NAMI Maryland’s **2016 Public Policy Priorities** outlined key objectives to support our goal of ensuring that individuals with mental illness are able to access timely, effective treatment and recovery services and that they and their families have the supports needed to lead full and productive lives in their community. During the 90-day session Maryland state lawmakers worked tirelessly to ensure that the unprecedented number of bills that were introduced (2,817 to be exact) had a fair hearing. More than 800 bills were passed by the House and Senate before they adjourned on the last and 90th day of the 2016 Legislative Session, also known as Sine Die.

NAMI Maryland worked in concert with the Behavioral Health Coalition to capitalize on the important accomplishments during the 2015 session with the launch of the Keep the Door Open campaign; accomplishments that furthered NAMI Maryland’s vision for a comprehensive behavioral health system centered around people living with mental illness that is inclusive, reaching underserved areas and neglected communities, focused on wellness and recovery and fully integrated into the broader health care system. We know the cost is too great to ignore the increasing demand for access to timely and effective behavioral health care. Financial costs include expensive treatment in emergency rooms, high rates of incarceration in jails and prisons, high rates of unemployment and lost productivity. Apart from the clear financial cost to our systems, there are also human costs: loss of hope, damage to families and relationships, and suicide.

The work of NAMI Maryland went beyond partnering with larger legislative coalitions to accomplish our legislative goals and advance our policy priorities. NAMI Maryland not only testified in favor of the increase in the Maryland Department of Health and Mental Hygiene (DHMH) Behavioral Health Administration (BHA) budget and later in favor of supplemental funding for community behavioral health providers, but advocated for the increases directly to committee leadership in the Senate Budget & Tax committee and the House Appropriations Committee. When news of an unexpected budget surplus was released, NAMI Maryland immediately submitted a proposal to fund NAMI Homefront. NAMI Homefront is a program for the families of Service Members and Veterans dealing with mental illness. NAMI Homefront focuses on the unique needs of military and veteran communities, such as post-deployment and post-discharge transitions. The course is designed to help family members understand and support their loved one while maintaining their own well-being.

Ultimately, we did not receive the requested funding, but laid the groundwork to make the case for state support for future NAMI programming. NAMI Maryland is also advancing as a trusted partner on state task forces, work groups, and other consensus building tools that ensure we are able to positively influence policy decisions, state regulations and legislation that affects our members. Finally, over the last year, NAMI
Maryland participated in the Justice Reinvestment Coordinating Council (JRCC), giving voice to individuals living with mental illness in the criminal justice system as the JRCC formulated policy recommendations to provide to the Maryland General Assembly. The recommendations took the form of the Justice Reinvestment Act, a sweeping 112-page bill to reform our criminal justice system. This session, NAMI Maryland successfully made the powerful case to include funding for community behavioral health and other programs in the bill.

While we were able to achieve success on several budget and policy priorities, more work remains. The modest increases to community behavioral health providers and health care facilities are welcome, but so infrequent that access to quality, affordable health care remains a top issue for those living with mental illness. Funding for behavioral health programs must also continue to steadily and regularly increase and the Keep the Door Open Act advanced very far this session, but ultimately fell short of full passage. Over the interim, NAMI Maryland will continue to work with our legislative coalition partners and state officials to advance our shared priories and be well-positioned for success during the 2017 Legislative Session.

Advocacy Day

On February 25, 2016, NAMI Maryland held our annual Advocacy Day in Annapolis. Almost 100 NAMI Maryland members and supporters from around Maryland traveled to Annapolis to meet with their elected officials. Every member of the General Assembly was hand-delivered a packet of information that outlined NAMI Maryland’s advocacy priorities for the 2016 legislative session:

1. Protect and expand access to timely and effective mental health treatment and services in the FY2017 Behavioral Health and Medicaid Budgets.
2. Reduce barriers that disrupt access to timely service and continuity-of-care for individuals with mental illness.
3. Ensure full implementation of the Affordable Care Act in Maryland. Uphold the anti-discrimination provisions, including mental health parity.
4. 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.

Once our legislative visits were complete, NAMI Maryland members and supporters joined 500+ advocates at a rally to stand up for the more than 1 million Marylanders who live with a mental illness or substance use disorder. At noon, State Senator Guy Guzzone (D-Howard County) and State Delegate Antonio Hayes (D-Baltimore City) kicked off the rally. Our message was simple and POWERFUL: We must keep the door open for those who need help! We can no longer ignore the critical need for a sustainable investment in timely and effective behavioral health treatment, prevention and recovery programs and services throughout Maryland. The rally was a huge success and earned media attention across the state. The bill was heard in the Senate that day and passed the full Senate less than a month later. The bill passed nearly unanimously out of the House, but unfortunately, the clock ran out on our effort to Keep the Door Open in Maryland for 2016, but the continued advocacy of NAMI members this year and next will help to ensure full passage of the bill in 2017.
NAMI Maryland strongly advocated for legislation and state budget that would require Maryland to build a sustainable system of behavioral health care that is available and accessible to individuals with mental illness and their families. Last year, meaningful steps were made to increase funding to support the state’s system of behavioral health care. We fought for the more than one million Marylanders who live with a mental illness or a substance use disorder and the nearly 180,000 Maryland children and adults who depend on the public behavioral health system. The Maryland Senate and House of Delegates passed a budget that set aside funding to restore community provider rates that were cut from the Governor’s Fiscal Year (FY) 2016 Budget. Governor Hogan released the entire amount. This was a huge win for NAMI Maryland and the Maryland Behavioral Health Coalition’s launch of the Keep the Door Open campaign!

NAMI expressed gratitude to the General Assembly and the Hogan Administration for their funding, but also spent time delivering this message: A single appropriation in the FY16 budget is not a long-term solution to provide a sustainable and comprehensive behavioral health system of care. The FY16 increase was only one of six appropriations made in the last 20 years for community mental health providers. There has only been one rate increase for community substance use disorder treatment providers in the same time-frame. Mental illness and substance use disorder treatment remain underfunded when compared to other important sectors of health care, despite a projected surplus of $550 million over the next two years.

**FY 2017 Budget**

This session, the legislature passed and completed the State’s FY17 budget of $17.1 billion before April 1, due in part to a surprising increase in state revenues, and adjourned with a projected $550 million surplus – a rare early agreement between both chambers and the Governor before Sine Die. The state funded budget grew 4.5%, and includes sizable cash balances of $365 million in the General Fund and $1 billion in the Rainy Day Fund. The budget is structurally balanced – ongoing revenues exceed ongoing spending by about $100 million.

