

NAMI North Carolina 2008 Public Policy Agenda

The National Alliance on Mental Illness North Carolina endorses consumer and family participation in decisions made at the local and state levels. Keeping public policy close to the expressed needs of those who use the system in NC is especially important in these very challenging times. It is especially important that we put money into the right things after having such a difficult year with money misspent. Our public policy agenda attempts to get it right in 2008.

#1 Restore the Public Safety Net

- Fully fund crisis services including mobile crisis teams, crisis centers, and local inpatient units. Allow private systems to remain intact where they are working.
- Allow LMEs to provide the following services
 - system navigation (case management, care coordination and coordination for those in transition from service levels, jails, or institutions)
 - crisis services; psychiatry; other services not of interest to private sector

#2 Provide access to a Full Range of Treatment and Services in Communities to Promote Recovery

- Increase per capita spending on mental health services from 43rd in the nation to a level that is above the national average.
- Re-establish a required baseline of comprehensive services that every citizen who uses the public mental health system can access locally from either public or private providers (inpatient, outpatient, crisis, prevention..)
- Offer peer support services as an addition to the array of other supports, for the value of help from one who has “been there”, for the value to the consumer doing the job, and for the benefit of a service at a lower tier of cost
- Adopt a policy of no reject, no eject

#3 Create Centers for Excellence within the University of North Carolina System

- Establish Centers for Excellence to create an infrastructure that ensures that evidence based practices and emerging best practices are provided with fidelity to the model.
- Provide mental health practitioners with education, training, consultation and outcomes evaluation that promote, implement, and sustain treatments that work.
- Link the training and the standards to public policy and funding.
- Create the Centers as a partnership between the UNC System and the state
- Make North Carolina one of the top ten states in the nation for mental health care as a result of this collaboration.

#4 Provide access to Meaningful Employment for Persons Living with Mental Illness

#5 Decriminalize Mental Illness

- Fund a variety of approaches to diverting individuals from unnecessary incarceration into appropriate treatment, including
 - pre-booking (police based)
 - post- booking (court based)
 - alternative sentencing programs
 - post- adjudication diversion (conditional release)
- Implement drug and mental health courts statewide through incentives and through the education of judges and other court personnel.
- Implement Crisis Intervention Training (CIT) statewide so that 25% of officers receive CIT
- Use consumer-driven diversion strategies based on principles of recovery and sound public policy so that treatment, recovery, and rehabilitation are not stopped or interrupted by time spent unnecessarily in the criminal justice system
- Restore benefits post-incarceration so that SSI/SSDI, Medicaid, Veteran's benefits, food stamps, and other assistance is available at release.
- Pass legislation that does not permit the death penalty for an individual with severe mental illness at the time the crime was committed.
- Revitalize court-ordered outpatient treatment as a less restrictive and more beneficial alternative to involuntary inpatient care, with the responsibilities and funding clearly defined.
- Reform prison rules

#6 Expand Insurance Parity

- Extend parity to substance abuse and addictive disorders.

#7 Provide access to Quality Mental Health Care and Services for Veterans and College Students

- Support legislation that increases funding for mental health and substance abuse care in the VA so that Veterans Medical Centers and Community Based Outpatient Clinics are utilized for treatment.
- Support the need for evidenced based practices with proven effectiveness, such as ACT, Integrated mh/sa treatment, and supported employment throughout the Veteran's Integrated Service Networks (VISN)
- Urge the VA to offer education programs for active duty military, veterans, and National Guard personnel who have served in active duty, and their families.
- Fund NAMI NC to expand NAMI on campus
- Fund increases in the mental health services available in student health centers to include crisis

management with ongoing support in the college setting.

- Educate students, faculty, staff, and administrators about the need for funding and services that address student mental health needs in this unique setting.

#8 Provide access to Safe, Affordable, and Permanent Housing

- Fund housing options that allow individuals to choose according to their needs and location.
- Expand housing 400 units to reach 1000 more people
- Make Special Assistance funds available in all 100 counties rather than limiting the Housing 400 Initiative to the current 33 counties. (**where did this info come from?**)
- Lift the limitation of Special Assistance to licensed facilities to include broader choices in housing.
- Continue to expand SA until the housing needs are met across the entire state for those with severe mental illness.
- Maintain current data on the number of persons with psychiatric disabilities in need of housing in North Carolina, as well as available housing, to plan to meet this need.
- Fund interim housing expenses so that individuals who are being treated in an inpatient setting will not lose his/her housing in the community during periods of hospitalization.
- Create a special fund for emergency housing to stop the practice of discharge to homeless shelters