

NAMI Maryland 2018 Advocacy Priorities

NAMI Maryland, the eleven local NAMI affiliates across Maryland, members and stakeholders advocate for a wide range of issues affecting individuals living with a mental illness in Maryland. Our goal is to ensure individuals with mental illness across their lifespan and their families are able to access timely, affordable and comprehensive mental health treatment, prevention and recovery services.

Of Maryland's over 5.7 million residents, more than 175,000 adults live with serious mental illness and about 62,000 children live with serious mental health conditions. Many of these individuals use and depend on the public behavioral health system. *In 2018, NAMI Maryland will focus on the following advocacy priorities:*

Protect and expand access to timely and effective mental health treatment and services in the FY 2019 Maryland state Budget.

Maryland's mental health service delivery system is fragmented and remains underfunded. While we recognize that these are complex issues and require long-term solutions, our elected officials and decision makers must make a genuine and sustainable investment in behavioral health inpatient and outpatient treatment and services. Many with mental illness still experience disparities in the quality, timeliness, and availability of mental health services based on where they live. People with mental illness need the right services at the right time, at the right place, and the right price.

Here's how:

- Advocate for increased funding to secure additional psychiatric hospital beds, both forensic and civil, and adequate professional staffing.
- Oppose efforts to reduce federal funding for Medicaid, Medicare, and the Affordable Care Act; with particular attention paid to efforts to repeal Medicaid expansion, essential health benefits or attempts to weaken federal and state parity requirements.
- Advocate for funding to fully implement a full continuum of crisis services across the state.
- Protect the 3.5% behavioral health community provider rate increase outlined in the FY19 and FY20 Behavioral Health Administration Budget from any reductions or removal
- Increase funding for providers to offer more respite care programs statewide.
- Increase funding to expand SSI/SSDI Outreach, Access, and Recovery (SOAR) Programs to increase the number of SOAR certified staff who assist the homeless qualify for federal benefits.

Ensure insurance marketplace reforms include mental health and substance use disorder coverage in every health plan and at the same level (parity) as other health conditions.

Maryland, along with the rest of the country, needs to do much more to make coverage and access to care equivalent between mental and physical conditions. One of the first parity laws in the nation was passed in Maryland in 1993. Federal parity laws were passed in 2008, with regulations for the laws published in 2013. The availability of treatment and services is greatly impacted by the type of (or lack of) insurance and the statewide enforcement of existing parity laws.

Here's how:

- Monitor the implementation of insurance parity for mental illnesses and health care reform to ensure compliance with federal and state laws and maximize benefits to persons with mental illness.
- Support policies that will ensure that public and private health insurance plans provide adequate mental health coverage and adequate, readily accessible networks of specialty providers.
- Work with House and Senate Committees, the Maryland Insurance Administration and Insurance

Carriers to continue reviewing – and possibly recommend changes – to prevent mid-year drug formulary changes, high out of pocket costs, and restrictive prior authorization policies by insurers.

Reduce legal and other barriers that prevent access to timely and effective services for individuals with mental illness and their family members and/or caregivers.

Maryland law plays a large role in both allowing access and presenting barriers to care for mental health conditions affecting individuals with a mental illness and their family members. For example, involuntary civil commitment laws, laws controlling state hospital admissions, and confidentiality laws can present a barrier to getting timely and effective services.

Here's how:

- Monitor the implementation of the Baltimore City Outpatient Civil Commitment pilot.
- Monitor and expand compliance with 2017 Maryland State law (SB 584/HB 1468 Medical Records - Disclosure of Directory Information and Medical Records) which authorizes health care providers to disclose certain “directory information.”
- Hold mental health treatment services providers accountable for compliance with existing laws and regulations (e.g., monitor incomplete, unlawful discharge planning practices).
- Advocate for the implementation of the Maryland Behavioral Health Advisory Council’s Strategic Plan recommendations to ensure the Behavioral Health Crisis Response System is fully operational and available statewide 24 hours a day, 7 days a week.
- Monitor and determine compliance with the current dangerousness standard. Work with other organizations to set the stage for future efforts to modify the dangerousness standard.
- Advocate to reduce disparities in mental health treatment and services, including disparities such as economic circumstances, race, ethnicity, and diagnosis.
- Research and monitor the use of 2014 Maryland state law (HB 592/SB 620, Mental Health - Approval by Clinical Review Panel of Administration of Medication - Standard) in State and private hospitals to ensure its utilization wherever appropriate.
- Support the 2018 Home Act, which prohibits landlords and other property owners from discriminating against persons (e.g., the mentally ill) who are disproportionately vulnerable to discrimination.

Improve the criminal justice system’s response to individuals with mental illness and their families and increase diversion from criminal justice to community services wherever possible.

In Maryland, individuals with mental illness are increasingly involved with the criminal justice system, often for minor violations. The consequences of our current system can be costly for communities, law enforcement and corrections and tragic for individuals with mental illness and their families.

Here's how:

- Advocate for the reduction or elimination of restrictive housing or administrative segregation in Maryland’s jails and prisons.
- Increase NAMI Maryland’s relationship and collaboration with the criminal justice system in state and local jurisdictions throughout Maryland to strengthen understanding of mental illness, how to effectively respond to an individual experiencing a mental health crisis and to increase diversion to community services when appropriate.
- Monitor the state’s compliance with 2017 Maryland State Law (SB1005/HB1312 Justice Reinvestment Act) including that cost savings are adequately invested in community systems and services to keep individuals with complex behavioral health conditions stable and living well in the community.

Strengthen the ability of NAMI Maryland, the eleven local NAMI affiliates across Maryland and members to advocate on behalf of our priorities.

Our grassroots advocacy is our strength. We can have a tremendous impact on the health and mental health care systems, but only if we use our voices and lived experiences to influence elected officials and decision makers.

Here's how:

- Strengthen NAMI Maryland Affiliate grassroots networks by improving communication processes between NAMI Maryland, local affiliates and individual members.
- Improve NAMI Maryland's ability to advocate for local, state and national issues that affect individuals with mental illness and their families by growing NAMI Smarts for Advocacy programming within local NAMI affiliates in Maryland.
- Increase the number of action alerts and advocacy updates to NAMI Maryland's listserv using advocacy tools. Encourage local NAMI affiliates to forward action alerts to their members and supporters.
- Increase attendance at NAMI Maryland's annual Advocacy Day on February 22, 2018 and the Maryland Behavioral Health Coalition Rally.