NAMI

National Alliance on Mental Illness

Trends in State Mental Health Policy

2022

STATE LEGISLATION REPORT

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

This report was prepared by NAMI's state affairs team, Samira Schreiber, Stephanie Pasternak and Kathryn Gilley, with contributions from Shannon Scully, Jodi Kwarciany, Tyra Reed, Jennifer Snow and Hannah Wesolowski. NAMI is grateful to NAMI State Organization executive directors and public policy leaders for providing information on their legislative priorities and accomplishments, which serve as the basis for this report. We are also indebted to Ray Merenstein (NAMI Colorado), Kim Jones (NAMI Georgia) and Matthew Shapiro (NAMI New York State) for providing insights on their advocacy strategy for the spotlights in this report.

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Finally, we deeply appreciate NAMI grassroots advocates who communicate with legislators to make mental health a priority in state legislatures across the country.

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NAMI STATE LEGISLATION REPORT

Trends in State Mental Health Policy

2022 Legislative Review

Introduction

Overview

In 2022, COVID-19 restrictions eased and Americans were able to return to familiar routines at work, at school and in their communities. Many people found their lives returning to a new kind of normal, but at the same time, more Americans than ever reported struggling with their mental health. The impact of the COVID-19 pandemic on mental health cannot be underestimated. During the height of the pandemic, people already living with a mental health condition saw their symptoms worsen, and many other people experienced mental health symptoms for the first time. These patterns continued into 2022, and state policymakers worked to address worsening mental health in their communities.

Data from this time makes it clear that, rather than subsiding or improving, the nation's mental health crisis has only intensified as pandemic-related isolation ended. Around 3 in 10 adults reported symptoms of anxiety or depression in February 2022, compared to a rate of 1 in 10 in January 2019. Recent Centers for Disease Control and Prevention (CDC) data on suicide showed that suicide rates increased in 2021 following a two-year decline. Youth mental health has remained a concern, especially for girls. As of fall 2022, average weekly emergency department (ED) visits among adolescent girls remained at or above pre-pandemic levels for mental health conditions overall, suicidal behaviors and drug overdoses.

2022 also marked an important milestone in mental health with the launch of the 988 Suicide and Crisis Lifeline. As of July 16, 2022, anyone can call, text or chat 988 — an easy-to-remember number that individuals can reach out to if they or someone they know is experiencing a mental health, substance use or suicide crisis. 988 has made it easier for Americans to reach out for help, and the increased call volume that 988 has experienced further underlines the need for more mental health resources.

8 in 10 people agree that elected officials need to do more to improve mental health care and treatment.

Responding to the ever-growing mental health crisis, state lawmakers passed critical legislation in 2022 to build and reform mental health care systems. While the gap between the need for mental health care and its availability remains significant, policymakers are facing increasing pressure to ensure that their constituents can access mental health care when and where they need it. In fact, a 2022 public opinion poll from NAMI, conducted by Ipsos, showed that more than 8 in 10 people agree that elected officials need to do more to improve mental health care and treatment.

The voices of NAMI advocates are needed now more than ever.

The voices of NAMI advocates are needed now more than ever. NAMI has been a powerful force for change since its inception in 1979. What started as a small group of families gathered around a kitchen table in Wisconsin has grown into a grassroots alliance of more than 600 local NAMI Affiliates (NAs) and 49 NAMI State Organizations (NSOs). A pillar of NAMI's mission is advocacy — changing public policies to ensure that people living with mental illness and their families are able to lead healthy and fulfilling lives.

While advocacy is critical at every level of government, states control many of the policies and funding decisions that shape mental health systems. NSOs represent the voices of individuals and families affected by mental illness at their statehouses, in governors' offices, and with state agencies to advocate for needed changes to state law. In 2022, NSOs made mental health front and center among policymakers' priorities and tackled many of the fundamental barriers to mental health care.

This report is a showcase of significant state mental health legislation that was enacted during calendar year 2022. The report explains overall trends in mental health policymaking and shares lessons learned from NSO leaders who played an important role in shaping many of these policies.

State legislators and agency officials, NSOs and other mental health advocates should use this report to understand the many policy options that exist to improve conditions for people with mental illness and their families and to identify best practices that can be replicated in their state.

Structure of Report

The report is divided into **three main sections** based on the topic area pillars of the NAMI 2020–2025 Strategic Plan:

Section 1: People Get Help Early

Section 2: People Get the Best Possible Care

Section 3: People Get Diverted from Justice System Involvement

Within each section, bill analysis is framed around several "areas of focus." There are 9 areas of focus in total, each representing issues of critical importance to NAMI's mission that also saw significant legislative action in 2022. In each area of focus, key trends and highlighted bills are identified and briefly analyzed. Note: These areas of focus are not exhaustive of the many activities happening in the mental health policy space.

Find all the bills referenced in this report in our online resource.

Bills are organized into tables within each trend area and are also listed in the 2022 NAMI State Legislation Report Bill Reference Resource. Unless otherwise noted, each bill is listed only once under the section most relevant to its content, even if the bill spans multiple areas of focus.

Other special components of this report include "Understanding the Issue" features, which dive deeper into complex mental health policy issues, and "Advocacy Spotlights," which showcase an NSO's involvement with a key piece of legislation and illustrate how other advocates may replicate their success.

Methodology

The content of this report is focused on major mental health legislation that was enacted in 2022 (vetoed bills were not included). The research for this report was conducted primarily using legislative tracking software (Quorum). Additionally, NAMI National collected NSOs' 2022 state legislative summaries (when available) to inform the analysis of major legislation and surveyed NSOs on 2022 legislative activity.

State budget and appropriations bills were excluded due to the vast differences in how states fund and administer their mental health services and programs across state agencies and county/local entities. There are a few exceptions in which budget bills are mentioned in this report to discuss a specific provision from that bill. Finally, bills that did not

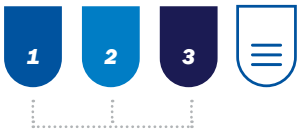
pertain to one of the "Areas of Focus" for this report, or bills that were not primarily mental health-focused, were also excluded.

Mental health policy spans many issues, all of which are important and worthy of policymakers' attention. However, in the interest of creating an accessible, brief and usable document for advocates and other interested parties, the report's scope had to remain limited. As a result, this report is not comprehensive. The areas of focus are not intended to provide a complete list of states' legislation passed on a given topic; rather, their purpose is to provide overall trends and highlights of state legislation.

Even within these limits, more than 327 state mental health bills were collected for consideration in this report. Upon further refinement, 230 bills were included in the final report.

REPORT NAVIGATION KEY

The top right corner of each page features a set of interactive links allowing you to navigate easily to different sections of this report.



Click or tap a number to navigate to the beginning of each report section.

Click or tap the hamburger menu to navigate to the interactive Table of Contents.

STATE BILL REFERENCE LINKS

Summary tables of exemplary state bills also include links to the entire bill language.

Click or tap a bill button to review the entire bill online.

(Control or command + clicking will open links in a new window or tab in most browsers.)

1

People Get Help Early

When mental health conditions are treated early, it can save lives and vastly improve outcomes for individuals. Unfortunately, we know that people experiencing mental health challenges often struggle for years before getting treatment or a diagnosis, often only receiving help once they are in crisis. In the U.S., there are many opportunities to learn about, screen for and intervene early with physical health conditions; the same must be done with mental health conditions.

In order for people to get help early, it is critical to increase the public's awareness and understanding of mental health conditions. Normalizing mental health screenings in health care systems is another important step for early identification. Additionally, youth are experiencing a well-documented mental health crisis, and policymakers can act to ensure they have access to mental health services and supports at school, at home and in the community. While special attention should be paid to youth, as many mental health conditions first start to appear in adolescence and young adulthood, it is important to remember that a mental health condition can present at any age. NAMI believes that all individuals — from childhood through adulthood — should have access to care at the earliest signs of a mental health condition.

In this section, we review key trends in legislation in two areas of focus:

1. ***Early Intervention***
2. ***Child and Adolescent Mental Health***

The legislation found in this section is aimed at awareness and education; early identification; treatment of mental health conditions, including suicide prevention; and mental health services for children and youth, including in schools.

Early Intervention

For people with mental health conditions, early intervention can positively impact their life's trajectory, helping them stay engaged in school, work and their social network. On average, it takes approximately 11 years to receive mental health treatment after symptoms first occur. Like any health condition, early intervention is key to preventing symptoms from becoming worse and helping people lead happy, fulfilling lives.

While half of all mental health conditions begin by the age of 14 and three-quarters start by the age of 24, early intervention is critical at any age, regardless of when symptoms first appear. Early intervention strategies are critical to ensuring that mental health conditions do not go untreated and that people have the best possible chance for recovery and keeping their conditions stable.

What does early intervention look like?

Early intervention refers to the identification and treatment of the signs of mental health conditions or suicidal ideation before they progress or worsen. While early intervention often happens on an individual level, public policies can impact early intervention access. Strategies can include but are not limited to:

- Promoting mental health awareness and suicide prevention campaigns
- Enhancing mental health and substance use disorder screening opportunities
- Making mental health care more accessible for children and youth (see the Child and Adolescent Mental Health section on page 12 for additional legislation)

Trends in 2022 Early Intervention Legislation

Mental Health Awareness and Suicide Prevention

States have explored several legislative strategies to help increase awareness of mental health conditions, often focused on reducing stigma and expanding help-seeking behavior, and to reduce deaths by suicide. In 2022, this included official state recognition of May as Mental Health Awareness Month (MI HR 0286), designation of Tardive Dyskinesia Awareness Week in early May (AK HCR 9), and the use of special license plate fees for a statewide suicide prevention fund (UT HB 13). Other states focused on researching and reporting on suicide and overdose deaths to collect better data (IN SB 84) and creating advisory boards to make recommendations on trainings for youth suicide prevention (CT HB 5500).

Examples of 2022 Legislation Addressing Mental Health Awareness and Suicide Prevention

STATE | BILL NUMBER	DESCRIPTION
Alaska HCR 9	A resolution that designates May 1-7 as Tardive Dyskinesia Awareness Week, acknowledging the relationship between this disorder and certain antipsychotic medications used by people with chronic illness (schizophrenia, bipolar disorder, depression) and/or substance use disorders.
Connecticut HB 5500	An act that renames and expands the scope of the Youth Connecticut Suicide Advisory Board to make recommendations on trainings to prevent youth suicide and to develop a strategic suicide prevention plan.
Indiana SB 84	An act that requires the state's Department of Health to annually report on all suicide and overdose fatalities in Indiana.
Michigan HR 0286	A resolution that declares May 2022 as Mental Health Awareness Month in Michigan to increase awareness and understanding of mental health, the steps to take to protect mental health, and the need for appropriate and accessible services.
Utah HB 13	An act that creates a special group license plate to support the Live On suicide prevention campaign and requires that the individual requesting the license plate make a donation to the Governor's Suicide Prevention Fund.

Mental Health Screenings

A mental health screening is a series of questions asked by a health care provider to assess whether an individual shows any mental health concerns or symptoms. This can take place in a doctor's office, a mental health professional's office or a school, or via telehealth. Mental health screenings are similar to annual physical exams.

Mental health screenings help make early identification and intervention possible. In 2022, two states improved access to screenings through legislation: Colorado (HB 22-1302) and Delaware (HB 303).

Examples of 2022 Legislation Addressing Mental Health Screenings

STATE | BILL NUMBER	DESCRIPTION
Colorado HB 22-1302	An act that creates a primary care and behavioral health statewide grant program for physical and behavioral health care providers. This bill sets up requirements for grant recipients, including making measurable increases in access to behavioral health screening, referral, treatment and recovery care.
Delaware HB 303	An act that requires insurance coverage of annual behavioral health wellness checks and creates an advisory committee of health professionals to create recommendations for implementation.

Child and Adolescent Mental Health

Mental health conditions typically start during childhood, adolescence or young adulthood. At least 1 in 6 U.S. youth aged 6-17 have a mental health condition. In 2022, child and adolescent mental health continued to be an urgent concern nationwide, with the Surgeon General issuing a youth mental health advisory in late 2021, shortly after three leading youth health care organizations declared a youth mental health emergency.

Because children and adolescents spend much of their time at school, this can be a trusted place to provide mental health services and resources and connect students to care outside of the school. Education and curricula can help students recognize their own mental health challenges, and training for school professionals can equip teachers and staff to help in the early detection of symptoms of mental health conditions. While teachers can be a helpful resource, it is also critical that schools have processes in place to connect students and families with mental health professionals when needed. Policies that recognize the importance of investing in school mental health services, teacher training and support, and offering a range of mental health professionals and programs for students and families can ensure a holistic approach to improving child and adolescent mental health across the country.

What does improving child and adolescent mental health look like?

There are many strategies available to policymakers to help address the youth mental health crisis. Some strategies include but are not limited to:

- Including mental health education in school health curricula
- Expanding school mental health resources and services
- Investing in child and adolescent residential facilities
- Implementing school policies, like training school personnel and recognizing mental health as a reason for an excused absence
- Improving student-to-mental health professional ratios
- Researching ways to improve child and adolescent mental health

Trends in 2022 Child and Adolescent Mental Health Legislation

School Mental Health Trainings

Teachers and school personnel spend a lot of time with their students during the day, so it is important that they have the necessary information, trainings and tools to help their students. A continued theme seen across many states in recent years has been the implementation of mental health awareness and suicide prevention trainings for teachers and school staff (CA AB 58, KY SB 102 and UT HB 428) and eating disorder and self-harm trainings for teachers and students (WV HB 4074).

Examples of 2022 Legislation Addressing School Mental Health Trainings

STATE | BILL NUMBER	DESCRIPTION
California AB 58	An act that requires schools to review and update policies on pupil suicide prevention. This bill encourages schools to provide suicide awareness and prevention trainings for teachers.
Florida CS/CS/CS/HB 1421	An act that addresses school safety and security by establishing the Marjory Stoneman Douglas High School Public Safety Commission (MSD Commission). This bill requires safe school officers to complete mental health crisis intervention training, as well as training on incident response and de-escalation, and requires school districts to certify that at least 80% of school personnel received mandatory youth mental health awareness training, among other provisions.
Kentucky SB 102	An act that requires school counselors or school-based mental health service providers or counselors to provide trainings, guidance, and assistance to other administrators, teachers, and staff on recognizing symptoms of mental health conditions in students, intervention strategies, and implementing a plan for a trauma-informed approach in schools. The bill sets up reporting requirements, among other provisions.
Utah HB 428	An act that requires the local education agency to revise practices, policies and trainings to eliminate harassment and discrimination in schools.
West Virginia HB 4074	An act that requires schools to provide eating disorder and self-harm training for teachers and students.

School Mental Health Policies and Services

Beyond trainings for staff that increase understanding of mental health conditions, it is important for school districts to examine their policies as they relate to promoting student mental health. Some states have worked to expand their school-based mental health services through employing a mental health service coordinator (AL HB 123 and FL CS/HB 899); investing in grants to school mental health services (CT SB 1); and modifying the student-to-mental health professional ratio requirement (DE HB 300).

Examples of 2022 Legislation Addressing School Mental Health Policies and Services

STATE | BILL NUMBER	DESCRIPTION
Alabama HB 123	An act that requires each local board of education to employ a mental health service coordinator who is responsible for coordinating student mental health services throughout the local school system.
California AB 748	An act that promotes pupil mental health resources via school posters for grades 6-12. Topics can include but are not limited to: common behaviors of individuals in crisis or struggling with mental health conditions, contact information for resources and help, and coping strategies. Posters are also required to be digitized and distributed online on websites, learning platforms and social media.
Colorado SB 22-147	An act that expands school-based health centers across the state, invests in more mental health professionals in schools, and supports the University of Colorado's pediatric psychiatry program to assist primary care providers in identifying and treating mild to moderate behavioral health conditions in children.
Connecticut SB 1	An act that increases mental health programs in schools, raises wages for childcare workers and creates a minority teacher scholarship fund. This bill sets aside $10 million (M) for grants to expand services at school-based health care centers and creates a grant program to help boards of education hire and retain social workers, nurses, psychologists and counselors at schools, among other provisions.

