

**National Coalition for Mental Health Recovery
2018 Draft Policy Priorities for the
Alternatives Pre-conference in Washington, DC
JOIN IN WITH YOUR VOICE!**

We would like your help in selecting the three top mental health priorities or goals so we can most effectively advocate to bring before our Congressional Representatives on Hill Day July 31, 2018. Please vote for the priorities that are most important to you at this link: <https://www.surveymonkey.com/r/NF8BTRB>

GOAL 1: Ensure significant peer participation in the development of national and state mental health policies.

Significance of the Goal: New Freedom Commission recommended that policy development and evaluation of services be consumer-driven.

Recommendations:

- Create a Substance Abuse and Mental Health Services Administration (SAMHSA) committee of peer leaders/experts that would fully participate in the creation of all SAMHSA initiatives. The committee members would be responsible for all appointments to the committee.
- Ensure that a majority of the members of all state planning councils consist of persons with lived experience, and that they meaningfully participate in the allocation of state Mental Health Block Grant funds.
- Expand federal funding of the national consumer-run technical assistance centers to cover five regional centers, each responsible for organizing advocacy in a region of the country. The major responsibility of these technical assistance centers would be the nurturing and sustenance of statewide consumer-run advocacy organizations.
- Expand federal funding of statewide consumer-run organizations to cover one such organization per state, ensuring that each state have a consumer/survivor voice in the development of state policies.

References:

- Report of the President's New Freedom Commission on Mental Health, 2003
<https://govinfo.library.unt.edu/mentalhealthcommission/reports/reports.htm>
- Code of Federal Regulations 42, section 431.12 requires that states form committees to advise State Medicaid agencies and those committees should include recipients of services.

GOAL 2: Strengthen respect for the values of peer support and recovery as we integrate peer support into community mental health, medical health, and social services.

Significance of the Goal: Peers often feel devalued when hired to work in the system, but by educating non-peer staff about recovery, peers can have a valued role.

Recommendations:

- Fund peers to train non-peer staff on the principles of recovery, how to incorporate peer support in their organizations, trauma-informed approaches, and the impact of involuntary treatment.

References:

- <https://www.samhsa.gov/recovery-to-practice/about-recovery-practice>
- Please see the mapping trauma-informed legislation in the U.S. Congress and supporting documents for the Campaign for Trauma-informed Policy and Practice (CTIPP) – <http://ctipp.org>

GOAL 3: Develop and sustain alternatives to involuntary treatment by increasing the availability of peer-run crisis respites and other peer-run crisis supports.

Significance of the Goal: Involuntary treatment is often traumatic, so developing voluntary alternatives promotes recovery.

Recommendations

- SAMHSA should set aside 20% of Mental Health Block Grant funding for peer-run crisis respites.
- SAMHSA should fund five peer-run crisis respite pilots nationally, with additional funding for studies to develop a research base.

References:

- <https://power2u.org/crisis-alternatives/>
- <http://www.peerrespite.net>

GOAL 4: Fund basic human needs for individual with mental health conditions, such as housing, employment, health care, income support.

Significance of the goal: Recovery of a full life in the community requires meeting basic human needs.

Recommendations:

- The Department of Housing and Urban Development (HUD) should increase funding for affordable, safe, unbundled housing—that is, housing that does not require people to get

clean and sober or accept mental health services in order to get housing, such as Housing First programs—through expansion of Section 8 vouchers.

- Provide a basic income, and increase SSI and SSDI to be aligned with the cost of living, with more gradual withdrawal when people return to work.
- Increase supported employment, such as Individual Placement and Support (IPS)

References:

- <https://endhomelessness.org/resource/housing-first>
- <https://basicincome.org/basic-income>
- <https://ipsworks.org/index.php/library>

GOAL 5: Educate the general public and legislators as to the true meaning of recovery of a life in the community and its connection to healing from trauma.

Significance of the goal: Until there is widespread understanding as to the true meaning of Recovery, and all its related components, healing from trauma/mental health issues will be elusive.

Recommendations: The public needs to understand that mental health conditions are very complex, much more than simply chemical imbalances. The whole person needs to be assisted in recovering their life.

- Through lectures, the media, and universities, educate legislators and the public that recovery means a fulfilling life in the community rather than merely stability on medications.
- Produce media presentations sharing real stories of success in recovery as another strategy for how we may achieve re-appropriation of federal funds, and educate the general public and legislators.
- Educate the public on medication optimization.

References:

- SAMHSA's Consensus Statement on Mental Health Recovery - <http://bit.ly/SAMHSA-ConsensusStatement>
- Live Through This - <http://livethroughthis.org>
- Optimizing Medication - <http://bit.ly/OptimizingMedication>

GOAL 6: Protect the human rights of persons labeled with mental health conditions.

Significance of the goal: Individuals cannot even begin the Recovery process while in the midst of suffering significant human rights violations.

Recommendations:

- Expand funding of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program to ensure due process and other protections under the Constitution.

- Work to end involuntary treatment and coercive treatments, such as physical and chemical restraints, which restrict freedom and violate the principles of self-determination.
- Strongly advocate that the U.S. Congress ensure that the Justice Department enforce protections such as guaranteed under the Americans with Disabilities Act (ADA) and the *Olmstead* decision.

References:

- PAIMI - <http://bit.ly/PAIMI>
- The Bazelon Center on Forced Treatment - <http://www.bazelon.org/our-work/mental-health-systems/forced-treatment>
- What is the Americans with Disabilities Act? - <https://adata.org/learn-about-ada>
- *Olmstead*: Community Integration for Everyone - https://www.ada.go/olmstead/olmstead_about.htm

GOAL 7: Increase self-determination through self-directed care.

Significance of the goal: Developmental research has shown that a sense of control over oneself and one's future, is an essential component of to recovery.

Recommendations:

- SAMHSA should continue and expand funding of the self-directed care project of the Robert Wood Johnson Foundation, enabling people to choose and pay for their services

References:

- Exploring the impact of self-directed care on mental health recovery - <https://www.hsri.org/project/demonstration-and-evaluation-of-self-direction-in-mental-health>

GOAL 8: Create a consumer-driven evaluation of the behavioral health system's progress towards a recovery-based system.

Significance of the goal: Transforming the mental health system depends on quality improvement initiatives inspired and built by the participation of consumers at all levels.

Recommendations:

- Consumer-directed evaluation teams in each state based on the Philadelphia model.
- Use the Recovery Oriented Systems Indicators (ROSI) for evaluations.

References:

- Consumer Satisfaction Teams - <http://www.thecst.com>
- Recovery Oriented Systems Indicators (ROSI) - <https://power2u.org/rosi-recovery-systems-indicators>