

ISMICC April Blog

- Dr David Morrisette

As we announced in our March blog, federal staff assigned to ISMICC implementation spent a day to hear from ISMICC members about their rationale and expectations of the recommendations and to prioritize recommendations for actions together. We wanted to provide you with a little more detail of the day's events.



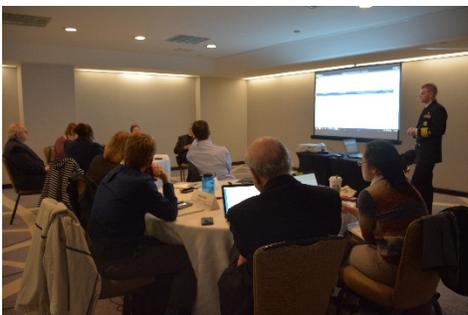
Minkoff, Conni Wells, Elena Kravitz, and David Covington. Their presence and their passion were critical to helping federal staff understand the real-world impact of the recommendations and provided insight into how and why ISMICC formulated them.

Three federal ISMICC designees – John Collett (Department of Education), John McCarthy (Veterans Affairs), and Jennifer Sheehy (Department of Labor) – described their agencies' interest and investment in ISMICC recommendations. Staff were then convened into five Implementation Workgroups that corresponded with the focal areas of the recommendations. Throughout the afternoon, ISMICC non-federal members circulated through each of the workgroups in 20-minute sessions to clarify the recommendations and to answer questions.

More than 48 federal staff convened for the day to participate in ISMICC. In addition to the 10 named departments and agencies, staff from the U.S. Interagency Council on Homelessness and from the National Institute on Mental Health also attended. Some of you may recognize Ron Homberg (seated in front); he observed the morning session. The ISMICC Chair, Assistant Secretary of Mental Health and Substance Use Dr. Elinore F. McCance-Katz, began the panel by describing the problems that ISMICC was designed to address. Four members of ISMICC attended the meeting: Ken



For the rest of the day, workgroups met to develop their ongoing meeting schedule, to understand how participating departments' and agencies' missions align with some or all recommendations in the workgroup and to agree on at least three initial priorities (listed below). Workgroups varied in size from



nine to 16. The Data Workgroup recognized the interdependence of the four recommendations within the data subset of Focus area 1 and prioritized them. In addition, they committed to working with the Treatment and Recovery Workgroup to developing a priority research agenda for SED/SMI. The Access Workgroup prioritized recommendations that aligned with the missions of all of the participating federal departments. The first two recommendations reflect the core of an effective crisis response system and the third underscores

the importance of taking care of our nation's youth. The Treatment and Recovery Workgroup identified recommendations that were viewed as foundational to all of the others within the area of focus. They



view the comprehensive continuum of care, as well as housing, as critical to the ability of people with SMI and SED to recover and to thrive in in the community. The third priority, establishing screening and early intervention as a national expectation, was also considered one of the fundamental recommendations of this focus area. The Justice Workgroup developed a framework based on the essential theme of the focus area to reduce justice involvement and to bring treatment to people who are involved. The group prioritized

recommendations that best fit this framework. Two other recommendations emerged as areas to further investigate as information and additional partners come to the table. The Finance Workgroup prioritized recommendations based on areas where there are already effective practices and/or where opportunities may exist for expansion and for better coordination across departments and agencies.



Implementation Workgroups have begun meeting on their own in April and are discussing opportunities, within their agencies and across departments, to advance recommendations.

Group 1 Data  (SAMHSA stewards: Kirstin Painter and Christopher Jones)

- 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.
- 3.8 Develop a priority research agenda for SED/SMI prevention, diagnosis, treatment, and recovery services. (prioritized with Group 3)

Group 2 Access  (SAMHSA stewards: Richard McKeon and Steven Dettwyler)

- 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.
- 2.6 Prioritize early identification and intervention for children, youth and young adults.

Group 3 Treatment and Recovery  (SAMHSA stewards: Justine Larson and Cindy Kemp)

- 3.1. Provide a comprehensive continuum of care for people with SMI and SED. The group committed to developing a standard continuum of care for serious mental illness and serious emotional disturbance that includes cross-federal input.
- 3.2. Make screening and early intervention among children, youth, transition-age youth, and young adults a national expectation.
- 3.6 Make housing more readily available for people with SMI and SED.

Group 3 will also pursue more information on:

- 3.7 Advancing the national adoption of effective suicide prevention strategies.*

Group 4 Justice  (SAMHSA stewards: Larke Huang and Jennie Simpson)

- 4.2. Develop an integrated crisis response system to divert people with SMI and SED from 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.
- 4.8 Reduce barriers that impede people's abilities to immediately access treatment and recovery services when they are released from correctional facilities.

Group 4 will also pursue more information on:

- 4.4 Establishing and incentivizing best practices for competency restoration that use community-based evaluation and services.*
- 4.7 Strictly limiting or eliminating the use of solitary confinement, seclusion, restraint, or other forms of restrictive housing for people with SMI and SED.*

Group 5 Finance  (SAMHSA stewards: Chris Carroll and David DeVoursney)

- 5.1 Implement population health payment models in federal health benefits programs.
- 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.
- 5.5 Pay for psychiatric and other behavioral health services at rates equivalent to other health care services.

As always, SAMHSA staff – including Dr. Anita Everett and I – want to thank our ISMICC members, federal staff, and other stakeholders for the time and talent they have invested in this enterprise.