Examples of 2022 Legislation Addressing School Mental Health Policies and Services
(Continued)

STATE | BILL NUMBER	DESCRIPTION
Delaware HB 300	An act that increases mental health services in schools by modifying the ratio of student-to-mental health practitioner (full-time school counselor or school social worker). The bill sets the ratio requirements for grades 6-8 as follows: in Fiscal Year (FY) 23, one mental health services unit for each 400 full-time equivalent students; in FY24, one unit for each 325 full-time students; and in FY25, one unit for each 250 full-time students. Additionally, the bill requires one full-time school psychologist or licensed mental health therapist per each 700 full-time equivalent students in a school district or charter school, grades 6-8.
Florida CS/HB 899	An act that requires district school boards to designate a mental health coordinator. The mental health coordinator serves as the primary contact regarding the district's student mental health policies, procedures, responsibilities and reporting.
Louisiana SB 358	An act that requires all elementary and secondary schools, including non-public schools, to institute a program to prohibit and prevent bullying.
Oklahoma HB 4106	An act that requires school districts to maintain a protocol for responding to students in mental health crises. The protocol is to be developed, maintained and implemented in partnership with one or more local mental health treatment providers certified by the Department of Mental Health and Substance Abuse Services.
Rhode Island HB 6667	An act that establishes the implementation of trauma-informed practices in elementary and high schools throughout the state, and creates a trauma-informed school commission to make recommendations and submit a report on the findings.
Vermont S 197	An act that requires the Department of Mental Health to contract with one or more organizations to provide recovery support for educators and school staff, expand on existing school-based counseling services, and train staff on Youth Mental Health First Aid and crisis prevention and intervention, among other provisions. The Department on Mental Health, the Agencies of Education and of Human Services and the Department of Public Safety are to submit a Mobile Crisis Needs Assessment report, required by the department's federally funded mobile crisis state planning grant by January 2023.

Examples of 2022 Legislation Addressing School Mental Health Policies and Services
(Continued)

STATE | BILL NUMBER	DESCRIPTION
Washington HB 1800	An act that increases behavioral health services for minors and creates a parent portal to help connect family members to community services. The bill dedicates one full-time staff member at the state Health Care Authority to keep parents and educators informed on changes in behavioral health policies, services and resources. The services and their effectiveness will be reviewed by a stakeholder group that will include parents and youth engaged in the behavioral health system.
West Virginia HB 4578	An act that authorizes the superintendent to administer the Handle with Care Program, the goal of which is to help prevent children's exposure to trauma and violence, mitigate the negative effects of trauma, and increase knowledge and awareness.

Youth-Focused Service Expansion

States worked to expand services for children and youth beyond the classroom and focused attention on new services for youth and family-oriented services (CO HB 22-1281 and NH SB 444). Additionally, Colorado enacted legislation to extend a program offering free counseling sessions for children and youth (HB 22-1243). Rhode Island expanded mental health services for children under the age of 6 (HB 7801/SB 2614). To learn more about NAMI Colorado's efforts to establish and continue the I Matter free counseling program for youth, read the Advocacy Spotlight on page 18.

Examples of 2022 Legislation Addressing Youth-Focused Service Expansion

STATE | BILL NUMBER	DESCRIPTION
Colorado HB 22-1243	An act that appropriates $6M to extend the I Matter program, which provides up to six free counseling sessions to youth for two years and $2M for the school mental health professional matching grant program.
Colorado HB 22-1281	An act that establishes a behavioral health care continuum gap grant program to expand child, youth, and family-oriented behavioral health care services, appropriates $90M for the program and sets up reporting requirements, among other provisions.
New Hampshire SB 444	An act that establishes a pilot program for young children (birth to age 6) who have experienced adverse childhood events and other emotional trauma. The bill appropriates $700,000 toward Child Parent Psychotherapy and $1M toward Family Resource Centers.
Rhode Island HB 7801 SB 2614	An act that establishes a state plan to improve the promotion of the social and emotional well-being of young children ages birth to under the age of 6 who are currently covered by Medicaid as well as screening, assessment, diagnosis and treatment of mental health challenges. The bill also requires a task force.

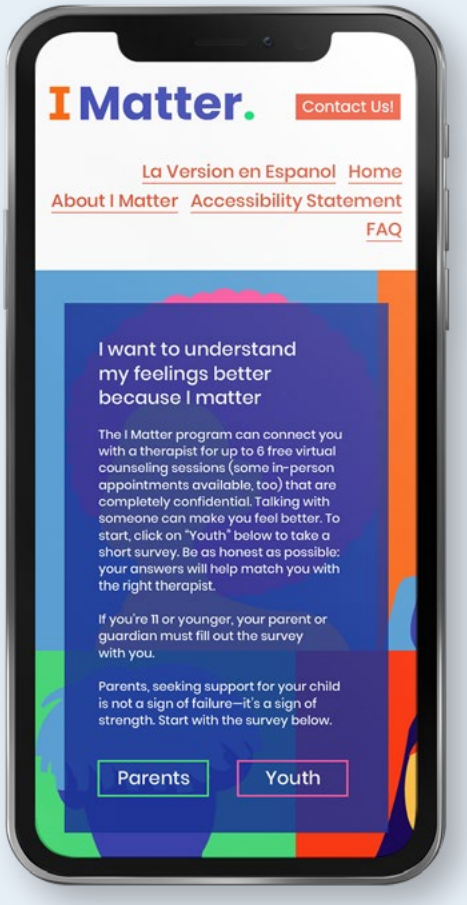
Advocacy Spotlight

NAMI COLORADO

Every Child Matters in Colorado

In May 2021, Children's Hospital Colorado declared a "state of emergency" for youth mental health in the state. Suicide had become the leading cause of death for children ages 10-14 in Colorado, and hospital emergency rooms were overrun with youth struggling with a variety of mental health challenges. Families didn't know where to turn for mental health support, and even if they did, they often couldn't access a provider due to availability or could not afford the out-of-pocket costs for care. To address this crisis, NAMI Colorado and its partners advocated for more resources for youth to access mental health care.

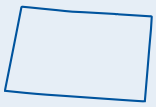
Among the results was an innovative, free-therapy program called "I Matter." I Matter was first created in 2021 with HB 21-1258, but that bill only provided funding for one year as a short-term COVID-19 resource. The program provides up to six counseling sessions at no cost for children and youth under 18, or under 21 if the individual is receiving special education services. The program is staffed by licensed clinicians from community mental health centers and independent contractors.



Parents and youth can take an online survey to be matched with an I Matter therapist.

The pilot for I Matter had some initial challenges to overcome. One criticism that advocates heard was that therapists would not want to sign up for I Matter, but the data clearly refuted this point. Over 192 providers signed up to participate in the program. Another question among legislators was what would happen once a child completes six sessions provided by the program but still needs additional help. In that case, the I Matter care navigators can help connect youth with providers who accept their insurance, whether they are covered by Medicaid or a commercial plan. In some cases, I Matter may be able to pay for more than six sessions depending on demand and availability. At a minimum, I Matter will connect individuals to other low-cost therapy options if they are uninsured.

To prevent I Matter from becoming a temporary, COVID-era program, NAMI Colorado and other mental health organizations had to work quickly on an extended funding strategy. NAMI Colorado's role began in January 2021. Ray Merenstein had just been hired as Executive Director and reconstituted and reengaged the NAMI Colorado public policy committee led by board member Jonathan Culwell, a private guardianship attorney. Merenstein said that keeping



Advocacy Spotlight

NAMI COLORADO

the I Matter program alive and well-funded immediately became a top policy priority because of its impact on youth accessing services. He described the urgency to legislators as, "We can't take away this mental health service from teachers, parents and students."

NAMI Colorado and their allies decided to ask the state legislature for a funding extension through June 30, 2024, which ultimately passed as part of HB 22-1243. I Matter funding was a featured advocacy ask in NAMI Colorado's Hill Day in 2022, alongside the American Foundation for Suicide Prevention (AFSP) Colorado, Mental Health Colorado and the Suicide Prevention Coalition of Colorado (SPCC).

Fortunately, due to the program's early success, advocates ran into relatively few hurdles on the way to passing HB 22-1243 into law. The program's early performance data was very strong, showing a significant demand for the service. From October 2021 to January 2023, the program had more than 12,624 scheduled sessions.

> ***Just as the name I Matter indicates, it is an opportunity for students, regardless of age, race, gender, etc., to connect with a therapist at no cost.***
>
> ***Ray Merenstein,*** *Executive Director of NAMI Colorado*

HB 22-1243 also requires that I Matter's strong data-reporting, which helped secure the additional funding to extend the program, continues with biannual reporting requirements until June 30, 2024. The law also identifies the new Behavioral Health Administration as the administrator of the program, a move that Merenstein thinks will more firmly cement I Matter's importance among state-funded behavioral health services.

Looking at the future of the program, Merenstein also emphasized the need for diverse mental health providers. To that end, the Behavioral Health Administration is working to increase Spanish-speaking providers.

NAMI Colorado is thrilled with the state legislature's and executive agencies' support of I Matter. When asked about why he sees this program as so important, Merenstein said, "Just as the name I Matter indicates, it is an opportunity for students, regardless of age, race, gender, etc., to connect with a therapist at no cost."

Additional information on the I Matter program can be found from the Colorado Behavioral Health Administration FAQs.

Advocacy Spotlight

NAMI COLORADO

Keys to Success

Looking back on the passage of HB 22-1243, NAMI Colorado shared the following advice for other mental health advocates:

Leverage your relationships

Having existing working relationships with legislators is key. Leveraging those relationships with key legislators helped get this bill moving as quickly as it did.

Lean on your allies

NAMI Colorado partnered with American Foundation for Suicide Prevention (AFSP) Colorado, Mental Health Colorado and the Suicide Prevention Coalition of Colorado (SPCC), which meant that legislators heard from multiple sources as a united voice about the importance of this program.

Data, data, data

A key part of this bill's success was the strong data reported during the program's initial pilot, which showed the demand for and successful use of the program even in its early days.

Student Identification Cards

Many states have made mental health resources easier to find by adding important help and crisis lines to student identification cards. Specifically, states have been requiring the National Suicide Prevention Lifeline Number (NSPL) and, more recently, "988" on student identification cards. ("988" refers to the national 988 Suicide and Crisis Lifeline that replaced the NSPL and became available nationwide in July 2022.) New Jersey's S 2811 advertised mental health resources by including the numbers of mental health professionals and school safety specialists on students' report cards.

Examples of 2022 Legislation Addressing Student Identification Cards

STATE | BILL NUMBER	DESCRIPTION
Colorado HB 22-1052	An act that requires each student identification card issued to public school students to contain the phone number, website and text number for the 24-hour telephone crisis service center and Safe2Tell. Schools that do not provide ID cards are required to display outreach material from Colorado crisis services.
Delaware HB 254	An act that requires grades 7-12 and institutions of higher education that issue student IDs to have the National Suicide Prevention Lifeline number [now available through 988], the Hopeline Number and the National Domestic Abuse Hotline printed on ID cards.
New Hampshire SB 234	An act that requires student identification cards for public schools and institutions of higher education to include the telephone number for the National Suicide Prevention Lifeline [now available through 988].
New Jersey S 2811	An act that requires school report cards to include information concerning the number of mental health professionals and school safety specialists employed by the school district.
Oklahoma SB 1307	An act that requires school districts/charter schools for grades 7-12, public institutions of higher education and private institutions of higher education that issue student identification cards to have the 988 Suicide and Crisis Lifeline number (988) and the Crisis Text Line (texting HOME to 741-741) printed on ID cards.

School Mental Health Education and Programs

Many students learn about general health issues in health education programs, but those curricula have not always traditionally included mental health. More recently, there has been momentum behind the availability of curricula focused on mental health, which can increase students' awareness of the signs of mental health conditions in themselves or others and how to seek help. In 2022, a number of states advanced efforts to raise awareness and understanding of mental health by establishing a mental health curriculum or education program for their students (DE HB 301, IL SB 4028 and UT SB 171).

Examples of 2022 Legislation Addressing School Mental Health Education and Programs

STATE | BILL NUMBER	DESCRIPTION
Delaware HB 301	An act that establishes and implements statewide mental health educational programs for each grade in each school district and charter school in the state.
Illinois SB 4028	An act that requires mental health education in Illinois elementary and high schools and discussions on how and where to find access to mental health services.
Utah SB 171	An act that requires the Huntsman Mental Health Institute to coordinate with the State Board of Education to develop a youth curriculum to increase awareness about behavioral health challenges facing youth in the state.

Mental Health Days

When a student has a physical illness, they are expected to stay home and get better. The same should apply to mental health issues. To help improve student mental health, some states passed legislation allowing mental health or behavioral health as an excused absence (KY HB 44 and WA HB 1834).

Creating mental health excused absences has been a big trend in state policymaking, with over a dozen states passing legislation on this issue in recent years. To better understand this trend, please see the Understanding the Issue feature on page 24.

Examples of 2022 Legislation Addressing Mental Health Days

STATE | BILL NUMBER	DESCRIPTION
Kentucky HB 44	An act that requires local school districts to allow mental health or behavioral health as an excused absence.
Washington HB 1834	An act that allows mental health as an excused absence for students.

Understanding the Issue

MENTAL HEALTH DAYS

Mental health conditions start at an early age, with 1 in 6 U.S. youth aged 6-17 experiencing a mental health disorder each year. With the growing youth mental health crisis, children and adolescents are increasingly relying on their schools for help. One way schools can show their support for students' health and well-being is by allowing for mental health excused absences.

NAMI supports public policies and laws that recognize mental health as an acceptable reason for absence from school. As of the date of this report, over a dozen states across the U.S. have either enacted legislation or are considering legislation that allows students to take excused absences from school due to mental health. These kinds of policies help to further reinforce that mental health and physical health should be treated the same way.

In their developmental years, it is important for students to learn how to care for themselves. Excused absences for mental health reasons can reduce stigma and show students that taking some time for their mental health is as appropriate as taking time out for a physical illness or injury. Ensuring that students of all ages are healthy and ready to learn when they come to school is essential for improving educational outcomes. While this policy is important, if mental health challenges are regularly impacting a student's ability to attend and participate in school, they may benefit from more intensive resources in their community.

There is broad support for allowing mental health to be a valid excuse for school absences. A poll conducted by VeryWell Mind and Parents found that parents felt positively about the idea of mental health days for their children. Seventy-seven percent of parents who have allowed their child to take a mental health day believe it had a positive impact. In a poll conducted by NAMI in 2022, 67% of teens agreed that schools should offer days off for mental health.

Understanding the Issue

MENTAL HEALTH DAYS

Mental health day policies look different in each state and/or school district. In states that have enacted legislation, most have amended the definition of a "valid excused absence" to be inclusive of mental or behavioral health reasons (CA, CO, DE, KY, ME, UT, VA, and WA). Some states have specific rules on the number of days that can be taken or additional information needed from the parent for behavioral health reasons to be used as a valid "excused absence."

For example, Illinois allows up to 5 days for mental health per year; however, the parent needs to call the school and explicitly state that mental health is the reason for the absence. Oregon allows up to 5 sick days within a 3-month period and added mental and behavioral health as a reason for school absence to their school sick day policy, and the excuse must be provided in writing to the student's principal. Connecticut allows 2 mental health wellness days per year as long as they are not consecutive. Arizona allows mental health days the same as they allow for any type of sick day, though exact policy requirements can differ in each school district. Lastly, Nevada allows students aged 7-18 to miss a day for mental health, but they need a note from a mental health professional.

Whatever the approach, NAMI supports school policies that include both physical and mental health concerns as acceptable reasons for school absence, allowing students to better take care of all their health needs. Taking a sick day to manage one's mental health shouldn't be rare; it should be encouraged — without fear of stigma or discrimination.

Additional Resources on Youth Mental Health

- NAMI's Ending the Silence Presentation Program
- NAMI's Your Mental Health and School
- NAMI's Getting Your Child Mental Health Support and Accommodations in School

Child and Adolescent Residential Facilities

Some children with mental health challenges need more intensive services at home and in the community due to the severity and complexity of their symptoms. States have taken steps to improve access to and the quality of these services in several ways. For example, Colorado created in-home and residential respite care in seven regions of the state (HB 22-1283). Meanwhile, Washington required behavioral health administrative services and managed care organizations to provide partial hospitalization and intensive outpatient programs for children under 18, and ensured that these services are covered by Medicaid for individuals under 21 (SB 5736).

Examples of 2022 Legislation Addressing Child and Adolescent Residential Facilities

STATE | BILL NUMBER	DESCRIPTION
Colorado HB 22-1283	An act that creates in-home and residential respite care in 7 regions of the state for children and families and provides funds to build and staff a youth neuro-psych facility.
Washington SB 5736	An act that requires behavioral health administrative services and managed care organizations to provide partial hospitalization and intensive outpatient programs for children under 18. The health care authority must ensure that these services are covered by Medicaid for individuals under 21.

