

Advocacy Goal:

Youth and adults living with mental illness receive the right care at the right time and in the right place to experience lives of resiliency, recovery and inclusion.

2017 NAMI Vermont Advocacy Priorities

1. Increase mental health funding
2. Ensure access to effective mental health services for everyone
3. Ensure safe and respectful crisis intervention
4. End the inappropriate incarceration of people with mental illness
5. Provide training for mental health professionals and providers
6. Provide appropriate, affordable housing for people with mental illness
7. Promote early diagnosis and intervention strategies, including suicide prevention initiatives
8. Promote wellness and the integration of mental health, substance use and primary care services
9. Help people with mental illness to support themselves through meaningful work

2017 NAMI Vermont Expanded Advocacy Priorities

1. **Increase mental health funding to:**
 - a. Provide stable and adequate funding for public mental health programs to meet community needs for mental health services.
 - b. Provide stable and adequate funding for Medicaid and Medicare that ensures access to a full array of effective services, continuity of care and eligibility for youth and adults living with mental illness.
 - c. Provide competitive compensation for mental health professionals and providers.
2. **Ensure access to effective mental health services for everyone**
 - a. We need to invest in proven, cost-effective, community-based treatment and services that promote recovery.
 - i. Ensure prompt access to outpatient care at the designated agencies, including drop in outpatient crisis services to alleviate ER visits
 - ii. Increase case management services.
 - iii. Increase peer run and staffed support services, (e.g., case management, hospitals).
 - iv. Provide choice of treatment options for someone experiencing a crisis which includes:
 - Family Psychoeducation; medication; counseling/therapy; support groups; Pathways Vermont, Soteria House for first episode psychosis and early awareness of changes in personal mental health; Open Dialogue; and therapeutic residences/crisis beds.
 - b. Ensure treatment for acute level care:

- i. Increase staffing and funding so that all level 1 acute care beds are available for patients when needed.
 - ii. Increase staffing and funding so that all respite beds are available for hospital diversion.
 - iii. Eliminate ER waits of over 24 hours for beds; adequate number of inpatient beds for all seriously mentally ill people, both voluntary and involuntary.
 - iv. Continue to monitor and evaluate the wait times for treatment for involuntarily hospitalized psychiatric patients.
 - c. Ensure inclusion of caring, supportive family members in the evaluation and treatment of individuals with serious mental illness.
 - d. Encourage the creation of Advance Directives for people with brain conditions (including serious mental illnesses) to make medical decisions.
 - e. Ensure cultural and linguistic competencies are available in order to eliminate disparities.
- 3. **Ensure safe and respectful crisis intervention**
 - a. Law enforcement
 - i. Continue secure-safe transport and use only soft-covered restraints when necessary.
 - ii. Continue to fund ACT 80/ACT 79 (Acts relating to training for law enforcement officers interacting with persons experiencing a mental health crisis).
 - iii. Ensure mental health crisis training and refresher training (e.g., Team Two and CIT) is provided to all police officers, dispatchers (including 911, 211), sheriffs, corrections officers, EMTs, call responders (hotline/warmline), and others who may be called to intervene in a crisis.
 - b. Mobile Crisis teams
 - i. Ensuring funding for mobile crisis teams
 - ii. Crisis teams should include professional providers and individuals with lived experience
- 4. **End the inappropriate incarceration of people with mental illness**
 - a. Eliminate incarceration of individuals whose acts are directly related to their mental illness.
 - b. Ensure incarcerated individuals have the right to quality mental health care, both while incarcerated and upon release into the community.
 - c. Prioritize treatment over punishment for low-level, non-violent offenders with mental illnesses.
 - d. Divert people living with serious mental illness from jail to appropriate community treatment.
 - e. Eliminate solitary confinement and ensure continuous and effective mental health care, substance abuse treatment and medical care for inmates with mental illness.
 - f. Ensure connection of inmates living with mental illness to housing, treatment, supports and enrollment in federal SSI/SSDI, Medicaid, Health Insurance Exchange plans and other benefits before release from custody.
- 5. **Provide training for mental health professionals and providers**
 - a. Provide training to professionals who work directly with individuals affected by mental illness (e.g., In Our Own Voice, Provider Education, customized

- presentations) to eliminate stigma, build empathy and raise awareness about what it means to live with mental illness.
- b. Continue the Six Core Strategies implementation being used in Level 1 facilities to eliminate or reduce the number of seclusion and restraints and expand to all levels.
 - c. Meet or exceed CMS standards for certification of every mental health care facility.
 - d. Provide safe environment so that care is monitored.
 - e. Assure quality and excellence in care in least-restrictive settings at all levels of mental health care.
6. **Provide appropriate, affordable housing for people with mental illness**
- a. Provide a variety of affordable permanent housing.
7. **Promote early diagnosis and intervention strategies, including suicide prevention initiatives**
- a. Ensure primary care physicians, counselors, school professionals such as guidance counselors, special educators, and teachers receive the training to identify people at risk for appropriate follow-up
 - b. Promote early intervention strategies (e.g., education, support groups, counseling, Youth Mental Health First Aid, Mental Health America for Students) to help prevent suicidal ideation and behaviors.
 - c. Ensure funding for Suicide Prevention Center who provides Umatter training, working with gun shop owners to train them, etc.
8. **Promote wellness and the integration of mental health, substance use and primary care services**
- a. Ensure lawmakers and health care funders address the critical need for integration of physical and mental health care for better treatment and improved overall health outcomes for people living with mental illness.
9. **Help people with mental illness to support themselves through meaningful work**
- a. Establish policies and statewide programs that lead to competitive employment and economic self-sufficiency for all people living with mental illness. (e.g., supported employment through VocRehab and Wellness Coop, Ticket to Work program, etc.)
 - b. Reduce stigma by ensuring employers provide equal opportunity to qualified individuals with mental health challenges.

*Note: Updated by Advocacy Retreat and workgroup on: 8/27/16; 9/7/16; 9/8/16; 9/13/16. Approved by Advocacy Committee on 10/6/16. Approved by Board on 10/15/16.