Total funding for the FY17 Behavioral Health Administration (BHA) increased by $13.7 million (0.8 percent) over the FY 2016 appropriation. NAMI Maryland was pleased that Governor Hogan’s FY17 Budget included a 2 percent community mental health provider rate increase, adding $12.2 million to the overall Behavioral Health Administration (BHA) budget. This increase is significant – the majority of other health care providers in Maryland received either level funding or incremental increases between 0.5-1.5 percent.

There are several other noteworthy appropriations included in Governor Hogan’s Budget and two of his three supplemental budgets:

- In addition to the $341.9 million dedicated to existing substance use disorder and addiction programs, $4.8 million in new funding will be used to implement recommendations set forth by Maryland’s Opioid and Heroin Emergency Task Force. These new funds will be used to enhance quality of care, expand access to treatment and support services, boost overdose prevention efforts, and strengthen law enforcement options.
- $18 million to provide prescription drug assistance to about 28,700 income-eligible Medicare Part D recipients.
- The second supplemental budget included a 2 percent rate increase ($2.3 million) for community substance use disorder providers. The rate increase mirrored the rate increase granted to community mental health providers in the budget bill.
• The third supplemental budget included $3 million to provide additional funding for placements at Institutions for Mental Disease (IMD). An IMD is a facility with more than 16 beds, primarily engaged in providing diagnosis, treatment, or care of persons with mental disease and chemical dependency disorders.

• The supplemental budget also included $3 million to fund residential placements for substance use treatment. These placements, referred to as 8-507 beds, are used for individuals ordered by a court to complete a substance use treatment program.

In Maryland, only the Governor can add to the state budget. The legislature is restricted to reducing funding or moving money around (“fencing off”) to fund priorities that may differ from the Governor’s budget. The legislature fenced off $880,000 to increase psychiatrist evaluation and management rates to 96 percent of Medicare, as well as $1.8 million for early intervention and prevention services and almost $1.7 million for navigation or case management services. Finally, the legislature restricted $1.1 million from certain recommendations of the Governor’s Heroin and Opioid Task Force to be used only for the expansion of current substance use disorder treatment. The Governor cannot veto the final budget passed by the General Assembly, but he may fund and appropriate the fenced off money at his discretion. If he does not appropriate the funding, he may not make use of it for other purposes and it reverts back to the General Fund. NAMI Maryland will spend the interim lobbying the Hogan Administration and officials at DHMH to release these funds critical to our community.

In addition to restricting the use of funds, the legislature also can include budget language that requires an agency to submit a report on an issue or topic they would like more information about. The General Assembly included budget language requiring several agencies to submit reports, including:

• A report from BHA on security recommendations for State psychiatric facilities, by July 1, 2016.
• A report from the Department of Juvenile Services (DJS) on shackling and strip search policies by July 15, 2016. The report is due 45 days prior to the release of funds.
• A report from DHMH on affordable housing for individuals with severe mental illness, by November 1, 2016.
• A report from DHMH on alternatives to residential treatment under Section 8-507 of the Health – General Article, by December 1, 2016.
• A report from DHMH on the impact of federal Managed Care Organization (MCO) regulatory changes on HealthChoice, by December 1, 2016.
• A report from DHMH on the collaborative care initiative for MCOs, by December 15, 2016.
• A report from the Health Services Cost Review Commission (HSCRC) on the status of hospital partnerships with community behavioral health providers, by December 1, 2016.

Although these reports may seem dry or duplicative of what we already know, they create important consensus and guidelines for legislators introducing bills in the 2017 legislative session. They also tell us that the focus on mental illness and substance abuse in Maryland is growing – which means our support and collaboration on these state reports will lead to future polices and funding to benefit the behavioral health community at large.
NAMI Maryland Priority

Reduce Barriers that Disrupt Access to Timely Services and Continuity-of-care for Individuals with Mental Illness

Research has shown that timely treatment produces better outcomes and quicker recovery for individuals with mental illness. Delays in treatment can increase the severity of the mental illness and consequently the intensity and cost of the services being provide. Timely treatment can also prevent suicides, violence, homelessness, and incarceration. The importance of the continuity-of-care for individuals with mental illness is essential to keep them stable and living well in the community. NAMI Maryland supports efforts that reduce barriers for caregivers and service providers working collaboratively with individuals with mental illness. Families need to know that if their loved one is in a psychiatric crisis that there is a comprehensive crisis system in their community that can provide walk-in and mobile capacity.

SB 551 (Pugh)/HB 682 (Rosenberg) - Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan (WIN):

This legislation required DHMH, in consultation with local Core Service Agencies (CSAs) and community behavioral health providers, to develop a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available statewide and operating 24 hours a day and 7 days a week. The legislation outlines requirements for the strategic plan and the strategic plan must be submitted to the Governor and the General Assembly by December 1, 2016.

The policy analysis for the legislation, included BHAs admission and full acknowledgment that, “crisis services in each jurisdiction vary considerably, and none of the jurisdictions offer the entire continuum of services. Crisis services in most jurisdictions are not available 24 hours a day and 7 days a week.” This is unacceptable, since Maryland established a Behavioral Health Crisis Response System (BHCRS) in 2002. Yet, 14 years later, the state has failed to implement the program statewide while the need for crisis services increases. There are only 3 counties that have the capacity to offer walk-in services (Frederick, Howard, and Montgomery) and only 3 counties provide crisis services, including mobile crisis teams, 24 hours a day and seven days a week (Anne Arundel, Montgomery, and Prince George’s). Further, a geographic imbalance of state support and funding - particularly in Southern Maryland, the Mid and Lower Shore and Western Maryland, still persists.

Without a clear path for BHA to establish a fully operational BHCRS, high utilization of costly treatment in emergency rooms, high rates of incarceration in jails and prisons and lost productivity will continue. A strategic plan, including a timetable, will go a long way to help create a system that is able to address the behavioral health needs that Marylanders deserve.

