

HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT 2015 *HR 2646*

The Helping Families in Mental Health Crisis Act of 2015 (“HFMHCA”, HR 2646) updates the 2013 version which did not pass (HR3717). Following are provisions related to serious mental illness.

SAMHSA Replaced SAMHSA and its administrator are largely replaced with Assistant Secretary for Mental Health and Substance Use Treatment who must be a licensed Psychiatrist or Clinical Psychologist. This raises the profile of mental health and ensures that the lead policy official for mental health policy knows something about mental illness. The requirement to be “Evidence-based” guides spending.

Mental Health Block Grant It ensures block grants are used more appropriately by requiring states to “include a separate description of case management services and provide for activities leading to reduction of rates of suicides, suicide attempts, substance abuse, emergency hospitalizations, incarceration, crimes, arrest, victimization, homelessness, joblessness, medication” and other important outcomes.

Assisted Outpatient Treatment It ups the amount provided to states for AOT by \$5 million to \$20 million annually and extends the grants through 2018. (20% to existing programs and 80% to new programs.) Further, states with an AOT law on their books will receive a 2 percent increase in their block grant funding. (Roughly \$10 million annually split between them)

HIPAA/FERPA It allows an entity normally required to maintain patient confidentiality to share some limited information (diagnoses, treatment plans, appointment scheduling, medications, and medication related instructions, but not psychotherapy notes) with “caregivers”. Numerous conditions must be met before the information may be disclosed.

IMD Exclusion It allows hospitals to get Medicaid reimbursement for care of adults in IMDs where the facility-wide average length of stay is less than 30 days assuming CBO scores appropriately.

Protection and Advocacy It returns PAIMI to its original mission of protecting patients against “abuse and neglect.”

Medicare It eliminates the 190 day lifetime cap on inpatient psychiatric hospitalization in Medicare.

Medicaid It allows payment for two services received in a single day and requires formularies to include meds on their formularies

Hospital Discharge Procedures It requires (medicare reimbursed?) hospitals to prepare discharge plans and facilitate connection with outpatient treatment for patients they are discharging.

National Institute Of Mental Health It provides \$40 million annually for four years specifically for NIMH to start studying violence to self and others plus the Brain Initiative.

Increases Minority Mental Health Workforce

Authorizes fellowships to increase the number of culturally competent behavioral health professionals

Interagency Serious Mental illness Coordinating Agency It establishes this committee to refocus efforts on the most seriously ill. In addition to those responsible for mental health policy, the Attorney General is on it. Other mandatory members include a judge, a law enforcement officer, and a corrections officials. Criminal justice tends to be more concerned about SMI than mental health departments.