

Advocacy Issue

FALL 2014



NAMI Maryland is strong voices on mental illness, carrying out ongoing advocacy for a public policy agenda to improve mental health services throughout the state, reduce the stigma associated with mental illness, and support effective treatment and recovery programs.

In Maryland 300,000 individuals suffer from illnesses such as schizophrenia, major depression or bipolar disorder. It is essential that people with mental illness have access to the necessary services to keep them stable and living well in the community.

The entire state is strengthened when we address the needs of individuals and their families impacted by mental illness. There is much to be done in Maryland to build a mental health system that ensures an array of proven, cost-effective services that identify and provide children, youth and adults with the mental health care they need to recover and live healthy lives. The voice of individuals and families, whose lives have been deeply impacted by mental illness, is a critical component of NAMI Maryland's advocacy efforts in ensuring that effective policies and efficient use of public and private financing are supported by the public mental health system and elected officials.

NAMI, our national organization, is the foundation for NAMI State Organizations and assists in shaping the national public policy landscape. Each year NAMI

releases a guide to assist states in developing their State Action Agenda. The State Action Agenda articulates state-level policy objectives in the legislature, state agencies or other entities that NAMI has identified as areas that require advocacy efforts to ensure people living with mental illness receive the treatment and supports they need to lead full and satisfying lives as valued members of the community:

1. Protect public mental health funding

Medicaid: States should provide stable and adequate funding for Medicaid that ensures access to a full array of effective services, continuity of care and eligibility for children and adults living with mental illness.

Public mental health programs: States should provide stable and adequate funding for public mental health programs to meet community needs for mental health services.

2. Expand access to mental health coverage

Medicaid: States should promote enrollment of low-income children, adults and families in the level of Medicaid coverage with mental health benefits that best meets enrollee needs.

Private Health Insurance: States should fully engage in outreach to people affected by mental illness and enrollment in competitive Health Insurance Marketplace plans. States should ensure that all Health Insurance Marketplace plans fully comply with federal and state parity requirements for mental health and substance use conditions.

3. Ensure access to effective mental health services

Service Array: States should ensure that community mental health programs, Medicaid plans and private health insurance all provide a readily available array of effective mental health services. States should ensure intensive home and community-based services to support the

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successful community integration of individuals living with mental illness.

Medication Access: States should ensure flexible and timely access to a comprehensive array of mental health medications in all Medicaid plans, Health Insurance Marketplace plans and community mental health programs.

Workforce Development: States should ensure active recruitment and training of health professionals skilled in effective, culturally competent treatment interventions for children and adults living with serious mental illness. States should stretch mental health workforce capacity through telehealth and appropriate use of peer support specialists and allied professions. States should promote training to enable primary care to recognize mental health conditions and provide routine mental health care.

Data Collection: States should require standardized statewide data collection and public posting of meaningful performance, process and outcome measures for mental health care.

4. Promote integrated mental health, substance use and primary care

States should require effective models of integrated care, such as health homes, in all health, mental health and substance use treatment settings.

5. Improve mental health of children, youth and young adults

Early identification and intervention: Screening, assessment and early intervention of mental health conditions for children and youth should be an integral part of health care delivery systems.

Home and community-based services: States should provide a comprehensive array of effective home and community-based services that help children

and youth succeed at home, in school and in their communities.

Juvenile justice diversion: States should identify and divert youth living with serious mental health conditions from detention to appropriate community treatment.

Transition-age mental health services

States should ensure that young adults living with serious mental health conditions receive coordinated, developmentally-appropriate services to support successful transitions to adulthood.

6. Meet the mental health needs of service members, veterans and their families

States should ensure early identification and access to community-based mental health services and supports for service members, veterans and their families.

7. Help people with mental illness support themselves through employment

States should have policies and statewide programs that lead to competitive employment and economic self-sufficiency for people living with mental illness.