The final bill passed directs the Maryland Behavioral Health Advisory Council (MBHAC) in consultation with local CSAs, community behavioral health providers and other stakeholders to develop the strategic plan outlined in the bill by December 31, 2017. NAMI Maryland Executive Director, Kate Farinholt, is one of the appointed members of the MBHAC.
SB 497 (Guzzone)/HB 595 (Hayes), Keep the Door Open Act:
As introduced, this legislation would have required the Department of Health and Mental Hygiene (DHMH) to index provider reimbursement rates to medical inflations, beginning in FY2018 and for every each fiscal year thereafter. The Keep the Door Open Act would represent an increased investment to sustain a motivated and skilled workforce to properly serve those with mental health and substance use disorders.

Community behavioral health providers are tasked with administering traditional outpatient services, mobile treatment, crisis services, withdrawal management, rehabilitation, residential treatment, partial hospitalization programs and housing. Since 2008, there has been a 65% increase in the demand for the use of public behavioral health care services in the community. Across the state children and adults face long waits to access these critical behavioral health services and programs, if the services and programs are even available. Further, the availability of services is particularly an issue in rural and medically under-served regions of the state. As we all know, individuals living with mental illness do not have the luxury of waiting 4 to 6 months to receive treatment. In fact, long waits for treatment tend to increase the severity of a mental illness and consequently the intensity and cost of the services being provided. Retaining and recruiting community behavioral health care providers is vital, in order to meet the increasing demand of individuals in need of behavioral health services.

For decades, addressing inadequate and unpredictable provider rate increases has not been an urgent priority for Maryland decision makers and elected officials. While the Governor’s inclusion of a 2% provider rate increase in FY17 will have a positive impact on the ability of community providers to deliver programs and services, it is not a long-term solution to meet the growing demand of Marylanders need access to services available through the public behavioral health system. Therefore, NAMI Maryland joined our coalition partners to champion the Keep the Door Open Act through the legislature. SB 497 passed the Senate in March and HB 595 passed the House on the last day of session. Both bills passed their respective chambers in slightly different positions. Due to the differences in the bills, time ran out on Sine Die before a final agreement could be reached, and the bills fell just shy of full and final passage.

It was extremely disappointing the General Assembly was not able to pass the Keep the Door Open Act. It is unacceptable to continue to ask providers to do more with less. It is unacceptable to allow an individual in need of behavioral health care services to struggle, let their condition worsen or allow the individual to become a danger to themselves or others. It is unacceptable that families have to worry that their loved one may cycle into crisis, require expensive inpatient services, be discharged, and cycle down into yet another crisis. Throughout the interim we will continue to call on local and state-wide elected officials and decision makers, including Congress, to stop deferring action and safeguard our community provider network from another decade of arbitrary rate increases. Doing so will benefit the health and safety of all Marylanders.
NAMI Maryland Priority

Ensure full implementation of the Affordable Care Act in Maryland. Uphold the anti-discrimination provisions, including mental health parity.

Historically, individuals with mental illness have experienced many barriers to treatment: lack of access to quality, affordable insurance, settling for costly private health insurance, that is hard to obtain, keep, and typically limited in mental health benefits. With the passage of the Affordable Care Act (ACA) and the establishment of the Maryland Health Benefit Exchange, Maryland Health Connection, over 460,000 Marylanders have acquired insurance since 2013, without limitations such as exclusion of coverage for previously existing conditions.¹

Undue restrictions on access to treatment, such as high out-of-pocket costs and inadequate networks of specialty care providers, penalize people with chronic conditions and violate the anti-discrimination provisions of the Affordable Care Act. Two notable reports were released during the 2015 General Assembly session that supported NAMI Maryland and our coalition partners’ concerns, A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use, published by our national organization, NAMI, and Access to Psychiatrists in 2014 Qualified Health Plans A Study of Network Accuracy and Adequacy Performed from June 2014- November 2014, published by the Mental Health Association of Maryland. Both reports revealed alarming evidence that the country, including Maryland, still has a long way to go to ensure individuals with mental illnesses are able to afford and access timely and effective treatment. Yet, a year later these issues have not been resolved and we continue to hear from members about the issues with their network’s access standards and network directories. NAMI Maryland’s work this session included support of several bills addressing network access standards and improved network directories.

SB 929 (Klausmeier)/HB 1318 (Kelly) - Health Benefit Plans - Network Access Standards and Provider Network Directories (WIN):
This legislation was comprehensive and supported by a variety of stakeholders, including the Maryland Insurance Administration (MIA) and Maryland’s Insurance Carriers. The law requires Maryland’s Insurance Commissioner to adopt regulations and directs insurance carriers to comply with the law beginning in June, 2016, with full compliancy by January 1, 2018. The bill retained provisions that require insurance companies provide greater transparency about the plans they offer their consumers and that they meet specific requirements for accurate and adequate network provider directories. The bill also includes mechanisms to hold insurance carriers accountable to network adequacy standards.

The final bill passed the Senate and House of Delegates and was signed into law by Governor Hogan on April 26, 2016. Maryland is one of the first states in the country to adopt the National Association of Insurance Commissioners Draft Model Act on Network Adequacy.

**NAMI Maryland Priority**

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

NAMI Maryland members include countless families and friends of individuals living with serious mental illness that have been incarcerated or otherwise involved with the criminal justice system. We have worked for years to improve training and procedures for law enforcement’s response to individuals with mental illnesses, including efforts to improve mental health services in the community and to increase diversion from the criminal justice system to the mental health system, where appropriate. Once an individual with a mental illness is stabilized and linked to services and programs, or are able to resume their treatment in the community after incarceration, it is essential they are able to access in-person, timely and effective treatment from a well-qualified provider.

Unfortunately, there has not been a real investment in the Behavioral Health Administration’s ability to grow or sustain the programs and services they provide to individuals with mental illness. In fact, we have seen a decrease in state inpatient psychiatric beds and no significant increase in funds to effectively treat and provide services in the community. The result is years of cycling through prisons and jails, shelters, and emergency rooms, which is costly for communities, a burden on law enforcement and corrections, and tragic for individuals with mental illness. Most people leave the system worse off and with fewer options for getting needed treatment and services. The cumulative effect has been a substantial cost and growing burden on “default” systems; especially the criminal justice system. The training provided to criminal justice personnel (law enforcement, corrections, and parole and probation) in local jurisdictions, as well as the critical response protocols and crucial partnerships with local behavioral health care providers, are uneven at best, or are totally absent in many areas of the state.

