



# **Public Policy Platform and Advocacy Agenda 2020**

## **OUR MISSION**

NAMI Keystone Pennsylvania is dedicated to improving the lives of children, adolescents, adults, and families affected by mental illness through recovery-focused support, education, and advocacy.

## **VISION STATEMENT**

NAMI Keystone Pennsylvania will be the foremost mental health organization in the state for persons affected by serious mental illness. We will be the leading proponent in advocating for systems change, influencing public policy, providing high-quality education programs, and supporting individuals and their families through the journey of treatment and recovery. Our vision is that these individuals will live satisfying and rewarding lives with dignity and respect, free from stigma and prejudice.

NAMI Keystone Pennsylvania's public policy positions are in concordance with NAMI's Public Policy Platform, 12th Edition, and adapted to be Pennsylvania specific.

NAMI Keystone Pennsylvania establishes this public policy statement to advance its mission through education and advocacy. This is an evolving document.

### **The Purpose of the Public Policy Platform**

The purpose of this public policy platform is to provide direction and guidance on policy issues affecting people living with a mental illness to the NAMI Keystone Pennsylvania Board of Directors and Staff, statewide affiliates, and the general public.

### **Language Used in the Public Policy Platform**

Our language always respects the integrity and the individuality of the people affected by these illnesses. All NAMI Keystone Pennsylvania documents and NAMI Keystone Pennsylvania co-authored documents use language that puts people first. For example, "individuals living with serious mental illness" instead of "mentally ill people" or "the mentally ill"; "people living with schizophrenia" instead of "schizophrenics," and "people who are not criminally responsible" instead of "the criminally insane."

### **Stigma and Discrimination**

NAMI Keystone Pennsylvania condemns all acts of stigma and discrimination directed against people living with mental illness, whether by intent, ignorance, or insensitivity. Epithets, nicknames, jokes, advertisements, and slurs that refer to individuals with mental illness in a stigmatizing way are cruel. NAMI Keystone Pennsylvania considers acts of stigma to be discrimination. Stigma reflects prejudice, dehumanizes people with mental illness, trivializes their legitimate concerns, and is significant barrier to effective delivery of mental health services. Because of stigma, individuals and families are often afraid to seek help; health care providers are often poorly trained to refer people to mental health professionals and/or mental health practitioners, and services are too often inadequately funded.

NAMI Keystone Pennsylvania believes, in accordance with current scientific evidence, that people who are receiving appropriate treatment and services for a mental illness are no more violent than the population at large. NAMI Keystone Pennsylvania deplores the portrayal in literature, films, and television of individuals with mental illness as being prone to violence. These frequent depictions are degrading stereotypes and reinforce societal prejudices that serve as impediments to recovery. The truth is that individuals with serious mental illnesses are more often the victims of violence than perpetrators.

NAMI Keystone Pennsylvania further believes that, in accordance with current scientific evidence, mental illness is essentially biological in nature sometimes triggered by environmental factors such as trauma, countering the myth that these conditions are failures of character and will. Mental illness affects behavior and behavior can affect mental illness, but mental illnesses are not behavioral.

NAMI Keystone Pennsylvania especially deplores the exploitation of individuals living with mental illness by journalists, advertisers, advertising agencies, the entertainment industry, and others for commercial gain or other advantage.

### **Social Determinants of Health**

As we know, there are a variety of forces that interact daily that contribute to our mental health, both environmental and genetic. As such, we are approaching an overdue shift in the way we treat individuals for both physical and mental health. Research from several organizations continues to focus on the overarching factors within our individual and collective lives that largely affect our mental health and outcomes. As identified the social determinant of health domains include:

- economic stability,
- neighborhood and physical environment,
- education,
- food,
- community and social context;
- health care system

While we have been focusing on several of the domains in previous years, moving forward we will continue to monitor closely, any policy or legislative action that influences the overall wellbeing of those families and individuals served by NAMI Keystone PA.

### **Adult Mental Health System**

Adults with mental illness need access to services and supports that are not necessarily funded by insurance. Recognizing that there is a mental health workforce shortage, NAMI Keystone Pennsylvania will work to:

- Increase funding for First Episode Psychosis programs to maintain the existing programs and expand throughout the state.
- Extend First Episode Psychosis services to serve youth experiencing their first manic or depressive episode.
- Support compliance with the state's Olmstead Plan that 90 state hospital CHIPP (Community Hospital Integration Project Program) beds are included annually in the Pennsylvania state budget.
- Expand the use of Certified Peer Specialists throughout the mental health system.
- Include Psych Rehab Services in Medicaid billing.
- Develop programs to appropriately serve parents with mental illness. Screening for postpartum depression in Early Intervention Services (birth to three years).
- Expand the utilization of telepsychiatric medicine in underserved areas due to the workforce issues in rural locations.

