WHERE WE STAND

Legislative Session 2009-2010

PUBLIC POLICY PLATFORM

NAMI New Hampshire
National Alliance on Mental Illness

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VERSION 2 – NOVEMBER 2009

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Members of the military (active duty, Reservists and National Guard) and their families need access to mental health services and supports (Veterans Family Resource Centers, VA, National Guard) to address their mental health needs no matter when they arise (pre-deployment, during deployment and post-deployment).

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Evidence demonstrates that 90% of persons who die by suicide have an underlying diagnosis of a mental illness and/or substance use disorder or an untreated or undertreated mental disorder. In NH the highest rate of suicide is among white males age 65 and older. Death by suicide in the population 12 to 24 years of age is the third highest cause of death in the state.

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50%-60% of adults with mental illness have a co-occurring substance use disorder. It is estimated that 40% of incarcerated juveniles have substance use disorders. Mental illness and co-occurring substance abuse makes treatment for both extremely difficult, yet evidence indicates effective treatment is possible for both simultaneously.

WHERE WE STAND

NATIONAL ALLIANCE ON MENTAL ILLNESS NH

PUBLIC POLICY PLATFORM

Legislative Session 2009-2010

Version 2 – November 2009

Mission Statement

The National Alliance on Mental Illness (NAMI NH), a grassroots organization of families, consumers and other members and volunteers is dedicated to improving the quality of life of persons of all ages affected by mental illness or serious emotional disorders through education, support and advocacy.

Vision Statement

People of all ages with mental illness or serious emotional disorders and their families will have access to comprehensive, integrated health care, prevention, early intervention and a strengthened comprehensive community-based system of treatment and supports without discrimination or stigma.

The Vision Will Be Achieved When…

- The general public has an accurate understanding of mental illness and serious emotional disorders and what is helpful and hurtful to those affected by it;
- Mental illness and serious emotional disorders have full parity with other medical conditions in the access to and quality of inpatient and community based treatment, support services and financing available to promote recovery and build resilience;
- People with mental illness or serious emotional disorders are treated with dignity and respect and have the opportunity to build resiliency, recover, achieve their aspirations, and live, learn, work, and play in supportive communities without discrimination or stigma;
- Individuals and families affected by mental illness, serious emotional disorders and suicide have the education, information, and support needed to make informed decisions about their health and well-being.

To accomplish our mission and vision we have established a public policy platform which NAMI NH will use to advocate for services and supports and/or defend existing policies and programs that benefit persons with mental illness and their families.

NOTE: Our policy areas of interest are listed in alphabetical order. This is not a listing by priority.

POLICY AREAS OF INTEREST

(alphabetical order)

Active/Equal Family Participation (Family Mutual Supports)

More and more evidence is showing that when families are educated and learn techniques for coping with mental illness, the outcome of treatment for their loved one and positive movements toward their recovery are improved. Armed with education and receiving support from other mental-illness experienced families, participants in support, and education groups feel fewer strains in dealing with the mental illness and remain healthy. This reduces the economic burden of the illness on the family, community and workplace. **NAMI NH supports:**

- Active consumer and family involvement in planning, implementing and evaluating mental health services-a consumer and family centered system-public or privately insured.
- Adequate state financing for family organizations to deliver "family mutual supports" including: education and support programs to help families deal with mental illness and promote the recovery of their loved ones; assistance to help families and consumers provide public education to reduce the stigma associated with mental illness and improve help seeking behavior for those at risk.
- Training for providers, family members and consumers in person/family centered strategies for inclusion of families and consumers in treatment planning and assessment, and in shared decision-making processes related to all aspects of treatment.
- Increasing, through training, participation of families in public policy and mental health practice decisions that affect them and their loved ones with mental illness.

Community Mental Health Service System

Fundamental to NH's mental health treatment system for persons with severe mental illness and children and adolescents with severe emotional disorders are our Community Mental Health Centers (CMHCs). These centers are, in large part, funded through contracts with the DHHS. The obligations of the State to establish and maintain a mental health system is explained in the section below. NAMI NH has worked closely with each of the Mental Health Centers, as well as the Association that represents them (NH Behavioral Health Association). In this collaboration we focus on: assuring "person-family perspective" to treatment and support services and; strategies for improving timely access to quality services and adequate financing. NAMI NH members serve on CMHC Committees, Boards and task forces. We believe the Centers are fundamental to the NH mental health service delivery system, addressing the needs of those most vulnerable with mental illness and severe emotional disorders. To improve the quality of the CMHC system, the use of consumer and family satisfaction and outcome survey studies should be conducted on a regular basis and made public for use by decision makers, administrators and advocates. **NAMI NH supports:**