Children and Youth Mental Health Studies and Workgroups

In an effort to improve the mental health services for children and youth, another trend has been establishing councils, workgroups or task forces to study barriers in the children's mental health system and make recommendations to state leaders (CT SB 2, IL SB 3889, IL HB 4306 and WA HB 1890). One unique piece of legislation was Connecticut's SB 2, which requires a study to assess the impact of social media and mobile phone usage on the mental health of K-12 students.

Examples of 2022 Legislation Addressing Children and Youth Mental Health Studies and Workgroups

STATE | BILL NUMBER	DESCRIPTION
Connecticut SB 2	An act that requires the University of Connecticut's Neag School of Education to conduct a study of the impact of social media and mobile phone usage on the mental health of K-12 students. This mental health omnibus bill also extends telehealth to June 30, 2024 and sets up a working group to study methods of recruiting and retaining psychiatric and behavioral health providers, among other provisions.
Illinois SB 3889	An act that creates the Children's Mental Health Council to research and make recommendations to address children's mental health needs.
Illinois HB 4306	An act that creates the Holistic Mental Health Care for Youth in Care Task Force. This task force will review mental health and wellness services provided to youth in the care of the Illinois Department of Children and Family Services and will provide recommendations on how the department can provide a more preventive and holistic approach to mental health services to children within the foster care system.
Washington HB 1890	An act that establishes the Children and Youth Behavioral Health Work Group to identify barriers and opportunities on accessing behavioral health services for children and adolescents and how this system must pair with 988. This work group will advise the legislature on statewide behavioral health services by 2024 and provide stipends for individuals with lived experience.

2

People Get the Best Possible Care

Mental health conditions are common, impacting about 1 in 5 people each year. A wide range of effective treatment options exists, yet data shows that nearly half of people with a mental illness do not receive any treatment. Many barriers stand between people and the mental health services and supports they need, so it is necessary for policymakers to change the laws to eliminate such barriers.

For people to get the best possible care, the path to mental health care should be easy, affordable and affirming to individuals' backgrounds and experiences. This starts with having a system that can offer individuals and families a full continuum of mental health care to meet their unique needs and preferences. People with mental health conditions should have access to health care coverage that is affordable and includes parity for mental health so they can get appropriate care as early as possible without unnecessary barriers. Moreover, the workforce must be sufficient in supply, diversity and cultural competency to meet the needs of all people with mental health conditions.

In this section, we review key trends in legislation in four areas of focus:

1. ***Access to Care***
2. ***Culturally Competent Care***
3. ***Medication Access***
4. ***Mental Health Workforce***

The legislation found in this section is focused on improving access to the full continuum of care, making the mental health system and its services more inclusive and relevant to a range of lived experiences and recruiting and retaining a high quality workforce.

Access to Care

Demand for mental health care is higher than ever, largely due to the elevated stress from the COVID-19 pandemic. Over 32% of adults reported symptoms of anxiety or depression in February 2023, compared to a rate of 1 in 10 in January 2019. Despite this high need, too many people with a mental illness encounter barriers to receiving treatment. For people with an unmet mental health treatment need, the most common reason for not receiving mental health services was that they could not afford the cost of care.

These financial barriers can be the result of a lack of health insurance; about 12% of adults with serious mental illness (SMI) are uninsured. Even those who have health insurance can struggle to find mental health providers within their insurance network — especially in a timely manner. Finally, individuals with mental illness often lack access to the basic services, including housing, education, employment, transportation and more, that make engagement in treatment possible.

What does increasing access to care look like?

There are many public policy options to expand access to affordable, accessible and comprehensive mental health care. No single strategy is enough to address this complex problem, so state policymakers should take a multi-pronged approach. Strategies can include, but are not limited to:

- Ending discriminatory health insurance practices (mental health parity)
- Strengthening the coverage and care offered by state Medicaid programs
- Filling service gaps and investing in effective treatment models
- Expanding telehealth options
- Addressing social determinants of health
- Alleviating workforce shortages (note: legislation in this area has been so extensive that it is covered in its own subsection, found on page 58)

Key Terms Used in Following Bill Trends:

MHPAEA
refers to The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (2008)

MH/SUD
stands for mental health conditions and substance use disorders

ACA
refers to the Patient Protection and Affordable Care Act (2010)

Trends in 2022 Access to Care Legislation

Mental Health and Substance Use Parity

In 2022, multiple states enacted legislation to enforce compliance with existing mental health and substance use parity laws. In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA), which required most health insurance plans — if they provided mental health and substance use disorder (MH/SUD) benefits — to provide that MH/SUD care equitably to medical/surgical care. The 2010 Affordable Care Act (ACA) further expanded the reach of the parity laws by requiring that most health plans cover MH/SUD care and by expanding the scope of MHPAEA to reach most small group and individual markets, meaning more types of insurance were included in the requirements. However, states can and have enacted parity legislation to expand protections and/or improve compliance and enforcement of the federal laws (GA HB 1013, LA HB 278 and NH SB 373).

Health insurance plans sometimes deny coverage of mental health services because they determine that the care is not "medically necessary" according to their own criteria, rather than criteria developed by the leading medical professional groups. In 2022, Georgia sought to address this problem by requiring health insurers to use "generally accepted standards of care" as they review mental health claims, rather than their own internal criteria.

To learn more about NAMI Georgia's efforts with their state's parity legislation, read the Advocacy Spotlight on page 32.

Examples of 2022 Legislation Addressing Mental Health and Substance Use Parity

STATE | BILL NUMBER	DESCRIPTION
Georgia HB 1013	An act that requires health insurance companies to follow "generally accepted standards of mental health and substance use disorder care." This act includes the American Medical Association (AMA)/the American Psychiatric Association (APA) definition of "medical necessity" and establishes requirements for submitting the annual parity compliance analyses required by MHPAEA. These parity compliance changes are part of a larger bill that establishes a loan forgiveness program for MH/SUD professions providing care to underserved areas/populations, updates civil commitment provisions and includes various MH/SUD criminal legal system revisions and reforms.
Louisiana HB 278	An act that requires coverage of the Psychiatric Collaborative Care Model. The act also requires that any medical necessity determination made by a health insurance plan should be in compliance with MHPAEA.
New Hampshire SB 373	An act that requires health insurance companies to submit comparative analyses required by MHPAEA, a more proactive approach to ensure that health insurance companies comply with federal parity requirements.

Advocacy Spotlight

NAMI GEORGIA

Achieving Historic Bipartisan Mental Health Legislation with the Georgia Mental Health Parity Act

Mental health is health, but far too often insurers fail to cover mental health services at the same level, or at "parity," with physical health care. This inequity was keenly felt in Georgia, where the mental health care system was lagging behind many other states and Georgians were struggling to find care, particularly in inpatient settings.

Legislators and advocates all knew the situation needed to be addressed, but for years advocacy groups struggled to find common ground and agree on solutions, which stalled any progress on mental health improvements passed by the legislature.

In 2017, that all changed. NAMI Georgia and MHA Georgia (the state affiliate of Mental Health America) took a big step forward and hired a joint lobbyist to advocate for shared priorities. Soon afterward, they formed a coalition, including American Foundation for Suicide Prevention, with other advocacy organizations, but there was still no plan to improve the mental health care system; even the state did not have a strategic plan at the time. Kim Jones, Executive Director of NAMI Georgia, looked to solve that. Leveraging elements of a national unified vision to transform mental health and substance use care created by NAMI National and partners, NAMI Georgia presented the idea to the coalition. The coalition (Georgia Mental Health Policy Partnership) was able to agree to a shared strategy, and within the parameters of the newly adopted plan, advocates agreed that parity was the most important policy priority for the state.

> ***I don't just want to represent NAMI; I want to represent [the needs of] everyone affected by mental health conditions in Georgia.***
>
> ***Kim Jones,***
> *Executive Director of NAMI Georgia*

In 2019, Kim Jones was appointed to the Behavioral Health Reform and Innovation Commission as the mental health advocate. These positions in the past kept advocates at odds — fighting over who should have been appointed. Mrs. Jones did not let that hinder her from being proactive in her agenda in fighting for mental health. "I don't just want to represent NAMI; I want to represent [the needs of] everyone affected by mental health conditions in Georgia," Jones said.

The resulting bill was introduced in 2022. HB 1013, known as the Georgia Mental Health Parity Act, requires every health insurer, public or commercial, to provide coverage for mental health and substance use disorders in accordance with the federal Mental Health Parity and Addiction Equity Act of 2008, and to submit annual reports on these efforts. It requires the establishment of a violation and complaint process and a way to track

Advocacy Spotlight

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parity complaints. The bill also contains provisions related to workforce development, involuntary commitment, mental health courts and corrections, and child and adolescent behavioral health.

Legislators already knew from their constituents that mental health care was a huge concern, so the coalition was able to quickly garner support for HB 1013 because the advocacy community was united behind it. The coalition found lawmakers with lived experience and tagged 2022 as the "year of mental health" to keep people engaged and motivated in the advocacy campaign for the bill.

Although many legislators and advocates were supportive of HB 1013, the legislation still faced opposition. The health plans did not explicitly oppose the bill, but payers tried to downplay the legislation as unnecessary. Advocates responded by launching a highly visible campaign to emphasize the importance of HB 1013, holding press conferences at the state capital and focusing on myth-busting on concerns raised about the legislation.

NAMI Georgia advocates rallying at their state capitol.

Surprisingly, the biggest challenge did not come from the health plans, but from fringe groups that do not believe in mental health care and did not support the state paying for it. Their opposition was so strong and extreme that law enforcement had to monitor the bill's hearings. A fellow advocate even resigned because of the harassment from these groups over HB 1013.

NAMI Georgia and their partners refused to back down. They held "Mental Health Mondays" at the statehouse weekly and met with as many legislators and staff as possible. Their goal was to ensure that this was legislation everyone understood — and every office knew exactly why it was necessary.

Their advocacy efforts paid off: The vote was unanimous in both chambers.

Now, Georgia is grappling with the implementation of its Mental Health Parity Act. The state has made progress in hiring staff, including an oversight manager and licensing staff, to comply with the law, but the cost of parity remains an issue. Parity laws require health plans to pay more for mental health services than they had previously, which increases costs to payers,

Advocacy Spotlight

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including to Medicaid, and the current administration in Georgia has expressed concern over any increased Medicaid costs.

"We're continuing to follow up on implementation. In the long run, there is a lot we can do administratively to ensure the Georgia Mental Health Parity Act's success — and that will help the people of Georgia get the care they need," Jones said.

Keys to Success

Looking back on the passage of HB 1013, NAMI Georgia shared the following advice for other mental health advocates:

Find common ground

Advocates all have different experiences, and advocacy organizations have differing, and sometimes conflicting, missions and perspectives. The advocacy community is stronger together, so focus on the issue areas where you can find common ground with other mental health organizations.

Be intentional about your priority

A lot of work needs to be done to improve mental health care systems, but you are unlikely to accomplish everything all at once. Be strategic about selecting a top priority, and focus on it.

Stick to your message

Some opponents may use misinformation to try to defeat your bill, but it is important to stay on message and make sure that you are being heard. Educate lawmakers on what your bill does and why it is necessary, and refute myths and misconceptions. Find creative and new ways to reach every office more than once, like Georgia's "Mental Health Mondays."

Medicaid

Medicaid is a lifeline for many people with mental health conditions as the nation's largest payer of mental health and substance use services, providing health coverage to more than 1 in 4 adults with serious mental illness. In 2022, some states sought to update their Medicaid state plans or use waivers to expand mental health services (KY SJR 72 and UT SB 41). Utah sought to gather greater input on Medicaid behavioral health services through a working group (HB 413). Lastly, Florida added new behavioral health reporting requirements (HB 855).

Examples of 2022 Legislation Addressing Medicaid

STATE | BILL NUMBER	DESCRIPTION
Florida HB 855	An act that requires Medicaid managed care plans to collect and report on an expanded set of performance measures. Beginning in calendar year 2025, the bill requires each managed care plan to collect and report all of its Adult Core Set behavioral health measures.
Idaho S 1259	An act that amends existing law to revise provisions regarding the exclusion of certain Medicaid income for a certified family home provider.
Illinois HB 4343	An act that provides continuous coverage under Medicaid for those with inconsistent incomes, expands Medicaid coverage to include midwife services, increases funding for existing services and automatically re-enrolls individuals with zero income. This Medicaid omnibus bill expands Medicaid-like benefits to non-citizens aged 42-54, among other provisions.
Iowa HF 2546	An act that requires the Department of Human Services to implement a Medicaid payment structure for psychiatric intensive inpatient care that accounts for patient acuity as recommended in the Inpatient Bed Tracking Study Committee Report on December 1, 2021.
Kentucky HJR 28	An act that directs the Department for Medicaid Services to request authority from the federal Centers for Medicare & Medicaid Services (CMS) for Medicaid coverage on prescription digital therapeutics.

Examples of 2022 Legislation Addressing Medicaid *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Kentucky SJR 72	A joint resolution that directs the Cabinet for Health and Family Services to apply for a Medicaid waiver targeting individuals with severe mental illness to provide for supported housing, including respite care, and supported employment.
Utah SB 41	An act that requires the Department of Health to award a grant to a local mental health authority to implement or expand an integrated behavioral health program, and develop a proposal, and request a state Medicaid plan amendment to allow reimbursement for a local mental health authority providing covered physical health services in an integrated behavioral health care setting.
Utah HB 413	An act that relates to the targeted adult Medicaid program, requiring the Department of Health and Human Services to convene a working group to discuss the delivery of behavioral health services, and authorizes certain adjustments in the delivery of behavioral health services for individuals if certain requirements are met.
Wisconsin AB 1030	An act that defines "institution for mental diseases" under the Medical Assistance program, correcting a cross-reference to the federal law definition under 42 CFR 435.1010.

Service Expansion

While individuals and families often encounter gaps in accessing mental health services, there is no shortage of ways states can build a more complete continuum of care. Individuals and families often confront the shortage of inpatient psychiatric beds, frequently resulting in individuals being boarded in emergency rooms with little to no care for days, weeks or even months. In 2022, a clear trend in legislation was a focus on access to psychiatric beds for individuals in need of acute inpatient care (AK HB 281/HB 282, UT HB 49 and WI AB 68).

Other treatment innovations supported via legislation included the Collaborative Care Model (NJ A 2008), Certified Community Behavioral Health Clinics (CCBHCs) (WV SB 247) and statewide care coordination (CO SB 22-177).

Beyond the facilities where mental health care is provided, services are also expanding to include peer support services. Please find more on this in our workforce section on page 58.

Examples of 2022 Legislation Addressing Service Expansion

STATE | BILL NUMBER	DESCRIPTION
Alaska **HB 281** **HB 282**	Acts that include the FY23 state budget. The bills add/increase spending on programs to support individuals with mental illness, including $900,000 for enhanced crisis care services based on the Crisis Now model, an increase of $961,000 for community mental health and substance use treatment, increased funding for early intervention programs, and an additional $285,000 to support Open Beds, a program that tracks real-time availability of psychiatric beds.
Colorado **SB 22-177**	An act that requires the statewide care coordination infrastructure to include a cloud-based platform to allow providers that do not use electronic health records to actively participate in the care coordination infrastructure. The bill requires the Behavioral Health Administration to train new and existing behavioral health care navigators on available services.
Georgia **HB 1069**	An act that provides for a new licensure category for adult mental health facilities and programs to help expand access to mental health facilities for adult treatment.

Examples of 2022 Legislation Addressing Service Expansion *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Maine LD 1848	An act that increases the availability of assertive community treatment (ACT) services by removing the current requirement that a licensed practical nurse may be included on an ACT team in lieu of a registered nurse only if the prescriber is not a certified nurse practitioner.
New Hampshire SB 391	An act that requires the state to operate and manage a forensic psychiatric hospital with the ability to contract with private medical organizations for the provision of clinical services.
New Jersey A 2008	An act that requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care.
Utah HB 49	An act that repeals the sunset date for requiring the Forensic Mental Health Coordinating Council, in consultation with the Utah Substance Use and Mental Health Advisory Council, to study the long-term needs for adult inpatient psychiatric beds in the state hospital.
West Virginia SB 247	An act that allows the Bureau for Medical Services to develop, seek approval of and implement a Medicaid state plan amendment as necessary and effectuate a system of Certified Community Behavioral Health Clinics (CCBHCs); sets state certification requirements; and clarifies which providers are eligible to apply as a CCBHC, among other provisions.
Wisconsin AB 68	An act — the state biennial budget bill — that, among other provisions, expands the capacity of psychiatric and behavioral health treatment beds with up to $5M in grants to renovate an existing mental health facility in Marathon County.

