

End Federal Mental Illness Policies that Offload Mentally Ill to Criminal Justice.

“We have two mental health systems today, serving two mutually exclusive populations: Community programs serve those who seek and accept treatment. Those who refuse, or are too sick to seek treatment voluntarily, become a law enforcement responsibility. . . . [M]ental health officials seem unwilling to recognize or take responsibility for this second more symptomatic group.” —Chief (Ret.) Michael Biasotti, chair, NYS Association of Chiefs of Police Committee on Untreated Serious Mental Illness.

CJ efforts focus on improving how criminal justice systems interact with mentally ill after criminal involvement (ex. CIT, MH courts, forensic parole, competency restoration, etc.). But CJ officials have let mental health officials off the hook for embracing policies that offload the mentally ill to CJ. This endangers the public, police, patients and prisoners. It increases costs, and removes liberties.

1) Reopen State Psychiatric Hospitals

- a) Eliminate Medicaid’s Institutes for Mental Disease (IMD) Exclusion which prevents Medicaid funds from being used for hospitalization of the sickest. Then states can hospitalize Seriously Mentally Ill (SMI) who need that form of treatment.
- b) Stop DOJ Civil Rights of Institutionalized Persons (CRIPA) division from bringing Olmstead lawsuits designed to force states to kick mentally ill out of psychiatric hospitals and adult (nursing) homes.
- c) Stop Protection and Advocacy Program (P&A, PAIMI, Disability Rights) from using federal funds to make hospitalization and civil commitment of seriously mentally ill even more difficult than it is now.

2) Help Homeless and other Seriously Mentally Ill with Anosognosia Stay in Treatment

- a) Robustly fund Assisted Outpatient Treatment (AOT, mandated/monitored community treatment)
- b) Direct Center for Medicare and Medicaid Services (CMS) to authorize the use of Medicaid/Medicare to reimburse for court costs of AOT (\$2,000). Court costs are a necessary case management service for seriously ill.
- c) Direct CMS to create a ‘blended rate’ for Clubhouse programs and CMHS to encourage clubhouse expansion.

3) Enable Families to Help Seriously Mentally Ill Loved Ones

- a) Free families of HIPAA Handcuffs and FERPA provisions that prevent them from getting information needed to help mentally ill loved ones
 - i) Include families in “financial” and “treatment and care” exemptions, so families that provide housing, case management, transportation support to mentally ill out of love, can get access to same information companies that do it for money receive
 - ii) Codify ‘reverse’ HIPAA to make it clear doctors and others may *receive* information from families without violating HIPAA
 - iii) Enact “safe harbor” provisions to protect treatment providers who make disclosures to families in good-faith.

4) Focus federal mental health resources on improving meaningful metrics

- a) Require recipients of Fed. Mental Health Block Grants to use them for seriously ill, rather than PC pop-psychology and to report on numbers of, or rates of homelessness, arrest, incarceration, violence and needless hospitalization of seriously mentally ill.
- b) Support and empower Asst. Sec. of Mental Health Dr. Elinore McCance-Katz in her excellent efforts to focus SAMHSA and CMHS mental health spending on helping the homeless, psychotic, delusional and potentially violent, rather than on improving mental wellness in masses.
- c) Direct NIMH to focus on seriously mentally ill adults between 18 and 64 and do more medication research.

5) Create group homes and SROs in addition to independent living options.

For more information: Read *“Insane Consequences: How the Mental Health Industry Fails the Mentally Ill (Prometheus) by DJ Jaffe* or contact djjaffe@mentalillnesspolicy.org Visit mentalillnesspolicy.org @MentalIllPolicy, <http://bit.ly/DJJaffeMentalIllnessTedTalk> <https://www.facebook.com/mentalillnesspolicyorg/> (2/2019)