- Adequate funding, including provider payments for community mental health services and supports in order to: attract and maintain an adequate workforce of well trained qualified providers; avoid waitlists; assure a broad array of science-based services to meet the needs of those who meet the system's eligibility criteria.
- Community mental health services that are comprehensive, adequate, and high quality, and span a continuum of care that ranges from timely access to inpatient psychiatric beds and/or other acute inpatient alternatives, including New Hampshire Hospital, to outpatient treatment, case management and functional services and supports.
- Adequate public funding for Community Mental Health Centers to carry out the recommendations in the Mental Health Commission Report, Vols. I-III (1/08).
- Provision of science based treatments such as Illness Management &Recovery, Supported Employment, Integrated Dual Disorders Treatment and such science based practices for children with SED as Cognitive Behavioral Therapy for children with trauma histories and multi-systemic family therapy.
- Coordination and integration of physical health care with mental health care of the priority populations, including children, adults and older adults with severe mental illness.

Current NH Mental Health System Described in Law

New Hampshire has a statutory obligation under Title X, Public Health, Chapter 135C to establish and maintain a coordinated system of mental health care. Within NH, the Department of Health and Human Services (DHHS) is responsible to establish this "coordinated system of mental health care." The selected sections described below outline the purpose and operation of this system. Additional operating and implementation policies and procedures are outlined in a series of rules and regulations that, among other things, describe eligibility for services, type and intensity of services to be funded by the DHHS and rights and responsibilities of persons in the system.

C: 1. Purpose and Policy.

I. The purpose of this chapter is to enable the department of health and human services to:
   a. Establish, maintain, and coordinate a comprehensive, effective, and efficient system of services for persons with mental illness.
   b. Reduce the occurrence, severity and duration of mental, emotional, and behavioral disabilities.
   c. Prevent mentally ill persons from harming themselves or others.

II. It is the policy of this state to provide to persons who are severely mentally disabled adequate and humane care which, to the extent possible while meeting the purposes of habilitation and treatment, is:

a. Within each person's own community.
b. Least restrictive of the person's freedom of movement and ability to function normally in society while being appropriate to the person's individual capacity.
c. Directed toward eliminating the need for services and promoting the person's independence.

III. It is the policy of this state that mental illness in and of itself is insufficient to involuntarily admit any person into the mental health services system.

135-C: 3. The department shall establish, maintain, implement, and coordinate a system of mental health services under this chapter and a system of developmental services under RSA 171-A. Both systems shall be supervised by the commissioner. At the discretion of the commissioner, the department may directly operate and administer any program or facility which provides, or which may be established to provide, services to mentally ill or developmentally impaired persons or may enter into a contract with any individual, partnership, association, public or private, for profit or nonprofit, agency or corporation for the operation and administration of any such program or facility.

135-C: 7. Community Mental Health Programs. – Any city, county, town, or nonprofit corporation may establish and administer a community mental health program for the purpose of providing mental health services to individuals and organizations in their area. Every program shall, at a minimum, provide emergency, medical or psychiatric screening and evaluation, case management, and psychotherapy services. The department may contract with a community mental health program, pursuant to RSA 135-C: 3, for the operation and administration of any services which are part of the state mental health services system.
For more information about the law and the rules go to:
www.dhhs.state.nh.us/DHHS/BBH/default.htm.

Criminal Justice

Inappropriately incarcerating persons due to their mental illness is wrong and requires change. Criminalization of persons with mental illness is a growing public policy issue, involving financial, therapeutic and or legal perspectives and protocols at the state (prison) and local levels (county jails). A number of legislative committees are now looking into this public policy matter and making recommendations for reform. One such report, **Commission Report on Mental Illness and Criminal Justice, Vol. III, 12/08,** addresses the problem and makes recommendations. Persons with mental illness who inappropriately find themselves in jail and prison must not be denied adequate treatment for their mental illness, including medication, and must be transferred, if appropriate, as quickly as possible to the mental health service system. Families must be treated with dignity and respect and considered as allies to improve the well-being of all those incarcerated. **NAMI NH supports:**