Telehealth

Telehealth is a growing and effective way to provide mental health care when patients and providers are in different physical locations. Interest in and use of telehealth services have expanded in recent years, yet some forms of health insurance have limited coverage for telehealth services. These restrictions rapidly changed during the COVID-19 global pandemic to help limit the risk of exposure during in-person visits. Temporary flexibilities provided by states and the federal government have created a hotbed of experimentation and innovation, with many states looking to make more permanent changes.

In 2022, states sought to expand telehealth capacity by improving broadband access (AK HB 363) and creating telehealth pilot programs (HI SB 2624). Many states sought to bolster capacity by permitting reimbursement for services rendered when the provider and the patient are in different states (AK HB 265, KY HB 188 and SC SB 1179).

Examples of 2022 Legislation Addressing Telehealth

STATE | BILL NUMBER	DESCRIPTION
Alaska HB 265	An act that expands and clarifies telehealth capacity for Alaska-licensed health care providers and for physicians licensed in another state who are providing telehealth. The bill clarifies parameters for telehealth prescriptions of controlled substances by physicians, physician assistants and advance practice nurse practitioners.
Alaska HB 363	An act that establishes an Office of Broadband, creating the broadband parity adjustment fund, and establishes the Statewide Broadband Advisory Board.
Hawaii SB 2624	An act that requires the Department of Health to implement a telehealth pilot project and publish an evaluation report on project outcomes.

Examples of 2022 Legislation Addressing Telehealth *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Indiana SB 0284	An act that adds specified health care providers, students and fellows to the definition of "practitioner" for purposes of practicing telehealth; allows behavioral health analysts to temporarily perform telehealth while undergoing licensure; and exempts certain actions from the definition of "telehealth."
Kentucky HB 188	An act that bars professional licensure boards from prohibiting the delivery of telehealth services to state residents who are temporarily out of state, as well as the delivery of telehealth services to nonresidents who are temporarily located in state. The bill also clarifies that licensed health care providers in the state do not need to be physically present in their credentialing state to provide telehealth services to residents of the state.
South Carolina SB 1179	An act that allows social workers and other therapists and counselors, including those from out of state, to provide behavioral telehealth services within their scope of practice to patients.

Social Supports

Having a safe and stable place to call home, consistent access to food and enough income to pay your bills are critical to supporting recovery for people with mental illness. These factors may be known as community supports and are often referred to as social determinants of health. Likewise, individuals who do not have these stable conditions can experience negative impacts on their mental health. In 2022, several states continued to push for additional supportive community services to support recovery. Bills that address homelessness (HI SB 3235, IL HB 2775 and UT HB 440), as well as legislation aimed at financial stability, including improving wage parity (AK SB 185) and efforts supporting implementation of Achieving a Better Life Experience (ABLE) accounts for people with disabilities (WI SB 158), can all make significant positive impacts on the lives of people with mental health conditions.

To better understand this trend, particularly housing, please see the Understanding the Issue feature on page 43.

Examples of 2022 Legislation Addressing Social Supports

STATE | BILL NUMBER	DESCRIPTION
Alaska SB 185	An act that repeals a statute that allowed employers to pay Alaskans with a physical or mental disability lower than minimum wage.
Hawaii SB 3235	An act that establishes the Safe Spaces for Youth Pilot Program, in which state and county departments collaborate to identify youth who are experiencing homelessness and place them in an appropriate shelter.
Illinois HB 2775	An act that amends the Homelessness Prevention Act to lessen the administrative burden on tenants applying for housing assistance, as well as on landlords receiving assistance payments. This act also amends provisions of the code on eviction and adds “source of income” to the Human Rights Act.

Examples of 2022 Legislation Addressing Social Supports *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Maryland SB 802	An act that increases the staffing and membership of the Maryland Consortium on Coordinated Community Supports and requires annual appropriations to the Coordinated Community Supports Partnership (CCSP) Fund.
Utah HB 440	An act that modifies provisions related to the oversight and provision of services for individuals experiencing homelessness, including funding and shelter overflow plans.
Wisconsin SB 158	An act that requires the Department of Financial Institutions to study and report on establishing a Wisconsin qualified ABLE program under section 529A of the Internal Revenue Code allowing tax-exempt accounts for qualified expenses incurred by individuals with disabilities.

Understanding the Issue

THE IMPORTANCE OF HOUSING FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

People who live with a mental health condition or who are homeless or unhoused often experience discrimination. Although a majority of people with a mental illness do not experience homelessness, people with mental illness are overrepresented in the unhoused population, and about 21% of people experiencing homelessness in the U.S. also have a serious mental health condition. (To understand the overrepresentation, note that only about 1 in 20 people in the U.S. has a serious mental illness, or SMI.)

Historically, people with mental health conditions have been institutionalized or marginalized. As a result, efforts to support people with SMI within the community have been underfunded, understaffed and often unsuccessful, leading to decades of uncoordinated care for those in need of supportive services. This includes a lack of housing supports, leading to high rates of homelessness among people with SMI.

When the basic need of housing is not met, it is hard to focus on seeking care and engaging in a treatment plan. This means that many people may cycle in and out of homelessness, jails, shelters and hospitals. Alternatively, having a safe, appropriate place to live can provide stability and allow individuals to improve their overall health and well-being.

Federal programs as well as other state and local initiatives that provide key housing resources for people with mental illness are often underfunded. Typically, the programs only have enough resources to serve a fraction of individuals in need.

Fortunately, there are housing solutions that work well to support people with SMI. Advocates play a crucial role in ensuring that these solutions receive adequate funding and resources to meet the needs of their communities.

Understanding the Issue

THE IMPORTANCE OF HOUSING FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

Examples of housing programs and models that can help support people with SMI include:

Affordable Housing

- Affordable housing is generally defined as housing in which the occupant is paying no more than 30% of gross income for housing costs, including utilities.
- Stable and affordable housing is one evidence-based way to support people with mental illness — regardless of the severity of their mental health condition, which may fluctuate over time.

Housing First

- Housing First a is model that provides permanent housing to people experiencing homelessness; once stably housed, individuals are able to pursue personal goals and better improve their quality of life.
- Housing First is a proven method to increase long-term housing stability and improved health outcomes.

Supportive Housing for People with Disabilities Program (Section 811)

- This program is dedicated to developing and subsidizing rental housing for very or extremely low-income adults with disabilities, including people with severe mental illness.
- Rental Assistance Programs are associated with improved health outcomes.

Housing Choice Voucher Program (formally known as Section 8)

- The Housing Choice Voucher Program is a federal government program that helps low-income individuals and families use vouchers to help pay for privately owned housing.
- Housing support vouchers provide additional funding for housing costs and can reduce emotional burdens for those experiencing housing instability.

Additional Resources on Mental Health and Housing

- NAMI Policy Position on Social Determinants of Health: Housing
- NAMI Finding Stable Housing

Culturally Competent Care

Mental health conditions do not discriminate; they can impact anyone regardless of age, gender, race or ethnicity, national origin, geography, religion, disability, language, socioeconomic status, sexual orientation or gender identity. It's important to understand that an individual's culture, identity and lived experience all greatly impact how they experience a mental health condition, as well as what treatments and supports will work for them. It's not enough for mental health care to be available; it has to be relevant to the person seeking it.

However, disparities in access to and quality of mental health treatments persist, especially when broken down by race. People of color are less likely to receive mental health services compared to those who are white. In 2021, only 39.4% of Black or African Americans with mental illness accessed treatment, compared to 47.2% of all U.S. adults. Only 36.1% of Hispanic/Latino people accessed care, and Asian Americans sought care at the lowest rate, 25.4%. Many factors contribute to this disparity, including financial barriers, the lack of cultural competency among providers, the homogeneity of the current mental health workforce, systemic socioeconomic barriers, provider discrimination, stigma and more.

What does culturally competent care look like?

People are more likely to seek help if they think their provider can understand or empathize with their background or cultural differences and experiences. Notably, cultural humility is also important to increasing equity — the idea that a provider honors another person's identity and is aware of their own assumptions and how it may impact that patient. Policymakers and mental health systems can help increase the availability of culturally competent — and culturally humble — care. Strategies include but are not limited to:

- Recruiting and supporting a diverse mental health workforce
- Strengthening education and training to require mental health professionals to include culturally and linguistically appropriate practices
- Developing specialized services for groups at-risk of suicide and poor mental health, including veterans, new mothers and first responders
- Stopping harmful practices that target individuals' identities and harm their mental health

Trends in 2022 Culturally Competent Care

Diverse and Culturally Competent Workforce

To help have a more diverse and culturally competent workforce, two states passed legislation that will ensure that mental health professionals have continuing education hours on health equity (KY HB 237 and VT H 661).

A few states worked to provide culturally and linguistically appropriate programs to their states. Alaska and Colorado worked to establish programs for tribes (SB 34 and SB 22-148, respectively), California required their Medicaid managed care plans to develop and implement culturally and linguistically relevant outreach to provide more inclusive services (SB 1019), and South Carolina enacted legislation to address health equity within the Deaf community (HB 3795).

Examples of 2022 Legislation Addressing Diverse and Culturally Competent Workforce

STATE | BILL NUMBER	DESCRIPTION
Alaska SB 34	An act that provides Alaska tribes the opportunity to establish locally driven state-tribal compact schools that can offer cultural and linguistic programs, specialized education and disability-related programs.
California SB 1019	An act that requires Medi-Cal Managed Care Plans (MCPs) to develop and implement culturally and linguistically relevant outreach to inform Medi-Cal members of their right to timely mental health services.
Colorado SB 22-148	An act that creates a Colorado land-based tribe behavioral services grant program to support infrastructure improvements to tribal behavioral health facilities that serve indigenous individuals, and appropriates $5M to this grant program.
Illinois SB 3617	An act that creates a pipeline for diversity of the behavioral workforce by setting up grants, trainings and supervision of interns. The bill also accelerates the process for out-of-state clinicians applying for licensure in Illinois, and streamlines requirements for social workers, professional counselors, and clinical psychologists with licenses that have been inactive for 5 years or more.

Examples of 2022 Legislation Addressing Diverse and Culturally Competent Workforce
(Continued)

STATE | BILL NUMBER	DESCRIPTION
Kentucky HB 237	An act that requires 3 of the 39 continuing education hours for psychologists and psychological associates to focus on social and cultural factors. The act also allows pre-doctoral interns to qualify as Licensed Psychological Associates for reimbursement purposes during their internships.
South Carolina HB 3795	An act that requires hospitals and state agencies to use certified sign language interpreters for their interpretation services. The bill ensures that the South Carolina Association of the Deaf, the South Carolina Registry of Interpreters for the Deaf and the State Board of Education develop regulations for the appropriate credentialing of sign language interpreters in the public and in schools of the state.
Vermont H 661	An act that amends continuing education unit requirements for psychologists, social workers, alcohol and drug abuse counselors, clinical mental health counselors, marriage and family therapists, psychoanalysts, and applied behavior psychoanalysts to include one or more continuing education units in the area of systemic oppression and anti-oppressive practice or other related topic areas consistent with the report recommendations from the Health Equity Advisory Commission. These courses can be virtual or in person.
Virginia HB 388	An act that requires the director of every state behavioral health facility to establish a process to facilitate virtual visitations through the use of audio and video equipment for individuals receiving services at a state facility.

Concerning Trend Alert

NAMI strongly opposes any policy or legislation that limits or denies access to medical or mental health care or education based on someone's sexual orientation or gender identity.

Anti-LGBTQ+ Legislation

Although state policymakers largely enacted legislation that would positively impact access to care and improve mental health, there was also legislation focusing on harmful practices that have been shown to cause or worsen mental health conditions. Nowhere has that been clearer than in the flood of state legislation targeting the rights of LGBTQ+ communities. According to the ACLU, over 450 anti-LGBTQ+ bills have been introduced in 2023. This trend was not limited to legislation, as many states' Governors have used executive actions to implement the same harmful policies.

NAMI strongly opposes any policy or legislation that limits or denies access to medical or mental health care or education based on someone's sexual orientation or gender identity. Specifically, NAMI opposes policies that limit access to clinically appropriate gender-affirming care — policies that harm individuals' mental health.

The list below offers just a sampling of anti-LGBTQ+ legislation and executive actions that were implemented in 2022. Unfortunately, the number of anti-LGBTQ+ bills has only grown since 2022. For a more complete list of pending legislation, see this ACLU tracker. See NAMI's policy position on mental health inequities focused on LGBTQ+ Bigotry and Discrimination for more resources.

Examples of 2022 Anti-LGBTQ+ Legislation and Executive Action

- Arizona passed legislation restricting health care for transgender youth by prohibiting gender-reassignment surgery for individuals under 18.
- Florida passed legislation that prohibits classroom discussion about sexual orientation or gender identity and allows parents to withdraw students from this curriculum. Parents are to be notified and must give permission for their student to take part in well-being questionnaires or health screenings. If a parent's concerns are not resolved, the act allows parents to bring action against the school district.
- Texas ordered executive action prohibiting health care for transgender youth by treating gender-affirming care as child abuse.

Veterans' Mental Health

Veterans are 1.5 times more likely to die by suicide than nonveteran adults. They are also more likely to experience homelessness. Supporting veterans' well-being continues to be a top priority for policymakers. For example, Washington established a veterans and military member suicide prevention program and account for suicide prevention activities and programs. This program aims to assist veterans and military members to address the mental health impacts, trauma and transition to civilian life (HB 1181). West Virginia also established a program to assist veterans and their families to help prevent suicide (SB 598).

Examples of 2022 Legislation Addressing Veterans' Mental Health

STATE | BILL NUMBER	DESCRIPTION
Maine LD 542	An act that establishes the Maine Veterans' Home Stabilization Fund to ensure the continuous operation of the Maine Veterans' Home.
Minnesota SF 4233	An act that appropriates $5.4M to the Minnesota Assistance Council for Veterans to help veterans and former service members and their families who are homeless or at-risk of becoming homeless, $1.7M to increase outreach efforts to end homelessness and pay for temporary alternative housing arrangements, and $1.1M to create incentives for landlords to assist in housing homeless veterans, former service members and their families.
Washington HB 1181	An act that establishes a community-based services grant program, a veterans and military member suicide prevention account, and measures to prevent suicide among veterans and military members.
West Virginia SB 598	An act that authorizes programs to assist at-risk veterans through partnerships with service organizations, government agencies, military organizations or private entities engaged with their local veteran community to connect veterans and their families with existing resources to help prevent suicide.

Maternal Mental Health

Mental health conditions are common among many women during pregnancy or the postpartum period (after the birth of a child). Postpartum depression and anxiety disorders affect 1 in 7 mothers nationwide, making it the most common complication of pregnancy and childbirth. Unfortunately, when left untreated, mental health conditions are one of the leading causes of pregnancy-related death that occur within the first year postpartum. Increasingly aware of these concerns, many states sought to expand postpartum coverage, an effort NAMI supports, in state Medicaid programs (GA SB 338 and KY SB 178), and paid family leave (DE SB 1). States also sought to foster greater awareness (AZ HR 2014) and resources (LA SR 131) toward maternal mental health.

Examples of 2022 Legislation Addressing Maternal Mental Health

STATE | BILL NUMBER	DESCRIPTION
Arizona HR 2014	A resolution that proclaims May 2022 as Maternal Mental Health Awareness Month in Arizona.
California SB 1207	An act that requires health plan and insurer maternal mental health programs to include quality measures to encourage screening, diagnosis, treatment and referral; requires program guidelines and criteria to be provided to providers; and requires education of enrollees about the plan's or insurer's program.
Delaware SB 1	An act that creates a statewide paid family and medical leave insurance program. The bill allows Delaware employees to access up to 12 weeks of paid family and medical leave through the state's paid leave trust fund.
Georgia SB 338	An act that increases postpartum coverage under Medicaid from six months to one year following birth.

Examples of 2022 Legislation Addressing Maternal Mental Health *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Kentucky SB 178	An act that extends Medicaid postpartum coverage to up to 12 months.
Louisiana SR 131	A resolution that establishes the Study Commission on Maternal Health and Wellbeing to make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and well-being of the mother and child.

