



**Comparison of Murphy and Barber Mental Health Proposals
New York Association of Psychiatric Rehabilitation Services May 8, 2014**

House and Senate Mental Health Bills	Helping Families in Mental Health Crisis Act of 2013 H.R.3717 (Murphy)	Strengthening Mental Health in Our Communities Act of 2014 (Barber)
Stated Purpose	To make available needed psychiatric, psychological, and supportive services for individuals diagnosed with mental illness and families in mental health crisis, and for other purposes.	To improve the responsiveness, coordination, accountability, accessibility, and integration of person-centered behavioral health services to provide timely and appropriate help to individuals, families, and communities; to reduce mental health crises, homelessness, and incarceration by strengthening community based services, including early intervention, outreach, engagement, prevention, crisis support, rehabilitation and peer-run services to ensure access to evidence-based and emerging best practices based on the values and principles of trauma-informed care and mental health recovery, delivered in a culturally and linguistically competent manner; to advance the principles of the ADA that support people to fully participate in the most integrated settings within their chosen communities; to develop an integrated behavioral health workforce through improved training and education, recruitment, and retention; to increase mental health awareness and reduce stigma and discrimination through mental health training, education, and literacy; and to ensure the full implementation and enforcement of mental health parity for all Americans.

<p>Creates Higher Level Federal Mental Health Administrator</p>	<p>Assistant Secretary for Mental Health and Substance Use Disorders within the federal Department of Health and Human Services (HHS) whose duties would include the establishment of a National Mental Health Policy Laboratory to identify and implement policy changes and to disseminate information about evidence-based practices and an Interagency Serious Mental Illness Coordinating Committee, which would include representatives from various federal agencies</p>	<p>Creates White House Office of Mental Health Policy which will monitor and recommend changes to federal mental health policy; develop and annually update and submit to Congress a National Strategy for Mental Health to make recommendations around</p> <ul style="list-style-type: none"> • performance-based program and budget priorities, improved coordination among Federal, state, local and tribal governments and others including adults and children with serious mental illnesses • strategic research, innovation, and demonstration agenda; • strategies' to promote community integration consistent with the ADA and Olmstead requirements; to enhance prevention and early intervention services for children and adolescents with mental illness; • ways to promote the expansion of Medicaid - financed intensive community-based services such as supported housing, assertive community treatment (ACT), mobile crisis, supported employment, and peer-support services and Medicare-financed psychiatric rehabilitation, assertive community treatment (ACT), and intensive case management. <p>make recommendations regarding Federal mental health services funding; coordinate the mental health services provided by Federal departments and agencies and coordinate Federal interagency mental health services; develop and annually update a summary of</p>
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SAMHSA	<p>Removes or restricts numerous SAMHSA functions: Moves numerous duties to the Assistant Secretary, including oversight over the Center for Mental Health Services, over the administration of \$400+ million community mental health block grant program, which would only be given to states that advance court ordered treatment, notably outpatient commitment (AOT).</p> <p>Cuts SAMHSA Projects of Regional and National Significance (a category that includes consumer and family support technical assistance centers and statewide networks) in half and requires them to be submitted to Congressional committees.</p> <p>Prohibits SAMHSA from hosting or sponsoring any conference without giving at least 90 days' notice to congressional committees.</p> <p>Terminates SAMHSA funding for any program not authorized or required by statute.</p>	<p>Reauthorizes major SAMHSA programs and services through FY 2019 for community-based mental health services, while putting in place new oversight and reporting requirements to ensure programs deliver measurable outcomes for the individuals and families.</p> <p>Does not include any conditional connection between state block grant approvals and the presence or strengthening of court ordered treatment including outpatient commitment (AOT) while requiring annual reports on how block grant funded programs met their proposed goals and objectives</p>
Sharing Patient Information	Requires that caregivers are treated as the individual's personal representative who can give and get protected health information, even	No mention.

	<p>without the individual's consent, when the individual's service provider believes it is necessary "in order to protect the individual's health, safety, or welfare or the safety of one or more other individuals."</p> <p>Allows an educational agency or institution to disclose individual's educational records to caregivers.</p>	
<p>Extends or preserves Medicaid and Medicare reimbursement for various programs and same day services or medications</p>	<p>Allows states the option to use Medicaid to fund inpatient psychiatric hospital services and psychiatric residential treatment facility services for individuals between the ages of 21-65 if such facilities demonstrate an average stay of less than 30 days.</p> <p>Allows for same day behavioral health and primary care services</p> <p>Maintains in law that Medicare Part D will cover anti-psychotic and anti-depressant medications</p>	<p>Does not expand Medicaid reimbursement for inpatient psychiatric care to individuals between the ages of 21-65;</p> <p>HHS will grant funding to state mental health agencies to develop and administer a web-based acute psychiatric bed registry</p> <p>Extends Medicaid Home and Community-based Services to include youth in need of services provided in psychiatric residential treatment facilities</p> <p>Provides for Medicare reimbursement for marriage and family therapist services</p> <p>Maintains in law that Medicare Part D will cover anti-psychotic and anti-depressant medications</p> <p>Provides grants to state mental health agencies to develop and administer a web-based acute psychiatric bed registry</p> <p>Allows for same day behavioral health and primary care services</p> <p>Requires HHS to issue a final rule on Medicaid and Children's Health Insurance Program (CHIP) plans by January 1, 2015.</p>
<p>Extends coverage for psychiatric services</p>		<p>Eliminates 190-day lifetime limit on inpatient psychiatric care services</p> <p>Requires a federal study to detail enforcements in</p>

