

# *2023 Public Policy Platform*

Public policy impacts people with mental illness and their loved ones in many ways — from health care to housing to criminalization. NAMI Maryland advocates for high quality, comprehensive mental health treatment, increased access to crisis, prevention, and recovery services.

---

## *Who We Are*

---

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, especially those with serious mental illness. NAMI Maryland advocates for effective prevention, diagnosis, treatment, support, research, and recovery that improves the quality of life of persons of all ages who are affected by mental illness. Together with our 11 local NAMI affiliates, we represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers.

---

## *NAMI Maryland's Public Policy Platform*

---

The Public Policy Platform and resolutions published by NAMI Maryland and formally approved by the NAMI Maryland Board of Directors, provide direction and guidance to the NAMI affiliates and stakeholders on a wide range of policy issues. This is a living document, reflective of specific policy and advocacy issues in Maryland and complimentary to the national Public Policy Platform available at [www.nami.org](http://www.nami.org).

---

## *Our Core Values*

---

The values below guide our work on policy and advocacy at every level of government in Maryland.

- ❖ Mental illness is a brain disorder and should be treated with a level of understanding and competency equal to treatment of any other chronic illness.
- ❖ Persons with mental illness can effectively manage their illness and recover with appropriate treatment and support, aimed at helping individuals achieve recovery and resilience, and they have a right to plan their goals and treatment, advocate for themselves and choose their own advocates.
- ❖ Persons with serious mental illness can sometimes be difficult to engage or lack the capacity to understand their need for treatment and care. In these instances, the family or the appointment of a guardian may be justified in determining treatment decisions. In the case an individual cannot sufficiently manage their illness in the community, engagement in longer-term treatment may be necessary.
- ❖ Instead of placing blame on family members for mental illness, families should be treated with understanding, compassion, and sensitivity. Families should be involved in ongoing mental health treatment planning with the individual's permission. In cases of diminished

capacity, the caregiver should have access to certain medical records necessary to protect the health, safety, or welfare of the individual or the public.

- ❖ Services should be relevant to the person's culture and life experiences and barriers to treatment such as lack of language access and lack of cultural competence must be eliminated.
- ❖ NAMI condemns all acts of stigma and discrimination directed against people living with mental illness, whether by intent, ignorance, or insensitivity. Epithets, nicknames, jokes, advertisements, and slurs that refer to individuals with mental illness in a stigmatizing way are cruel. NAMI considers acts of stigma to be discrimination. Stigma reflects prejudice, dehumanizes people with mental illness, trivializes their legitimate concerns, and is a significant barrier to effective delivery of mental health services.
- ❖ NAMI Maryland is strongly committed to the principle that all individuals, including communities of color and people with mental illness, should be treated with respect and dignity and deserve equitable health outcomes and full inclusion.

Through the years, NAMI Maryland has consistently represented the voice of individuals with mental illness and their family members to advocate for funding and access to effective services and treatment, increased services for youth and adolescents, diverting individuals with mental illness from the criminal justice system, greater focus on underserved populations and stronger support of research.

---

## *Our Priorities*

---

### *Funding*

*Marylanders are ten times more likely to be forced out-of-network for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs. An inadequate mental health system affects individuals, families, and communities. There are 781,000 Marylanders with a mental health condition and 181,000 with a serious mental illness. The following reflect NAMI Maryland's priorities for ensuring adequate funding to support programs and providers to reach this population and engage with them in treatment.*

- ❖ Demand adequate insurance and Medicaid coverage for the treatment of mental illness. Many barriers exist – mid-year plan changes, prior authorization requirements, long wait times to see a provider, providers who refuse to accept insurance or Medicaid due to low reimbursement and administrative hurdles.
- ❖ Require insurance parity for mental illness treatment and coverage, consistent with federal and state law, maximize benefits to persons with mental illness, and support policies to ensure that public and private health insurance plans provide adequate mental health

coverage.