8. Provide permanent supportive housing for people living with mental illness

States should provide an array of affordable permanent supportive housing for people living with serious mental illness.

9. Eliminate disparities in mental health care

States should incorporate cultural and linguistic competence standards in requirements for mental health funding.

10. End the inappropriate jailing of people with mental illness

Diversion from incarceration

States should divert people living with serious mental illness from jail to appropriate community treatment.

Care in custody

States should eliminate solitary confinement and ensure continuous and effective mental health, substance use and medical care for inmates living with serious mental illness.

Connection to benefits

States should ensure connection of inmates with mental illness to treatment, supports and enrollment in federal SSI/SSDI, Medicaid, Health Insurance Marketplace plans and other benefits upon release from custody.

NAMI Maryland's Key Policy Objectives

NAMI Maryland uses the NAMI State Action Agenda as a guide to set policy and advocacy priorities for the upcoming year. NAMI Maryland's key policy objectives that support our goal of ensuring that people living with mental illness receive the treatment they need and they and their families have the supports they need to lead full and productive lives:

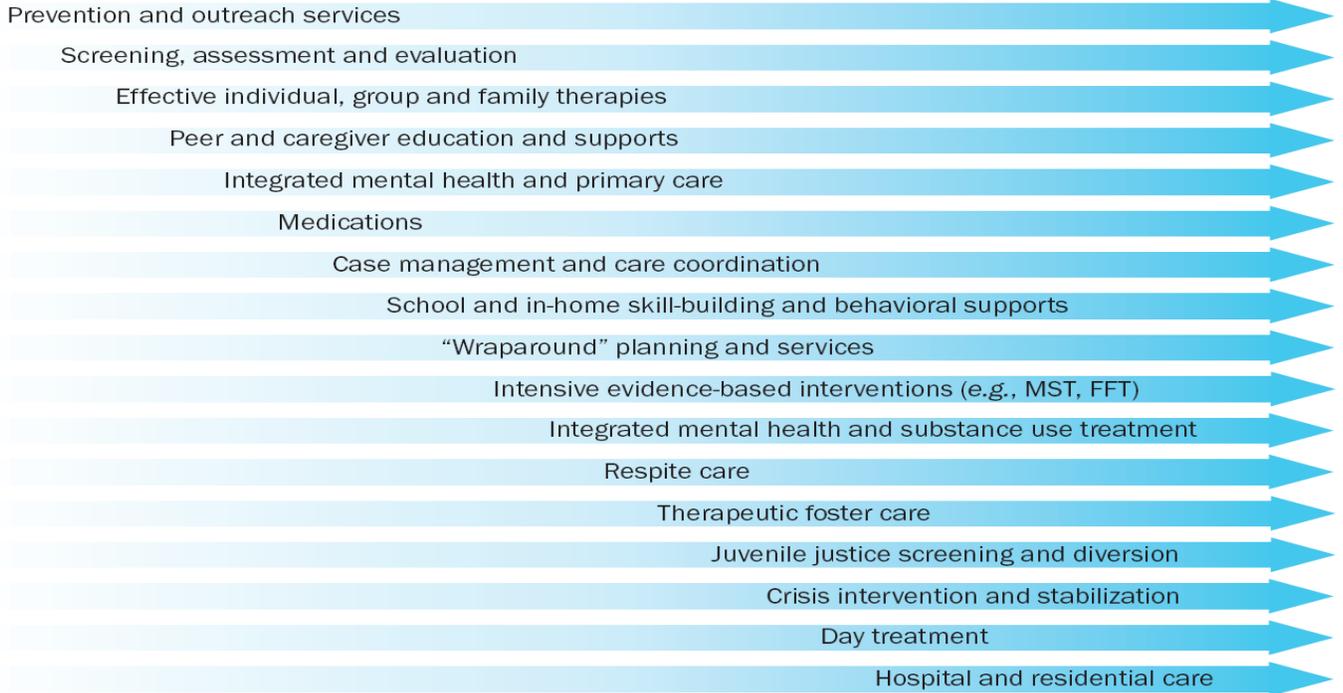
- **Protect and expand adequate funding in the new Behavioral Health 2016 Administration Budget**
Funding for mental health must ensure access to a full array of effective services, continuity of care and eligibility for children and adults living with mental illness.
- **Advocate for individuals and families in crisis**
This includes Assertive Community Treatment (ACT), Crisis Intervention Team (CIT), crisis services and case management. Availability of Outpatient Civil Commitment (OCC) to allow court ordered treatment must be addressed. Maryland is only 1 of 5 states that does not have some form of AOT.
- **Promote community education on mental health**
This includes training for first responders, corrections, schools, faith communities, primary care