- Appropriate mental health treatment and health care for those in prisons, jails and the Sununu Youth Detention Center.
- Efforts to assure that persons with Medicaid insurance in prisons and or jails may maintain their access to Medicaid or be immediately reinstated on Medicaid after re-entry into the community.
- Inmates, including youth, must have comprehensive pre-release/reentry plans, which include treatment and support services (including relapse prevention, wellness promotion and family education and support), housing plans and work (or education) plans.
- Incarcerated persons with mental illness or severe emotional disorders must have the same choice of medicines available to them as those in the NH Medicaid program.
- Prison populations, especially women, need comprehensive physical health and mental health care including care for their children.
- Standardized programs to train law enforcement and probation officers to appropriately and safely address mental health emergencies and interactions with mentally ill persons; training programs may be modeled after the national Crisis Intervention Team (CIT) program and should be supported and funded through multiple state departments, counties and the Police Standards and Training Council.
- Funding for Mental Health Courts**,** proven efficacious, throughout NH, to assure that law enforcement officers' interventions are coordinated with the judiciary and mental health systems so that mentally ill persons are diverted, when deemed necessary to appropriate mental health treatment.
- Improvements in the juvenile justice system to assure that children's mental health and substance use disorders are addressed and treated by qualified trained staff.
- Easy access to mental health treatment for children diagnosed with SED so families do not have to relinquish their child through CHINS (Child in Need of Services) petition in order to get treatment for their child.
- Legal counsel should be available for those who cannot afford their own counsel on issues relating to surrendering a child for treatment and/or guardianship.
- Formally established linkages between the criminal justice/juvenile justice and the mental health systems to ensure treatment needs for individuals and their families are effectively coordinated and delivered.
- A Secure Psychiatric Unit that is fully staff and uses the most up to date proven programs to address the needs of the patients.

Housing

With increased housing costs and lack of adequate and affordable housing stock, many consumers spend longer periods of time in the state hospital than may be warranted; others live in inadequate and unsafe situations or become homeless. If recovery from mental illness is to be improved, then housing programs that reduce isolation and support independent living must be available. Access to affordable and safe housing must be addressed at the state level. Additional supported housing models must be incorporated into the public mental health system. **NAMI NH supports:**

- Efforts to link supports and services to housing for persons with mental illness. These services need to be flexible and based on an individualized plan that is person centered and part of an overall treatment plan.
- Policies for the mental health and housing authorities to collaborate to find ways to improve housing stock and access for those with mental illness.
- All efforts to bar discriminatory zoning and land use policies that exclude group homes and/or supported housing in residential communities.
- Support for the Housing Bridge Program to improve community tenure through supported housing.

Integrated Health Care

Evidence demonstrates strong connections between mental, physical and oral health. Recent reports, including the NH Mental Health Commission Report, indicate that persons with severe mental illness die, on average, 25 years earlier than their age cohorts in the general population. Persons with severe mental illness suffer from medical conditions that shorten their lives including, diabetes, coronary artery disease, hypertension, obesity, and immune deficiencies. In fact, 60% of premature deaths in persons with schizophrenia are due to medical conditions including cardiovascular, pulmonary and infectious disease. **NAMI NH supports:**

- Access to a seamless system of care that is coordinated and integrated; this includes dental care as well as treatment for substance use disorders. Medical care must focus on reducing increased morbidity and mortality largely due to treatable medical conditions caused by modifiable risk factors such as smoking, obesity, and hypertension.
- The use of science based practices such as Integrated Illness Management and Recovery and In Shape to support health management, diet and physical fitness.
- Efforts to promote wellness for people with mental illnesses by taking action to support of the federally sponsored “10 by10” program to prevent and reduce early mortality by 10 years over the next 10 year time period.
- Mechanisms for financing the coordination, including medical records, and integration of treatment for mental illness with primary care services.
- State statutes and/or regulations that establish strong linkages and partnerships between community mental health centers and community health centers.
- The “medical home” concept that allows each person to enter into the system at any point, have a designated primary care provider and access to the identified needed service to get continuous integrated care.
- State health initiatives that are designed to address coverage, cost, access to and quality of care for those with mental illness and severe emotional disorders.
- Health information technology systems to be in place to support the benefits and efficiency of integrated care.