Over the last ten to fifteen years, Maryland has achieved large declines in both its violent and property crime rates, but only modest reductions in the state prison population. Maryland still incarcerates more than 20,000 offenders, costing Maryland taxpayers $1.3 billion in corrections spending in FY2014. Meanwhile, critical recidivism reduction investments like specialty courts, drug treatment, behavioral/mental health programming and treatment, and reentry programs have gone underfunded. Seeking to maximize the public safety returns on Maryland’s corrections spending, the 2015 General Assembly passed, and Governor Hogan signed into law, SB602 establishing the bipartisan, Justice Reinvestment Coordinating Council (JRCC) in the Governor’s Office of Crime Control and Prevention (GOCCP). The JRCC was tasked with reviewing sentencing and corrections policies in order to offer recommendations to safely reduce the number of incarcerated individuals in Maryland, reduce state spending on corrections and to determine how any savings realized in these efforts should be reinvested to increase public safety and reduce recidivism.

NAMI Maryland attended the first JRCC meeting in June 2015 to provide policy advice and ensure the JRCC’s final report included critical recommendations to address the number of unnecessary arrests and costly incarceration of individuals with mental illness, as well as increase linkages to effective mental health services in the community and correctional settings. Although the membership on the JRCC was bi-partisan, partisan differences were evident with some pushing for more progressive reforms, including reduction and outright elimination of mandatory sentencing guidelines for non-violent offenders, particularly, non-violent drug offenders. The JRCC released their final recommendations on December 17, 2015.

Many of the final recommendations were included in a sweeping criminal justice reform package introduced during the 2016 General Assembly session. The Justice Reinvestment Act (JRI), SB 1005/HB 1312, was sponsored by the Senate President and Speaker of the House of Delegates on behalf of the JRCC.
Throughout the 2016 session, NAMI Maryland played a key role to ensure that this landmark legislation included important provisions to reduce the instances of those with mental illness cycling in and out of the criminal justice system, instead of accessing the treatment they need. NAMI Maryland helped to push the massive bill over the finish line by providing compelling written and verbal testimony, as well as advancing several amendments to the legislation.

To accomplish this, NAMI Maryland met repeatedly with key stakeholders in the House and Senate leadership, including the House Health and Government Operations Committee Chair, Pete Hammen, the Chairs of the Conference Committee, Delegate Kathleen Dumais and Chairman Bobby Zirkin, and with individual members of the committees of jurisdiction (House Judiciary Committee, Health and Government Operations Committee and Senate Judicial Proceedings Committee), to ensure the bill retained recommendations intended to reduce the number of individuals with mental health and substance use disorders from unnecessarily cycling in and out of the criminal justice system, including:

- Providing intensive case management to guide an inmate’s rehabilitation while incarcerated or while on parole, probation or mandatory supervision.
- Requiring that all parole and probation agents and supervisors, commission members and hearing officers undergo annual trainings on how to better respond to individuals experiencing a mental health crisis, such as de-escalation skills.
- Requiring DHMH, when ordered by the court, to (1) conduct an assessment regarding whether, by reason of drug or alcohol abuse, a defendant is in need of and may benefit from treatment, (2) provide the name of a program immediately able to provide the recommended treatment to the defendant and (3) facilitate the treatment, without unnecessary delay, and in no event later than 21 days from the order, or the court may direct DHMH to appear and explain the reason for the delayed placement.
- Establishing the intent of the General Assembly that the Governor provide funding annually in the budget bill for (1) DHMH to expand the use of drug treatment under § 8-507 of the Health-General Article, (2) DHMH and Department of Public Safety and Correctional Services (DPSCS) to establish a process to expand the enrollment of incarcerated individuals in Medicaid upon release and (3) the Department of Corrections (DOC) and the Department of Parole and Probation (DPP) to expand

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**The Stepping Up Initiative**

A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

Across the nation, many counties are investing huge sums of money to house people with mental illness in jails, with little return for the community in terms of public safety or treatment for people who need it most. Stepping Up, a national initiative provides an opportunity for counties in our state to obtain support in addressing this problem. **The initiative has the support of a powerful coalition of national organizations, including NAMI, and challenges counties and local communities to work together on solutions that fit the local community.** The goal is to help counties use money wisely, make mental health services available to those who need them most and implement programs that keep low-level offenders with mental illness out of jails.

**NAMI Maryland and NAMI affiliates across the state have a successful track record of partnering with local law enforcement and local leaders to achieve positive change in the community. NAMI Maryland calls upon you to encourage and support YOUR County to join the Stepping Up Initiative. Calvert, Harford, Montgomery and Prince George’s Counties have all passed resolutions to convene teams of decision makers and diverse stakeholders to develop an action plan to reduce the number of individuals with mental illness in their local jails. NAMI has provided guidance on what YOU can do lead the initiative in your county or community.**
treatment and programming for substance abuse treatment, mental health treatment, cognitive-
behavioral programming, and other evidence-based interventions for offenders.

- Creating a Certificate of Rehabilitation for an individual who has met the requirements for such a certificate. Further, a licensing board may not deny an occupational license or certificate to an applicant who has been issued a certificate of rehabilitation, solely because the applicant has previously been incarcerated for the crime that is the subject of the certificate of rehabilitation, unless the licensing board makes a specified determination.

The bill also created the Performance Incentive County Grant Fund in the Governor’s Office of Crime Control and Prevention (GOCCP) to make use of the savings from the implementation of the recommendations of JRCC. The bill awards grants to counties for recidivism reduction and reentry programs and ensures that the rights of crime victims are protected and enhanced. Despite the initial recommendations of the JRCC, the bill as introduced did not provide funds for community mental health and substance use disorder programs. NAMI Maryland testified and pushed for an amendment to include these critical programs in the grant funding. The amendment was included as part of the final conference committee report and passed into law.

Finally, an advisory board to the Justice Reinvestment Oversight Board will be appointed by GOCCP to include stakeholders that will assist in the analysis of the implementation of justice reinvestment initiatives. NAMI Maryland requested an amendment that an individual with expertise in behavioral health and criminal justice be appointed to the advisory board. The amendment was included in the final bill.

NAMI Maryland would like to thank the ACLU of Maryland and the Job Opportunities Task Force for unifying advocacy efforts in order to deliver meaningful, comprehensive criminal justice reform in Maryland. The reforms in the bill will save the criminal justice system $65 million by 2022, drive public safety costs down, while concurrently addressing some of the injustices in sentencing policy today. We would also like to acknowledge the members of the Maryland Justice Reinvestment Coordinating Council (JRCC), a large group from varying backgrounds, who were able to analyze data, research evidence-based strategies and look at other states that have implemented successful reforms in their criminal justice system.

