



National Alliance on Mental Illness

4301 Wilson Blvd., Suite 300  
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# 2021 Federal Agenda

MAY 2021

*Mental  
illness is a  
leading  
cause of  
disability  
in the U.S.*

As the nation's largest grassroots mental health organization dedicated to building better lives for the millions of people affected by mental health conditions, NAMI fights for policy change — including promoting early intervention, improving access to quality mental health care and diverting from criminal justice involvement — that translates our mission into reality.

COVID-19 is an unprecedented crisis that affects not only our physical health and daily lives, but also our mental health. We urge Congress and the Biden Administration to address the significant mental health effects of the pandemic, including for children and youth, by significantly increasing support for mental health and substance use services.

In addition to addressing the mental health impact of the pandemic, our nation's leaders have the opportunity to improve the infrastructure for mental health care.

## ***NAMI's federal priorities in 2021 include:***

### **1. Advance Mental Health Research**

We need increased funding for research to better understand the brain and to discover more precise diagnostics and innovative treatment options for mental health conditions. While many of the 1 in 5 people with a mental health condition respond to treatment, mental illness remains a leading cause of disability in this country. There is an urgent need for better diagnostics, medications and new therapeutic interventions to treat mental health conditions and reduce mental health disparities. **NAMI supports:**

- Increasing investment in the National Institute of Mental Health (NIMH) to fund vital research that accelerates discovery of better diagnostics and treatment options, including increased funding for the BRAIN Initiative, the Minority Mental Health Research Program, and the Office of Disparities Research and Workforce Diversity.
- Promoting the Accelerating Medicines Partnership Schizophrenia (AMP SCZ) at the National Institutes of Health to develop early-stage interventions for patients who are at risk of developing schizophrenia.
- Implementing the "Precision Medicine for Veterans Initiative" at the Department of Veterans Affairs to identify and validate mental health biomarkers.

**Only half of people with a mental health condition receive treatment.**

## **2. Improve Health Coverage**

Currently, only half of people with a mental health condition receive treatment. To increase access to care, people need comprehensive coverage that is affordable and includes parity coverage of mental health so they can get appropriate care as early as possible. This is especially critical for communities of color who remain disproportionately uninsured. **NAMI supports:**

- Enforcing and expanding mental health parity laws and limiting the availability of plans that do not cover mental health and substance use care, like short-term limited duration plans.
- Expanding and protecting Medicaid by creating incentives for all states to extend eligibility, reverse policies that limit coverage and end exclusions of coverage for people in psychiatric inpatient settings (IMD exclusion) or jails and prisons (inmate exclusion).
- Providing opportunities for people with mental health conditions who are justice-involved to connect to care upon release through the Medicaid Reentry Act.
- Minimizing barriers to accessing mental health care via telehealth.
- Ensuring full access to mental health medications, including by maintaining protections like the Medicare Six Protected Classes policy.

**Half of all lifetime mental illness begins by age 14.**

## **3. Promote Early Intervention**

Half of all lifetime mental illness begins by age 14, and 75% begins by age 24. Early intervention is essential because the earlier people get help, the better the outcomes. It is critical to promote greater awareness and early identification of mental health conditions in youth and young adults. **NAMI supports:**

- Renewing a partnership between the Substance Abuse and Mental Health Services Administration (SAMHSA) and NIMH to support expansion of Coordinated Specialty Care for early psychosis.
- Allowing states the option to provide Medicaid coverage to young adults experiencing early psychosis, supporting critical access to early treatment that improves outcomes.
- Expanding funding for the Pediatric Mental Health Care Access Program, which funds Child Psychiatry Access Programs, to increase access to mental health care in pediatric primary care using telehealth.
- Increasing funding for the federal Project AWARE program for school-based mental health awareness and connection to care.
- Increasing funding for the federal Healthy Transitions program to improve access to treatment and support for youth and young adults with, or at risk of developing, a serious mental health condition.
- Providing funding for state and local communities to increase the availability of comprehensive school-based mental health services for students.

