

NATIONAL COALITION FOR MENTAL HEALTH RECOVERY 2011 POLICY PRIORITIES

A	Increase the funding of peer run networks and services in every state through Mental Health Block grant or other sustained federal finding and increase federal appropriations for consumer-run statewide organizations/coalitions.
B	<p>Ensure that consumer/survivors are educated about the risks associated with psychiatric medication and polypharmacy, and promote non-pharmaceutical approaches.</p> <p>a. Promote training in the behavioral health field on alternatives to psychiatric medication.</p> <p>b. Work with consumer/survivors and evaluators to develop best practices for alternatives to psychiatric drugs.</p> <p>c. Advocate that a consensus conference be held on the over-reliance on psychiatric drugs and the need for non-drug alternatives in mental healthcare.</p>
C	<p>Advocate for non-violent alternatives to force and coercion in mental health and substance addiction care.</p> <p>a. Support policies and legislation that eliminates seclusion and restraint in all settings.</p> <p>b. Work with states to repeal forced outpatient commitment laws.</p> <p>c. Collaborate with state legislatures to promote voluntary alternatives to psychiatric institutionalization including peer-run respite programs, warmlines, and in-home supports.</p>
D	Ensure that the consumer/survivor voice impacts health care reform (HCR) and that HCR information is accessible, accurate, understandable, up-to-date and widely disseminated; and that HCR is person-directed; recovery- oriented; and includes flexible funding and reimbursement for peer-run services and peer support services.
E	<p>Reform Medicaid and Medicare to support recovery and community integration.</p> <p>A. Ensure full implementation of Medicare parity legislation.</p> <p>B. Recommendations for state Medicaid reform:</p> <ol style="list-style-type: none"> 1. Promote supervision of peers by other peers.¹ 2. Reimburse peers working in a variety of roles.²

¹ The Coalition supports revising the language of the August, 2007 CMS letter to state Medicaid Directors, which specified that "mental health professionals should supervise peer specialists, " to reflect language used by the Pennsylvania Medicaid office: "Peer specialists can be supervised by either a mental health professional or a person with a bachelor's degree and 2 years of direct care as a peer and/or mental health worker or a person with a high school diploma or general equivalency degree and four years of mental health direct care experience, which may include experience in peer support services."

² Medicaid should reimburse peers to work in a variety of roles including Personal Care Attendants (PCAs) in mental health, peer bridgers in inpatient settings, members of crisis teams, and wellness coaches in addition to the role of Certified Peer Specialist.

	<p>3. Allow peers to use self-determination care accounts to hire other peers.</p> <p>4. Expand the definition of “medical necessity” to include recovery and community integration.³</p> <p>5. Promote the central involvement of peers in the evaluation of services.</p> <p>6. Provide clear and accurate information about Medicaid to consumers.</p> <p>7. Ensure significant participation by mental health peers on Medicaid Advisory Councils.⁴</p>
F	<p>Recommend that the Substance Abuse and Mental Health Services Administration (SAMHSA) adopt meaningful involvement of people with the lived experience of mental health recovery in policy, planning, programs, and evaluation and ensure that we are adequately prepared to participate in all major policy and planning decisions at all levels. Ensure that the values of the National Coalition are integrated into all SAMHSA strategic initiatives.</p>
G	<p>Promote trauma-informed, holistic services and supports.</p> <p>a. Ensure that training and continuing education in behavioral health is based on holistic, trauma-informed approaches.</p> <p>b. Advocate that the National Center for Complementary and Alternative Medicine (NCCAM) emphasize the uses of complementary and alternative medicine for mental health issues.</p> <p>c. Promote insurance coverage of complementary and alternative medicine.</p>
H	<p>Enable people to return to work through consumer-driven Social Security reform, using the following strategies:</p> <p>a. Raise asset limits and income limits</p> <p>b. Increase work incentives such as Plans for Achieving Self-Support (PASS)⁵ and Impairment-Related Work Expenses (IRWEs)⁶</p> <p>c. Increase employment-related supports (education, training, child care)</p>

³ Each state is allowed to develop its own definition of “medical necessity” for operation of the Medicaid program in the state.

⁴Code of Federal Regulations 42, Section 431.12 requires that states form committees to advise Medicaid agencies. Those committees must include recipients of services and they must provide financial arrangements, if necessary, to make recipient participation possible. Currently, these councils rarely include mental health peers, and rarely have influence on state Medicaid policy decisions. We recommend this regulation be expanded to state that “at least two representatives from each major disability group” be on the Medicaid Advisory Council. These representatives need to represent a significant proportion of the persons with the disability, and themselves have the disability of the group they represent. They need not however, presently be Medicaid recipients. The representatives from the disability groups should be informed of the appropriate federal and state Medicaid regulations by consumer-run Technical Assistance Centers (TACs). The participants’ transportation and time should be covered by the State Medicaid Office.

	<p>d. Re-evaluate benefits based on geography</p> <p>e. Promote coordination amongst agencies that provide benefits to ensure coordination of benefits.</p>
I	Limit pharmaceutical industry influence on policy and practice by eliminating direct-to-consumer advertising and doctor incentives.
J	Reform the Food and Drug Administration (FDA) to ensure independent research on pharmaceuticals and to block the reclassification of ECT devices to Class II.
K	Promote universal psychosocial coverage – “parity with choice” covering a variety of peer-run alternatives in the community including rural/tribal areas.
L	Advocate for reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA), including continued funding of consumer-run Technical Assistance Centers.
M	Ensure the human and civil rights of people with psychiatric disabilities, including the right to community-based alternatives to unnecessary institutionalization as articulated in the <i>Olmstead</i> decision and the Americans with Disabilities Act (ADA).
N	Ensure accessibility and affordability of housing for people with psychiatric disabilities; ensure adequate funding of consumer/survivor run housing.
O	Create model legislation to carry forward the National Coalition’s policy priorities.