Ultimately, Maryland must continue to transform the behavioral health system and integrate care across all systems to minimize the probability an individual will become involved with the criminal justice system in the first place. NAMI Maryland and others must work with state officials to adopt and implement solutions to divert individuals with mental illness from the criminal justice system. Maryland should not rest solely on law enforcement, courts, corrections or parole and probation to address the needs of a vulnerable population of individuals. Unless the system is changed, Maryland will not be able to meet the growing number of Marylanders who need access to timely and effective treatment, thus ensuring public safety continues to shoulder the responsibility. The passage of the JRI is an important step in the right direction, and NAMI is proud to have been the voice for mental illness on the 2015-2016 JRCC workgroup, and proud to have positively influenced this landmark legislation.
NAMI Maryland Supported Initiatives

SB 858 (Kelley)/HB 579 (Rosenberg) - Wraparound Services for Children and Youth (WIN):
For over a decade, Maryland has provided wraparound services for children and youth with intensive mental health needs, through dedicated grant funds in the Children’s Cabinet Interagency Fund (CCIF), under the Governor’s Office for Children (GOC), regardless of a family’s insurance or income status. Wraparound services are an important option for many families who are unable to afford out-of-home placements. Unfortunately, the services provided under this program were terminated unexpectedly in 2015.

SB858/HB579 would have required the Governor to include an appropriation in the State budget, beginning in FY18 and each fiscal year thereafter, to provide wraparound services for 300 children or youth with intensive mental health needs who (1) are not eligible for wraparound services under a 1915(i) Medicaid State Plan Amendment and (2) without wraparound services are at risk of having to leave an in-home placement for an out-of-home placement or return to the community from an out-of-home placement without receiving intensive community-based supports.

Advocacy efforts led by the Maryland Coalition of Families, including NAMI Maryland and other stakeholders, resulted in the bill sponsors agreeing to withdraw their legislation when the Department of Health and Mental Hygiene (DHMH) agreed to continue to make these funds available to Maryland families, regardless of income or insurance status.

SB 946 (Gladden and Hough)/HB 1180 (Carter) - Correctional Services - Restrictive Housing (WIN):
A significant percentage of individuals incarcerated in correctional facilities suffer from pre-existing serious mental illnesses, such as schizophrenia, bipolar disorder, major depression, and other serious psychiatric disorders. The reasons for the excessive placement of persons with mental illness in restrictive housing are multiple, including for purposes of discipline, protection from other inmates, or because their psychiatric symptoms are so severe that they are unable to function in the general prison setting. These placements are often highly inappropriate and cause extreme suffering and often long-term damage.

The negative effects of restricted housing on inmates with mental illness can include the worsening of psychiatric symptoms such as paranoia, extreme anxiety and depression, increased suicides and suicide attempts, sleep disturbances, hallucinations, and self-mutilation. Long-term placement in restrictive housing inevitably has an adverse impact on an individual’s capacity to successfully re-enter society. This is an important factor since many individuals with serious mental illness who are in restrictive housing may have been convicted of a relatively minor crime and will be released back into the community.

Similar legislation has been a NAMI Maryland priority in past years. This session, we again supported legislation that requires DPSCS to collect and submit information about inmates in “restrictive housing,” commonly referred to as “segregated confinement,” to GOCPP and make the annual report available on the DPSCS website. The legislation defines “restrictive housing” as a form of physical separation in which the inmate is placed in a locked room or cell for approximately 22 hours or more out of a 24-hour period. “Restrictive housing” includes administrative segregation and disciplinary segregation.

The bill requires the collection of important data, including:
- the number of inmates who have been placed in restrictive housing by age, race, gender, the classification of housing, the basis for the inmate’s placement in restrictive housing;
- the average and median lengths of stay in restrictive housing of the inmates placed in restrictive housing during the preceding year;
• the number of incidents of death, self-harm, and attempts at self-harm by inmates in restrictive housing; and
• the number of inmates released from restrictive housing directly into the community

The bill also requires correctional facilities to provide DPSCS with the definition of “serious mental illness” and the number of inmates with serious mental illness who were placed in restrictive housing during the preceding year.

In past years, legislation that requires DPSCS to collect and provide even minimal information has failed to pass out of their respective committees. However, we are extremely proud to report that these bills garnered bi-partisan support this session. SB946/HB1180, were not only voted out of their committees, but passed both the Senate and House chambers. The bill was signed into law by Governor Hogan on May 19, 2016.

This is a big step for Maryland and we are pleased with the increased focus on transparency, as the data must be made available to the public on the GOCCP’s website. The collection of this data will help Maryland determine where meaningful reforms are needed to establish alternatives to the use of restrictive housing. The current use of restrictive housing is expensive and does nothing to improve the likelihood that an inmate with a mental illness will be a productive, tax-paying citizen when they re-enter their community. The reduction or elimination of restrictive housing will help to improve mental health treatment provided in prisons and jails, reduce spending and improve safety.

SB 899 (Klausmeier)/HB 1217 (Sample-Hughes) - Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services – Parity (WIN):

With the passage of the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and the passage of the Affordable Care Act (ACA), Maryland has the potential to deliver better comprehensive mental health and substance use disorder treatment to Marylanders. Furthermore, Maryland has spent the last several years working to transform the service delivery system through the implementation of a behavioral health carve out that combines treatment for specialty mental illness and substance use disorders under the management of a single, performance-based Administrative Services Organization (ASO). More people are getting access to mental health and substance use disorder treatment in Maryland, but we must ensure that the anti-discrimination provisions of the MHPAEA and the ACA are upheld in Maryland, including the beneficiaries of Medicaid.

SB899/HB1217 requires DHMH, by June 30, 2017, to adopt regulations necessary to ensure that Medicaid is in compliance with the MHPAEA and the ACA. DHMH must include standards regarding treatment limitations for specialty mental health and substance use disorder services that comply with MHPAEA and ACA, including:

• the scope of benefits for telehealth and residential treatment programs (excluding Institutions for Mental Disease);
• service notification and authorization requirements to ensure recipients have a clear understanding of any limitation; and
• any billing constraints and reimbursement rates.