First Responder Wellness

Public safety employees, paramedics, emergency medical technicians (EMTs), police officers, firefighters, and emergency dispatchers are among the first to respond to emergencies. However, repeated exposure to traumatic events can lead to poor mental health and elevated risk of suicide. The Substance Use and Mental Health Services Administration (SAMSHA) estimates that 30% of first responders develop a behavioral health condition, including but not limited to depression and post-traumatic stress disorder (PTSD). Firefighters are more likely to die by suicide than they are to die in the line of duty, and estimates show that between 125 and 300 law enforcement officers die by suicide each year. Many states invested in mental health resources for first responders in 2022.

Arizona enacted legislation that would provide up to 12 visits with licensed counselors either in-person or through telehealth after a traumatic event occurs for a public safety employee (HB 2336). Maine made it easier for first responders to access workers compensation benefits for work-related PTSD (LD 1879), and other states established wellness programs and trainings for their first responders (AZ HB 2336, KY HB 79 and UT HB 23).

Examples of 2022 Legislation Addressing First Responder Wellness

STATE | BILL NUMBER	DESCRIPTION
Arizona HB 2336	An act that establishes a program to provide public safety employees who are exposed to a traumatic event while in the course of duty with up to 12 visits with licensed counselors, which may be provided through telehealth.
Connecticut HB 5420	An act that provides mental health resources and trainings for police officers. The bill establishes a task force to study the mental health needs of law enforcement officers to make recommendations for mental health resources, and it establishes the Police Officer Standards and Training Council to create a training curriculum regarding persons with mental or physical disabilities and persons who are deaf, hard of hearing and/or blind.

Examples of 2022 Legislation Addressing First Responder Wellness *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Kentucky HB 79	An act that requires the Department of Criminal Justice Training of the Justice and Public Safety Cabinet to develop a Law Enforcement Professional Development and Wellness program. This is a seminar-based peer support and counseling program that is offered to Kentucky law enforcement officers and telecommunicators at least 2 times each calendar year.
Maine LD 1879	An act that extends a law allowing firefighters, emergency medical technicians, police officers and emergency dispatchers to access workers compensation benefits for post-traumatic stress disorder that developed due to extraordinary or unusual stress experienced on the job.
Utah HB 23	An act that creates a program for providing mental health services and resources to first responders.

Medication Access

For many people, medication is a critical tool for successfully managing their mental health condition. Psychiatric medication won't be a part of everyone's treatment path, but for those who use medication, it is important to have access to the medications that work best for them. Mental health medications affect people — even those with the same diagnosis — in different ways, including varying levels of effectiveness and different side effects.

Unfortunately, getting to the right medication is often not a straightforward process. It's common for people to need to do several rounds of trial and error with psychiatric medications to discover which medication provides the most psychiatric symptom relief without creating any intolerable side effects. Even more frustrating are the administrative and policy barriers that prevent patients from accessing their needed medications. Health insurance plans employ several strategies for limiting access to medications in an effort to save costs, including limited drug formularies, prior authorization requirements, step therapy/fail first protocols, and more. However, studies have shown that limiting access to psychiatric medications does not save money and leads to increased emergency room visits, hospitalizations and arrests/incarceration.

What does improving medication access look like?

Smart public policy allows individuals to access the right medication at the right time, with options selected based on decisions between the provider and individual and not based on arbitrary barriers. Strategies for improving medication access can include, but are not limited to:

- Prohibiting or limiting the use of step therapy on psychiatric drugs
- Removing prior authorization requirements or reforming the process to reduce delays
- Expanding the settings and providers that can administer drugs, as clinically appropriate

Trends in 2022 Medication Access Legislation

Step Therapy and Prior Authorization

Step therapy (also called fail first) is an insurance practice that requires patients to demonstrate unsuccessful treatment on one or more insurer-preferred medications before they receive coverage for the medication that their prescriber recommends. NAMI opposes the use of step therapy, as this process can be dangerous for patients who may experiencing worsening symptoms or decide to withdraw from treatment as the result of burdensome step therapy requirements. In 2022, Florida enacted legislation to help people with mental illness, which creates an exception from step therapy within the Florida Medicaid program for drugs that treat schizophrenia, schizotypal and delusional disorders, as well as for medications of a similar drug class (SB 534) if certain conditions are met. At the same time, Kentucky enacted legislation that prohibits step therapy to ensure access to medications prescribed by doctors (SB 140).

Prior authorization is a process that requires a provider to receive insurer approval before covering a certain drug or service, which can cause dangerous delays for people who might benefit from psychiatric medications. Several states passed legislation that would limit or remove these requirements on certain medications. Georgia, for example, enacted legislation that removes prior authorization protocols to prescribed medications for chronic conditions (SB 341), Michigan enacted legislation that prohibits prior authorization on central nervous system prescription drugs (SB 0412), and Virginia established a workgroup that would evaluate their prior authorization protocols and make improvements to their drug benefits (HB 360).

Examples of 2022 Legislation Addressing Step Therapy and Prior Authorization

STATE | BILL NUMBER	DESCRIPTION
Florida SB 534	An act that creates an exception from step therapy requirements within the Florida Medicaid program for a drug prescribed for the treatment of schizophrenia, schizotypal or delusional disorders or a medication of a similar drug class if prior authorization was previously granted for the prescribed drug and the medication was dispensed to the patient during the previous 12 months.
Georgia SB 341	An act that removes prior authorization protocols of prescribed medication for chronic conditions requiring ongoing medication therapy.

Examples of 2022 Legislation Addressing Step Therapy and Prior Authorization *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Kentucky SB 140	An act that updates the state's existing step therapy reform law to provide a pathway for physicians to override step therapy protocols in certain situations, including when a patient is currently on a medication that is successfully treating their condition.
Michigan SB 0412	An act that exempts certain prescription drugs (central nervous system prescription drugs that are classified as anticonvulsant, antidepressant, antipsychotic or noncontrolled substance anti-anxiety drugs) from the Department of Health and Human Services Medicaid prior authorization process.
Pennsylvania SB 225	An act that improves delivery of health care services by reforming the prior authorization process to make it more effective, consistent and transparent. The law will require insurers to make available an electronic communication network that permits prior authorization requests to be submitted and returned electronically.
Tennessee SB 1310	An act that creates a process to request a step therapy exemption or appeal. These requests must be reviewed by the insurer within 72 hours.
Virginia HB 360	An act that establishes a workgroup to evaluate and make recommendations to modify the prior authorization process for drug benefits.

Medication Administration

When many health care settings closed amid the height of the COVID-19 pandemic, people experienced unique challenges for remaining on their treatment regimen. Because of this, some states expanded who can administer certain medications, which can help individuals more easily access their medications (NY S 4870B, SC SB 1059 and UT HB 301). Additionally, in an effort to provide evidence-based recommendations surrounding psychotherapy drugs, Utah created a task force to study and provide a written report on psychotherapy drugs for treating mental illnesses, including administration recommendations (HB 167).

Examples of 2022 Legislation Addressing Medication Administration

STATE | BILL NUMBER	DESCRIPTION
New York S 4870B	An act that allows pharmacists to administer injectable medication for the treatment of mental health and substance use disorders as prescribed or ordered by their licensed prescribers.
South Carolina SB 1059	An act that allows unlicensed health care professional personnel to administer certain medications in intermediate-care facilities.
Utah HB 167	An act that creates the Mental Illness Psychotherapy Drug Task Force to study and make recommendations on drugs for treating mental illness, including the license or credential of the individual who can administer the drug and if any additional training should be required.
Utah HB 301	An act that permits a prescriber who practices at a licensed dispensing practice to dispense certain drugs to the prescriber's patients and makes technical changes, among other provisions.

Mental Health Workforce

Workforce shortages have emerged as the single most pervasive problem in improving the mental health care system. About 160 million people live in a federally-designated Mental Health Professional Shortage Area, where there are too few mental health professionals to meet the needs of the community. The lack of providers exacerbates unmet needs and leaves more people without options for mental health care.

According to a 2023 National Council for Mental Wellbeing survey, the vast majority (83%) of the nation's behavioral health workforce believes that without public policy changes, provider organizations won't be able to meet the demand for mental health or substance use treatment and care. The survey also confirmed that many mental health providers are struggling with overwhelming caseloads, administrative burdens, high rates of burnout and turnover in the field. These challenges have a direct impact on people's ability to access care quickly and the quality of care that they receive.

What does addressing the mental health workforce shortage look like?

Workforce shortages are a foundational challenge for improving the mental health care system. To make a real difference, state policymakers and administrators can enact many solutions at once. Strategies include but are not limited to:

- Providing financial incentives to recruit and retain quality professionals
- Leveraging interstate agreements to make care across state lines easier
- Relaxing licensure requirements
- Expanding the workforce to be more inclusive of peer support workers
- Developing a statewide plan for workforce development

Trends in 2022 Mental Health Workforce Legislation

Financial Incentives

In 2022, many mental health workforce initiatives focused on providing financial incentives. Examples of financial incentives can be loan repayments, scholarships, paid internships and retention bonuses for mental health professionals. Many states enacted legislation that provided these financial incentives in hopes of reducing the mental health workforce shortage.

In an effort to expand the school mental health workforce, Delaware established Mental Health Services Scholarships for students looking to become certified as school counselors, school psychologists or school social workers in a Delaware public school (HB 480). New Jersey and Illinois established loan-repayment programs for behavioral health care and human services professionals (S 2872 and SB 3925, respectively). Oregon established a grant program that behavioral health providers can apply for, with allowable uses for the grant money including increasing compensation for staff, paying retention bonuses or hiring new staff (HB 4004). Minnesota provided funding to cover clinical supervision costs for interns and trainees (HF 2725).

Examples of 2022 Legislation Addressing Financial Incentives

STATE | BILL NUMBER	DESCRIPTION
Arizona HB 2863	An act that establishes the behavioral health care provider loan repayment program to pay off portions of educational loans taken out by behavioral health care providers and nurses.
Delaware HB 480	An act that establishes a Mental Health Services Scholarship for students in a Master's degree program that will lead to certification as a school counselor, school psychologist or school social worker in a Delaware public school.
District of Columbia B 24-0943	An act that establishes the High-Need Healthcare Career Scholarships and Supports Program and sets eligibility requirements for applicants to increase the number of health care workers. The bill amends DC's loan repayment program to include loan repayments for specialized and sub-specialized practices and part-time participants in health professional shortage areas, and includes individuals who are part of the program to qualify for loan repayment.

Examples of 2022 Legislation Addressing Financial Incentives *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Georgia HB 1042	An act that provides a grant program to establish primary care medical facilities in health professional shortage areas. This would provide the program up to $200,000 in grant funding to eligible development authorities seeking to establish primary care, dental care or mental health care facilities in shortage areas.
Illinois SB 3925	An act that establishes the Human Services Professional Loan Repayment Program to help recruit and retain qualified human service professionals to work for community-based human services providers.
Iowa HF 2549	An act that establishes the mental health professional loan repayment program within the college student aid commission. The commission must submit a report on the number of mental health professionals who received loan repayment.
Michigan SB 1012	An act that creates a student mental health apprenticeship retention and training (SMART) internship grant program to provide grants to field supervisors, field instructors and supervisors.
Minnesota HF 2725	An act that creates a grant program for mental health providers who have at least 25% of their clients on public insurance or a sliding fee and who primarily serve underrepresented communities. Funds can be used to pay for direct supervision hours for interns or clinical trainees (in an amount up to $7,500 per person), establishing a program to provide supervision to multiple interns and clinical trainees, and/or pay licensing application and examination fees for clinical trainees. Appropriates $2.5 million for FY23.
New Jersey S 2872	An act that establishes the Behavioral Healthcare Provider Loan Redemption Program within Higher Education Student Assistance Authority and appropriates $5M.
Oregon HB 4004	An act that administers a grant program to behavioral health providers. The grant money may be used to increase compensation for the provider's staff, pay a retention bonus, and/or hire new staff.
South Carolina HB 3144	An act that establishes the South Carolina Workforce Industry Needs Scholarship for students pursuing a professional certificate or industry-recognized credential (IRC) diploma or degree from a public South Carolina technical college.

Interstate Compacts

Interstate compacts continue to gain ground as a strategy for extending the footprint of the mental health workforce. The U.S. has state-based licensure for health professionals, and these agreements make it easier for professionals to provide care across state lines without needing to hold licenses in multiple states.

In 2022, several states joined PSYPACT, or the Psychological Interjurisdictional Compact, an agreement that allows psychologists to practice across state lines either through telehealth or in-person services (IN SB 0365, MI HB 5489, UT SB 237 and WI AB 537). Others joined the interstate counseling compact for licensed professional counselors (KY HB 65 and UT SB 237). Kentucky declared an emergency for its mental health workforce and passed legislation to allow professional counselors to enter an interstate compact (HJR 5).

Examples of 2022 Legislation Addressing Interstate Compacts

STATE | BILL NUMBER	DESCRIPTION
Indiana SB 0365	An act that establishes the Psychology Interjurisdictional Compact concerning interjurisdictional telepsychology and the temporary authorization to practice psychology in another compact state.
Kentucky HB 65	An act that creates the ability for Kentucky licensed professional counselors to enter into an interstate compact to ease reciprocity with other states.
Kentucky HJR 5	A resolution that declares a mental health workforce emergency and directs mental health professional licensure boards to strongly consider entering into an interstate compact with other states, ease reciprocity procedures with other states, or establish reciprocity procedures with other states to increase the mental health workforce in Kentucky.
Michigan HB 5489	An act that allows Michigan to enter the Psychology Interjurisdictional Compact to allow psychologists to practice across state lines either through telehealth or in person.

Examples of 2022 Legislation Addressing Interstate Compacts *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Utah SB 237	An act that enacts the Counseling Compact in Utah to allow counselors to practice across state lines.
Wisconsin AB 537	An act that enters Wisconsin into the Psychology Interjurisdictional Compact, providing for the ability of a psychologist to practice more easily in other compact states. The bill creates a process for psychologists and patients located in different compact states to participate in telehealth services.

Licensure Requirements

To help increase the mental health workforce, many states looked at modifying licensure requirements and/or relaxing some of the existing requirements. Although necessary for patient safety, licensure requirements can be burdensome and costly and can deter individuals from the mental health workforce, so looking at ways to reduce such barriers, while balancing patient safety, can be beneficial.

In an effort to lessen this burden, Rhode Island removed the written exam requirement for the state's social work licensure (HB 7396). Utah reduced the number of clinical hours required for licensure for their social workers, marriage and family therapists, and clinical mental health counselors (HB 283). Iowa enacted legislation that allows individuals who are enrolled in a psychology doctoral degree but have not completed other requirements for licensure to apply for a provisional license during their internship program (HF 2246).

Examples of 2022 Legislation Addressing Licensure Requirements

STATE | BILL NUMBER	DESCRIPTION
District of Columbia **B 24-0648**	An act that amends the general licensing requirements for school psychologists in public charter schools and public schools to clarify that the school psychologist licensing exemption applies at both District of Columbia Public Schools and public charter schools.
Georgia **HB 972**	An act that amends the Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law by allowing individuals in an internship under the direction of a certified rehabilitation counselor by the Commission on Rehabilitation Counselor Certification to be exempt from licensure requirements. These individuals cannot present themselves as licensed providers.
Iowa **HF 2246**	An act that allows a person who is enrolled in a doctoral degree program in psychology at an institution approved by the Board of Psychology, but who has not completed the other requirements for licensure, to apply for a provisional license during their internship program.

Examples of 2022 Legislation Addressing Licensure Requirements *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Minnesota HF 4065	An act that allows mental health trainees to meet their supervisory requirements using real-time two-way interactive audio and visual communication. This includes marriage and family therapists and social workers.
Rhode Island HB 7396	An act that removes the written exam requirement to obtain state social work licensure.
Rhode Island HB 7872	An act that creates an entry-level licensing program to allow applicants as a mental health counselor associate or a marriage and family therapist associate to practice, under supervision, prior to becoming a licensed mental health counselor or a licensed marriage family therapist.
Utah SB 44	An act that increases the maximum amount of time that an individual may practice as an associate clinical mental health counselor or associate marriage and family therapist to not more than 2 years. In some cases, this period may be extended to a minimum of 4 years, past the date the minimum supervised clinical training requirement has been completed.
Utah HB 283	An act that reduces the number of clinical hours required for licensure for social workers, marriage and family therapists, and clinical mental health counselors from 4,000 hours to a minimum of 3,000 hours of clinical social work training.

