

In December 2016, sweeping legislation was passed that included many critical elements for our nation's leading behavioral health agency, the Substance Abuse and Mental Health Services Administration (SAMHSA). One of these elements was the formation of the [Interdepartmental Serious Mental Illness Coordinating Committee \(ISMICC\) which includes public experts and representation from 10](#) federal government departments and agencies.

These (ISMICC) members met in August 2017 and compiled a report over the next three months that details areas of improvement for services. These 45 non-binding recommendations were [presented to Congress in a report in December](#) and are now serving as a national blueprint. The report contains five focus areas for the federal government and mental health care services:

1. Strengthen federal coordination to improve care
2. Make it easier to get care that is an evidence-based best practice
3. Close the gap between what works and what is offered
4. Increase opportunities for individuals with serious mental illness and serious emotional disturbance to be diverted from the criminal and juvenile justice systems and to improve care for those involved in the criminal and juvenile justice systems
5. Develop finance strategies to increase availability and affordability of care

"It is crucial to provide access to evidence-based mental health care before people experience long term negative outcomes," said Dr. Elinore F. McCance-Katz, Assistant Secretary for Mental Health and Substance Use. "Our health care system can do better, and the federal government can marshal its resources to help make that happen." Dr. McCance-Katz chairs the ISMICC and she also leads the Substance Abuse and Mental Health Services Administration. She has hailed the ISMICC and the commitment of resources by the Trump administration as steps that constitute an opportunity to make transformative changes to our nation's mental health services.

Within that framework, discussions about changes that can be made to improve coordination between federal agencies are under way. SAMHSA staff have met with leadership at the nine other federal departments and agencies of ISMICC. Implementation workgroups have been formed that address each of the five focus areas of the report. Participants from each partnering federal agency identified their anticipated contribution to the recommendations.

Based on this process, ISMICC federal departments assigned subject matter experts that have the knowledge and expertise to coordinate federal efforts and address those recommendations. At present, there are 57 federal staff assigned from the 10 ISMICC departments and agencies and the National Institute of Mental Health and the United States Interagency Council on Homelessness to participate in the workgroups.

"The work of the ISMICC extends beyond creating reports to Congress," said Dr. McCance-Katz. "Rather, the true test will be seen in our abilities to translate the report's recommendations into real, lasting change."

In March, Dr. Anita Everett, the Chief Medical Officer of SAMHSA, convened chairs of psychiatry departments of major medical centers together to look at how that translation can move from federal concepts to industry action. The meeting created an opportunity for dialogue with the leaders who are providers and educators who have local and national influence in the field of behavioral health.

Dr. Everett encouraged the department chairs to integrate ISMICC recommendations and other SAMHSA priorities into their training programs. They also were encouraged to improve the availability and quality of the behavioral health workforce addressing the needs of people with serious mental illness and serious emotional disorders, of people in correctional facilities, of people who are homeless, and of other people who could benefit from mental health system improvements. Outreach and engagement with multiple stakeholders is anticipated over the 4 remaining years of the ISMICC authorization.

At the end of March, federal staff from all of the ISMICC departments and agencies met together to begin the complex and challenging work of addressing ISMICC recommendations. Organized within the five focus areas, the groups were charged with identifying priorities that cut across departments and that would result in more substantive change in access, quality, and affordability of behavioral health care. Four members of ISMICC attended the meeting: Ken Minkoff, Conni Wells, Elena Kravitz, and David Covington. They not only addressed the group in the morning to provide insight and context about the recommendations to federal staff but spent the afternoon circulating through each of the workgroups to clarify the recommendations and answer questions.

We are grateful for the enthusiasm, knowledge, and contributions that ISMICC members as well as federal staff brought to the ISMICC Federal Orientation. We had asked federal departments to send us their most knowledgeable and capable federal staff on SMI and SED to begin the process of addressing ISMICC recommendations. Based on the comments from the ISMICC members who attended and the stewards who convened the workgroups, we had the right people. Below are the priorities identified by the Workgroups.

Group 1 Data



- 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



- 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



- 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 which 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 Advance the national adoption of effective suicide prevention strategies.*

Group 4 Justice



- 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 immediate access to treatment and recovery services upon release from correctional facilities.

Group 4 will also pursue more information on:

- 4.4 Establish and incentivize best practices for competency restoration that use community-based evaluation and services.*
- 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.*

Group 5 Finance



- 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.