

# How will ISMICC\* Make it Easier to Get Evidence-Based Care?

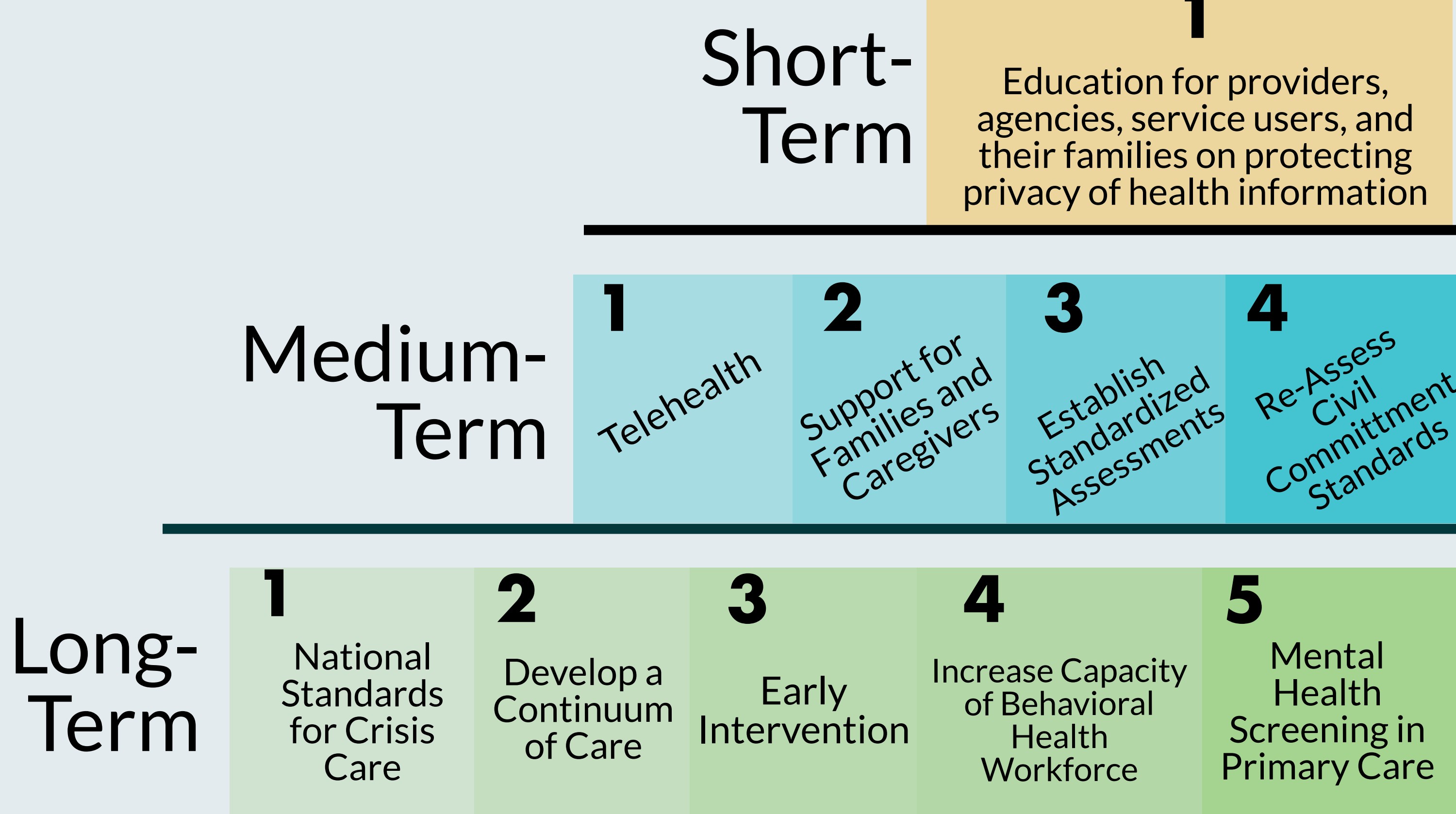


The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was authorized by the 21st Century Cures Act to improve access to and delivery of care for people with mental illnesses. It also seeks to enhance federal coordination across agencies. In 2017, ISMICC provided a report to Congress that set the stage for its future work. ISMICC developed 5 focus areas to fulfill the Committee's vision. Here we summarize the third focus area on closing the gap between what works in treatment and what is offered to people with mental illnesses.

\*Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)  
See our ISMICC Policy Brief #1

➔ Click here to see the full list of recommendations for access and engagement (focus #2), located on page 81. ➔

## At-A-Glance Recommendations



## Short-Term Recommendations

**Educate providers, human service agencies, service recipients, families, and caregivers about HIPAA and other privacy laws.**

Some disclosures of protected health information (PHI) are permitted in the context of a psychiatric crisis.

But...

**77%**  
More than 3 out of 4 parents caring for an adult child are prohibited from speaking to a provider.

**Family members and loved ones need training & technical assistance for when the people they care about are in crisis and unable to make their own decisions.**

**This process must also empower people with mental illnesses to direct their own care in times of crisis. One way to do this is through psychiatric advance directives.**

