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The Helping Families In Mental Health Crisis Act (H.R. 3717)

Ensuring Care for Those in Need of Help the Most
Rep. Tim Murphy, PhD

Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. More than 11 million Americans have severe schizophrenia, bipolar disorder, and major depression yet millions are going without treatment as families struggle to find care for loved ones.

To understand why so many 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 revealed that the approach by the federal government to mental health is a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

Not only is this frustrating for families in need of medical care, but when left untreated, those with mental illness often end up in the criminal justice system or on the streets. The mentally ill are no more violent than anyone else, and in fact are more likely to be the victims of violence than the perpetrators, but individuals with untreated serious mental illness are at an increased risk of violent behavior. Tragically, undertreated mental illness has been linked to homicides, assaults, and suicides.

ORGANIZATIONS WRITING LETTERS OF SUPPORT

National Sheriffs' Association
American Academy of Child and Adolescent Psychiatry
American College of Emergency Physicians
American Psychiatric Association
American Psychological Association
National Alliance on Mental Illness (NAMI)
American Academy of Child and Adolescent Psychiatry
Center for Substance Abuse Research
LEAP Institute
Mental Health Association of Essex County
Mental Illness Policy Org
Mental Illness FACTS
National Alliance on Mental Illness (NAMI) Los Angeles County
National Alliance on Mental Illness (NAMI) New York State
National Alliance on Mental Illness (NAMI) Ohio
National Alliance on Mental Illness (NAMI) San Francisco
National Alliance on Mental Illness (NAMI) Westside Los Angeles
National Association of Psychiatric Health Systems

National Council for Behavioral Health
New York State Association of Chiefs of Police
No Health Without Mental Health
Treatment Advocacy Center
University of Pittsburgh, Department of Psychiatry
Washington Psychiatric Society

MEDIA OUTLETS IN SUPPORT

National Review
Pittsburgh Post-Gazette
Sacramento Bee
Toledo Blade
Wall Street Journal
Washington Observer-Reporter (PA)
Washington Post

The **Helping Families In Mental Health Crisis Act (H.R. 3717)** fixes the nation's broken mental health system by focusing programs and resources on psychiatric care for patients and families most in need of services.

EMPOWERS PARENTS AND CAREGIVERS

What the investigation found:

Physicians are often unwilling to share or receive information with loved ones about an individual who has a serious mental illness and is experiencing a psychotic break because of complicated federal rules on communicating with immediate family members and caregivers. This scenario is especially problematic for parents of young adults with mental illness because psychosis begins to manifest between ages 14 and 25.

What the legislation does:

Clarifies Health Information Portability and Accountability Act (HIPAA) privacy rule and the Family Educational Rights and Privacy Act so physicians and mental health professionals can provide crucial information to parents and caregivers about a loved one who is in an acute mental health crisis to protect their health, safety, and well-being.

FIXES THE SHORTAGE OF INPATIENT PSYCHIATRIC BEDS

What the investigation found:

There is a severe lack of inpatient and outpatient treatment options. Seventy years ago, the country had nearly 600,000 inpatient psychiatric beds for a 150 million people. Today, there are fewer than 40,000 beds for 317 million people.

What the legislation does:

Unlike private health insurance or Medicare, Medicaid will not reimburse for inpatient medical care at a psychiatric facility with more than 16 beds. This is known as the Institutions for Mental Disease (IMD) exclusion. H.R. 3717 increases access to inpatient psychiatric care for the most critically ill patients by making a narrowly tailored exception to the IMD.

ALTERNATIVES TO INSTITUTIONALIZATION

What the investigation found:

Approximately forty percent of individuals with schizophrenia do not recognize they have a mental illness, a condition known as anosognosia, where the individual is unaware of auditory or visual hallucinations and delusions.

What the legislation does:

Promotes alternatives to long-term inpatient care such as court-ordered ‘Assisted Outpatient Treatment.’ AOT allows the court to direct treatment in the community for the hardest-to-treat patients — the fewer than one percent of people with serious mental illness — who have a history of arrest, repeat hospitalizations, and violence because of their illness. AOT has reduced rates of imprisonment, homelessness, substance abuse, and costly emergency room visits for chronically mentally ill participants by upwards of 70 percent. It has also reduced annual Medicaid costs by 46% for participants.

REACHING UNDESERVED AND RURAL POPULATIONS**What the investigation found:**

Fifty percent of persons with mental illness are first afflicted by age 14 (75% by age 25). The delay between a first episode of psychosis and the onset of treatment averages 110 weeks. Early diagnosis and medical intervention improves outcomes dramatically, but there is only one child psychiatrist for every 7,000 children with a mental illness or behavioral disorder.

