

The purpose of the NAMI Vermont Advocacy Platform is to articulate where NAMI Vermont stands on issues related to its 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, AND experience lives of resiliency, recovery and inclusion”.

**2025 NAMI Vermont Advocacy Platform** (*numbered for reference only*)

1. Build community awareness and eliminate stigma and discrimination.
2. Increase mental health funding.
3. Ensure availability of effective mental health services.
4. Ensure the social determinants of health are met.
5. Ensure safe and respectful crisis intervention.
6. Promote appropriate outcomes where the criminal justice system and mental health issues intersect.
7. Promote safety, training, and quality standards.
8. Promote and collaborate on suicide prevention initiatives.
9. Ensure the integration and parity of mental health, substance use, and primary care services.

**2025 NAMI Vermont Expanded Advocacy Platform**

**1. Build community awareness and eliminate stigma and discrimination.**

- a. Build awareness of NAMI Vermont’s programs and services.
  - i. Initiate and participate in community events throughout the state.
  - ii. Educate organizations and the community about mental health through presentations, classes, workshops, and other events.
    1. Expand mental health education for all students, staff, and parents.
    2. Educate the press and general public about mental health including situations where violent acts attract attention.
  - iii. Exhibit at conferences and other events to promote our mission.
- b. Create a culture of acceptance so that individuals are safe to self-disclose mental health challenges.

**2. Increase mental health funding.**

- a. Advocate for stable and adequate funding for public mental health programs and facilities to meet community needs for mental health services, including NAMI Vermont.
- b. Advocate for stable and adequate funding for Medicaid, Medicare, and private insurance parity that ensures access to a full array of effective services and continuity of care.
- c. Advocate for competitive compensation for mental health professionals and providers.
- d. Advocate to increase funding to attract, retain, and fund positions in the mental health workforce.

### **3. Ensure availability of effective mental health services.**

- a. Invest in proven, timely, cost-effective, community-based treatment and services that promote recovery.
  - i. Ensure Coordinated Specialty Care Programs to address First Episode Psychosis are available in Vermont so individuals receive help early.
  - ii. Ensure prompt access to outpatient care and treatment, including drop-in outpatient crisis services to alleviate emergency room visits.
  - iii. Increase peer-run and peer-staffed support services and funding.
  - iv. Ensure permanent community supported housing that includes mental health providers (peers, coaches, mentors, and/or clinicians).
  - v. Provide choice of treatment options which includes (but is not limited to):
    1. family education, medication, counseling/therapy, support groups, Soteria-Pathways Vermont, Wellness Recovery Action Plan (WRAP), Collaborative Network Approach, therapeutic residences/crisis beds, coaching, peer support, etc.
    2. alternative holistic treatments
  - vi. Increase staffing and funding to ensure an adequate number of respite beds or other alternatives are available for hospital diversion.
  - vii. Recruit and retain the mental health workforce to eliminate open positions (e.g., adult and child psychiatrists/psychologists, nurses, case managers, therapists, social workers, etc.)
  - viii. Ensure support and treatment for those most at risk of developing mental illness or mental health conditions (e.g., veterans, LGBTQ, BIPOC, immigrants, refugees) from an intersectionality perspective (refer to NAMI Vermont's Diversity Policy). (*Intersectionality is the interconnected nature of social categorizations such as race, class, and gender regarded as creating overlapping interdependent systems of discrimination or disadvantage.*)
- b. Ensure treatment for hospital-level care:
  - i. Increase staffing and funding to ensure an adequate number of geographically distributed level 1 acute care and inpatient beds are available (voluntary and involuntary.)
  - ii. Increase the number of beds available specifically for children and youth.
  - iii. Eliminate emergency room wait times (over 4 hours) to receive the appropriate care.
  - iv. Promote data driven root cause analysis for ED wait times as well as voluntary and involuntary hospitalizations.

### **4. Ensure the social determinants of health are met (Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.)**

- a. Provide resources to strengthen resiliency and empower individuals to achieve their aspirations.
- b. Provide a full array of affordable, safe, and supportive housing options (e.g., permanent, therapeutic, transitional, and community).
- c. Ensure timely and appropriate transitions to community housing from emergency rooms, inpatient hospitalizations, step-down residential facilities, and correctional facilities.
- d. Ensure that safe and affordable transportation options are available for those living with mental illness or a mental health condition.
- e. Advocate for safe and affordable transportation for family members to visit hospitalized loved ones.
- f. Establish policies and statewide programs that lead to meaningful competitive employment and economic self-sufficiency (e.g., "supported employment" and other employment services through the Designated Agencies, HireAbility (formerly VocRehab), Pathways Vermont, Another Way, Ticket to Work program, etc.)

- g. Eliminate discrimination by ensuring employers provide equal pay and opportunity to qualified individuals with a mental health condition.
- h. Provide resources to participate in meaningful supported volunteer opportunities and education programs.
- i. Ensure inclusion of supportive family members and other supportive individuals in the evaluation and treatment of individuals with mental illness or mental health conditions.
- j. Encourage the creation and registration of Psychiatric Advance Directives.
- k. Ensure cultural and linguistic resources are available for individuals and the community.

