

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 53,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community. NAMI Maryland advocates for the public and private resources needed to ensure the availability, accessibility and quality of comprehensive mental health treatment, prevention and recovery services throughout the state of Maryland, as well as research aimed toward the ultimate prevention, treatment and cure of behavioral health disorders.

Core Values – NAMI Maryland Public Policy Platform

The NAMI national policy platform and the values below guide our work on policy and advocacy in Maryland. Supported by these values are the overarching advocacy priorities NAMI Maryland consistently works to advance, including: 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.

- Recognition that 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.
- Acknowledgment that 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 that they have a right to plan their goals and treatment, advocate for themselves and choose their own advocates.
- Acknowledgement that 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. Effective family engagement, support and education is essential. 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 general 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.

Funding of Treatment and 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 prevention, early intervention, recovery, and support, Assertive Community Treatment (ACT) teams, 24/7 crisis services, 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 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 that public and private insurance plans provide a full range of recovery-oriented mental health services.

Monitor the implementation of insurance parity for mental illnesses and healthcare reform to ensure compliance 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 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 and prisons are adequate, in order to provide safe, quality mental health programs and services.

Access to Effective Services throughout All Stages of Life

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 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 supports are included.

Ensure continuity of care and access to mediations for people, especially during the transition from institutional care to community living.

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.

Ensure adequate support and education for families of persons with mental illness of any age, orientation or location.

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.

Provide solutions that support treatment of and assistance to individuals – including court ordered treatment when an individual:

- presents a danger to the individual or another; or
- 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
- is likely to substantially deteriorate if not provided with timely treatment; or
- lacks capacity, which means that, as a result of the serious mental illness, the person is unable to fully understand or lacks judgment to make an informed decision about their need for treatment, care, or supervision.

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.

Consider civil court-ordered outpatient treatment 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.

Support adoption of clearer, more flexible standards that would provide for involuntary inpatient commitment and/or court ordered outpatient treatment when an individual, due to mental illness:

- presents a danger to the individual or another; or
- 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
- is likely to substantially deteriorate if not provided with timely treatment; or
- lacks capacity, which means that, as a result of the serious mental illness, the person is unable to fully understand or lacks judgment to make an informed decision about their need for treatment, care, or supervision.

Provide easily accessible emergency services, available 24 hours a day, seven days a week in professionally staffed crisis centers or psychiatric emergency departments. Ensure that individuals requiring hospitalization, within both the civil and criminal justice systems, do not face a delay waiting for an inpatient bed to become available.

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 in order 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 Adults

Provide adequate, effective and coordinated mental health treatment and services throughout Maryland based on a Recovery Oriented System of Care model.

Ensure that evidence-based or best practices are utilized to provide the most effective services, while still encouraging the development of innovative practices.

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.

Provide safe, affordable housing for individuals with serious mental illness, with sufficient supports to aid success, and where possible attempt to keep families together if they desire.

Ensure medical and psychiatric care is coordinated and holistic in order to address the needs of the whole person.

Provide meaningful employment opportunities with supports available for all levels of abilities, including supportive employment programs and other programs to help individuals succeed in the workplace.

Eliminate policies that create barriers to employment for individuals with mental illness.

Services and Supports for Children, Adolescents, and Young Adults

Support implementation of an effective, comprehensive, statewide system of care for children, adolescents, young adults and their families based on a Recovery Oriented System of Care model. For those experiencing or are at high risk for developing a mental disorder characterized by psychosis, the model should include immediate engagement of them and their families in care.

Implementation of First Episode Psychosis programs across the state. 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 supports, regardless of their ability to pay.

Provide limits on the use of restraint and seclusion for children, adolescents and young adults.

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.

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.

Underserved Populations

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.

Criminal Justice and Forensic Issues

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 in the community.

Make provisions for post-release medication, identification, and access to treatment providers in the community.

Minimize the placement of individuals in locked, highly restrictive and isolated cells or similar areas of confinement for substantial periods of time with limited or no human contact and few, if any, rehabilitation services. NAMI Maryland supports alternatives that include enhanced mental health treatment, services and programs and mental health step-down units. NAMI Maryland supports assurance of continued mental health treatment, including adherence to an individual treatment plan and access to qualified mental health care professionals, in conditions of short-term disciplinary or administrative 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 (e.g. detention, hospitals, etc.) by forensic evaluators.

Support access to Mental Health Courts in all jurisdictions across Maryland.

Require targeted training and any necessary changes to policies and procedures 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.

Quality Monitoring, Accountability and Accreditation

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.

Research

Support both effective and efficacy-based research, focusing on serious and persistent mental illnesses.

Support research aimed toward the ultimate prevention and cure of 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.