		implementing the federal mental health parity act and to describe federal and state government efforts to ensure compliance with the parity act.
Protection and Advocacy Programs for Individuals with Mental Illness	<p>Cuts funding from \$35 million to \$5 million (85% reduction).</p> <p>Prohibits lobbying or retaining a lobbyist to influence</p> <p>Prohibits "systemic" lawsuits, including class actions, limiting them to bringing individual cases involving abuse or neglect.</p> <p>P&As would also be prohibited from "counseling an individual with a serious mental illness who lacks insight into their condition on refusing medical treatment or acting against the wishes of such individual's caregiver."</p>	Reauthorizes and maintains current program
Programs to aid students with behavioral health conditions, their families, their schools and communities	<p>Reauthorizes and revises a grant program to enhance services for students with mental health or substance use disorders at institutions of higher education.</p> <p>Requires the Secretary</p> <p>Calls for a national awareness campaign to reduce stigma among college students, to provide information on how to assist students demonstrating signs of a serious mental illness and on the importance of seeking mental health treatment.</p>	<p>Calls for a national media campaign to reduce the stigma associated with mental illnesses that focused especially on individuals between the ages of 16-24.</p> <p>Increases funding for the Safe Schools-Healthy Students program, for increased access to school employment mental health professionals, for comprehensive staff development for school and community service personnel working in the schools and for mental health training for children, parents and family members</p> <p>Funds grants to assist local communities and schools in applying a public health approach to mental health services both in schools and in the community that provide comprehensive, age-appropriate services and supports, be</p>

		<p>linguistically and culturally appropriate, be trauma-informed, and incorporate age appropriate strategies of positive behavioral interventions and supports.</p> <p>Requires an independent evaluation concerning the use of mental health services for children, including the use of psychotropic medications</p>
<p>Criminal Justice programs</p>	<p>Reauthorizes Mentally Ill Offender Treatment and Crime Reduction Act funding law enforcement training, jail diversion, correctional mental health and substance use treatment, discharge planning, and community reentry programs; expands supports for veteran's treatment courts and veteran's outreach programs.</p> <p>Requires the collection and sharing of data about homicides, law enforcement officers or individuals killed by law enforcement involving people with mental illnesses</p> <p>Gathers data around the cost of federal, state or local imprisonment for persons with serious mental illnesses</p> <p>Continues funding for Correctional Facility Grants enhance correctional facilities capacities to identify and treat mental health and substance abuse related conditions, to implement, and enhance appropriate post-release transition plans, that encourages alternatives to solitary confinement and segregated housing</p>	<p>Includes same provisions and add grants to improve responses to 'high utilizers' of emergency, housing, judicial, corrections, and law enforcement services by funding up to 6 demonstrations that will:</p> <ul style="list-style-type: none"> involve multidisciplinary teams that implement and coordinate community based crisis responses and long term plans; promote training of criminal justice, mental health, substance abuse, emergency room, healthcare, law enforcement, corrections, and housing personnel; support alternatives to hospital and jail admissions; and develop protocols and systems among law enforcement, mental health, substance abuse, housing, corrections, and emergency medical service operations.

	housing; and provides mental health training to COs.	
Suicide Prevention	Reauthorizes and revises the Suicide Prevention Technical Assistance Center). Reauthorizes a program of grants for the development of state or tribal youth suicide early intervention and prevention strategies.	Seems essentially the same
Children's Programs	Reauthorizes grants for community mental health services to children and restricts such funding to those that use evidence-based practices. Reauthorizes the National Child Traumatic Stress Network	Seems essentially the same
Veterans Programs	Awards funding for veteran peer to peer programs	Devotes a separate section that requires mental health assessments before enlistments or commissions to officer status, unlimited eligibility for mental healthcare for combat veterans, timelines to create integrated healthcare records for veterans and a pilot educational loan repayment program for VA psychiatrists; Improves collaboration between the VA and DOD; and increases the number of mental health professionals in the VA.
Workforce	Provides for training on youth suicide early intervention and prevention strategies and for a primary care physician training grant program.	Provides funding for scholarships and loan repayment funding to further develop the behavioral health workforce Provides funding to develop and share education and training to healthcare professionals on identifying, referring and treating individuals with serious mental illnesses Provides funding to enhance psychiatrist services in Indian health programs

		Adds occupational therapists to the list of "behavioral and mental health professionals" under the National Health Service Corps
Other Notable Provisions	<p>Increases funding for the brain initiative at the National Institute of Mental Health.</p> <p>Advances grants to expand tele-psychiatry and primary care</p> <p>Evaluates the combined paperwork burden of certain community mental health centers as well as of certified federally qualified community mental health clinics.</p> <p>Creates incentives for meaningful use of certified electronic health records (EHR) technology</p> <p>Expand research on models like the Recovery After an Initial Schizophrenia Episode research project of the National Institute of Mental Health and the North American Prodrome Longitudinal Study, as well as on the determinants of self and other directed violence and brain related research.</p> <p>Extends funding eligibility for Medicare and Medicaid Health Information technology to behavioral health providers</p>	<p>Emphasizes that research should further the prevention, early detection and treatment of serious mental illnesses</p> <p>Encourages and provides new funding for collaborative and integrated behavioral and medical health services and for efforts to assess barriers to behavioral health integration</p> <p>Recommends that technical assistance be provided to expand use of evidence based practices for the prevention and treatment of geriatric mental health disorders</p> <p>HHS can require hospitals that on multiple occasions do not demonstrate effective discharge planning processes to enter into a system improvement agreement</p> <p>Extends funding eligibility for Medicare and Medicaid Health Information technology to behavioral health providers</p>