Peer Support Workers

Peer support workers are individuals with lived experience of recovery from a mental health condition, substance use disorder (SUD), or both, and are trained to support other individuals and their families in recovery. Despite the great value of peer support in mental health care and a larger mental health professional shortage, credentialing and reimbursement for peer support professionals has lagged.

Fortunately, states are acting to better integrate and grow the peer support workforce. For example, Florida recognized the role of peer specialists as an essential element of a coordinated system of care and created requirements for these specialists (CS/SB 282). Additionally, Utah expanded its workforce by creating a state certification for community health workers (SB 104). While different from peer support workers, community health workers utilize their "experience-based expertise" to help individuals navigate health systems, similar to peer support.

Examples of 2022 Legislation Addressing Peer Support Workers

STATE | BILL NUMBER	DESCRIPTION
Florida **CS/SB 282**	An act that recognizes the role of peer specialist as an essential element of a coordinated system of care and requires that peer specialists who meet specified qualifications and the modified background screening requirements be reimbursed for their services.
Utah **SB 104**	An act that creates a state certification for community health workers and requires the Department of Health to administer the certification.

Statewide Workforce Plan

A couple of states noticed their dire mental health workforce shortage and decided to create statewide plans for addressing the problem. Colorado directed its Behavioral Health Administration to implement a workforce plan and invested $72 million for this initiative (SB 22-181). Further, Utah created a Health Workforce Advisory Council to provide recommendations regarding policy decisions that affect their state's health workforce (HB 176).

Examples of 2022 Legislation Addressing a Statewide Workforce Plan

STATE | BILL NUMBER	DESCRIPTION
Colorado SB 22-181	An act that directs the Behavioral Health Administration to develop and implement a workforce plan and invests $72M to strengthen, diversify and stabilize the state's behavioral health care workforce.
Utah HB 176	An act that creates the Utah Health Workforce Advisory Council to provide recommendations regarding policy decisions that affect Utah's health workforce. The bill creates the Utah Workforce Information Center to conduct research and analyze data regarding Utah's health workforce.

People Get Diverted from Justice System Involvement

People with mental illness are disproportionately represented in our nation's criminal justice system. In fact, about 2 in 5 people who are incarcerated have a history of mental illness (37% of people in state and federal prisons and 44% in local jails). This is a complex problem, but drivers include the chronic underfunding of community mental health treatment options and the lack of collaboration between mental health and criminal justice system partners.

NAMI believes that people with mental illness should be diverted from justice system involvement at every possible opportunity. This begins with responding to people experiencing a mental health crisis with mental health professionals, rather than police officers. Notably, in 2022 and beyond, crisis response has been an area of tremendous policy growth. This is largely due to the July 2022 launch of the 988 Suicide and Crisis Lifeline, which has accelerated efforts to reimagine our national response to people experiencing a mental health crisis.

Additionally, mental health and criminal justice system leaders should collaborate to identify opportunities to divert people who become justice-involved while also implementing reforms so that people who are incarcerated are treated with dignity and respect — and receive effective care. This includes providing mental health care and other rehabilitative services, and eliminating the use of harmful practices, such as solitary confinement, which only further harm mental health.

In this section, we review key trends in legislation in three areas of focus:

1. ***Crisis Response***
2. ***Diversion***
3. ***Criminal Justice Reform***

The legislation found in this section is dedicated to creating robust mental health crisis response systems, creating and expanding diversion programs for people with mental health conditions, and enacting reforms to the criminal justice system to better support people affected by mental illness.

Crisis Response

In the U.S., individuals and families experiencing a heart attack, stroke or other physical health emergency know who to call, who will respond and where they should go for help. The same cannot be said for most people experiencing mental health emergencies. The lack of emergency mental health services has forced families to go without care or, in most communities, call 911, which often results in law enforcement as the only first responder available during a mental health crisis. However, police officers are not experts in providing mental health care and are not asked to be the primary responder for other health care crises, and relying on law enforcement to respond to mental health crises can have devastating results. Since 2015, more than 1 in 5 fatal police shootings have involved someone in a mental health crisis, and using law enforcement in crisis response has contributed to the overincarceration of people with mental illness.

Communities have been working for decades to change the ways in which they respond to mental health crises. To support these efforts, SAMHSA published guidelines in 2020 that outlined the ideal crisis care system, which is centered around three core pillars, including:

- **Someone to Talk To** (24/7 crisis contact centers staffed by well-trained crisis counselors who are available by call, text and chat)
- **Someone to Respond** (mobile crisis teams staffed by behavioral health professionals who can meet someone in person at home or in the community, deescalate the situation, and transport someone to additional care when needed)
- **A Safe Place to Go** (crisis stabilization options that provide initial, short-term observation, diagnosis and treatment in a variety of facility settings)

In 2020, Congress passed the National Suicide Hotline Designation Act, creating 988 as the universal, 3-digit dialing code for mental health and suicide crises. Since this number launched nationwide in July 2022, it has served as the foundation upon which policymakers are transforming crisis care.

What does providing a robust mental health crisis response look like?

States can shift the status quo for mental health emergencies from police-first to mental health-first responses and work toward ensuring that people have timely access to the three core pillars of behavioral health crisis care. To do this, strategies include but are not limited to:

- Increasing funding to operate 988 contact centers
- Creating new or expanding existing mobile crisis teams and crisis stabilization options
- Enacting policies to minimize police involvement and use of force
- Helping individuals plan for mental health crises

Trends in 2022 Crisis Response Legislation

988 Implementation (State Model Bill)

988 became available nationwide in 2022 and received a lot of attention from state lawmakers. 988 is a federal initiative, but it is the responsibility of states to define how services stemming from 988 will look, how the system will be funded, and who in the state will oversee crisis care operations. Fortunately, state policymakers can utilize and adapt the 988 State Model Bill, developed by the National Association of State Mental Health Program Directors (NASMHPD), with input from NAMI and other partners, to help answer some of these questions.

Standout 988 legislation from 2022 was California's Miles Hall Lifeline Act (AB 988), named in honor of Miles Hall, a young Black man who was killed by police while he was experiencing a mental health crisis in 2019. This law is especially notable for establishing sustainable funding for California's 988 system through a small fee on monthly phone bills, recommended in the NASMHPD model legislation and similar to how the state funds 911.

States passed key elements from the model legislation, including the creation of a 988 trust fund, which is a special revenue account used to maintain and protect 988 funding (CA AB 988, CT HB 5001 and MD SB 0241/HB 0293), and starting 988 advisory bodies for system oversight (KS SB 19 and MA S 3097). NAMI believes that 988 oversight bodies must have representation requirements for both individuals and family members with lived experience of mental illness so that these systems will be shaped by the people who will be using them.

Examples of 2022 Legislation Addressing 988 Implementation (State Model Bill)

STATE | BILL NUMBER	DESCRIPTION
California AB 988	An act that addresses 988 service definitions and service requirements and establishes a 988 fee that starts at $0.08 for 2023-2024. For 2025 and beyond, the 988 fee is not to exceed $0.30 per phone line. The bill also creates a 988 State Mental Health and Crisis Services Special Fund and a State 988 Technical Advisory Board, and addresses insurance coverage provisions of behavioral health crisis services and the use of mobile crisis teams.
Connecticut HB 5001	An act that addresses 988 service definitions and service requirements, and establishes a 988 trust fund. This is part of a children's mental health omnibus bill.
Kansas SB 19	An act that addresses 988 service definitions, service requirements and 988 oversight. The bill appropriates $10M in state general funds for 988, starting in 2022 and expiring in 2026.
Maryland SB 0241 HB 0293	An act that addresses 988 service definitions and service requirements, and establishes a 988 trust fund. The bill appropriates $5.5M to support local 988 call centers in FY24.
Massachusetts S 3097	An act that designates at least one 988 crisis hotline center, creates a state 988 commission and requires an online portal for available data on crisis stabilization centers, which will be available for providers.
West Virginia SB 181	An act that addresses crisis service definitions and system requirements to create the Core Behavioral Health Crisis Services System. The bill ensures that crisis receiving and stabilization services will be reimbursed by the Department of Health and Human Resources if the individual for whom services were provided meets the definition of an uninsured person or if the crisis stabilization service is not covered by the individual's health coverage. The Department of Health and Human Resources is required to explore options for appropriate coding of and payment for crisis management services.

988 and Mobile Crisis Response State Appropriations

One of the biggest challenges facing states related to 988 implementation has been deciding how to fund a robust system. Some federal funding was made available for 988 in its first year, but it is not guaranteed funding for future years, nor is it enough to meet the needs of all of the local call centers serving on the frontlines of 988.

While the 988 state model bill recommends a fee structure to provide for ongoing funding, only a handful of states have implemented such a fee. In the meantime, many states acted to provide at least a one-time appropriation to support 988 and prepare for increased call volume. Most of this funding has been directed toward 988 contact center operations and staffing (FL HB 5001, KY HB 1, LA HB 1, MS SB 2865, NM HB 2, NY S 8007C, NC HB 103 and RI H 7123), but some states have also provided additional funds for mobile crisis teams (FL HB 5001, KY HB 1 and VT H 740). Connecticut also passed increased funding for mobile crisis teams as well as crisis stabilization programs (HB 5506). For information on that bill and others to fund crisis stabilization services, see trend description on page 77.

Equally as important as the funding itself are the priorities that states identify for those dollars. New York State's budget bill was a particular highlight in this respect because it requires its 988 funding to go toward culturally and linguistically competent care. The bill also ensures a high degree of transparency and accountability with requirements for comprehensive reporting metrics on 988 contacts that include tracking outcomes by age, race, gender and more. Learn more about how NAMI New York State successfully advocated for 988 funding on our Advocacy Spotlight on page 73.

Examples of 2022 Legislation Addressing 988 and Mobile Crisis Response State Appropriations

STATE | BILL NUMBER	DESCRIPTION
Florida HB 5001	An act that appropriates $126.3M in recurring funds for Florida Assertive Community Treatment (FACT), Family Intensive Treatment (FIT), Community Action Team (CAT) and Mobile Response Team (MRT) services.
Kentucky HB 1	An act that appropriates $12.4M (FY22-23) and $17.7M (FY23-24) for additional mobile crisis units and implementation of the 988 Lifeline.

Examples of 2022 Legislation Addressing 988 and Mobile Crisis Response State Appropriations *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Louisiana HB 1	An act that appropriates $676,467 for the National Suicide Prevention Lifeline State Grant (FY22-23) to ensure statewide 24/7 coverage of 988 Lifeline calls, chats and texts.
Mississippi SB 2865	An act that appropriates $3M, using funds from the American Rescue Plan Act (ARPA), for the first year of 988 Lifeline implementation costs, and $2M annually thereafter. This expires in December FY27.
New Mexico HB 2	An act that appropriates a one-time $2.3M allotment to facilitate the planning and implementation of the 988 Lifeline.
New York S 8007C	An act that appropriates $35M for the administration, design, installation, construction, operation and maintenance of 988 (FY23). This includes 988 service definitions and service requirements, requirements for culturally and linguistically appropriate crisis care and detailed reporting metrics for call centers to follow.
North Carolina HB 103	An act that appropriates $2.9M for crisis services, which includes 988 Lifeline contact center funding.
Rhode Island H 7123	An act that appropriates $1.9M of one-time federal funds for the 988 Lifeline and $30M for Certified Community Behavioral Health Clinics (CCBHCs).
Vermont H 740	An act that requires the Department of Mental Health to develop an urgent care model for mental health by expanding Mobile Crisis Team (MCT) services.

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Launching 988 in New York

In 2020, Congress passed bipartisan legislation to designate 988 as the new nationwide, 3-digit number for mental health and suicidal crises, replacing a previous 10-digit national suicide prevention number. While call centers answering 988 contacts are part of a national network, those call centers are largely funded and entirely operated at the state level. With a July 2022 launch date that was less than 2 years away, states had to work quickly to prepare for the transition and a significant increase in calls, texts and chats. NAMI New York State (NAMI NYS) worked quickly to show lawmakers how to maximize opportunities associated with 988 and secure initial funding for its launch.

Even before 988 was created by Congress, New York was experiencing significant increases in calls year-over-year to the National Suicide Prevention Lifeline, 988's predecessor. National projections for 988 call volume made it clear that the state would need to invest in call center capacity if it was going to meet demand once 988 went live in July 2022.

NAMI NYS positioned itself to influence the conversation by getting involved in policymaking discussions early. The team at NAMI NYS did this by first releasing a report called Meeting a Mental Health Crisis with a Mental Health Response in the fall of 2021. The report highlighted upcoming 988 implementation challenges and offered policy recommendations for how to make 988 a success in New York. Each section also featured a personal story from a family member of a loved one who has experienced a mental health crisis to illustrate what happens when individuals in crisis don't get the crisis response they need and deserve.

NAMI NYS' Senior Director of Government Affairs Matthew Shapiro (right) presenting NY Lt. Governor Antonio Delgado (left) with a T-shirt NAMI NYS created to raise awareness of 988.

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Specifically, they urged state policymakers to:

- Implement and expand a comprehensive mental health system, including mobile crisis response teams that incorporate peer support workers and don't rely on law enforcement in most situations, as well as crisis stabilization services
- Create an effective training and technology interface between 911 and 988
- Increase funding to 988, including recommending a small fee on phone bills to sustainably fund 988

As fiscal year (FY) 2022 state budget conversations heated up, NAMI New York State noticed that initial budget drafts lacked any added support for 988's launch. In response, they quickly mobilized in late 2021 to urge Governor Hochul to implement sustainable funding for 988 and implement a public awareness and education campaign. Ultimately, they garnered the support of 100 other organizations and nearly 4,500 letters sent by advocates to their state legislators. This broad show of support for 988 funding helped to sway budget negotiations, with the final budget bill, S 8007C, appropriating $35 million for 988 in FY 2023 with an increase to $60 million on a full annual basis starting in FY 2024.

Equity is important in everything surrounding mental health and services. The people most vulnerable are the ones that need to know 988 is around.

Matthew Shapiro, *Senior Director of Government Affairs for NAMI New York State*

NAMI New York State was also thrilled to see that, with the increased funding, efforts to provide linguistically and culturally competent care via 988 would be prioritized. "Equity is important in everything surrounding mental health and services. The people most vulnerable are the ones that need to know 988 is around," said Matthew Shapiro, Senior Director of Government Affairs for NAMI New York State.

A key part of embedding equity within 988 systems is data-collection and reporting to make sure the crisis system is truly helping people get connected to the right care. S 8007C enforces a high degree of transparency and accountability by requiring comprehensive reporting metrics on 988 contacts, including tracking outcomes by such demographics as race, age and gender. New York's 988 reporting metrics are the most robust that have been committed into state law since NAMI National began tracking 988 state legislation in 2021 (see NAMI 988 Crisis Response State Legislation Map).

When reflecting on the importance of S 8007C's provisions, Shapiro added, "To accomplish what 988 is supposed to accomplish and serve the people it is supposed to serve, it is important for 988 to connect to services by in-state

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providers, have linguistically and culturally competent care, and reporting metrics to ensure people are getting equal treatment — so all New Yorkers have access to services."

In the end, NAMI NYS was pleased with where they ended up, especially given where discussions started. All of NAMI NYS's recommendations except the monthly fee on phone bills made it into the enacted legislation.

Next on NAMI NYS's agenda is to continue pushing lawmakers on leveraging sustainable funding options like the monthly fee on phone bills to support and grow 988 and crisis services long term. NAMI NYS is also heavily involved in helping the state direct its messaging and marketing of 988. NAMI NYS plans to continue listening sessions on 988 to hear the concerns and needs of New York's diverse communities for a reimagined 988 crisis-response system.

Keys to Success

Looking back on the passage of S 8007C, NAMI NYS shared the following advice for other mental health advocates:

Leveraging advocacy software tools
NAMI NYS used Quorum, a legislative tracking and digital advocacy communications tool offered to NAMI State Organizations by NAMI National, and quickly generated 4,374 emails to their legislators on the Fund 988 Campaign. This helped amplify their message during the height of their advocacy push.

Forming and maintaining partnerships
NAMI NYS reached out to traditional and non-traditional partners to engage them in 988 efforts. They were able to get over 100 organizations to sign on to their Fund 988 Campaign.

