

### Overview

NAMI's third annual [report](#), *State Mental Health Legislation 2015: Trends, Themes and Effective Practices*, tracks state mental health budgets and identifies legislative trends across the country. The report provides both a summary of leading mental health legislation and appendices with links to legislation grouped by topic.

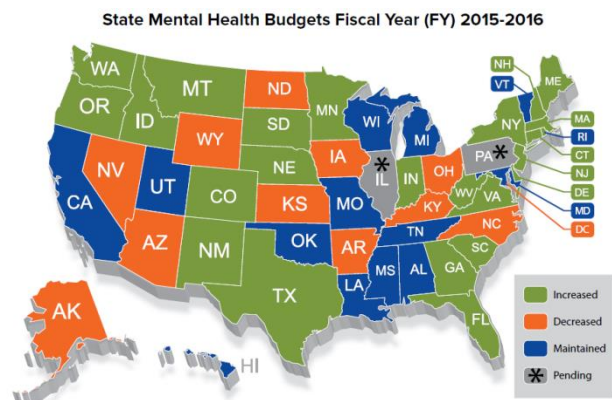
In 2015, many states enacted innovative bills that can serve as models to improve mental health service delivery. However, the overall investment in state mental health budgets continues to decline.

### State Mental Health Budgets

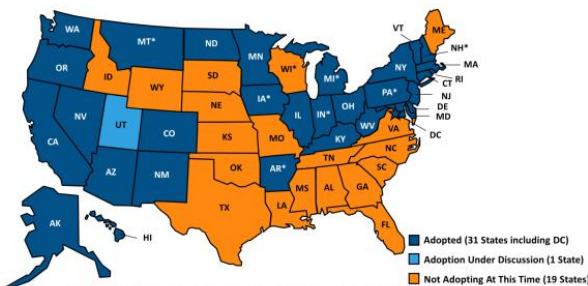
NAMI's report notes whether state mental health budgets are increasing, decreasing or merely maintaining compared to the previous year as an important indicator of a state's commitment to mental health care. Alarming, the number of states increasing spending on state mental health budgets shrank for the third year in a row.

**Minnesota** stands out for consistently and thoughtfully investing in its mental health system. This year, the state notably invested in first episode psychosis (FEP) programs, housing, employment, Assertive Community Treatment (ACT), hospital beds and workforce development.

**Recommendation:** NAMI encourages all states to invest in improving their mental health system to provide timely, comprehensive and effective services and supports.



### Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. \*AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver will be effective January 1, 2016. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.  
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated November 2, 2015. <http://shf.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

### Medicaid Expansion

Nationally, half of all adults with mental health conditions received no treatment in the prior year. In states that expand Medicaid eligibility, more people have coverage for the mental health care they need. Medicaid expansion also brings added federal resources that allow state mental health systems to better provide mental health treatment and supports.

**Recommendation:** NAMI encourages all states to expand Medicaid to improve coverage for mental health care.

## 2015 Top Five Mental Health Bills

In NAMI's report, *State Mental Health Legislation 2015: Trends, Themes and Effective Practices*, five bills stood out. NAMI recommends these bills as models to address challenges in state mental health systems. In addition, states should consider the 82 bills or actions marked with a gold star (★).

- **[AZ HB 2488 \(Housing\)](#)**  
Housing is a cornerstone of recovery for people with mental illness, yet, on average, the rent for a studio apartment exceeds 90% of disability income. This legislation creates a housing trust fund for rental assistance to people with serious mental illness.
- **[MN SF 1458 \(First Episode Psychosis program\)](#)**  
Leading research shows that early intervention through First Episode Psychosis (FEP) programs enables young people to manage psychosis and get on with their lives. This legislation supplements federal dollars to support evidence-based FEP programs.
- **[UT HB 348 \(Criminal Justice and Mental Health\)](#)**  
People with mental illness who would be better served with mental health services and supports too often end up in jails and prisons. This legislation requires the state departments of corrections and mental health to collaborate on providing mental health treatment to inmates, developing alternatives to incarceration and implementing graduated sanctions and incentives.
- **[VA HB 2118 \(Psychiatric Inpatient Beds\)](#)**  
Finding a psychiatric bed in a crisis is challenging. As a result, people with mental illness are often boarded in emergency departments for exceptionally long periods. Lack of information on the availability of psychiatric beds throughout a state is often part of the problem. This legislation requires all public and private facilities to report psychiatric inpatient and crisis stabilization beds at least once daily.
- **[WA SB 5175 \(Telehealth\)](#)**  
Nationwide, there is an acute shortage of mental health professionals. Telehealth can make mental health expertise more available to underserved communities using readily available technology. However, challenges in reimbursement have resulted in underuse of this valuable resource. This legislation defines telemedicine as a reimbursable service for the purposes of diagnosis, consultation or treatment.

## Top Gaps in Mental Health Legislation

While states enacted a large volume of mental health-related legislation, four areas stood out as significant gaps—health insurance parity, early intervention, inpatient and crisis care, and supported housing and employment.

- **Mental health parity**  
Despite the existence of two federal laws requiring insurance coverage of mental health treatment on par with other types of care, enforcement challenges remain. States should require health plan transparency regarding benefits, access criteria and out-of-pocket costs. States should regularly audit insurers and enforce parity.
- **Early intervention**  
When identified early, childhood mental disorders can be addressed through community-based, family-oriented services at a fraction of the cost of intensive care. State legislation should require mental health screening as part of routine clinical practice with public and private insurers and healthcare providers.
- **Inpatient and crisis care**  
Prompt, effective care preserves safety, restores balance and sets the stage for recovery after a psychiatric crisis. Legislation should ensure statewide access to 24/7 crisis response, real-time psychiatric bed tracking, crisis stabilization units, acute psychiatric inpatient and respite care.
- **Housing and employment supports**  
Stable housing and meaningful employment are central components of recovery, yet scant legislative attention has been given to these critical supports. States should enact legislation to improve access to decent, affordable housing and effective employment supports.

See full report: [www.nami.org/statereport](http://www.nami.org/statereport)