- Targeted Outreach and Engagement is recognized as a Medicaid reimbursable service.
- Excellence in Mental Health Act Certified Community Behavioral Health Clinics, CCBHC, are enhanced and scaled throughout the state.
- Funding investment campaign to increase mental health funding for non-MA billable services and Medicaid reimbursement rates.
- Identify Adult Mental Health Providers to Champion the needs of transition-age youth or emerging adults.
- Registry for Mental Health Advance Directives
- Dispel the myth that individuals living with mental illness do not want their families involved in their treatment.

### **Children's Mental Health System**

Children should have access to evidence-based treatments and support so they can do well in school, at home, and in the community. Acknowledging severe shortages in mental health professionals, a declared crisis status for child psychiatrists, and the need to improve outcomes for children, NAMI Keystone Pennsylvania will work to:

- Highlight the behavioral health needs of adolescents and young adults.
- Support and expand integrated services - Mental Health and Children, Youth, and Families; Mental Health and Juvenile Justice; Mental Health and Substance Use Disorders.
- Include Certified Parent Support Partner services in MA billing.
- Reduce the incidence of bullying: provide NAMI Keystone Pennsylvania suicide prevention programs, Ending the Silence, and Say It Out Loud in every school district in Pennsylvania.
- Support and expand the Certified Youth Peer programs and include in MA billing.
- Fund FEP programs for adolescents and extend FEP services to youth experiencing their first manic and depressive episode.
- Identify and support both Children and Adult Mental Health providers who champion the needs of transition-age youth and young adults.

### **Service Member and Veteran Mental Health**

Stigma and resulting discrimination can be an especially prevalent challenge in the military services, the National Guard, and Reserves. Some mental health conditions do occur in the context of traumatic exposures to war, and some personnel first become ill with a mental illness during the term of their service. Mental illness must not be allowed to stigmatize, and receiving treatment should not limit opportunities for continued military service and advancement. Soldiers who experience mental health conditions should be encouraged to seek help.

## **Education**

Children with mental illnesses have high suspension and drop-out rates, poor transition planning, and are more likely to experience the use of seclusion and restraints. NAMI Keystone Pennsylvania will work to:

- Expand and continue Positive Behavioral Interventions and Supports (PBIS).
- Decrease the use of seclusion and restraints in schools and provide funding to support students with the highest needs.
- Streamline current care and treatment education laws so there are no barriers (especially transportation) to children and youth accessing necessary treatment so they obtain the education needed to stay on track.
- Improve transition services for youth with mental illnesses between school and college or employment (TIP model).
- View truancy as a school failure issue, not discipline issue and address mental health concerns.
- Decrease the school to prison pipeline, including reliance on zero-tolerance policies and juvenile justice system referrals.
- Mental health training for school resource officers, teachers, office staff, coaches, etc.
- Increase the number of school support personnel.
- Support requiring alternatives to suspension especially for students in grades K-3.
- Increase school-linked mental health grants.
- Review school safety legislation for mental health provisions.

## **Employment**

People with mental illnesses have the highest unemployment rate. Yet, employment is an evidence-based practice, meaning it helps people recover. Unfortunately, programs that are designed specifically for people with mental illnesses are underfunded and serve a limited amount of people. NAMI Keystone Pennsylvania will work to:

- Expand Individual Placement and Support (IPS) employment programs.
- Increase percentage of individuals who are gainfully employed.
- Increase the earned income limits for social security disability.

## **Health Care**

A disproportionate number of people with mental illnesses depend upon the Medical Assistance HealthChoices, PA Managed Care Medicaid Program for access to basic mental health treatment and especially for community supports. NAMI Keystone Pennsylvania will work to:

- Access to an open formulary for Medicaid recipients.
- Ensure full access to needed medications by addressing prior authorization issues.

- Continue to increase quality and integration in the treatment of co-occurring substance use disorders and mental illnesses and encourage expansion of Integrated Dual Diagnosis Treatment (IDDT).
- Expand the Certified Community Behavioral Health Clinic (CCBHC) program in Pennsylvania.
- Increase Medical Assistance (MA) income and asset standards for people on the program due to a disability.
- Fully implement mental health parity.
- Continue the integration of physical health and behavioral health (PH/BH).

## **Housing**

People need safe affordable housing in order to focus on recovery. NAMI Keystone Pennsylvania will work to:

- Fund supportive housing grants.
- Develop housing options for youth/young adults with a mental illness.

## **Juvenile & Criminal Justice**

Too many children and adults who live with a mental illness end up in the juvenile and criminal justice systems. NAMI Keystone Pennsylvania will work to:

- Support law enforcement training on mental health.
- Increase the use of jail diversion programs and mental health courts.
- Address restrictive jail formularies by changing psychotropic drug requirements for prisoners with mental illness.
- Ensure that all juvenile courts operate using the principles of mental health courts.
- Increase access to mental health services in the prisons and jails.
- Increase the number of mental health release case managers.
- Require mental health training for probation officers (e.g., CIT, Mental Health First Aid).
- Require mental health training for 911 operators (e.g., CIT, Mental Health First Aid).
- Require mental health assessments by mental health professionals for inmates in jails within a certain amount of time.
- Require release and transition planning from jails.
- Require a certain number of days of medication be provided to a person when they leave the jail.
- Promote the use of telepsychiatry for access to mental health professionals.
- Restrict the use of solitary confinement in prisons.
- Fund community competency restoration programs to reduce the wait time for state hospital forensic services.