- ❖ Ensure that public and private insurance plans provide a full range of recovery-oriented mental health services.
- ❖ Ensure that all systems provide for comprehensive and integrated behavioral health (mental health and substance use disorder) care, ensure a broad range of effective mental health services, allow for expanded and accessible services, and encourage incorporation of promising practices.
- ❖ Ensure community behavioral health providers receive regular and adequate rate increases to properly serve individuals with mental health and substance use disorders in the community in which they live.
- ❖ Support funding of services for the full continuum of recovery-based mental health treatment and rehabilitative services for children, adolescents, young adults, and adults. These services should include prevention, early intervention, recovery, and support, Assertive Community Treatment (ACT) teams, 24/7 crisis services including outpatient urgent care, inpatient treatment, criminal justice diversion programs, supported employment and housing. NAMI Maryland will support expansion of these services to underserved communities, including rural areas.
- ❖ Ensure that staffing levels and compensation for employees working in Maryland hospitals and prisons, are adequate, to provide safe, quality mental health programs and services.
- ❖ Adopt incentives to increase and sustain a well-qualified mental health workforce, including recovery oriented, family-friendly training for peer specialists, psychiatric rehabilitation paraprofessionals and direct care workers.

## *Access to Effective Services and Support*

*Marylanders struggle to get the help they need. Many individuals with serious mental illnesses may need services and support throughout their lives. As set forth below, NAMI Maryland advocates for the most effective and appropriate care and treatment and provision of services for people who experience a mental illness.*

- ❖ Require that service providers ensure timely access and effective services to people with serious mental illness, providing oversight and advocacy through well-trained care managers. Services should use an integrated, consumer-centered, resiliency-oriented, and family-friendly approach that may take professionals out of the traditional office setting to a location that is comfortable for the consumer.
- ❖ Ensure medical and psychiatric care is coordinated and holistic to address the needs of the whole person.

- ❖ Ensure adequate support and education for families of persons with mental illness of any age, race, ethnic or cultural background, orientation, or location.
- ❖ Ensure that peer support services are available and included as an integral part of available services.
- ❖ Provide psychiatric rehabilitation programs, drop-in centers, clubhouses and/or other services to promote recovery, skill development and independence.
- ❖ Provide people with coordinating services, such as case management, to assist in their recovery wherever they reside.
- ❖ Ensure that discharge planning and community reintegration are consumer-driven, with family participation whenever possible and appropriate, and that housing, supported employment and adequate therapeutic and community support are included.
- ❖ Ensure that evidence-based or best practices are utilized to provide the most effective services, while still encouraging the development of innovative practices.
- ❖ Ensure continuity of care and access to medications for people, especially during the transition from institutional care to community living.
- ❖ Provide adequate, effective, and coordinated mental health treatment and services throughout Maryland based on a Recovery Oriented System of Care model.
- ❖ Provide safe, affordable housing for individuals with serious mental illness, with sufficient support to aid success, and where possible, attempt to keep families together if they desire.
- ❖ Eliminate policies that create barriers to employment for individuals with mental illness.
- ❖ Provide meaningful employment opportunities with support available for all levels of abilities, including supportive employment programs and other programs to help individuals succeed in the workplace.
- ❖ Support the use of telemedicine, telehealth and teletherapy to increase the availability of psychiatric services for people. Telemedicine services must be provided ethically and appropriately. Maryland should issue guidance for providers regarding standards of care, informed consent, confidentiality of data and personal information and oversight of health practitioners using teletherapy.
- ❖ Support and encourage the use of an Advance Directive for Mental Health Treatment to help communicate the wishes of a person living with mental illness. This advance directive is to be referenced if the person has a psychiatric crisis.

## ***Services and Supports for Children, Adolescents, and Young Adults***

*Children and youth with mental illness need more support in Maryland. About half of the 57,000 Marylanders aged 12–17 who have depression were unable to access treatment last year. Crisis services for children are unavailable in many parts of the state. NAMI Maryland strives to advocate for children and youth as follows:*

- ❖ Support implementation of an effective, comprehensive, statewide system of care for children, adolescents, young adults, and their families.
- ❖ For those experiencing or at high risk for developing a mental disorder characterized by psychosis, immediate engagement of them and their families in care is necessary. First Episode Psychosis programs should be available statewide.
- ❖ Support programs, education and training, and full inclusion in decision making should be available where possible and permissible for family members and caregivers of individuals with mental illness.
- ❖ Train teachers, school counselors and primary care providers in early detection of mental illness and in making referrals to appropriate mental health professionals, encourage them to work with mental health professionals to coordinate or when necessary to provide ongoing care.
- ❖ Support training of pediatric and adult primary care providers and school personnel on the early warning signs of psychosis and the importance of early intervention.
- ❖ Allow parents wherever possible to retain custody of their children, with adequate support, regardless of their ability to pay.
- ❖ Provide limits on the use of restraint and seclusion for children, adolescents, and young adults – in health care, schools, and criminal justice settings.
- ❖ Ensure that parents are full participants in their child's Individual Education and Treatment Plans.
- ❖ Ensure that the transition from systems for children and adolescents to adult systems is smooth, supportive, and effective.