The legislation overwhelmingly passed both chambers. Over the interim, NAMI Maryland will work with DHMH and our coalition partners to ensure the promulgation and implementation of the regulations truly achieve the intent of the MHPAEA; equity and non-discrimination in coverage of mental health and substance use disorders in health insurance. Achieving true equity in accessing mental health and substance use disorder care requires vigilant attention by advocates and public agencies responsible for enforcement.
We know that treatment works and recovery is possible. Sharing our stories is the perfect way to deliver this concept to elected officials when asking for their support of policies that will increase access to timely and effective mental health treatment, prevention and recovery services throughout Maryland.

Have you ever thought of yourself as an advocate? Do you want to make a positive change in mental health services? Advocacy is simple; you don’t have to know about policies or politics. It is about using your voice to influence policy makers and make a difference. Turn you passion and your lived experience into a positive voice for mental health with the NAMI Smarts for Advocacy training. NAMI Smarts for Advocacy is designed to enhance your advocacy skills and help you shape a powerful and personal story that will move policy makers. The NAMI Smarts for Advocacy gives you step-by-step tools and the hands-on practice you need to feel clear, confident and ready to make a difference. Participants learn, through three user-friendly 90-minute modules to:

- **Tell Your Story**—participants learn how to deliver a compelling, one to two minute version of their personal story
- **Contact Your Policymaker**—participants learn how to write attention-getting emails and make phone calls that leave a positive impression
- **Meet Your Policymaker**—participants learn how to orchestrate successful meetings with public officials

To begin 2016, NAMI Maryland kicked the New Year off by hosting a Smarts for Advocacy teacher training. The Smarts for Advocacy teacher training is designed to equip NAMI members from local affiliates across the state to bring NAMI Smarts for Advocacy to their local area. After an extremely successful training, NAMI Maryland certified eleven, NAMI Smart for Advocacy teachers (see picture below) from NAMI Howard County, NAMI Metropolitan Baltimore and NAMI Montgomery County.

Each affiliate was able to hold a Smarts for Advocacy course for their members before NAMI Maryland’s Advocacy Day on February 25, 2016 in Annapolis, Maryland. The course prepared attendees to share their story while discussing our top four legislative priorities. Kate Farinholt, NAMI Maryland Executive Director, said of the training, “We know that compelling stories can put a face on mental illness in our community. In sharing our personal experiences, we can educate Maryland’s elected officials and others about the impact public policy decisions have on individuals with mental illness and their families.” NAMI Smarts for Advocacy trainings and classes are offered free of charge!
Hello, I’m Rebecca Mark from Baltimore City. As a citizen living successfully with a mental illness, I’d like to share my story with you and ask for your support of SB 551 which would increase access to crisis response services in Maryland.

During my sophomore year in college, I experienced a mental health crisis and was in need of a safe intervention. My friends called the police hoping they would provide me with the help I needed. Although I knew my rights, and the importance of respectful interaction with the police, I was in a position where I was unable to effectively communicate and express my need for assistance. A crisis response team, which often includes officers who are trained to respond to mental health emergency calls, was not deployed. The miscommunication that ensued led to a violent encounter that was preventable. I was outnumbered, unheard, afraid and alone in a way I hope to never feel again; in a way that no one person should ever feel. Instead of receiving the crisis treatment I needed, I was sent to the emergency room, criminally charged for the encounter and ultimately received a two-year probation period before judgement.

Thanks to the tremendous network of support I received from therapists, professors and family, I began to recover from my experience. My experience led me to embark on a 2-year study that explored direct encounters that young adults with behavioral health concerns have between first responders. My findings supported that having a 24-hour crisis response system in place that includes a mobile crisis teams are considered best practice for situations like mine and could have been very beneficial to me. Had a licensed mental health professional responded to my crisis, I may have avoided involvement with the criminal justice. I was able to continue to excel at school, remain healthy and grow as an artist. My probation ended the day before I graduated with honors from Goucher College.

My lived experience has motivated me to pursue a career in Behavioral Health Advocacy. I have volunteered with a number of Baltimore-based community organizations that work to challenge stigma and promote rights and recovery for individuals with mental illness. I am committed to ensuring that people in similar situations have access to the right care when they need it, including access to 24/7 crisis services.

I consider myself privileged to come out of my crisis alive, and without criminal charges that could have followed me for the rest of my life. If mobile crisis services were available across the state 24 hours a day and seven days a week, Marylanders like me could receive interventions that reduce preventable behavioral health crises, or stabilize a crisis at the lowest appropriate level of care. Such services would ease the strain on ERs and the criminal justice system, as well as stopping preventable injuries and trauma that can occur when untrained, first-responders encounter an individual experiencing a behavioral health crisis.

I now understand the lack of control I have when experiencing a severe mental health crisis. However, outside of such moments, I have made the choice to take pro-active and protective measures, such as having an emergency plan. I have educated myself about the crisis response networks in the area- and I keep the number for Baltimore Crisis Response Incorporated with me to access, should I ever need it. I’ve also communicated to my friends and family that if there is another time when I lose control, this is the care you should seek. It's the same as asthmatics keeping inhalers, or people with diabetes that wear a wristband with their medical info on it. The importance of these services cannot be stated enough.

I am one of the 1 million Marylanders living with a behavioral health concern. Access to effective crisis services and mobile crisis treatment teams in every county can ensure that a civilian will get the right care at the right time, but also the compassion and respect they deserve. Thank you for listening to my story. With that, I urge a favorable report on Senate Bill 551.