## Medium-Term Recommendations

<p><b>1</b></p> <p>Use telehealth and other technologies to increase access to care.</p> <p>.....</p> <p>There is a national shortage of mental health professionals, particularly in poor and rural counties. Shortages lead to delayed care and increased use of emergency departments. Establishing telehealth standards can strengthen and expand current workforce capacity.</p>	<p><b>2</b></p> <p>Support family members and caregivers.</p> <p>.....</p> <p>8.4 million Americans provide non-professional care to someone with mental health needs. Caregiving can be challenging, with many logistical issues in care coordination. As a result, 2 in 5 caregivers do not adequately care for their own health.</p> <p>Programs are needed for non-professional caregivers, including respite, psychoeducation, technical assistance, and financial support.</p>	<p><b>3</b></p> <p>Establish standardized assessments.</p> <p>.....</p> <p>Standardized assessments, such as the LOCUS, can help create a shared methodology for patient assessment, system metrics, and monitoring of patient progress.</p>	<p><b>4</b></p> <p>Reassess civil commitment standards.</p> <p>.....</p> <p>Civil commitment criteria often focus solely on the threat of harm, making care difficult to access until after arrest.</p> <p>Standards should protect individual rights, while also enabling greater flexibility to provide care. Model standards should be developed for inpatient, assisted outpatient, short-term "holds," and longer-term civil commitment.</p>
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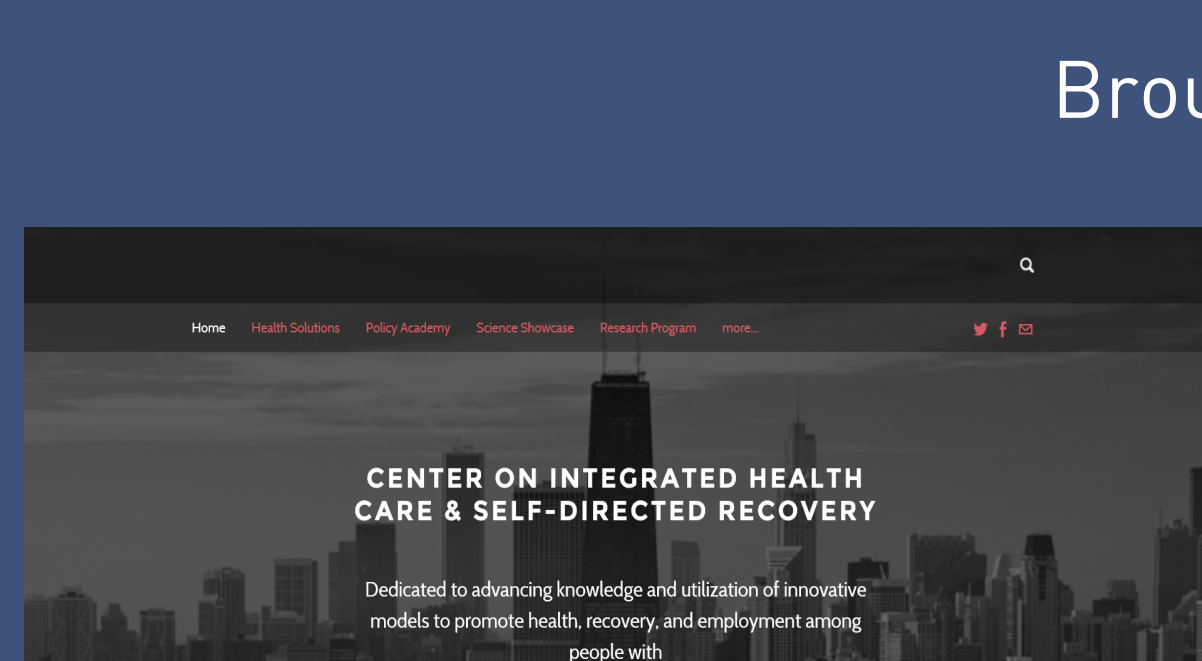
## Long-Term Recommendations

<p><b>1</b></p> <p><b>Define and Implement National Standards for Crisis Care</b></p> <p>Develop standards that are:</p> <p>Encourage Support and Sustain Crisis Care Systems</p>	<p><b>2</b></p> <p><b>Develop a Continuum of Care That Includes Adequate Bed Capacity and Community-Based Alternatives to Hospitalization</b></p> <p>A continuum of care must ensure that people receive care in the least restrictive setting available.</p> <p><b>35%</b> of people with mental illness received no treatment in 2016.</p> <p>Effective, evidence-based treatments exist, but are not widely available.</p> <p>76% of states face a shortage of psychiatric beds.</p> <p><b>76%</b></p>
<p><b>3</b></p> <p><b>Prioritize Early Identification and Intervention</b></p> <p>Most mental health conditions develop prior to age 24.</p> <p>Young adulthood is a critical age for the development of mental illness, yet there is no screening tool for this age group.</p> <p>We need standardized, evidence-based recommendations to prevent mental health conditions in young adults.</p>	<p><b>4</b></p> <p><b>Maximize the Capacity of the Workforce</b></p> <p><b>Medicare, Medicaid and Other Health Plans</b></p> <ul style="list-style-type: none"> <li>Streamline psychiatric care reimbursement.</li> <li>Remove exclusions of Master's level clinicians.</li> <li>Include peer specialists in coverage.</li> <li>Develop standards for network adequacy.</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Incentivize education on evidence-based treatments and team-based care.</li> <li>Provide tuition reimbursement in areas with workforce shortages.</li> </ul> <p><b>Other Workforce Changes</b></p> <ul style="list-style-type: none"> <li>Allow providers to practice to the full extent of their training.</li> <li>Develop a workforce that is representative of the population.</li> <li>Explore how to best implement integrated team models.</li> </ul>
<p><b>5</b></p> <p><b>Expect Mental Health Screening in All Primary Care Settings</b></p> <p>Expand early and accessible behavioral health treatment through identification in primary care.</p> <p>Develop the expectation that primary care providers will engage in behavioral health consultation.</p> <p>Monitor behavioral health provider network adequacy to ensure that listed providers are available to accept new referrals.</p>	

SOURCE:

The 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*. December 13th, 2017.

Brought To You By:



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**Judith A. Cook, PhD, Director**