

Public Policy Platform

Public policy impacts people with mental illness and their loved ones in many ways, including health care, housing and 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 access to services and 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

This Public Policy Platform and resolutions approved by the NAMI Maryland Board of Directors provides 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 <https://www.nami.org/advocacy/policy-platform/>.

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 condition.
- ❖ People with mental illness can effectively manage their illness and recover with appropriate treatment and support, aimed at helping individuals achieve recovery and independence, and they have a right to plan their goals and treatment, advocate for themselves and choose their own advocates.
- ❖ People with serious mental illness can sometimes be difficult to engage or lack understanding of their need for treatment and care. In these instances, the family or the appointment of a guardian may be justified in determining treatment decisions. When 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, caregivers should have access to 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. People with mental illness should encounter no barriers to treatment, such as lack of language access and lack of cultural competence.
- ❖ NAMI condemns all acts that stigmatize and discriminate against people living with mental illness, whether by intent, ignorance or insensitivity. Epithets, nicknames, jokes, advertisements and slurs that stigmatize individuals with mental illness are cruel and unacceptable. Stigma reflects prejudice, dehumanizes people with mental illness, trivializes their legitimate concerns and is a significant barrier to effective delivery of mental health services. Stigmatizing acts are discriminatory acts.
- ❖ 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.

Our Priorities

Through the years, NAMI Maryland has consistently represented the voices 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.

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 1.4 million Marylanders with a mental health condition and over 370,000 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.

- ❖ Prioritize mental health in the state budget. State funding for community based mental health services, as well as Medicaid benefits for people with mental illness, should never decrease year-to-year. It also must increase at a rate that outpaces inflation, because those services are already underfunded.
- ❖ 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, fail first protocols and administrative hurdles.

- ❖ Require insurance parity for mental illness treatment and coverage that is consistent with federal and state law. Medicaid and private insurers must 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. 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 (but are not limited to) 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 and supported employment and housing. NAMI Maryland will support expansion of these services to underserved communities, including rural areas.
- ❖ 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.
- ❖ Ensure that staffing levels and compensation for employees working in Maryland hospitals 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, 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. NAMI Maryland advocates for the most effective and appropriate care and provision of services for people who are living with 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 somatic and mental health care is coordinated and holistic.
- ❖ Ensure adequate support and education for families and loved ones of people with mental illness of any age, race, ethnic or cultural background, orientation or location.

- ❖ Enhance services for young adults, including housing and employment programs.
- ❖ Ensure that peer support services are available and included as an integral part of available services.
- ❖ Provide mental health 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 planning includes housing, supported employment and adequate therapeutic and community support.
- ❖ Ensure that evidence-based or best practices provide the most effective services, while still encouraging the development of innovative practices.
- ❖ Ensure continuity of care and access to medications for people 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 mental health services. 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 Advance Directives for Mental Health Treatment to help communicate the wishes of a person living with mental illness.
- ❖ Support and encourage recovery principles as foundational to meet goals of effective treatment. This occurs across a continuum of services and should be mutually developed by individuals and caregivers so that people can better manage symptoms, have meaningful activities, safe and stable living arrangements and supportive relationships and social

networks.

Services and Supports for Children and Adolescents

Children and adolescents with mental illness need more support in Maryland. About half of the Marylanders aged 12–17 who live with depression are unable to access treatment. Crisis services for children are unavailable in many parts of the state. NAMI Maryland strives to advocate for children and youth in the following ways:

- ❖ Support implementation of an effective, comprehensive, statewide system of care for children, adolescents, and their families. Increase inpatient and outpatient treatment access for children and adolescents.
- ❖ For those experiencing or at high risk of 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 expansion of mental health services and education in K-12 public schools regardless of IEP status.
- ❖ 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 social emotional disturbance and in making referrals to appropriate mental health professionals. Encourage them to work with mental health professionals to coordinate, or when appropriate, to provide ongoing care.
- ❖ Support training of pediatric 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.
- ❖ Support interventions that minimize use of restraint and seclusion for children, adolescents and young adults in health care facilities, schools and criminal justice settings.
- ❖ Promote cross-collaboration of the entire community to support youth mental health services among schools, mental health organizations, mental health providers and government entities.
- ❖ Ensure open communication among families, schools and mental health providers consistent with privacy laws.
- ❖ Ensure that parents are full participants in their child's Individual Education Plans.

- ❖ Ensure that the transition from systems for children and adolescents to adult systems is smooth, supportive and effective.
- ❖ Amplify youth involvement in mental health policy development.

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 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 unable to provide for their own basic needs 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 and recovery opportunities. It also must provide a discharge planning process that connects individuals to appropriate community services, supports and housing.
- ❖ NAMI Maryland believes that every inpatient mental health facility must be held to the same standards of excellence demanded of a general hospital. People with mental illness who require inpatient care have a right to expect and receive timely state of the art somatic and mental health 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 a voluntary option for people living with serious mental illness, as well as a court-ordered treatment option when a person is a danger to themselves or others. Danger to self can be defined as either grave disability (when a person is unable to provide for their own basic needs) and/or the likelihood that a person's condition will deteriorate without treatment.
- ❖ 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.
- ❖ 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.

- ❖ All levels of government must 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.
- ❖ 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 take into account social determinants of health (e.g., access to healthy food and adequate housing, and equitable treatment), promote best practices in care for all individuals regardless of insurance status, ability to pay or geographic location, and ensure continuity of safety net programs
- ❖ 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 disorder 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 mental health disabilities.
- ❖ Develop suitable, non-discriminatory community residences and the same improved services for elderly persons with serious mental illnesses as for other adults.
- ❖ Develop policies and incentives to increase the number of mental health practitioners from diverse racial and ethnic backgrounds.

Decriminalization of Mental Illness

NAMI Maryland advocates for the decriminalization 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 24/7.
- ❖ 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 they have access to effective services to address their needs.
- ❖ Ensure that persons with mental health or co-occurring disorders who become involved in the criminal justice system have access to a full 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.
- ❖ Ensure that staffing levels and compensation for employees working in Maryland prisons and jails are adequate to provide safe, quality mental health services.
- ❖ Make provisions for post-release medication, identification, and access to treatment providers in the community. People reentering the community from incarceration should also be enrolled in Medicaid if they are Medicaid eligible. If they were enrolled in Medicaid prior to hospitalization, they should not experience any lapse in coverage.
- ❖ 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 statewide standards for the use of 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 treatment and services to private managed care organizations (MCOs).
- ❖ When contracting with MCOs results in reduced public expenditures, the savings must be reinvested in expanding services to persons with serious mental illnesses.
- ❖ Improve crisis response systems, including law enforcement response, and integrate crisis response with inpatient and outpatient systems to form a continuum of care. Ensure equitable and adequate Medicaid and private insurance coverage for crisis services.
- ❖ Enhance suicide prevention efforts.
- ❖ Modernize the Maryland "Danger" Standard.

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 both basic research (investigating the underlying causes of mental illness) and clinical research (researching treatment options that can be used to help patients in the near future).
- ❖ 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.