providers and for employers. Prison segregation (solitary confinement) must be eliminated. We must provide mental health, addictions and medical care for inmates.

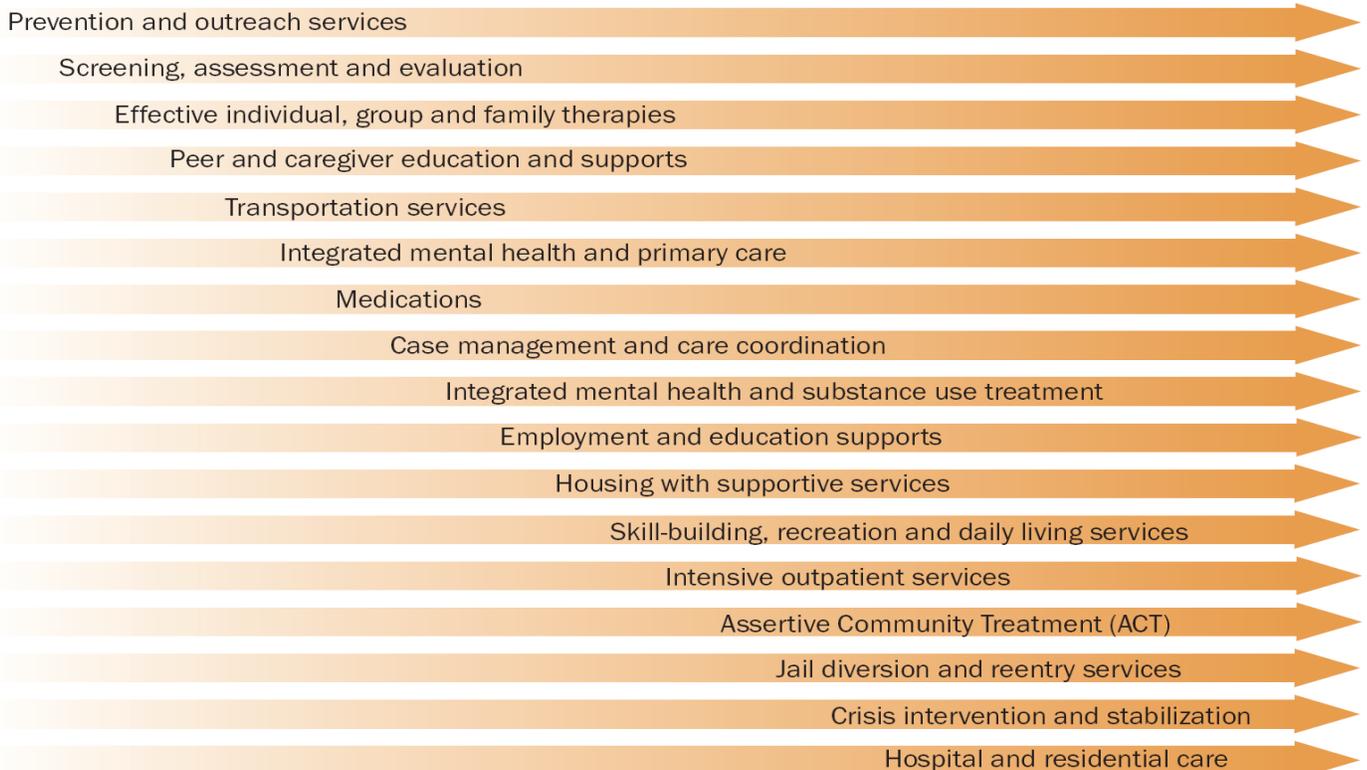
- **Ensure effective systems to implement the Affordable Care Act**
All eligible people with mental health concerns must be enrolled in Medicaid or the health benefits exchange qualified plans. All health insurance marketplace plans should comply with federal and state parity requirements for mental health and substance use conditions.
- **Expand mental health services for those who serve in the military**
This group is experiencing very high rates of serious mental illness, suicide, addiction, homelessness and incarceration often related to posttraumatic stress disorder (PTSD). Support for these heroes and their families are needed.
- **Promote integration of care**
Wherever an individual enters the system (No Wrong Door), integrated services must address their physical, mental health and addictions needs.
- **Improve early detection and intervention for youth (ages zero to 24)**
Identify and ensure access to an effective array of services. Approximately 50% of students labeled with mental disorders drop out of school and are not connected to services as they age out of the children's health system.