What the legislation does:

Modeled on a successful state project in Massachusetts, the bill advances tele-psychiatry to link pediatricians and primary care physicians with psychiatrists and psychologists in areas where patients do not have access to mental health professionals.

DRIVING EVIDENCE-BASED CARE**What the investigation found:**

Federal mental health programs are scattered through multiple agencies (DoD, VA, HHS, DoJ, Education). Some programs are effective, others are duplicative. The federal government spends \$125 billion annually on mental health, but there is little interagency coordination on programs, nor does the federal government collect data on how mental health dollars are spent or whether those dollars are resulting in positive health outcomes.

What the legislation does:

Creates Assistant Secretary for Mental Health and Substance Use Disorders within the Department of Health and Human Services to coordinate federal government programs and ensure that recipients of the community mental health services block grant apply evidence-based models of care developed by the National Institute of Mental Health. The Assistant Secretary will ensure federal programs are optimized for patient care rather than bureaucracy.

STABILIZING PATIENTS BEYOND THE ER**What the investigation found:**

Access to physician-prescribed medication is vital for vulnerable individuals to avoid acute mental health crisis. Current policies that permit only “one drug” per therapeutic class policy ignore the clinical needs of individuals with mental illness who rely on vital, non-interchangeable prescription drug therapies.

What the legislation does:

Protects certain classes of drugs commonly used to treat mental illness so physicians have prescribe the right medication for those on Medicare and Medicaid similar to the protected classes for persons with epilepsy and cancer.

ADVANCES CRITICAL MEDICAL RESEARCH**What the investigation found:**

The National Institute of Mental Health measures public health outcomes to develop medical models of care. For example, the Recovery After Initial Schizophrenia Episode (RAISE) project shows earlier intervention with treatment

for a person at risk of developing full-blown schizophrenia allows patients to lead functional lives. The NIMH also excels at basic medical research, but lacks the financial resources.

What the legislation does:

Authorizes the BRAIN research initiative at the National Institute of Mental Health and encourages the agency to undertake additional research projects on serious mental illness and self- or other-directed violence.

HIGH QUALITY COMMUNITY BEHAVIORAL HEALTH SERVICES

What the investigation found:

Community Mental Health Centers receiving funds from the federal government receive lower reimbursements federal insurance programs than comparable care facilities.

What the legislation does:

Applies rigorous quality standards for a new class of Federally Qualified Community Behavioral Health Clinics (FQCBHC), requiring them to provide a range of mental health and primary care services.

DEPARTMENT OF JUSTICE REFORMS

What the investigation found:

Between twenty and fifty percent of the incarcerated system inmates have a mental illness. Mental health courts have provided a cost-effective and responsible alternative to incarcerating the mentally ill.

What the legislation does:

So patients are treated in healthcare system and not warehoused in the criminal justice system, the bill reauthorizes mental health courts and requires the Department of Justice to collect more data on interactions between the police and the mentally ill. The bill also authorizes Byrne Justice Assistance Grants (JAG) to be used for mental health training of law enforcement and corrections officers.

BEHAVIORAL HEALTH AWARENESS FOR CHILDREN AND TEENS

What the investigation found:

Despite increased medical and scientific research into the nature and source of serious mental illness, a mental illness stigma persists.

What the legislation does:

The Department of Education, working with mental health stakeholders, will undertake a national campaign aimed at reducing the stigma of severe mental illness in schools. The bill also reauthorizes the Garrett Lee Smith suicide prevention program.

INTEGRATES PRIMARY AND BEHAVIORAL CARE

What the investigation found:

Low-income individuals with serious mental illness and addiction disorders have high incidences of cancer, heart disease, diabetes and asthma. Untreated depression increases the risk of chronic diseases, and can double the cost of healthcare for heart disease and diabetes. Integrating mental healthcare providers into electronic medical records systems will result in better coordinated care for patients as well as cost savings.

What the legislation does:

Extends the health information technology incentive program to mental health providers so they can communicate and work with primary care clinicians.

INCREASES PHYSICIAN ACCESS

What the investigation found:

Health centers and mental health clinics are experiencing a staff shortage. Clinicians and healthcare professionals can volunteer at federal free clinics, but federal legal barriers and the high cost of medical malpractice insurance prevent them from doing so at community health centers and mental health clinics.

What the legislation does:

Eliminates federal legal barriers under the Federal Tort Claims Act preventing physician volunteerism at community mental health clinics and federally-qualified health centers.

REFORMS THE SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

What the investigation found:

Unauthorized in the last decade, the Substance Abuse and Mental Health Services Administration has lacked mission focus. Some grant programs are not evidence-based or guided by the best available medical science.

What the legislation does:

Emphasizes evidence-based treatments, reforms unauthorized programs, and strengthens congressional oversight of all federal behavioral health grants.