## ***Inpatient Treatment***

*NAMI believes that both acute and longer-term inpatient treatment are vital components in the array of treatment interventions and services that are necessary to assure a timely and durable recovery from the symptoms of mental illness. Because psychiatric inpatient treatment may be involuntary or otherwise restrictive of a person's freedom, it must only be initiated after a competent and*

*comprehensive clinical evaluation by a licensed mental health professional that demonstrates the clinical need for inpatient care.*

- ❖ Inpatient treatment means treatment in any licensed hospital with 24 hour staffed psychiatric beds. An inpatient facility must be equipped to serve people at risk of harm to self or others or who are gravely disabled and in need of a safe, secure setting that is patient and family centered, recovery oriented, and culturally sensitive. The inpatient facility must also be prepared to provide comprehensive treatment as well as rehabilitation, recovery opportunities, and must provide a discharge planning process that connects individuals to appropriate community services, supports and housing.
- ❖ NAMI believes that every psychiatric inpatient facility must be held to the same standards of excellence demanded of every hospital. People with mental illness who require inpatient care have a right to expect and receive timely state of the art medical and psychiatric treatment, delivered by an adequate number of competent hospital staff in a safe and secure environment.
- ❖ Civil court-ordered treatment should be a last resort, considered only after efforts to engage people voluntarily in treatment have been tried and have not succeeded. Inpatient treatment must be an option for individuals – including court ordered treatment when an individual:
  - o presents a danger to the individual or another; or
  - o is gravely disabled, which means that the person is substantially unable to provide for basic needs, such as food, clothing, shelter, health, or safety; or
  - o is likely to substantially deteriorate if not provided with timely treatment; or
  - o lacks capacity, which means that, because of the serious mental illness, the person is unable to fully understand or lacks judgment to make an informed decision about his or her need for treatment, care, or supervision.
- ❖ Civil court-ordered outpatient treatment may be a less restrictive and less costly treatment alternative to involuntary inpatient treatment and/or involvement with the criminal justice system.
- ❖ Documentation of an individualized treatment plan and the availability of appropriate and effective service supports must be provided prior to the imposition of an Outpatient Civil Commitment order.
- ❖ Failure to comply with the treatment plan may result in the individual being brought in for an evaluation. Failure to comply with the treatment plan shall not result in a court finding of contempt.
- ❖ Clearer, more flexible standards should be adopted to provide for involuntary inpatient commitment and/or court ordered outpatient treatment when an individual, due to mental illness:
  - o Presents a danger to the individual or another; or
  - o Is gravely disabled, which means that the person is substantially unable to provide for basic needs, such as food, clothing, shelter, health, or safety; or
  - o Is likely to substantially deteriorate if not provided with timely treatment; or
  - o lacks capacity, which means that, because of the serious mental illness, the person is

unable to fully understand or lacks judgment to make an informed decision about his or her need for treatment, care, or supervision.

- ❖ Individuals requiring hospitalization, within both the civil and criminal justice systems, should not face a delay waiting for an inpatient bed to become available.

## ***Racial Health Disparities and Underserved Populations***

*Access to high-quality, affordable health care is a right. Racial and other health disparities based on ethnicity, disability, and place of residence persist throughout Maryland.*

- ❖ Individuals with mental illness have a lower life expectancy than their peers due to chronic health issues that go untreated. NAMI Maryland supports training for providers and other programs to benefit patients with mental illness to ensure greater focus on overall somatic health.
- ❖ Improve access to and availability of high quality, culturally and linguistically competent, recovery- oriented and safe mental health services that promote best practices in care for all individuals regardless of insurance status, ability to pay, or geographic location.
- ❖ Ensure access to quality and timely services for individuals in the military, veterans, and their families in all stages of recovery, regardless of discharge status or disability.
- ❖ Provide dual diagnosis programs for treatment of those with both substance use problems and a mental illness so that both conditions are addressed at the same time and, if possible, at the same site.
- ❖ Provide improved coordination and treatment for individuals with co-occurring disorders including substance use, developmental disorders, and functional limitations.
- ❖ Support person-centered health homes for persons with mental illness and other chronic conditions.
- ❖ Develop policies that recognize and provide for the unique needs of aging caretakers of people with psychiatric disabilities.
- ❖ Develop suitable, non-discriminatory community residences and the same improved services for elderly persons with serious mental illnesses as for other adults.
- ❖ Address disparities in mental health identification, access, and treatment for special populations, including those involving race, ethnicity, sexual orientation, and gender identity, and urban or rural location.
- ❖ Develop policies and incentives to increase the number of mental health practitioners from diverse racial and ethnic backgrounds.