Listening to your community
NAMI NYS emphasized listening sessions to capture the needs of different communities to more accurately formulate budget and policy asks that reflect the needs of the whole state.

988 and Crisis Response Evaluation Studies

As 988 has been implemented, states are working to identify gaps and opportunities to develop comprehensive crisis care continuums. To do that, many states have focused 988 efforts on bills to study the state's current crisis care system needs, identify gaps in services, and make policy and financing recommendations to improve the system (AL HJR 48, MS HB 732, NJ S 311 and NY S 7850).

Examples of 2022 Legislation Addressing 988 and Crisis Response Evaluation Studies

STATE | BILL NUMBER	DESCRIPTION
Alabama **HJR 48**	A resolution that extends provisions in the 2021 legislation (HJR 168) that created a commission to study a 988 comprehensive behavioral health crisis continuum system. The commission and study were extended through the last legislative day of the 2023 Regular Session to collect additional data.
Mississippi **HB 732**	An act that creates a study commission to assess and make recommendations for implementing 988 Lifeline crisis response services and funding statewide.
New Jersey **S 311**	An act that directs a study to be completed by April 1, 2023, on funding sources and a potential 988 fee on monthly phone bills. This bill also includes provisions mandating commercial insurance coverage of the crisis care continuum.
New York **S 7850**	An act that directs the Office of Mental Health Commissioner and the Office of Addiction Services Commissioner to make recommendations and publish a report detailing the resources needed to make the 988 system effective and available across the state.

Crisis Stabilization Options

In 2022, states continued to make progress in developing options for crisis stabilization ("a safe place to go"), which is the part of the crisis continuum that remains the most elusive. Several states worked to expand existing crisis stabilization services through increased funding (CT HB 5506 and WA SB 5693). Alaska created new subacute mental health facilities (HB 172), Colorado invested in more residential care beds statewide (HB 22-1303), and Illinois increased access to inpatient psychiatric treatment (HB 1592).

Because of the lack of standardized criteria, crisis stabilization is not always covered by insurance. Requiring coverage of crisis stabilization services was another identified trend. Notably, Washington enacted legislation that would ensure that health plans treat emergency behavioral health care the same as any other kind of emergency services, including prohibiting use of prior authorization or imposing out-of-network costs on consumers (HB 1688). West Virginia enacted legislation that allows for the reimbursement of services if someone is uninsured or if the crisis stabilization services are not covered by the individual's insurance (SB 181).*

**See the 988 Implementation (State Model Bills) trend on page 69 to see legislation in California and West Virginia around insurance coverage of crisis services and the 988 and Crisis Response Evaluation Studies trend on page 76 for New Jersey legislation on this topic.*

Examples of 2022 Legislation Addressing Crisis Stabilization Options

STATE | BILL NUMBER	DESCRIPTION
Alaska HB 172	An act that addresses admission to, and detention at, a subacute mental health facility as part of the overall "Crisis Now" initiative.
California AB 2317	An act that adds a new licensing category in state statute, the Psychiatric Residential Treatment Facility, which will allow counties and community-based providers to develop crisis residential programs with an appropriate licensing category.
Colorado HB 22-1303	An act that creates 16 beds at the Colorado Mental Health Institute at Fort Logan and up to 125 residential care beds statewide to ensure that adults with urgent behavioral health needs receive integrated and flexible behavioral health care.

Examples of 2022 Legislation Addressing Crisis Stabilization Options *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Connecticut HB 5506	An act that appropriates $8.6M to expand mobile crisis intervention services, $3.2M to enhance mobile crisis services case management, $6M to expand the availability of privately provided mobile crisis services, $200,000 to pilot crisis intervention, and $21M to support additional urgent crisis centers in subacute crisis stabilization units.
Illinois HB 1592	An act that improves access to inpatient psychiatric beds by developing a statewide, strategic plan and requires state psychiatric hospitals to improve their policies and procedures to increase community reintegration for patients, among other provisions.
Minnesota HF 2725	An act that funds and creates crisis stabilization beds for children and youth. This will provide an option for children boarding in the emergency department but who do not need hospitalization.
Washington HB 1688	An act that protects consumers from charges for out-of-network health care services by aligning state law with the federal No Surprises Act, and addressing coverage of treatment for emergency conditions.
Washington SB 5693	An act that appropriates $6.8M for FY22 and FY23 (state funds) and $8M (federal funds) to maintain crisis triage or stabilization centers. Services in these facilities may include crisis stabilization and intervention, individual counseling, peer support, medication management, education and referral assistance.

Psychiatric Advance Directives

A psychiatric advance directive (PAD) is a legal document that details a person's preferences for future mental health treatment and/or names an individual to make treatment decisions if the person is in a crisis and unable to make decisions. NAMI supports policies and laws that encourage the development and use of PADs.

PADs give individuals a voice in their treatment when they may be unable to advocate for themselves, and they have shown promise for reducing incidents of involuntary treatment. Despite this promise, PADs are largely underutilized. Prior to 2022, at least 25 states had laws allowing for PADs, and during the 2022 legislative session, California and Georgia joined that list.

Examples of 2022 Legislation Addressing Psychiatric Advance Directives

STATE | BILL NUMBER	DESCRIPTION
California AB 2288	An act that clarifies the option to create a standalone document that accompanies an advanced mental health care directive. This would enable individuals and their families to address mental health matters separately from other health matters.
Georgia HB 752	An act that allows competent adults to legally establish their expectations and preferences for future mental health treatment and medication in a psychiatric advance directive. This bill creates an option to appoint someone as a "mental health care agent" to act on behalf of an individual if they are unable to make decisions.

Law Enforcement Training and Use of Force

In 2022, states continued to encourage collaboration between law enforcement and mental health systems through crisis response training and collaboration (IA SF 513, NH SB 376, NJ A 4366 and NJ S 722). Strong partnerships between law enforcement and mental health providers are key to designing effective crisis response systems.

Additionally, amid a greater call for police accountability nationwide, states made improvements in policies addressing police use of force while individuals are experiencing a mental health crisis (FL CS/SB 1844, NH SB 376 and WA HB 1735). For example, New Hampshire established a committee to review police incidents that resulted in deadly force involving individuals in a mental health crisis (SB 376). NAMI supports policies that reduce and prevent use of force by law enforcement during interactions with people with mental illness.

Examples of 2022 Legislation Addressing Law Enforcement Training and Use of Force

STATE | BILL NUMBER	DESCRIPTION
Florida CS/SB 1844	An act that amends the Baker & Marchman Act by not requiring minors seeking a voluntary admission to attend a hearing to prove their "voluntariness" and requires law enforcement officers to use the least restrictive manner possible when transporting individuals for the Baker & Marchman Act, especially minors.
Iowa SF 513	An act that creates a specialized report for law enforcement to use when they encounter someone experiencing a mental health crisis, substance use disorder crisis, or housing crisis. Forms for this report will be created by the state Department of Justice and made confidential, unless a crime has been committed during the encounter.
New Hampshire SB 376	An act that establishes a committee to study and review police incidents that resulted in deadly force involving citizens in a mental health crisis. The bill appropriates $1.1M to the police standards and training council for Crisis Intervention Team (CIT) training.

Examples of 2022 Legislation Addressing Law Enforcement Training and Use of Force
(Continued)

STATE | BILL NUMBER	DESCRIPTION
New Jersey A 4366	An act that requires the Police Training Commission to incorporate crisis intervention and mental health trainings for officers and establish a curriculum on persons experiencing an economic crisis or a substance use disorder crisis.
New Jersey S 722	An act that codifies and expands the Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE) Together Pilot Program to make certain mental health services available to police responding to certain emergencies, and appropriates $2M. ARRIVE Together is a co-responder program that pairs law enforcement with mental health professionals.
Washington HB 1735	An act that modifies the standard for use of force by peace officers by using less lethal alternatives that are available and appropriate under the circumstances before using deadly force.

Diversion

People with mental illness are booked into our nation's jails over 2 million times each year. Many who become involved in the criminal justice system are there as a result of unmanaged mental health symptoms and the lack of connection to services and supports. Once incarcerated, psychological distress can increase and mental health conditions can worsen. NAMI believes in minimizing justice system involvement for people with mental illness and prioritizes policies and practices that divert people away from the justice system and toward connection to mental health care, services and supports.

What does diversion look like?

Diversion for people with mental illness can happen at a number of points within the criminal justice system. More commonly, it occurs at three main points:

- Pre-arrest or police-based diversion, which means someone is connected to care and never arrested and charged (see above trend on law enforcement training)
- Court-based diversion, which includes specialized mental health and drug courts where individuals are given the option to engage in court-ordered care and their charges are either reduced or dismissed
- Alternative sentencing and post-adjudication diversion, which means someone is ordered into mental health care as part of a sentence and can potentially reduce their sentence or be released from incarceration early

Trends in 2022 Diversion Legislation

Specialized Courts

Most states have laws that allow people with mental illness who are charged with a misdemeanor to be diverted from incarceration. In 2022, California took the notable step of requiring courts to consider mental health for diversion, even in felony cases (SB 1223). Colorado (SB 22-196) and Kentucky (SB 90) both passed bills that expanded cases eligible for diversion, creating opportunities for someone's case to be dismissed if they successfully complete a program. Colorado's bill also included funding to support diversion programming.

Examples of 2022 Legislation Addressing Specialized Courts

STATE | BILL NUMBER	DESCRIPTION
California SB 1223	An act that requires courts to consider granting someone a mental health diversion if they have been diagnosed with a mental illness at any point in time and if the court finds that the mental illness was a significant factor in the commission of the offense. The act expands eligibility beyond misdemeanor offenses and restricts the time that someone charged with a misdemeanor can be under the supervision of a mental health court to one year.
Colorado SB 22-196	An act that provides funding to programs that redirect people with behavioral health needs from involvement with the criminal justice system, invests in pretrial diversion, and bolsters medication-assisted treatment for inmates with opioid use disorders in order to facilitate long-term treatment and recovery upon release.
Illinois SB 2565	An act that amends the "Drug Treatment Court Act" to define "clinical treatment plan" and "peer recovery coach." The bill allows for courts to establish mentorship programs and requires any clinical evaluation to assess for both mental health and substance use needs.
Kentucky SB 90	An act that establishes a pilot behavioral health conditional dismissal program, which would allow individuals facing criminal charges to participate in behavioral health treatment, and includes other provisions related to collecting data and publishing reports related to the pilot program.

Criminal Justice Reform

Despite court mandates, there is a significant lack of access to adequate mental health care in jails and prisons. About 37% of people in state and federal prison and 44% in jails have a history of mental illness. It is also challenging for people to remain on treatment once incarcerated. More than half (56%) of people with a history of mental illness in local jails do not receive treatment while incarcerated. In fact, 50% of individuals who were taking medication for mental health conditions at admission did not continue to receive their medication once incarcerated.

Beyond the lack of access to treatment, conditions in jails and prisons can worsen mental health. Separation from family and support systems, unpredictability of the environment, and often-punitive policies are just a few contributing factors. Furthermore, harmful practices, such as the use of solitary confinement and segregation, can cause or worsen mental health conditions. Estimates show that 6% of the nation's jail and prison populations are held in solitary confinement at any given time, and of those held, nearly 9% have a severe mental illness.

What do effective mental health criminal justice reforms look like?

Evidence suggests that inmates with mental health conditions spend more time behind bars than those without mental health conditions and are frequently reincarcerated. Policymakers can pursue many different strategies that can prevent this cycle of incarceration for people with mental illness and strengthen connections to care. These strategies include but are not limited to:

- Improving competency restoration services and health records sharing in correctional settings
- Strengthening access to medication, behavioral therapies and other rehabilitative services in custody
- Improving services for youth in the juvenile justice system, as well as for at-risk youth
- Eliminating harmful practices, such as solitary confinement
- Assisting with reentry, including connections to community-based treatment providers

Trends in 2022 Criminal Justice Legislation

Criminal Justice System Reforms

In 2022, states took a variety of steps to improve conditions for people with mental illness who are incarcerated. In a continuing trend from prior years, a couple of states passed laws to solve the treatment gap for people found incompetent to stand trial (MN HF 2725 and SC HB 3773). Minnesota's new competency restoration law was a highlight, creating funding for forensic navigators who are responsible for guiding individuals through the competency restoration process, among other duties. See page 96 of NAMI's 2020-2021 Legislative Review to better understand issues impacting competency restoration.

To ensure greater continuity of care for individuals with mental health conditions, some states passed laws to address the sharing and storage of health data for people who are incarcerated and have mental health treatment needs (AK HB 291, CA AB 2526 and UT HB 403/SB 150). Connecticut passed legislation requiring correctional facilities to screen for mental health conditions and establish a plan for providing health services to every inmate (SB 448).

Examples of 2022 Legislation Addressing Criminal Justice System Reforms

STATE | BILL NUMBER	DESCRIPTION
Alaska HB 291	An act that extends the Alaska Criminal Justice Data Analysis Commission to examine the functions, operations and outcomes of the criminal justice system in the state and adds the Alaska Native Community and the Alaska Mental Health Trust Authority as new council seats.
California AB 2526	An act that requires the disclosure of mental health records among state and county agencies for transferred inmates who received mental health services while in custody. Mental health records would be disclosed to ensure that sufficient mental health history is available as it relates to parole and continuity of care.
Connecticut SB 448	An act that requires the development of a plan for providing health services, including mental health services, for people incarcerated in the state. The plan shall include workforce guidelines and standards for mental health care, including required screenings within 14 days of admission.

Examples of 2022 Legislation Addressing Criminal Justice System Reforms *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Minnesota HF 2725	An act that establishes a process for restoring an individual to competency during criminal proceedings and creates guidelines for continued supervision of someone found to be incompetent. Additionally, the bill creates a forensic navigator program to work with individuals during the competency process and establishes guidelines for developing service and discharge plans.
South Carolina HB 3773	An act that defines "restoration treatment" for people with mental illness or intellectual/developmental disabilities facing criminal charges. The bill extends the period for which someone can receive restoration treatment to 180 days and includes the ability for restoration services to be provided on an outpatient basis.
Utah HB 403 SB 150	An act that requires the Division of Technology Services and the State Commission on Criminal and Juvenile Justice to create a Criminal Justice Database to store data that is collected as a requirement of statute.

Juvenile Justice System Reforms

Approximately 70% of youth involved in the juvenile justice system have a diagnosable mental health condition, and their involvement in this system increases the risk for future involvement in the criminal justice system as an adult. Thus, it is important that states enact juvenile justice system reforms that increase access and connection to supports and services that prevent any future system involvement.

Many states took action to address the needs of justice system-involved youth. Hawaii (SB 2115) and Utah (HB 55 and HB 299) both passed legislation that specifically addresses the standards of care for youth involved in the juvenile justice system, and Hawaii and Connecticut (SB 459) eliminated solitary confinement for juveniles. Additionally, states took action to strengthen protections for system-involved youth. Minnesota (SF 2736) created a guardianship program for youth at risk of becoming involved in the juvenile justice system, while Utah (HB 277) created protections for statements made by juveniles during competency evaluations.

Examples of 2022 Legislation Addressing Juvenile Justice System Reforms

STATE | BILL NUMBER	DESCRIPTION
Arizona SB 1073	An act that revises requirements related to a juvenile's adjudication, disposition and probation teams, and allows juveniles who have committed a dangerous offense to be detained in juvenile detention facilities.
Connecticut SB 459	An act that establishes a Correction Advisory Committee to oversee the appointment and work of a correction ombudsperson, and eliminates the use of isolated confinement for anyone incarcerated under the age of 18. The bill also creates restrictions on the use of isolated confinement and establishes guidance for its use and other forms of segregation during facility emergencies, including requiring appropriate out-of-cell time, limitations for consecutive days in isolation and access to mental health care.
District of Columbia B24-1078 B24-0393	An act that directs the Criminal Justice Coordinating Council to submit a report regarding best practices for diverting youth from the criminal justice system. The report is specifically directed to include information about school-based incidents, including ones involving a mental health crisis, that result in justice system involvement.

