's Drug Free Communities Grant and Cabarrus County Schools ABC Grant both include a component to focus on educating youth on the effects of substance use and the reality that a small majority actually use substances (social norms campaign). The CCS ABC grant also will provide additional resources and tools to health teachers with their curriculum implementation. There is also discussion between Law Enforcement, CCS, and KCS to host parent engagement nights between the 8<sup>th</sup> and 9<sup>th</sup> grade transition to talk with parents and youth about the harms and trends of youth substance use.

**IDEA #8: *Peer support counselors***

Name of lead person/agency for idea: Behavioral Health Facilities

**PROGRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDEA #9: *Work with prescribers***

Name of lead person/agency for idea: Cabarrus Health Alliance, Carolinas HealthCare System

**PROGRESS:** Cabarrus Health Alliance (Marcella Beam and Kristin Klinglesmith) met with Carolinas HealthCare System – NorthEast Physician Education Department to discuss planning a Safer Prescriber Training. We are currently identify a date in May and outlining training topics which include; Controlled Substance Reporting System, Community Resources, STOP Act, physician specific breakout sessions.

Dr. James Cook, CCofSP, is also training providers and their staff on setting up delegate accounts and using the NC Controlled Substance Reporting System.

**IDEA #10: *Engagement faith-based community in addressing issue***

Name of lead person/agency for idea: \_\_\_\_\_

**PROGRESS:** \_\_\_\_\_  
\_\_\_\_\_

---

---

**IDEA #11: *Overdose Assessment Team***

Name of lead person/agency for idea: Community partnerships, Cabarrus Health Alliance, EMS – Community Paramedics multi-faceted

**PROGRESS:** Cabarrus Health Alliance, local law enforcement and EMS met on 11/16/17 to discuss implementation of a Rapid Response Program. On 12/4/17 representatives from all law enforcement agencies, EMS, CHA and Daymark did a site visit to Winston Salem to meet with Tara Tucker, Quality Management Coordinator for Forsyth EMS. Next steps after the meeting include follow-up with Kim Anthony-Byng from Daymark Mobile Crisis and communication with Monarch's Assertive Community Treatment (ACT) Team. ACT is an evidence based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. CHA Staff are also working to create a brochure that first responders can provide on the scene of a substance use or behavioral health related call.

**IDEA #12: *Mental Health First Aid Trainings***

Name of lead person/agency for idea: KCS and CCS school systems, County Government, Mental Health First Aid Trainers

**PROGRESS:** A group of trainers is planning to meet in December (12/20) to coordinate and develop a 2018 MHFA Training plan to utilize around the county. Carolinas HealthCare System has agreed to pay for 5 Cabarrus County individuals to be trained as trainers in MHFA. This will allow for more trainings to be hosted in Cabarrus County. Those planning to develop a county calendar how to be more strategic in promoting the training around the county. By having dates planned throughout the year, the goal is to drive the community, workforce, education, government and faith-based individuals all interested in the training to the various places hosting the training.

**IDEA #13: *Treatment Facilities***

Name of lead person/agency for idea: Cardinal Innovations Healthcare, Medicaid, insurance providers

**PROGRESS:** Daymark Recovery Services new Facility Base Crisis Center opened this fall. They provide inpatient treatment, as well as outpatient treatment services for both substance use and mental health patients.

## **LEGISLATIVE REPORT**

Kathy Rogers reported that Medicaid transformation is the biggest topic on the State level. She advised the waivers can be submitted to the State through December 29, 2107.

Ms. Rogers also reported the Assistant Secretary of Mental Health and Substance Abuse has issued the first report to congress on mental health. The report focuses on screening and early intervention, the role of schools to ensure success of children with mental health needs, reform and limited criminal justice contact and coordination across agencies to promote effective programs.

Ms. Rogers also advised everyone of another report of interest by the Foundation for the Carolinas for Youth titled "Navigating the Maze."

Lastly, she announced there will be a Legislative Breakfast on mental health on April 21, 2018 in Chapel Hill.

\*\* Please see attachment at end of Minutes \*\*

## **CLOSING**

Mike Downs commented on the progress being made and the continued work by all. He recognized the new members and guests and thanked outgoing members for their work. Mr. Downs thanked everyone for their attendance and efforts.

Alan Thompson advised that upcoming rule changes will give paramedics the ability to provide an assessment and medical clearance of patients in the field.

Lastly, Mr. Thompson reported EMS is leaving a naloxone kit (from the additional kits provided by the State) with overdose patients who refuse medical care.

## **Adjourn**

The meeting adjourned at 7:39 p.m.

\*\* This space intentionally left blank \*\*




# **Interdepartmental Serious Mental Illness Coordinating Committee**

---

**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

---

### ISMICC Vision Statement

---

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

---

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 any 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>

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.

---

<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**

---

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.

