

## 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.

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### 4. **End the inappropriate incarceration of people with mental illness**

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## SUPPORT GROUPS



**NAMI Connection Recovery Support Group Meetings** are a free, weekly 90-minute recovery support group for people living with mental illness where people learn from one another's experiences, share coping strategies and offer mutual encouragement and understanding. The groups discuss the challenges of living with mental illness and techniques for maintaining wellness. Facilitators are trained NAMI peers living in recovery.



**NAMI Family Support Group Meetings** are a free, monthly 90-minute support group of family and friends of individuals with a mental illness where they can talk frankly about their challenges and help one another through their learned wisdom and coping strategies. Participants are encouraged to share actively in the work of the group. All meetings are facilitated by trained NAMI family members.

**For a list of Support Group Meetings, visit our website at [www.namivt.org](http://www.namivt.org)**

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## EDUCATION



**NAMI Family-to-Family** is a free, 12-week course for families, partners and friends of individuals living with mental illness and is taught by trained NAMI family members and friends. The course dwells on the emotional responses families have to the trauma of mental illness. Many family members describe their experience in the program as life-changing. Classes are available in the spring and fall throughout the state.



**NAMI Provider Education Program** offers 15 hours of training to professionals and providers who work directly with people experiencing mental illness. The course helps professionals realize the hardships that families and individuals experience and appreciate the courage and persistence it takes to live with and recover from mental illness. Teachers are a trained five-member team of family members, individuals living with mental illness, and a mental health professional.



**NAMI Vermont's Mental Illness and Recovery** workshop offers family, friends, peers, and community members a one-day workshop that covers information on bipolar disorder, major depression, schizophrenia/schizoaffective disorder, obsessive compulsive disorder, panic disorder, PTSD, and borderline personality disorder. The workshop will also cover the components of recovery, evidence based practices available in Vermont and resources and services within our state.

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## PRESENTATIONS



**NAMI In Our Own Voice** is a 60-90 minute public education presentation that raises the awareness of mental illness and recovery. It includes a short video, personal testimony and a Q&A that allows for honest and open dialogue. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes, and Dreams.



**NAMI FaithNet** is an information resource and network for NAMI members, clergy and people of faith from all faith traditions. The goal of NAMI FaithNet is to encourage the development of welcoming and spiritually nourishing environments in every place of worship. A NAMI FaithNet Presentation includes discussion about mental illness, NAMI Vermont programs, and resources to help support the community.

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