The Power of NAMI's Smarts for Advocacy Program

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<tr>
<td>SB334</td>
<td>Senator Nathan-Pulliam</td>
<td>HB423</td>
<td>Maryland Commission on Health in All Policies Establishes a Commission to examine, develop, and implement laws and policies that improve health outcomes and reduce health inequities and costs to society by positively impacting the factors that affect public health.</td>
<td>FINANCE</td>
<td>UNFAVORABLE REPORT</td>
<td>SUPPORT WITH AMENDMENT</td>
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<td>SB334</td>
<td>Senator Kelley</td>
<td>HB364</td>
<td>Health Insurance - Access to Accurate Provider Directories Requires insurance carriers to keep updates, accurate, and searchable provider directories, including performing audits and providing a mechanism for providers and members to update information and note inaccuracies.</td>
<td>FINANCE</td>
<td>UNFAVORABLE REPORT</td>
<td>SUPPORT WITH AMENDMENT</td>
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<tr>
<td>SB336</td>
<td>Senator Kelley</td>
<td>HB1277</td>
<td>Hospitals - Designation of Lay Caregivers Provides hospital patients an opportunity to designate a lay caregiver prior to discharge for purposes of aftercare planning.</td>
<td>FINANCE</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT OCTOBER 1, 2016</td>
<td>SUPPORT</td>
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<td>SB334</td>
<td>Senator Feldman</td>
<td>HB364</td>
<td>Petitions For Emergency Evaluation - Minors - Sealing of Court Records Provides for an adult to seal court records related to a petition for an emergency mental health evaluation that occurred when they were a minor.</td>
<td>FINANCE JUDICIAL PROCEEDINGS</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JUNE 1, 2016</td>
<td>SUPPORT</td>
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<tr>
<td>SB335</td>
<td>Senator Feldman</td>
<td>HB431</td>
<td>Maryland Achieving a Better Life Experience (ABLE) Program Establishes ABLE Program in Maryland, which allows people with disabilities to save money with sacrificing eligibility for benefits.</td>
<td>BUDGET AND TAXATION</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JULY 1, 2016</td>
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<td>SB421</td>
<td>Senator Ramirez</td>
<td>HB636</td>
<td>Special Education - Translations of Individualized Education Programs or Individual Family Service Plans - Native Language Provides for parents of a child with a disability to receive IEP or IFSP plans in their native language. Introduced in 2015 as SB314</td>
<td>EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JULY 1, 2016</td>
<td>SUPPORT</td>
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<tr>
<td>SB494</td>
<td>Senator Nathan-Pulliam</td>
<td>HB713</td>
<td>State Department of Education - Community - Partnered School Behavioral Health Services Programs - Reporting System and Report (School Behavioral Health Systems) Requires the development of a standardized reporting mechanism and outcomes measures to demonstrate the effectiveness of community-partnered school behavioral health programs.</td>
<td>EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JULY 1, 2016</td>
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<td>SB497</td>
<td>Senator Guzman</td>
<td>HB959</td>
<td>Behavioral Health Community Providers - Keep The Door Open Act Increases behavioral health provider reimbursement rate to medical inflation.</td>
<td>FINANCE BUDGET AND TAXATION</td>
<td>BILL PASSED SENATE AND HOUSE, NO FINAL ACTION WAS TAKEN</td>
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<tr>
<td>SB531</td>
<td>Senator Pugh</td>
<td>HB952</td>
<td>Department of Health and Mental Hygiene - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plans Requires development plans to ensure that behavioral health crisis walk-in services, and mobile crisis teams, are available 24/7 statewide.</td>
<td>FINANCE</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JUNE 1, 2016</td>
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<tr>
<td>SB569</td>
<td>Senator Gladden</td>
<td>HB1509</td>
<td>Methadone Treatment Facilities - Location - Limitations Prohibits methadone treatment facilities from being established within a certain distance of schools or child care centers.</td>
<td>FINANCE</td>
<td>UNFAVORABLE REPORT</td>
<td>OPPOSE</td>
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<td>SB566</td>
<td>Senator King</td>
<td>HB1509</td>
<td>Department of Health and Mental Hygiene - Regional Institutes for Children and Adolescents - Report Before Closure Requires DHMH to submit a report to the legislature before closing a RICA documenting the reasons for the closure and other information.</td>
<td>FINANCE</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT JULY 1, 2016</td>
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<tr>
<td>SB768</td>
<td>Senator Peters</td>
<td>HB742</td>
<td>Justice Reinvestment Oversight Board Establishes a body charged with overseeing implementation of recommendations from the Justice Reinvestment Coordinating Council, and creates a special fund to make use of the savings gleaned from those recommendations.</td>
<td>BUDGET AND TAXATION JUDICIAL PROCEEDINGS</td>
<td>UNFAVORABLE REPORT</td>
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<td>SB878</td>
<td>Senator Kelley</td>
<td>HB870</td>
<td>Mental Health - Wraparound Services for Children and Youth Provides for the provision of community-based wraparound services for up to 300 children and youth with intensive mental health needs. Bill withdrawn after receiving written assurance that DHMH will continue to make Wraparound services available to youth with intensive needs</td>
<td>FINANCE</td>
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<tr>
<td>SB877</td>
<td>Senator Middleton</td>
<td>HB1159</td>
<td>Health Insurance - Consumer Health Claim Filing Fairness Act Requires that insurance companies allow members up to one year to submit claim for services.</td>
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<td>SB899</td>
<td>Senator Klausmeier</td>
<td>HB1217</td>
<td>Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services - Parity Requires DHMH to adopt regulations that ensure Medicaid is in compliance with the federal parity law.</td>
<td>FINANCE</td>
<td>BILL PASSED SENATE &amp; HOUSE, SHALL TAKE EFFECT OCTOBER 1, 2016</td>
<td>SUPPORT</td>
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</table>
SB029 Senator Klausmeier  HB1318 Health Benefit Plans - Network Access Standards and Provider Network Directories Requires the Maryland Insurance Administration to adopt regulations that ensure adequate provider networks, and requires that insurers maintain audited and accurate provider directories and provide notices of consumer rights.

FINANCE BILL PASSED SENATE & HOUSE, SHALL TAKE EFFECT JUNE 1, 2016 SUPPORT

SB031 Senator Zucker  HB280 Birth Certificates - Homeless Individuals - Prohibition on Collection of Fee Prohibits the collection of a fee for a birth certificated issued to a homeless individual.

FINANCE BILL PASSED SENATE & HOUSE, SHALL TAKE EFFECT OCTOBER 1, 2016 SUPPORT

SB050 Senator Conway  HB778 Education - Students With Disabilities - Parental Consent for Individualized Education Program Content Requires IEP teams to obtain written parental consent before implementing certain proposals related to a student's IEP.

EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS UNFAVORABLE REPORT SUPPORT

SB095 Justice Reinvestment Coordinating Council & The President  HB1312 Justice Reinvestment Act Omnibus legislation to enact the criminal justice reforms recommended by the Justice Reinvestment Coordinating Council.

JUDICIAL PROCEEDINGS BILL PASSED SENATE & HOUSE, SHALL TAKE EFFECT OCTOBER 1, 2016 SUPPORT WITH AMENDMENT

SB106 Senator Conway  HB1416 Public Health - Opioid Maintenance Programs - Licensing Requires an assessment be completed before licensing an opioid maintenance program that identifies various crime statistics and population demographics in the catchment area of the proposed program.

