



Ideal State Mental Health System- 2018

NAMI Maryland— 10630 Little Patuxent Parkway, Ste. 475, Columbia, MD 21044

T: 410.884.8691 **Toll-Free:** 877.878.8691 **E:** info@namimd.org

www.namimd.org

At NAMI Maryland we strive to provide education, support and advocacy for individuals with mental illnesses, their families and the wider community. When an individual with mental illness receives timely and effective treatment that promotes wellness and recovery, they and their families have the opportunity to lead full and productive lives. The high cost of *not* treating serious mental illnesses vastly exceeds the cost of treatment. **What is the cost if we do NOT provide timely and effective treatment**—costly 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.

During the 2015 legislative session NAMI Maryland advocated for the following priorities to improve Maryland’s response to mental illness:

- **Appropriate and effective services in the FY 2016 Behavioral Health Budget.**
- **Implementation of health care reform to ensure expanded access to behavioral health services.**
- **Criminal justice initiatives that promote strategies and programs for appropriate intervention by law enforcement, corrections, and parole and probation, as well as discharge planning for successful reentry to the community.**

NAMI Maryland’s Vision for an Ideal Response to Mental Illness

NAMI Maryland’s vision for an ideal response to mental illness must be incorporated into every system an individual with a mental illness and their family may interact with; not the behavioral health system alone. It must be comprehensive, built on solid scientific evidence, focused on wellness and recovery, and centered around people living with mental illnesses and their families. It would be inclusive, reaching underserved areas and neglected communities, and fully integrated into the broader health care system. The following elements are needed to increase the availability, accessibility and quality of comprehensive mental health treatment, prevention and recovery services throughout the state of Maryland.

- 1. Comprehensive;**
- 2. Integrated;**
- 3. Adequate and sustainable funding;**
- 4. Focused on wellness and recovery;**
- 5. Safe and respectful;**
- 6. Accessible;**
- 7. Culturally competent;**
- 8. Individual and family driven;**
- 9. A well-qualified workforce; and**
- 10. Transparent and accountable.**

1. A comprehensive mental health system should include:

- A service continuum of hospitals, short-term acute inpatient and intermediate care facilities, crisis services, outpatient and community-based services, and independent living options;
- Access to providers, and medications;
- Acute and long-term care treatment;
- Availability of Outpatient Civil Commitment (OCC) to allow court ordered treatment in the community;
- Modifications to the involuntary commitment “dangerousness” standard that is clearly defined;
- Affordable and supportive housing;
- Assertive Community Treatment (ACT);
- Consumer education and recovery self-management;
- Crisis intervention and stabilization services;
- Family education;
- Integrated treatment of co-occurring disorders; such as substance use and mental illness
- Diversion from criminal justice system to mental health treatment;

- Peer services and supports;
- Supported employment;
- Prevention and early intervention, evidence-based, best practice programs that are ongoing, including mental health screening, assessment, and diagnosis;
- Intensive case management and coordination;
- Psychosocial rehabilitation;
- Services and supports across the life-span;
- Services to additional populations (e.g. veterans, elderly, incarcerated, and those with multiple disabilities);
- Supports for caregivers; and
- Access to Evidence-Based services and supports.

2. An integrated system should include:

- Continuity of care between all agencies involved including, criminal justice, Medicaid, private insurers, housing, employment, vocational rehabilitation and education;
- Seamless transitions such as, inpatient to outpatient care, or re-entry from jails or prisons back into the community;
- User-friendly and accessible services for individuals with limited physical capacities;
- Administrative and programmatic requirements that are well-aligned and designed with cross agency coordination and integration in mind.
- Clinical integration at the point of care which includes:
 - Early and ongoing comprehensive physical and behavioral health screening;
 - Individual engagement; and
 - Shared development of care coordination plans and navigation support by the individual, caregivers, and all health care providers.
- Financial investments that expand and are sustainable for a full-range of timely and effective programs and services.
- State purchasing contracts that include the following:
 - Aligned financial incentives across all systems of healthcare;
 - Multidisciplinary care teams that are accountable for coordinating a full-range of medical, behavioral, and long-term supports and services, as needed;
 - Real-time information sharing across systems to ensure that relevant information is available to all members of a care team;
 - Adequate network of a well-trained and qualified provider workforce; and
 - Mechanisms for data collection to assess and advance high-quality care.