**5. Ensure safe and respectful crisis intervention.**

- a. Law enforcement
  - i. Ensure secure and safe transport and use only soft-covered restraints when necessary.
  - ii. Ensure data is collected regarding types of restraints used when transporting individuals.
  - iii. Support “Use of Force” policies, training, and recruitment.
- b. Crisis response services
  - i. Ensure adequate funding for, and 24/7 availability of, 988, crisis center hubs, mobile crisis teams, and crisis stabilization services throughout Vermont.
  - ii. Continue to ensure that crisis response services include professional providers and individuals with lived experience.
  - iii. Ensure expansion of Crisis Intervention Team (CIT) Programs within more communities. Crisis Intervention Team (CIT) programs transform and improve community responses to mental health crises and bring together law enforcement, mental health professionals, mental health advocates (people living mental illness and their families), and other partners such as EMS and Recovery Partners.

**6. Promote appropriate outcomes where the criminal justice system and mental health issues intersect.**

- a. Ensure individuals have the right to quality mental health care, substance use treatment, and medical care both while incarcerated and upon release into the community.
- b. Ensure inmates with a serious functional impairment are connected to housing, treatment, supports and enrollment in programs (i.e., SSI/SSDI, Medicaid, Health Insurance Exchange plans) and other benefits preferably before release from custody.
- c. Prioritize treatment over punishment especially for low-level, non-violent offenders with a mental illness or mental health condition, with diversion to an appropriate placement (forensic, non-forensic).
- d. Should segregation be necessary for disciplinary or administrative purposes, its duration should be defined and strictly limited by rule. No inmate, particularly one with a serious functional impairment or who is in a mental health crisis, should be held in isolating circumstances that may harm their mental health.
- e. Increase step down housing for inmates being released from custody to avoid unnecessary prolonged custody or release dates.
- f. Eliminate criminalizing mental illness.

**7. Promote safety, training, and quality standards.**

- a. Provide training to professionals who work directly with individuals affected by mental illness or a mental health condition (e.g., Trauma Informed training, Crisis training, refresher training, In Our Own Voice, Provider Education, customized presentations, Team Two, Academy, CIT training) 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. Eliminate or reduce the number of seclusion and restraints and promote all strategies including the Six Core Strategies for all levels of care including residential and educational facilities.
- c. Ensure quality and excellence in least-restrictive settings at all levels of mental health care.
- d. Support the development and implementation of a peer certification program in Vermont.
- e. Ensure professionals receive training to identify people at risk of suicide or an emerging mental health condition.
- f. Ensure protocols are in place to provide for the safety of all professionals during a mental health crisis.

**8. Promote and collaborate on suicide prevention initiatives.**

- a. Promote early intervention strategies (e.g., 9-8-8, education, support groups, counseling, social media communications) to help prevent suicidal ideation and behaviors.
- b. Ensure restrictions on access to firearms to reduce suicide.
- c. Promote and ensure accessibility to training and programs to prevent suicide.

**9. Ensure the integration and parity of mental health, substance use, and primary care services.**

- a. Ensure primary health care providers and lawmakers address the critical need for integration of physical and mental health care for better treatment and improved overall health.
- b. Promote parity (insurance coverage/reimbursement and level/quality of care).
- c. Promote affordability and accessibility of health and wellness services.

NOTES

- Updated at Advocacy Retreat on 07/18/2024 and 08/15/2024. Approved by Advocacy Committee on 08/15/2024. Approved by Board on 09/11/2024.
- Updated at Advocacy Retreat on 06/01/2023, 07/13/2023, and 08/03/2023. Approved by Advocacy Committee on 09/07/2023. Approved by Board on 09/12/2023.
- Updated at Advocacy Retreat on 09/01/2022 and 09/15/2022. Approved by Advocacy Committee on 09/15/2022. Approved by Board on 12/10/2022.
- Updated at Advocacy Retreat on 07/01/2021, 07/08/2021, 08/25/2021, and 09/02/2021. Approved by Advocacy Committee on 09/02/2021. Approved by Board on 09/11/2021.
- Updated at Advocacy Retreat by workgroup on: 07/06/2020, 07/28/2020, and 08/17/2020. Approved by Advocacy Committee on 08/17/2020. Approved by Board on 09/12/2020.
- Updated at Advocacy Retreat by workgroup on: 06/03/2019, 07/08/2019, and 08/12/2019. Approved by Advocacy Committee on 08/12/2019. Approved by Board on 09/07/2019.
- Updated at Advocacy Retreat by workgroup on: 06/04/2018, 07/09/2018, and 08/13/2018. Approved by Advocacy Committee on 08/13/2018. Approved by Board on 09/08/2018.
- Updated at Advocacy Retreat by workgroup on: 07/20/2017 and 08/07/2017. Approved by Advocacy Committee on 10/06/2017. Approved by Board on 09/09/2017.
- Updated at Advocacy Retreat by workgroup on: 08/27/2016; 09/07/2016, 09/08/2016, and 09/13/2016. Approved by Advocacy Committee on 10/06/2016. Approved by Board on 10/15/2016.