All Mental Health Conditions | Moderately Severe Conditions | Acute or Very Severe Conditions



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Health Care Reform Update—Open Enrollment begins November 15, 2014 and ends February 15, 2015

Individuals living with mental health and/or substance use disorders are overrepresented among the uninsured and historically have encountered barriers to needed treatment. In Maryland, health implementation of the Affordable Care Act provides a window of opportunity to transform the mental health system. This opportunity, for affordable coverage with parity of mental health and substance use treatment via Exchange plans and Medicaid expansion is of profound significance. All eligible individuals with mental health concerns must be enrolled in Medicaid or the health benefits exchange qualified plans.

The enrollment period is currently closed, however open enrollment begins November 15, 2014. You must re-enroll through Maryland Health Connection between November 15 and December 18—even if you already had a plan and financial assistance in 2014. If you had a plan through Maryland Health Connection in 2014, and do not re-enroll, any financial assistance you received in 2014 will end.

You will have until February 15, 2015 to enroll in a Qualified Health Plan (QHP). Medicaid enrollment is open year round. You can enroll in a QHP before November 15 if you have special circumstances, such as:

- Getting married
- Having or adopting a child
- Certain income changes
- Moving to or from Maryland
- Loss of health coverage (i.e. job loss, divorce, loss of eligibility for Medicaid)

All health insurance plans cover behavioral health care services, but there are many other changes in coverage:

- Maternal and Newborn Care
- Emergency and Hospital Care
- Immunizations
- Laboratory Services
- Prescriptions
- Rehabilitative Services
- Preventative and Wellness Services
- Young adults may stay on their parents insurance until age 26
- Individuals cannot be denied insurance coverage for pre-existing conditions



Consumer assistance organizations are staffed by navigators and assisters and provide free, in-person help to determine your eligibility for financial assistance or Medicaid and enroll if you qualify.

Connector assistance organizations are divided into regions:

Central Region: HealthCare Access Maryland - 877.223.5201

Southern Region: Connect Southern Region - 855.339.3007

Upper Eastern Shore Region: Seedco – 866.492.6057 or 410.996.4839

Lower Eastern Shore Region: Lower Shore Health Insurance Assistance Program – 855.445.5540

Western Region: The Door to HealthCare Western Maryland (A Program of Health Howard, Inc.) – 855.288.3667

Make a difference with advocacy here in Maryland!

The 2014 Maryland general election was on November 4, 2014 and determined our new Governor, Lt. Governor, Attorney General and all 188 members of the General Assembly. If you would like to learn who your new or returning representative is in the Maryland legislature, you can visit the Maryland General Assembly website at www.mgaleg.maryland.gov/ and click on the Capitol icon located on the upper left-hand corner.

