NAMI National Alliance on Mental Illness | Maryland

The Ideal State Mental Health System- 2015

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NAMI Maryland's Vision for an Ideal System

At NAMI Maryland we strive to educate the public on the mental health system and the experiences of individuals and families impacted by mental illness. Our vision is to successfully include these elements of the ideal state mental health system into the structure of the current system. We advocate for the public and private resources needed to effectively administer comprehensive mental health treatment and rehabilitative services throughout the state of Maryland.

In 2015, NAMI Maryland's Legislative Priorities are to:

- Protect and expand adequate funding in the new Behavioral Health 2016 Administration Budget
- Advocate for individuals and families in crisis;
- Promote community education on mental health which includes training first responders, corrections, schools, faith communities, primary care providers and employers
- Ensure effective systems to implement the Affordable Care Act
- Expand availability of mental health services for those who have served in the military and their families.
- Promote true integration of care
- Improve early detection and intervention for youth and emerging adults (ages 0 to 24)

The Ideal State Mental Health System

An ideal state mental health system would 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 ideal system should include the following elements:

1. Comprehensive;
2. Integrated;
3. Adequately funded;
4. Focused on wellness and recovery;
5. Safe and respectful;
6. Accessible;
7. Culturally competent;
8. Individual and family driven;
9. Well-staffed and trained; 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 prescribers and medications;
- Acute and long-term care treatment;
- Availability of Assisted Outpatient Treatment (AOT) to allow court ordered treatment in the community;
- Modifications to the involuntary commitment "dangerousness" standard that is broader and flexible;
- Modifications to the Clinical Review Panel law to allow a medication panel to approve medication over objection if necessary to provide relief from the mental illness symptoms that resulted in the individual being hospitalized;
- Affordable and supportive housing;
- Assertive Community Treatment (ACT);
- Consumer education and illness 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 to mental health treatment;
- Peer services and supports;
- Supported employment;
- Early and ongoing mental health screening, assessment, and diagnosis;
- Case coordination;

- Psychosocial rehabilitation;
- Services and supports for children, adolescents, young adults and their families;
- Services to special populations (e.g. veterans, elderly, incarcerated, and those with multiple disabilities);
- Supports for elderly caregivers; and
- Access to Evidence-Based services and supports.

2. An integrated system should include:

- Close collaboration among the full range of involved agencies including housing, Medicaid, criminal justice, vocational rehabilitation and education;
- Seamless transitions, especially along frequently traveled paths such as from inpatient to outpatient care, or from homeless shelters or prisons back into the community;
- User-friendly and accessible services for everyone 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;
  - Shared development of care plans by the consumer, caregivers, and all providers; and
  - Care coordination and navigation support.
- Funding streams that are blended or braided and can be easily accessed by a range of programs.
- State purchasing contracts that include the following:
  - Aligned financial incentives across physical and behavioral health systems;
  - Real-time information sharing across systems to ensure that relevant information is available to all members of a care team;
  - Multidisciplinary care teams accountable for coordinating the full range of medical, behavioral, and long-term supports and services, as needed;
  - Competent provider networks; and
  - Mechanisms for assessing and rewarding high-quality care.

3. An adequately funded system should include:

- Funds adequate to cover the projected Medicaid match;

  Note: *Medicaid provides federal matching funds for every state dollar spent. In economic downturns more people are added to Medicaid. The implementation of healthcare reform will expand access to treatment by expanding Medicaid and establishing health exchanges for those currently uninsured. There will continue to be a need for state services for those who remain uninsured and for services that are not covered by health insurance.*

- 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 improve 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.