**A person in a mental health crisis is often more likely to interact with law enforcement than a medical professional.**

#### **4. Expand 988 Crisis Response Systems**

A person in a mental health crisis is often more likely to interact with law enforcement than a medical professional. Crisis services can de-escalate mental health crises, connect people to care, and reduce emergency room admissions and law enforcement involvement. We deserve a crisis system that provides a mental health response to mental health crises — and reduces trauma and tragedies, especially for communities of color. **NAMI supports:**

- Increasing funding for crisis response services across the country, including establishing a permanent 10% set-aside in the community mental health block grant for crisis services.
- Ensuring federal guidance, leadership and technical assistance in development of 988 crisis response systems.
- Providing an enhanced Federal Medical Assistance Percentage (FMAP) in Medicaid to support states' efforts to expand mobile crisis teams.
- Expanding the Certified Community Behavioral Health Clinic (CCBHC) demonstration waiver program nationwide so that every state can leverage the integrated CCBHC model for their crisis care system.
- Increasing funding for the National Suicide Prevention Lifeline to support training, data collection, and specialized services for high-risk populations, like people with serious mental illness, the LGBTQ+ community and communities of color.

**People with mental illness are booked into jails more than 2 million times each year.**

#### **5. Divert from Justice Involvement**

When people with a mental illness don't get the mental health care they need, their symptoms can worsen — leading to interaction with law enforcement. People with mental illness are over-represented in the criminal justice system and are booked into jails more than 2 million times each year. We need more resources to support successful diversion programs that assist people in getting help, not handcuffs.

**NAMI supports:**

- Increasing funding for federal grant programs that divert people at various points in the criminal justice system, including expanding the availability of Crisis Intervention Teams and mental health courts.
- Funding the Crisis Stabilization and Community Reentry Act (P.L. 116-281) to improve continuity of care upon release from custody.
- Promoting connections to care for individuals leaving the criminal justice system through the Medicaid Reentry Act, which provides coverage to eligible individuals 30 days prior to release.

**People with mental health conditions are frequently marginalized in health systems.**

## **6. Promote Peer and Family Supports**

People with mental health conditions and their families face unique stressors and are frequently marginalized in health systems. Peer and family supports offer a powerful lifeline to help individuals and families understand and manage symptoms, navigate the mental health system, and feel supported by a community that cares, especially when peer and family supports reflect the diversity of the communities they serve. **NAMI supports:**

- Clarifying HIPAA to support appropriate communications with and inclusion of families in their family member's mental health treatment.
- Expanding coverage of peer support services in federal health coverage programs.
- Ensuring that NAMI State Organizations and NAMI Affiliates are eligible to apply for federal funding to provide peer and family supports.

**Community mental health services and supports are critical to helping individuals and families.**

## **7. Strengthen Community Mental Health**

Community mental health services and supports are critical to helping individuals and families get the help they need and stay on a path of recovery. As rates of people experiencing new symptoms or a worsening of symptoms continue to rise, state and local governments need additional resources to provide needed mental health treatment and support. **NAMI supports:**

- Increasing the Community Mental Health Services Block Grant to help states respond to mental health needs in their community.
- Expanding the Certified Community Behavioral Health Clinic (CCBHC) program to provide access to mental health and addiction care in community-based settings across the country.

**1 in 5 people who are homeless lives with a serious mental illness.**

## **8. Provide Safe and Affordable Housing**

A safe place to live is essential to recovery, yet many people with serious mental illness lack affordable and appropriate housing — which disproportionately affects people of color. 1 in 20 people in the U.S. has a serious mental illness, yet 1 in 5 people who are homeless lives with a serious mental illness. We need additional resources to ensure housing stability, which reduces hospitalizations and criminal justice system involvement and helps individuals focus on their health and well-being. **NAMI supports:**

- Increasing funding for Section 811 project-based rental assistance, which helps people with serious mental illness afford housing.
- Increasing funding for the McKinney-Vento Homeless Assistance program, which helps people experiencing homelessness find stable housing.

**People with serious mental illness die years earlier than their peers.**

## **9. Integrate Mental and Physical Health Care**

Millions of people in the U.S. have both a physical and a mental health or substance use condition, yet health care systems typically fail to adequately integrate treatment for physical health, substance use and mental health conditions. This fragmentation leads to poor health outcomes — people with serious mental illness die years earlier than their peers. We need better integration to reduce health disparities for people with mental illness. **NAMI supports:**

- Promoting financing models in Medicaid and Medicare that incentivize integration of physical health, substance use and mental health care, including for children and older adults.
- Accelerating adoption of quality measures that promote integration of care, including patient experience of care surveys for people with mental illness who have had inpatient treatment.
- Aligning 42 CFR Part 2, a federal privacy regulation for substance use disorder records, with HIPAA, which governs privacy of health information, to reduce barriers to integrating health care.



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**Learn more about NAMI's advocacy efforts and take action at [NAMI.org/advocacy](https://www.nami.org/advocacy).**

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