



Federal Committee on Serious Mental Illness Endorses Treatment Advocacy Center Priorities for Repairing the Broken Mental Health System

Established by [the 21st Century Cures Act](#) of 2016, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) is comprised of federal members and members of the public, including Treatment Advocacy Center Executive Director John Snook. On December 14, 2017, this committee released its first report, "[The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers](#)." Many of Treatment Advocacy Center's policy priorities, including the following, were incorporated in the report's recommendations:

Eliminate Medicaid and Medicare discrimination in behavioral health financing – End the Institutions of Mental Disease (IMD) exclusion, a top priority for Treatment Advocacy Center, as well as the 190-day lifetime limit on Medicare psychiatric hospitalization.

Clarify HIPAA to engage families – Reform the Health Insurance Portability Accountability Act (HIPAA) to increase overall understanding and ensure the engagement of families and caregivers in the treatment of their loved ones.

Increase psychiatric bed capacity – Provide a continuum of services including sufficient bed capacity and staffing, as our report on the catastrophic loss of treatment beds across the country, [Going, Going, Gone](#), documented.

Model civil commitment legislation – Adopt civil commitment laws that provide greater flexibility in the provision of evidence-based treatments and focus on more than just violence.

Caregiver support – Create a caregiver support program to assist those seeking to help a loved one with a serious mental illness.

Pre-jail diversion – Expand support and funding for mental illness diversion, with a focus on the pre-trial "zero intercept" in the sequential intercept model for diversion to allow programs like assisted outpatient treatment to serve individuals in need *before* they are arrested and enter the criminal justice system.

Integrated crisis response – Develop an integrated crisis response system to divert people with serious mental illness from the criminal justice system.

Universal behavioral health screenings – Implement universal screening for mental illnesses for every person booked into jail, both immediately upon booking and then when need is indicated.

Solitary Confinement – Develop and implement a federal plan to significantly reduce and eventually eliminate the use of solitary confinement and other forms of segregation, seclusion and restraint for people with serious mental illness.

Reducing barriers to reentry from jail into the community – Encourage states to suspend, rather than terminate, Medicaid coverage and access to disability benefits for people who are incarcerated less than 18 months. Many people with serious mental illness who are in jail are also eligible for Medicaid and Social Security benefits, and this measure will help states ease transition to community behavioral health services, and reduce recidivism, through better coordination of care.

Competency restoration – Implement federal guidelines to ensure that inmates with mental illness wait no more than five days, on average, to initiate competency services. ISMICC also recommends the use of data-based planning tools to develop strategies for reducing forensic bed waitlists, and to utilize jail diversion options for mentally ill offenders with non-violent charges whenever possible. These concerns were outlined in [our report](#), *Treat or Repeat*.

Establishing uniform data collection across federal agencies – Create uniform federal standards for data collection efforts across federal agencies, while encouraging states to use standardized definitions. The need for data uniformity was highlighted in [our report](#), *A Crisis in Search of Data*.