3. An adequate and sustainable system funded system should include:

- Fund to adequately cover the Medicaid expansion match;
*Note: As part of Maryland's efforts to implement healthcare reform, in addition to establishing the Health Benefits Exchange, the population eligible for Medicaid services was expanded. Medicaid provides federal matching funds for every state dollar spent. To qualify for Medicaid you can earn up to 138% of the **federal poverty level**. For 2015, 138% of poverty level is about \$16,240 for an individual or \$33,460 for a family of four.*
- Funds adequate to protect the services not covered by Medicaid, private insurance or health exchange benefits. This includes funding for uninsured individuals, state hospital services and other services not covered by Medicaid.
- Funds for services that encourage and sustain recovery, including supportive housing and employment.
- A federal waiver from the institutes of mental disease (IMD) exclusion.

Note: Currently, Medicaid dollars may not be used to pay for inpatient psychiatric treatment for people aged 22 to 64 in facilities that primarily serve individuals with mental illnesses (IMDs). This has historically been viewed as a state function. This policy is discriminatory and reduces access to specialized inpatient mental health services for those who need it.

4. A system focused on wellness and recovery should include:

- Access to effective substance disorder treatment;
- Support for health-promoting activities like exercise, smoking-cessation, and dietary education;
- Easy access to high-quality primary care services;
- Easy access and collaboration with specialty care providers; and
- Support for peer and wellness programs including NAMI Hearts and Minds, Peer-to-Peer and Connections, consumer wellness centers, training for Wellness Recovery Action Plans (WRAP)

5. A system that creates safe and respectful treatment environments should include:

- Well-trained staff and adequate staffing levels;
- Staff training to ensure that individuals and families are treated with respect and dignity;
- Environmental protections to ensure safety of all individuals and staff;
- Policies to support individuals are fully informed about their medical conditions, consulted about treatment options and in control of planning for their own recovery.
- Use of Trauma Informed Care;
- Freedom from restraints and seclusion whenever possible;
- Prompt investigation of complaints of abuse and neglect;
- Sharing of findings of investigations with the individual and family involved; and
- Immediate action to remedy problems found.

6. A system that provides accessible services should include:

- Quick and easy access to current and accurate information about mental illnesses, options for further evaluation and diagnosis, treatment alternatives, and local resources and supports;
- Information available electronically and through other accessible sources, including:
- Information that is searchable on all state mental health agency websites and can connect individuals and families to mental health services in their communities; and
- Availability of mental health information in primary health care settings, via telephone, in schools, libraries, and through faith-based and other community-based organizations to ensure access to underserved communities.

7. A system that established cultural competence should include:

- Availability of trainings for treatment providers at all levels to develop cultural competency skills; and
- Treatment providers and system employees who are aware of the impact of culture and have the skills to respond to a person's unique cultural circumstances, including his/her race and ethnicity, national origin, ancestry, religion, age, gender, sexual orientation, physical disabilities, or specific family or community values and customs.

8. A consumer-centered and consumer and family-driven system should include:

- Meaningful involvement of individuals and families in the design, implementation, and evaluation of services;
- Individual needs and preferences to drive the type and mix of services provided;
- Individuals and family members on advisory committees, monitoring teams and other decision-making positions that have real power and influence in the system.

9. A system that provides an adequate and qualified mental health workforce should include:

- Ongoing education for mental health service professionals and paraprofessionals; and
- Training by family members and individuals for treatment providers on how to work these populations.

10. A system that provides transparency and accountability should include:

- Standardized measurable outcome data that is analyzed for performance and improved quality of care;
- IT systems with the capability to produce necessary data and communicate across system platforms;
- Policies to publish data and analysis and make outcome information easily accessible.