The 2015 Maryland General Assembly will soon be upon us. Over 2,000 bills will work their way through the legislative process and the 2016 budget will be adopted. Legislators will work diligently to ensure they all get a fair hearing and vote. NAMI Maryland will remain vigilant in our advocacy efforts for access to timely and appropriate treatment, as well as increased funding in the 2016 budget for behavioral health services. We must all recognize the substantial and growing burden that is imposed on “default” systems that are too often responsible for serving children and adults with mental illness who lack access to treatment. These costs fall most heavily on the criminal justice and corrections systems, emergency rooms, schools, families and homeless shelters.



Keep in mind your legislators need to hear from you throughout the 2015 General Assembly session. Lawmakers **do** respond to contact from their constituents, and you are in the best position to raise their awareness about issues that affect the mental health community. The simple act of contacting an elected official with your support for an issue does make a difference!

Throughout the session we will send frequent requests asking you to contact your legislator for any number of the bills NAMI Maryland will support or oppose. If you have not already done so, please sign-up at www.namimd.org to receive these alerts.

Please be on the lookout for a Save-the-Date alert for our 2015 Advocacy Day!

Take Action!

Email advocacy@namimd.org to tell your story, ask to be added to action alerts, and learn the latest information on advocacy trainings.

THANK YOU

To all our sponsors who helped make the 2014 NAMI Maryland Annual Conference a huge success!

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Response System

Local NAMI Maryland Affiliates

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NAMI Carroll County
NAMI Cecil County
NAMI Frederick County
NAMI Harford County
NAMI Howard County
NAMI Metro Baltimore
(Baltimore City and Baltimore County)
NAMI Montgomery County
NAMI Prince George's County
NAMI Southern MD
(St. Mary's, Charles and Calvert Counties)
NAMI Washington County

Other emerging NAMI affiliates

Upper Shore
(Kent and Queen Anne Counties)
Lower Shore
(Worcester, Somerset and Wicomico Co.)
Mid Shore
(Dorchester, Talbot and Caroline Co.)

Make sure you get notices of NAMI Maryland's new educational webinars. The topics should be of interest to YOU!

Email your contact information to info@namimd.org and put "NAMI Maryland email list" in the subject line, and tell us how you heard about NAMI.

Donate to NAMI MD through your workplace giving campaign:

8568- The United Way
4186- The United Way of Central MD
80114- CFC of the Chesapeake Bay Area
4900- Combined Charity Campaign for Baltimore City
4900- MD Charity Campaign

Other Campaigns? Call our office.

Does your employer have a grant or matching gift program? Let us know!

CONNECTIONS is published by NAMI Maryland—National Alliance on Mental Illness of Maryland. Letters, articles, and responses are welcomed and encouraged.

NAMI Maryland reserves the right to edit all submitted materials.

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NAMI Maryland - The State's Voice on Mental Illness

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WORKPLACE GIVING CAMPAIGNS HAVE STARTED! REMEMBER NAMI MARYLAND!

Workplace giving is a simple way that employees can make tax-deductible donations through payroll contributions. Workplace giving is not only easy and efficient, it allows us to work together to benefit the community.

8568- The United Way
4186- The United Way of Central MD
80114- CFC of the Chesapeake Bay Area
4900- Combined Charity Campaign for Baltimore City
4900- MD Charity Campaign

Other Campaigns? Call our office.

Contribute to NAMI Maryland so that we can continue our mission to improve the quality of life for person diagnosed with mental illnesses and their families.

I want to make a difference by:

- Volunteering (Skills/Interests) _____
- Making a contribution (circle one) \$500 \$250 \$100 \$50 \$35
other \$ _____
- Making a monthly contribution (we will contact you with details)
- In memory of In honor of on the occasion of _____

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