

Advocacy Goal:

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

Draft 2018 NAMI Vermont Advocacy Priorities (numbered for reference only)

1. Build Community Awareness and Reduce Stigma and Discrimination
2. Increase mental health funding
3. Ensure access to effective mental health services for everyone
4. Provide access to appropriate, affordable housing and transportation for people with mental illness or a mental health condition
5. Ensure safe and respectful crisis intervention
6. Eliminate inappropriate incarceration of individuals whose acts are directly related to their mental illness or mental health condition.
7. Provide training for mental health professionals and providers
8. Promote early diagnosis and intervention strategies, including suicide prevention initiatives
9. Promote wellness and the integration of mental health, substance use and primary care services
10. Assist people with mental illness or a mental health condition to support themselves through meaningful work

2017 NAMI Vermont Expanded Advocacy Priorities

- 1. Build Community Awareness and Reduce Stigma and Discrimination**
 - a. Explore how best to build community awareness and opportunities
 - i. Establish events throughout the state through NAMI Vermont and affiliates
 - ii. Schedule IOOV presentations to reduce stigma and discrimination
 - iii. Educate organizations about mental illness through presentations and workshops
 - iv. Exhibit at conferences and other events to promote our mission
- 2. 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, Medicare and private insurance parity that ensures access to a full array of effective services, continuity of care and eligibility for youth and adults to address mental health.
 - c. Provide competitive compensation for mental health professionals and providers.
- 3. 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 and treatment 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:
 - 1. Family Psychoeducation; medication; counseling/therapy; support groups; Pathways Vermont, Soteria House and early awareness of changes in personal mental health; Open Dialogue; therapeutic residences/crisis beds; and other alternative holistic treatments.
 - 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 and provide adequate number of inpatient beds for all patients, both voluntary and involuntary.
 - iv. Promote and inform effective data collection to monitor and evaluate the wait times for treatment of involuntarily and voluntarily hospitalized psychiatric patients.
 - c. Ensure inclusion of supportive family members in the evaluation and treatment of individuals with mental illness or mental health conditions.
 - d. Encourage the creation of Advance Directives to make medical decisions.
 - e. Ensure cultural and linguistic competencies are available.
4. **Provide access to appropriate, affordable housing and transportation for people with mental illness or a mental health condition**
- a. Provide a variety of affordable, safe, and permanent, housing and transportation options.
 - b. Provide supported housing as needed.
5. **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/warmlines), and others who may be called to intervene in a crisis.
 - b. Mobile Crisis teams
 - i. Ensure funding for mobile crisis teams

- ii. Ensure that crisis teams include professional providers and individuals with lived experience
6. **Eliminate inappropriate incarceration of individuals whose acts are directly related to their mental illness or mental health condition.**
- a. Ensure incarcerated individuals have the right to quality mental health care, both while incarcerated and upon release into the community.
 - b. Prioritize treatment over punishment for low-level, non-violent offenders with mental illnesses or mental health conditions.
 - c. Divert people living with mental illness or a mental health condition from jail to appropriate community treatment.
 - d. Eliminate solitary confinement and ensure continuous and effective mental health care, substance use treatment, and medical care for inmates with mental illness or mental health conditions.
 - e. Ensure connection of inmates living with mental illness or a mental health condition to housing, treatment, supports and enrollment in federal SSI/SSDI, Medicaid, Health Insurance Exchange plans and other benefits before release from custody.
7. **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 and discrimination, build empathy and raise awareness about what it means to live with mental illness or a mental health condition.
 - b. Continue the Six Core Strategies (add link to six core strategies) being used in Level 1 facilities to eliminate or reduce the number of seclusion and restraints and expand to all levels of care.
 - c. Meet or exceed CMS standards for certification of every mental health care facility.
 - d. Assure quality and excellence in care in least-restrictive settings at all levels of mental health care.
8. **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, social media communications) 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.
9. **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 or a mental health condition.

10. Assist people with mental illness or a mental health condition 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 or a mental health condition. (e.g., “supported employment” and other employment services through VocRehab and Pathways Vermont, Ticket to Work program, etc.)
- b. Reduce discrimination by ensuring employers provide equal opportunity to qualified individuals with a mental health condition.

*Note: Updated at Advocacy Retreat by 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.

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