## ***The Criminalization of Mental Illness***

*One in four individuals with a serious mental illness will be arrested during their lives. NAMI Maryland advocates for help, not handcuffs and believes that mental health emergencies deserve a mental health response.*

- ❖ Easily accessible mental health crisis and emergency services must be readily available 24 hours a day, seven days a week.
- ❖ If a person has a serious mental illness and is subject to arrest, specially trained personnel must have authority to determine the intervention needed and to refer to the appropriate level of care.
- ❖ All emergency services, including those in inpatient hospitals, must be staffed by trained mental health professionals.
- ❖ Ensure that individuals entering the criminal justice system are screened at point of entry for serious mental illness and co-occurring disorders and that provision is made for effective services to be provided to address their needs.
- ❖ Ensure that persons with psychiatric or co-occurring disorders across the state who become involved in the criminal justice system receive a continuum of care. This includes Crisis Intervention Teams (CIT), jail diversion programs, In-Prison Therapeutic Community (ITC) programs, mental health courts, forensic ACT teams, adequate transition services and other forensic services along with the supports necessary to provide safe and effective services.
- ❖ Make provisions for post-release medication, identification, and access to treatment providers in the community.
- ❖ Minimize the use of restrictive housing in prisons and jails. Restrictive housing includes any form of physical separation in which an inmate is in a locked room or cell for approximately 22 hours or more of a 24-hour period, administrative segregation, and disciplinary segregation.
- ❖ Support the implementation of data collection on the use of restrictive housing in prisons and jails.
- ❖ Support the development of statewide standards for the use and data collection on the use of TASERs and other non-lethal methods used by criminal justice personnel.
- ❖ Ensure that timely competency evaluations can be performed in all jurisdictions and settings.
- ❖ Support access to Mental Health Courts in all jurisdictions across Maryland.

- ❖ Require targeted training for corrections, judicial and law enforcement personnel to promote effective and compassionate interaction with individuals living with a mental illness and their families and to reduce injury, unnecessary incarceration, and criminal involvement, as well as increase referrals to appropriate services.

## ***Improve Maryland's System of Care***

*There must be meaningful participation by individuals with mental health conditions and families in the design, implementation, monitoring and evaluation of the public mental health care system as well as cultural sensitivity to ethnically diverse populations and communities.*

- ❖ Improve and expand data collection, promote quantitative and qualitative outcomes measurement, and ensure accountability in mental health services delivery, including promoting new technology. Measurements should include outcomes in systems, specific programs, and providers, as well as for individuals.
- ❖ Governments at all levels must continue to have authority over and be accountable for the delivery of treatment and services for persons with serious mental illnesses when contracting out treatment and services to private managed care organizations (MCOs).
- ❖ When contracting out to MCOs results in reduced public expenditures, the savings must be reinvested in expanding services to persons with serious mental illnesses.

## ***Research***

*NAMI Maryland places a high priority on research aimed toward the ultimate prevention and cure of mental illness.*

- ❖ Support both effective and efficacy-based research, focusing on serious and persistent mental illnesses.
- ❖ Support efforts to collaborate across the wealth of institutions, organizations, and programs within Maryland to develop research protocols to promote investigation into mental illness, its causes, possible prevention or mitigation, early detection, and effective treatments.
- ❖ Support research on services for individuals and their families including those involved in multiple systems.
- ❖ Support research for culturally specific mental health research, specifically in reference to persons of different ages and of varying cultures, racial, religious, ethnic, sexual orientation, gender, gender identity, and disability, including persons who are deaf and hearing impaired and those for whom English is not the primary language.
- ❖ NAMI supports expanded research on mental illness and aging as well as expanded recruitment, education and training for health and mental health care providers, family members and other caregivers with respect to the specialized needs of older adults with mental illnesses.