FINANCE UNFAVORABLE REPORT OPPOSE

SB144 Senator Guzman  HB1618 Cigarette Restitution Fund - Establishment of Behavioral Health Treatment Account and Funding for Substance Use Treatment Services Provides for the establishment of the Cigarette Restitution Fund to include a separate account to fund substance use treatment services and behavioral health provider rate increases.

BUDGET AND TAXATION FINANCE UNFAVORABLE REPORT SUPPORT

**Bill Number** | **Sponsor** | **Cross-filed** | **Content** | **Committee** | **Status** | **Position**
--- | --- | --- | --- | --- | --- | ---
HB028 | Anne Arundel County Delegation | | Commission on the Disposition of the Crownsville Hospital Center Property Establishes a Commission to sell, transfer, or otherwise dispose of the Crownsville Hospital Center property. | ENVIRONMENT AND TRANSPORTATION | UNFAVORABLE REPORT | SUPPORT WITH AMENDMENT

HB045 | Delegate Ludlum | | Education - Children With Disabilities - Support Services - Parental Notification Provides that parents of a child with a disability shall be given written information they can use to contact early intervention and special education support staff and details about the services provided by those staff members. | WAYS AND MEANS | BILL PASSED HOUSE & SENATE, SHALL TAKE EFFECT JULY 1, 2016 | SUPPORT

HB080 | Delegate Ludlum SB321 | Special Education - Translations of Individualized Education Programs or Individualized Family Service Plans - Native Language Provides for parents of a child with a disability, to receive IEP or IFSP plans in their native language. | WAYS AND MEANS | BILL PASSED HOUSE & SENATE, SHALL TAKE EFFECT JULY 1, 2016 | SUPPORT

HB240 | Delegate Moon SB311 | Birth Certificates - Homeless Individuals - Prohibition on Collection of Fee Prohibits the collection of a fee for a birth certificate issued to a homeless individual. | HEALTH AND GOVERNMENT OPERATIONS | BILL PASSED HOUSE & SENATE, SHALL TAKE EFFECT OCTOBER 1, 2016 | SUPPORT

HB344 | Delegate Dumas SB354 | Petitions for Emergency Evaluation - Minors - Sealing of Court Records Provides for an adult to seal court records related to a petition for an emergency mental health evaluation that occurred when they were a minor. | HEALTH AND GOVERNMENT OPERATIONS | UNFAVORABLE REPORT | SUPPORT

HB423 | Delegate Morhaim SB304 | Maryland Commission on Health in All Policies Establishes a Commission to examine, develop, and implement laws and policies that improve health outcomes and reduce health inequalities and costs to the society by positively impacting the factors that effect public health. | HEALTH AND GOVERNMENT OPERATIONS | UNFAVORABLE REPORT | SUPPORT

HB433 | Delegate Bronstown SB355 | Maryland Achieving a Better Life Experience (ABLE) Program - Establishment Establishes ABLE Program in Maryland, which allows people with disabilities to save money without sacrificing eligibility for benefits. | HEALTH AND GOVERNMENT OPERATIONS | BILL PASSED HOUSE & SENATE, SIGNED BY GOVERNOR, SHALL TAKE EFFECT JULY 1, 2016 | SUPPORT

HB551 | Delegate Kaiser | Education - Children With Disabilities - Support Services - Individualized Education Program/Mediation Requires that parents in disagreement with their child's individualized education program can be provided with information explaining their right to request mediation. | WAYS AND MEANS | BILL PASSED HOUSE & SENATE, SHALL TAKE EFFECT JULY 1, 2016 | SUPPORT

HB724 | Charles County Delegation | | J/Ace Lex Workgroup on the Protection of Adults With Mental Illness and Their Children Establishes a workgroup to evaluate laws, systems, and services that are in place to help and protect individuals with serious mental illness in crisis and their children. | HEALTH AND GOVERNMENT OPERATIONS | UNFAVORABLE REPORT | LETTER OF INFORMATION

HB879 | Delegate Rosenberg SB58 | Mental Health - Wraparound Services for Children and Youth Provides for the provision of community-based wraparound services for up to 300 children and youth with intensive mental health needs. Bill withdrawn after receiving written assurance that DHMH will continue to make Wraparound services available to youth with intensive needs. | HEALTH AND GOVERNMENT OPERATIONS | WITHDRAWN | SUPPORT

HB895 | Delegate Hayes SB497 | Behavioral Health Community Providers - Keep the Door Open Act Indexes behavioral health provider reimbursement rates to medical inflation. | HEALTH AND GOVERNMENT OPERATIONS | UNFAVORABLE REPORT | SUPPORT

**Bill Chart**

NAMI Maryland 2016 General Assembly
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<td>HB482</td>
<td>Delegate Rosenberg</td>
<td>SB551</td>
<td>Behavioral Health Advisory Council - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan</td>
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<td>BILL PASSED HOUSE &amp; SENATE, SHALL TAKE EFFECT JUNE 1, 2016</td>
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<td>HB713</td>
<td>Delegate Lundke</td>
<td>SB494</td>
<td>State Department of Education - Community - Partnered School Behavioral Health Services Programs - Reporting System and Report (School Behavioral Health Systems)</td>
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<td>Maryland Insurance - Payments to Noncontracting Specialists and Noncontracting Nonphysician Specialist</td>
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<td>Health Care Practitioners - Use of Teletherapy</td>
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<td>Delegate McMillan</td>
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<td>HB1184</td>
<td>Delegate Angel</td>
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<td>Workgroup to Study the Effect of Poverty on the Behavioral Health of Children</td>
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<td>HB1217</td>
<td>Delegate Sample-Hughes</td>
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<td>Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services - Parity</td>
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<td>SB1009</td>
<td>Justice Reinvestment Act</td>
<td>JUDICIARY &amp; HEALTH AND GOVERNMENT OPERATIONS</td>
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<td>HB1318</td>
<td>Delegate Kelly</td>
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<td>Health Benefit Plans - Network Access Standards and Provider Network Directories</td>
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<td>Department of Health and Mental Hygiene - Regional Institutes for Children and Adolescents - Report Before Closure</td>
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<td>HB1618</td>
<td>Delegate Hammen</td>
<td>SB1144</td>
<td>Cigarette Restitution Fund - Establishment of Behavioral Health Treatment Account and Funding for Substance Use Treatment Services</td>
<td>HEALTH AND GOVERNMENT OPERATIONS</td>
<td>BILL PASSED HOUSE AND SENATE, NO FINAL ACTION WAS TAKEN</td>
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