Examples of 2022 Legislation Addressing Juvenile Justice System Reforms *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Hawaii SB 2115	An act that relates to the treatment of juveniles in detention facilities, including prohibiting the use of solitary confinement and limiting confinement of a juvenile to 3 hours at a time and only under limited circumstances.
Minnesota SF 2736	An act that establishes a juvenile court guardianship program for at-risk youth.
Utah HB 55	An act that directs the Department of Juvenile Justice to establish standards for continued care of juveniles who are released from custody either under parole or termination, and to provide services, including behavioral health and rehabilitative services, for individuals until the age of 25.
Utah HB 138	An act that raises the age at which someone held in a juvenile detention center can be transferred to an adult facility from 16 to 25.
Utah HB 277	An act that establishes definitions for competency evaluation in juvenile court cases. The act prohibits the use of any statements made by an individual being evaluated as evidence against that person in a pending criminal prosecution. The information in an evaluation may only be used to establish whether that person is competent to stand trial.
Utah HB 299	An act that amends provisions related to the juvenile justice system, including provisions related to teen substance use programs. The act also directs the Division of Juvenile Justice Services to conduct and address the needs identified in an initial screening and assessment for any child in a detention center, including mental health.

Death Penalty

NAMI has long opposed the use of the death penalty for people with serious mental illness. People with serious mental illness (SMI) are also overrepresented amongst individuals who have been executed or who are currently on death row. While precise numbers are not available, there is evidence that having a serious mental illness may increase the likelihood of being charged with a capital crime eligible for the death penalty.

Capital punishment for people with SMI raises questions of social and ethical responsibility, and it is important that state legislatures continue to address the use of capital punishment in their jurisdictions. In 2022, California and Kentucky enacted laws that will help prevent the execution of people with mental illness (AB 2657 and HB 269, respectively).

Examples of 2022 Legislation Addressing the Death Penalty

STATE | BILL NUMBER	DESCRIPTION
California AB 2657	An act that changes the process for determining whether someone on death row, who has a date of execution, is incompetent to be executed. The bill establishes a procedure to allow the individual, prior to having a date set for their execution, to petition the court for relief on the grounds that they are permanently incompetent to be executed.
Kentucky HB 269	An act that adds serious mental illness to the list of disabilities that prohibits an individual from being convicted of a capital offense (receiving a sentence of death).

Additional Trends

Mental health spans many issue areas, not all of which are addressed directly within the structure of NAMI's three strategic plan pillars. Nonetheless, these are important policy topics that we summarize in the following areas of focus:

- Civil commitment
- Guardianship
- Protection from discrimination, fraud and abuse
- Missing persons policies

Civil Commitment

Civil commitment laws surrounding involuntary commitment and treatment continue to challenge policymakers and advocates alike. It is important to connect individuals to care when untreated or unmanaged symptoms might make them a risk to themselves or others. Yet these policies must be balanced with protecting the rights and dignity of individuals to engage in and manage decisions about their own care. Furthermore, discussions about reforms to commitment laws cannot ignore the past harms caused by a mental health system that did not treat individuals in mandatory care with the dignity they deserved.

Despite the complexity, states continue to tackle this issue head-on in order to create laws and systems to help our communities' most vulnerable individuals. During the 2022 legislative session, Alabama (HB 70), Arizona (SB 1114), Kentucky (HB 127) and Utah (HB 363) all amended their state statutes to clarify the definitions of someone who is eligible for civil commitment. Michigan (SB 0101) and West Virginia (HB 4377) took steps to address the trauma from being involuntarily committed by establishing alternatives to law enforcement transportation for involuntary commitment.

Another trend also reflects states' efforts to protect the rights of people with mental illness and prevent unnecessary involuntary treatment. Colorado (HB 22-1256) and Florida (CS/CS/SB 1262) enacted legislation that provides people with mental illness extra tools to challenge their commitment when they believe it is unnecessary.

To better understand this topic, see the Understanding the Issue on Civil Commitment Policy Reform on page 94.

Examples of 2022 Legislation Addressing Civil Commitment

STATE | BILL NUMBER	DESCRIPTION
Alabama HB 70	An act that amends state law with regard to the process for involuntary inpatient treatment. The act amends statutes to eliminate stigmatizing language and expands the definition under which someone is eligible to be admitted for involuntary treatment to include "real and present threat of substantial harm to self or others."
Arizona SB 1114	An act that amends state law to change the standards for involuntary commitment through redefining the terms "persistent or acute disability" and "grave disability," and requiring additional information for a petition for involuntary treatment. The bill directs the Arizona Supreme Court to create a program for sharing records across counties regarding court orders for treatment or history of court orders for treatment.
Arizona SB 1392	An act that amends state law with regards to court-ordered treatment, requiring that treatment be ordered to a program that is geographically convenient for the patient. Additionally, it amends state law to allow for the director of the mental health treatment agency assigned to administer and supervise the treatment plan to petition the court for changes to the treatment plan based on clinical assessment and need.
California SB 929	An act that expands the Department of Health Care Services' responsibility in current law to collect and publish information about involuntary detentions to include additional information, including clinical outcomes, services provided and availability of treatment beds.
California SB 1338	An act to create a Community Assistance, Recovery, and Empowerment (CARE) Court, for the purpose of providing court-ordered care plans and intensive wrap around services to people who have severe mental illness. Services include peer supports, psychiatric treatment and housing.
Colorado HB 22-1256	An act that modifies the process for emergency commitment and transportation for mental health screening. The act provides additional rights to the individual being screened for commitment, including the right to an attorney for determinations of short and long-term commitment, and limits those who are able to initiate emergency custody.

Examples of 2022 Legislation Addressing Civil Commitment *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Florida CS/CS/SB 1262	An act that improves the Baker and Marchman Acts by requiring receiving facilities to contact the person's guardian, guardian advocate, health care surrogate, attorney or representative, or other emergency contact through electronic databases identified by police within 24 hours of the person's arrival, and allows release from a Baker Act facility to be approved by a telehealth appointment with the initiating psychiatrist, among other provisions.
Kentucky HB 127	An act that expands the standard for an individual to qualify for assisted outpatient treatment.
Maine LD 1968 (HP 1463)	An act that ensures the appropriate placement of a person with mental illness or intellectual and developmental disabilities when committed to institutional care.
Michigan SB 0101	An act that permits counties to establish a county transportation board to award contracts to private security firms to provide transportation services to transport individuals for involuntary psychiatric hospitalization. The act creates a state mental health transportation fund to pay for county transportation contracts and establishes additional guidelines for involuntary psychiatric evaluation and treatment.
Utah HB 261	An act that amends state law with regards to civil commitment to include physician assistants and nurse practitioners to the list of qualified professionals who may evaluate or initiate the process for temporary civil commitment.
Utah HB 363	An act that amends state law with regards to civil commitment, including modifying the definition of "substantial danger," provides for processes for releasing someone from voluntary commitment and extends the maximum period for temporary civil commitment.

Examples of 2022 Legislation Addressing Civil Commitment *(Continued)*

STATE | BILL NUMBER	DESCRIPTION
Washington HB 1773	An act concerning assisted outpatient treatment (AOT) for persons with behavioral health disorders, including new standards and procedures for commitments for persons who are in need of AOT.
West Virginia HB 4377	An act that amends the state involuntary commitment process, including clarifying when involuntary commitment is inappropriate, and orders an evaluation of alternatives to the use of law enforcement for transport of an individual being involuntarily committed.

Understanding the Issue

CIVIL COMMITMENT POLICY REFORM

Civil commitment (or involuntary commitment) refers to the legal process by which individuals are admitted into an inpatient psychiatric treatment facility or supervised outpatient treatment against their wishes. Discussions about civil commitment policy reform can be challenging. On all sides of the discussion, there are painful experiences, deeply rooted beliefs and historical fears of institutionalization.

However, policymakers cannot ignore that the laws surrounding civil commitment are often not serving communities well, leaving many of the most vulnerable in our society caught in a cycle of incarceration, homelessness and untreated symptoms. Many factors drive discussions of reform, but NAMI's advocacy focuses on holding policymakers accountable to the people most impacted by these laws, as opposed to creating ease for public systems.

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People with mental illness continue to battle a centuries-old belief that they are unable to make decisions for themselves, including decisions about their mental health care and treatment. This common belief impacts the thinking about the need for civil commitment, even though the field of mental health has accepted that, for most people, making personal decisions about treatment is key to recovery. Unfortunately, in many instances where severe symptoms go untreated, it results in deterioration that puts someone's physical health at greater risk. In these instances, systems must be in place that allow for intervention to direct these individuals to needed treatment and care.

Current laws surrounding civil commitment are primarily the responsibility of the states. For the most part, each state's laws have many similarities

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and include provisions on who can initiate the process for involuntary treatment, options to initiate an initial commitment for 24 to 72 hours, and standards for someone to receive longer involuntary care. Furthermore, nearly every state has laws allowing for community court-ordered treatment (also called assisted outpatient treatment, or AOT) that is intended to be a less restrictive, more beneficial and less costly treatment alternative to involuntary inpatient treatment.

NAMI has long held the belief that the availability of effective, comprehensive, community-based systems of care for people with mental illness will diminish the need for civil commitment. To the greatest extent possible, the focus of mental health policy should be on building this community-based system and to provide care in a way that empowers individuals to engage in decisions about their own care. However, legislation related to civil commitment should consider the following:

Protecting Individual Rights

By its nature, civil commitment deals with temporarily limiting someone's rights, including the right to freedom of movement when involuntary hospitalization is being considered, and the right to make personal decisions about health care. Thus, it is essential that these rights be protected and restored whenever possible. The role of the courts is to ensure that civil commitment decisions comply with standards for individual rights and due process. Public policies can support this by including provisions in legislation for such things as regular redetermination of commitment, access to counsel and the right to independent evaluations.

Determination Standards

Currently, most states rely on a standard of "dangerousness" to self or others, a strict standard that may create barriers for those who do not meet the narrow definition of "dangerous" that is often used in court proceedings. Laws should outline additional factors that can determine whether someone, due to their mental illness, should be subject to civil commitment, including (1) persons who are gravely disabled and are unable to provide for their basic needs, such as food, clothing, shelter, health or safety; (2) persons whose mental illness will likely deteriorate substantially and rapidly without intervention; or (3) persons who lack the capacity to make informed decisions regarding their own treatment and care.

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Systems Oversight

Given the vulnerability of people subject to civil commitment, there is a risk for abuse within the system. Laws should provide for independent administrative oversight bodies tasked with overseeing the system of civil commitment and should involve leaders representing the community, including peers and family members.

Investment in Community Mental Health

No expansion or ease of civil commitment laws should be done without also providing adequate resources. A criticism of treatment through civil commitment is that people need to wait until they deteriorate enough in order to access mental health services. Policymakers need to equally invest in a community mental health system that engages individuals and families in their own care, leaving civil commitment as a solution of last resort.

Additional Resources on Civil Commitment

- SAMHSA Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice
- Treatment Advocacy Center Analysis of Involuntary Psychiatric Treatment Laws

Guardianship

Unfortunately, there are some cases in which a person with a mental illness is unable to make or communicate decisions for themselves. In these instances, a parent, family member or the state may need to take on the role of guardian to promote their well-being and ensure that they are not subject to exploitation or maltreatment. In these rare instances, it is important that laws are in place to ensure that the guardianship process does not delay access to care and prioritizes the respect and dignity of the person with mental illness.

During the 2022 legislative session, Arizona and New Mexico both passed legislation that worked toward ensuring that people with very severe symptoms had access to guardians (AZ SB 1075 and NM SB 35) and ensured access to care instead of incarceration (AZ SB 1310).

Examples of 2022 Legislation Addressing Guardianship

STATE | BILL NUMBER	DESCRIPTION
Arizona SB 1075	An act that amends state law to allow for the appointment of a guardian *ad litem* to investigate whether a defendant needs a guardian or protective order if, in the course of a criminal case, the court has determined that someone is incompetent to stand trial and is unlikely to be restored to competency.
Arizona SB 1310	An act that establishes the Office of Public Safety and Guardianship to oversee and initiate the process for guardianship of individuals who have been determined to be incompetent to stand trial and are unlikely to be restored to competency within 21 months. Establishes procedures for initiating proceedings and making determinations, as well as guidelines for guardianship programming.
New Mexico SB 35	An act that allows for a temporary guardian to be appointed during proceedings for a pending petition of guardianship for someone who is considered "incapacitated."

Protection from Discrimination, Fraud and Abuse

People with disabilities, including people with mental illness, can be at risk of discrimination, fraud and/or abuse. States can enact additional protections to support people with disabilities from various harmful practices. Recent examples include laws on medical decision-making discrimination (SC HB 4597) and financial abuse (MN HF 3768).

Mental health treatment providers are not exempt from committing abusive practices, and this can be especially true in institutional settings. Arizona and Connecticut both took measures in 2022 to strengthen oversight of their state psychiatric hospitals and improve patient care (SB 1444 and SB 450, respectively).

Examples of 2022 Legislation Addressing Protection from Discrimination, Fraud and Abuse

STATE | BILL NUMBER	DESCRIPTION
Arizona SB 1444	An act that amends state law regulating the independent oversight committee on mental illness, specifically prohibiting retaliation by staff of the state psychiatric hospitals when a patient or family of a patient participates or contacts the oversight committee. The act creates additional membership requirements of the joint legislative psychiatric hospital review council.
Connecticut SB 450	An act that creates procedural and oversight changes related to 2 state-run psychiatric hospitals to improve oversight and care.
Minnesota HF 3768	An act that amends the process to include better safeguards for people who have structured settlements due to accidents or disability. The new law requires a number of safeguards to protect individuals, including people with mental illness or cognitive impairments, who are receiving structured settlement payments from fraud or abuse.
South Carolina HB 4597	An act that prohibits the discrimination against persons with disabilities to access organ donations or transplants.

Missing Persons Policies

When people with mental illness go missing, the experience can be terrifying for them and their loved ones. Family members need more resources to raise awareness of their missing loved one to quickly and safely locate them. In 2022, Virginia expanded the definition of a critically missing person to include individuals who have a mental illness (HB 1060/SB 49).

Additionally, Delaware took steps to address what happens once a missing person is found. Missing persons posts on social media can be discovered long after a person has been located and pose a barrier to employment for anyone that was once reported missing and is undergoing an employment background check. Delaware's HB 476 requires law enforcement to remove these missing persons posts within 72 hours of being notified that the person was found.

Note: If you are concerned about a missing family member, friend or someone else, please see NAMI's page on Finding a Missing Loved One.

Examples of 2022 Legislation Addressing Missing Persons Policies

STATE | BILL NUMBER	DESCRIPTION
Delaware HB 476	An act that requires law enforcement to remove any alerts regarding a missing person from social media within 72 hours of being notified that the person has been located.
Virginia HB 1060 SB 49	An act that expands the definition of a critically missing person to include individuals who have a mental illness, and eliminates the requirement that the person is assumed kidnapped for purposes of filing a report with the program.

Conclusion

9 in 10 adults say the nation is facing a mental health crisis.

Mental health emerged as a top issue in states' policymaking in 2022, reflecting concern from the American public, of which 9 in 10 adults say the nation is facing a mental health crisis. While every state has different needs, several clear priorities emerged across state lines. First, addressing the needs of youth was a tremendous focus and continued trend from the last several years. State lawmakers acted to ensure that school settings are more supportive of mental health, from increased awareness and formal education on mental health and suicide prevention, to mental health-friendly policies such as mental health excused absences, more mental health trainings for school personnel, and more mental health services provided in or connected to schools. Unlike prior years, this focus on youth also extended to helping youth who are juvenile justice system-involved, an area where many states pursued reforms in 2022.

More so than other years, states recognized the urgency of mental health workforce shortages. Policymakers acted quickly to expand the availability of providers in their states through interstate compacts and telehealth options, in addition to creating financial incentives to help grow the workforce and retain existing providers. To help address health disparities, more states also worked on increasing the cultural competency and diversity of the workforce.

Finally, the official launch in mid-2022 of "988," a national number to aid people experiencing mental health, suicide or substance use crises, accelerated states' efforts to build comprehensive behavioral health crisis care systems. States built capacity to handle increased call volumes to 988, primarily through additional funding to support 988 contact centers. States also expanded access to in-person crisis services such as mobile crisis teams and crisis stabilization programs.

NAMI National and NAMI State Organizations will be closely watching to see what trends continue in 2023 and what new policy solutions emerge to address some of the mental health system's most difficult challenges. You can be a part of advocating for change in your state by connecting with your NAMI State Organization. You can also help NAMI advocate for change within the federal government by signing up to join our Advocacy Network.

National Alliance on Mental Illness

Help NAMI Advocate for Change on Capitol Hill.

Learn more:
NAMI.org/Advocacy

Find your NAMI State Organization:
NAMI.org/FindSupport

NAMI HelpLine
800-950-NAMI (6264)

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