Medications

Medications play a critical role in promoting recovery from mental illnesses and severe emotional disorders. Researchers know that medications alone are not as effective as medications in combination with other treatment and supports in promoting recovery and reducing the burden of illness. Whenever possible, a combination of treatment interventions and supports should be used to improve outcomes. Medications are vitally important to the recovery process, yet NAMI NH does not recommend any particular medication to treat mental illness. NAMI NH should remain vigilant to assure that rules, policies and procedures for prior authorization of medications remain as easy as possible and that administrative burdens to the consumers and/or the providers do not have consequences which prevent access to medications. **NAMI NH supports**:

- Individual's access to medications and treatments that have been approved by the FDA and the NIH (NIMH).
- Medication choice based on the clinical judgment of the prescriber in ongoing consultation with the consumer and or his/her family.
- Any NH Medicaid managed pharmacy benefit which appropriately balances the opportunity for consumers and their physicians to choose medicine which is best to address their mental illness with the financial resources of the state.
- Policies and programs that recognize and address the adverse health effects of psychiatric medications through regular screening and referral to and coordination with primary care providers.

- **We Oppose:**
  "Fail-first" or "step" treatments and/or therapeutic substitutions inconsistent with evidence and/or solely based on economic and/or cost factors.

Mental Health and Schools – Effective Services for children with Severe Emotional Disorders (SED)

Mental health treatments in schools must be well supported and specifically meet the needs of children who are coded SED. No child should be unjustifiably denied an education because of his/her emotional disorder. In the special education system, suspension and expulsion regulations must not be biased against children with severe emotional disorders. A system of care should provide screening and early intervention services which are coordinated across health, mental health and educational systems to assure the most effective treatments and educational services in the least restrictive environment for the student. Referral processes between schools, CMHCs and or private mental health providers should be smooth with no burden on families. Parents must be considered allies in the process to improve behaviors, school performance and treatment outcomes. Policies and procedures must take into account the mental condition of the child, and protect the child from undue suspension or expulsion, and promote and assure the rights and protections of children and their families. **NAMI NH supports:**

- Screening and early interventions so that those in need can be offered services before conditions have become more severe.
- Infant mental health services coordinated between primary care providers, community mental health and maternal and child health and pre-school/day care programs.
- Service coordination and integration between schools and CMHCs to assure the mental health needs of the SED population are addressed in a timely and effective manner.
- Regular in-service training for school professionals to identify early warning signs of mental illness (SED) in children and adolescents to effectively address these issues with parents and professionals.
- Transition planning for children and adolescents at significant development milestones across institutions for assuring effective services and supports. Funding to assure that transitions are given the attention they need so that children with SED and their families are not lost in the system or without care.
- Broad policies and procedures that assure that the rights of parents whose children are in special education are protected to the fullest.
- Easy access to IDEA services and 504 planning for identified children with SED and their parents.
- Maximization of a policy for assuring the "least restrictive environment" for children with SED; however, when appropriate, residential placements for children with SED should be available.
- The use of Evidenced Based practices for treatment for children with SED and their families should be promoted and supported financially.

Older Adult Services

The older adult population, with complex medical conditions associated with their aging and mental illness, is growing rapidly. Caregivers for adult children are dying and persons with mental illness are losing their natural support systems. Older adults need access to integrated care that is community based as well as access to timely acute care when needed. **NAMI NH supports:**

- Funding for community mental health center programs and services for older adults provided by trained providers, including outreach programs such as REAP.
- The Geriatric Education Center at Dartmouth Medical School to provide science-based training services for providers working with older adults with mental illness.
- Educational programs for families and allied professionals dealing with older adults with mental illness, i.e. NAMI NH, "Side by Side".
- Improved systems of communication and care coordination between primary care physicians and mental health providers who have older adult consumers in common, on their caseloads.

Safe and Effective Use of Technology

Timely and critical information about an individual's medical history can be enormously helpful in facilitating medical interventions that are effective in treating that person. Electronic medical records can serve as an important tool to promote integrated care, improve treatment outcomes and patient safety. The advantage of each care provider and consumer having access to the medical record will improve communication and shared decision making. **NAMI NH supports:**

- The safe and confidential use of technology to improve the information flow so that each provider can have timely access to needed information to make medical decisions more effective and integrated with those treatments provided by other providers.
- Protocols that are designed to assure that electronic health records protect privacy of the consumer while enabling providers to get information in a timely fashion.

