

# NAMI Maryland 2007 Public Policy Platform

## Key Legislative and Public Policy Priorities Outline

NAMI Maryland is a statewide organization, with fourteen local affiliates, dedicated to advocacy for and education of persons with serious brain disorders/mental illnesses, their families and the community. NAMI Maryland advocates for the public and private resources needed to assure the availability, accessibility and quality of comprehensive mental health services throughout the state and for research for causes and cures of serious mental illness.

### **System Reform/Transformation**

- Expedite completion of the System Reform process with substantial consumer/family input to ensure :
  - Prioritized access to Public Mental Health System for all individuals with serious mental illness (SMI) and functional disabilities, regardless of income or insurance coverage;
  - All agencies providing services to persons with mental illness coordinate their efforts and provide referral to the public mental health system regardless of the point of entry;
  - Provision of quality services throughout the Mental Health System that includes oversight, standards and measurement of outcomes
  - Coordination of all somatic and behavioral health care in order to optimize outcomes;
  - Provision of integrated treatment for mental health and substance abuse

### **Funding**

- Increase salaries for all mental health professionals and paraprofessionals by at least the cost of living each year.
- Prioritize spending on quality services for adults with SMI and children with SED.
- Provide sufficient funding to meet unmet needs, such as crisis intervention services, sufficient emergency and in-patient beds, housing, supported employment, transportation, prevention/early intervention, transition services including children and elderly, and respite services for families.
- Support for research for effective medications and treatment made available at affordable prices

### **Effective Community Based Treatment**

- Well qualified provider network with effective training, treatment standards, and supervision for staff at all levels of service delivery.
- Adequate level of services and effective treatment in all areas of Maryland to include 24-hour crisis intervention services and crisis beds, availability of Assertive Community Treatment, and coordination of services between providers.
- Use of evidence based practices to achieve and maintain an integrated community support network that provides individualized, supportive and recovery-based treatment, enabling consumers to live stable lives in the community.
- Case management that follows the consumer and implements an individualized treatment plan wherever the consumer is located (including in jails, shelters etc), coordinating services and supporting consumers through all transitions within the mental health system.
- Consumer access to appropriate and effective discharge plans and family involvement for dependent adults.

## **Housing**

- Expand housing policy to create continuum of safe, affordable public and private housing options to include crisis and temporary housing after discharge, residential rehabilitation housing, supported housing, assisted or independent living, and homeless shelters.
- Ensure optimum health, safety, and therapeutic standards for supervised housing for persons with SMI.
- Advocate for training requirements for all residential care providers who serve persons with SMI, including specific training for staff supervising medications.
- Promote policies for easy movement between different levels of housing and care according to individual's current need and ability to return to former residence following brief hospitalizations.
- Change the assisted living regulations to meet an array of individual needs with training and standards appropriate to level of care.

## **Children and Adolescents**

- Involve parents and, when appropriate, children, in developing individualized treatment plans, including clinically appropriate medication, support and recovery services wherever the child lives
- Ensure that parents retain custody of their children regardless of their ability to pay
- Ensure that out-of-home placements, when necessary, will be located as close to family as possible
- Provide a continuum of services including hospital level of care, residential, group homes, appropriate transition and discharge planning and wrap around in-home services.
- Ensure that children shall be free from restraints or locked door seclusions except where the child presents a danger to the life or safety of themselves or others.
- Train teachers and school counselors in early detection of mental illness and to safely use positive behavioral interventions that encourage individual responsibility, and teach mental health skills
- Train school counselors to use suicide assessment tools ? including Teen Screen
- Train all primary health care providers in the detection of early and ongoing signs of mental illness.

## **Pharmacy**

- Access by individuals with SMI to treatments with appropriate, adequate and effective medications based upon clinical judgments and best practices, including but not limited to prescription drugs under Part D of Medicare and State of Maryland programs; and
- Ensure that medication management includes ongoing assessment and monitoring, including medical monitoring.

## **DHMH Long Term Care Waiver (Community Choice)**

- Continue carve out for specialty mental health services (SMHS) for persons with SMI with new specialty mental health and support services added as required.
- Ensure that regulations continue to reflect right of consumers to self-refer for SMHS.

## **Hospitals**

- Establish adequate number of beds to ensure hospital placement within legal time limits, and to facilitate prompt, appropriate transfers.
- Require discharge planning, with consumer participation, that promotes placement in an integrated community support network, including appropriate housing.
- Require that hospital stays are adequately long to promote stabilization, and to reduce likelihood of recurrent hospitalizations or incarcerations.

## **Forensics**

- Screen individuals at point of entry for Serious Mental Illness, (or Serious Emotional Disturbance) and co-occurring disorders, separating nonviolent from violent offenders.
- Provide appropriate mental health and somatic treatment (including substance abuse) and services to all individuals with SMI in state and local correctional facilities.
- Establish pre-release programs and case management services for all individuals with SMI throughout Maryland's correctional system.
- Provide post-release case management services and follow-up to assist individuals with SMI to access needed and appropriate mental health and support services.
- Provide training about SMI (including consumer and family member perspective) for judges, lawyers, police and correctional officers, parole and probation officers, court officers, law enforcement and emergency medical transport personnel.
- Implement Mental Health Courts in all jurisdictions in the State.

Approved by the NAMI Maryland Public Policy Committee on January 20, 2007.

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