## **Mental Health Workforce**

Implement recommendations of the Mental Health Workforce to address mental health workforce shortages:

- Ensure access to and affordability of supervisory hours by creating a funding stream to assist people in obtaining mental health professional licensure.
- Require all third party payers/commercial insurers to reimburse in the same way that Medical Assistance (MA) does for supervision/internships.
- Establish criteria and a payment mechanism to incentivize mental health settings committed to providing students with a practicum experience that features evidence-based treatment interventions.
- Establish Health Professionals Loan Forgiveness program funding to mental health professionals.

## **Voting & Elections**

People with mental illnesses are vastly underrepresented at the polls. NAMI Keystone Pennsylvania will work to:

- Prevent and remove barriers to people with mental illnesses exercising their right to participate in elections.

## **Mental Health and Mass Violence**

People with mental illnesses are largely misrepresented in the media and by the public at large as perpetrators of mass violence; when in fact, people with mental illness are more likely to be the victims of violence. Research on the relationship between mental illness and violence shows that there are certain factors that may increase risks of violence among a small number of individuals with mental illness.

We recognize that acts of violence by people with mental illness are usually the result of lack of needed mental health services. Policies and programs must be available and accessible which provide access to:

- Early identification and intervention
- Appropriate treatment and support
- Integrated treatment when there is co-occurring substance abuse
- Family education and support
- Crisis intervention

## **Public Policy Agenda 2020**

### **State Legislative Affairs**

- PA State Budget 2020-21
  - Funding for 20 CHIPP beds proposed in the Governor's projected budget
  - Small increase in mental health funding (5.5% - 6%) all to state hospitals
  - Essentially flat funding; no cuts
- HB 391 - Development and administration of an Internet web-based acute care mental health bed registry
- HB 672 - Mental Health Age of Consent, mirror legislation to OMHSAS Consent Bulletin
- HB 836 – Parity Coverage for Mental Health (Prior HB 440)
- HB 872 - Establishing a Telemedicine Law for Pennsylvania allowing professional licensing boards and providing for insurance coverage for telemedicine.
- HB 1270 - Strong Mom, Strong Baby (SB648) – support (Prior HB 200)
- HB 1075 – Extreme Risk Protection Order
- HB 1704 – Proposed expansion for medical assistance eligibility requirements for inpatient behavioral health care
- HB1709 – Emergency Relief for Vulnerable Pennsylvanians
- SB 199 - Early intervention depression screening
- SB 537 – Expand the availability of opiate treatment centers
- PA OMHSAS (Office of Mental Health and Substance Abuse Services)
  - Suicide Prevention Task Force
  - Consent 14-18 years clarification bulletin
  - OMHSAS-19-03 Serious Mental Illness: Adult Priority Group
  - OMHSAS-19-01 Admissions, Discharges and Continuity of Care for State Mental Hospitals
  - Closure of civil section of Norristown State Hospital

### **Federal Legislative and Public Policy Issues**

- Continued potential for repeal/modifications of ACA
- Continued funding of Excellence in Mental Health Act for CCBHC
- The National Suicide Hotline Designation Act of 2019 (S. 2661, H.R. 4194)
- MH Access Improvement Act (S. 286)
- MH Parity Compliance Act (S. 1737; HR 3165)

\*Legislative bills, both state and federal, can move quickly causing the advocacy agenda to be a fluid document.



## **NAMI Keystone PA works in collaboration with:**

### **Coalitions, Advisory Boards, Steering Committees**

- Norristown Closure Coalition for Responsible Hospital Closure
- Community HealthChoices Coalition led by the Pennsylvania Health Law Project
- Pennsylvania Coalition for the Commonhealth
- State Mental Health Planning Council - Adult Mental Health and Children's Committee
- RCPA (Rehabilitation Community Providers Association) and GPNP government relations committees
- County of Allegheny Providers (CAP) Legislative Affairs Committee
- Adolescent Behavior Health Coalition led by the Jewish Healthcare Foundation
- Coalition to Protect Behavioral Health Choices
- #StrongMomStrong Baby campaign
- Appointment to the Advisory Committee on Emergency Room Treatment & Behavioral Health
- NAMI National Public Policy and Advocacy Team
- NAMI National Service Members, Veterans and Families Council

### **Action Alerts**

- Federal issues - follow NAMI National
- State issues - generally follow coalitions
- Public Policy calls monthly
  - Calls provide updates on legislation, discuss differing positions on bills