Services for Military and Their Families

Members of the military (active duty, Reservists and National Guard) and their families need access to mental health services and supports (Veterans Family Resource Centers, VA, National Guard) to address their mental health needs no matter when they arise (pre-deployment, during deployment, and post-deployment). **NAMI NH supports:**

- A system of care where coordination of referrals to mental health services and social supports are clearly articulated and available to the military and their families. The DHHS and the National Guard should work closely with other private and public organizations to assure that comprehensive care is available and financially supported to the military and their families.
- Services to military families that help educate and support them in their efforts to positively address the impact of all the phases of deployment on each family member; services are to be coordinated across all health and social service systems.
- Training, modeled after the ***Connect***, National Best Practice, for military personnel to enhance their ability to recognize persons at risk of suicide and connect them to service providers.

Stigma and Discrimination

Nearly 2/3 of all people with a diagnosable mental disorder do not seek treatment. Stigma and discrimination, associated with mental illnesses, remains one of the major barriers to getting help to those with mental disorders. Public attitudes also affect how people cope with and seek treatment for themselves and/or for their family member or friend. NAMI NH works to address these attitudes and behaviors by providing the public with the facts about mental illness, confronting the stigma and discrimination directly when it is observed and promoting the opportunity for people in recovery to tell their stories in public venues. NAMI NH believes, in concurrence with scientific evidence, that persons receiving treatment and services for their mental illness are NO MORE dangerous than the population at large. More often the people with mental illness are the victim of crimes rather than the perpetrators of crimes. **NAMI NH supports:**

- The DHHS, the Bureau of Behavioral Health, developing policies and practices for promoting research based anti-stigma programs throughout the state.
- Funding for activities that address stigma and promote help seeking behavior; this includes programs such as the NAMI NH, "*Connect* Survivors' Speaker's Bureau", *"In Our Own Voice"*, and *"Life Interrupted"* as well as other federally developed programs.
- Mental health services that are person and family centered, science based and high quality.
- Funding for public education and outreach programs to schools, businesses, civic groups, government and law enforcement that provide information about mental illness, substance use disorders and severe emotional disorders.

Suicide Prevention

Evidence demonstrates that 90% of persons who die by suicide have an underlying diagnosis of a mental illness and/or substance use disorder. In NH the highest rate of suicide is among white males age 65 and older. Death by suicide in the population 12 to 24 years old is the third highest cause of death in the state. NAMI NH should demonstrate its leadership and active participation in the Governor's Suicide Prevention Council. Council goals are to: Foster development and evaluation of suicide prevention efforts; Develop and promote effective clinical and professional practices; Improve access to and collaboration among mental health, health care and other service providers; Promote and oversee implementation of the State Suicide Prevention Plan.

NAMI NH supports:

- Greater state and private financial support for programs and services to address this serious public health issue including NAMI NH's *"Connect* Suicide Prevention, Intervention and Postvention Project", a designated "best practice".
- Improved coordination among all State Departments and statewide prevention programs including the work of the Suicide Prevention Council, the Strategic Prevention Framework, the Division of Public Health Services, the Bureau of Behavioral Health and the Department of Education
- Improved levels of supports to individuals, families, and communities who have lost a loved one to suicide and to reduce the level of contagion.
- Funding for a survivor support and education program and Speakers Bureau to promote individual healing and help-seeking behavior.
- Collaborative working alliances between private and public organizations and state departments with the National Guard and other service providers to provide technical assistance and training on suicide prevention, intervention and postvention (individual and community healing after a suicide incident).

Treatment for Addictions and Prevention Services

50%-60% of adults with mental illness have a co-occurring substance use disorder. It is estimated that 40% of incarcerated juveniles have substance use disorders. Mental illness and co-occurring substance abuse makes treatment for both extremely difficult, yet science indicates effective treatment is possible. **NAMI NH supports:**

- Expanding funding for screening and treatment services to individuals with substance use and mental health disorders.
- The implementation of evidence-based treatment services for treating mental illness and co-occurring substance use disorders; i.e. Integrated Dual Disorder Treatment (IDDT) and science-based practices for screening and treating youth and young adults.
- Training programs for service providers for treating individuals of all ages with co-occurring, mental illness and substance use disorders.
- Effective dissemination and implementation of the national parity legislation that covers all mental health diagnoses and substance use disorders; economic barriers to treatment should not be arbitrarily created.
- The integration of mental health, substance use and primary care screening, early intervention and treatment services and funding mechanisms to provide the most effective treatment for individuals with these conditions.
- Improved access to adequate and timely acute care facilities for those in need, especially those with co-occurring mental health and substance use disorders.
- Improved access to licensed and/or certified providers specifically trained in the screening and treatment for co-occurring disorders.

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