R2C ALLIANCE

Human Dignity. Unbroken Care.

2027 POLICY BLUEPRINT & STRATEGIC BRIEF

Human Dignity & Care Continuity Standard

A Peer-Led Quality & Oversight Framework for Acute Psychiatric Systems and Assisted Outpatient Treatment (AOT)

Published by: The Right to Care (R2C) Peer Alliance | An Initiative of the National Shattering Silence Coalition (NSSC)

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Executive Summary & Definitional Framework

Executive Definition: Peer Lived Experience

To ensure total clarity across healthcare systems, court networks, and legislative policy, the Right to Care (R2C) Peer Alliance explicitly defines a Peer as:

> **PEER (R2C Standard):** An individual with direct, personal lived experience of severe mental illness (SMI)—specifically neurobiological brain diseases such as Schizophrenia, Schizoaffective Disorder, or Bipolar I with psychotic features—who has personally navigated acute inpatient psychiatric units, crisis stabilization facilities, or court-anchored treatment models (AOT).

Executive Summary: Restoring Dignity & Reclaiming Care

Many peers and advocacy groups who historically oppose Assisted Outpatient Treatment (AOT) or acute psychiatric care expansion do so because of real, institutional trauma experienced within broken systems. Far too many individuals have entered emergency psychiatric wards or court-ordered programs in acute distress, received uncoordinated care, and emerged traumatized. We validate and honor these experiences without walking away from the life-saving necessity of medical care.

For too long, advocate groups have been locked in an endless argument: one side fights strictly to keep people out of treatment, while the other side pushes for hospital beds and court mandates without fixing how broken those facilities actually are.

The Right to Care (R2C) Peer Alliance builds a vital Third Space across this divide. We bring recovered peers with direct lived authority in severe mental illness (SMI) to the decision-making table alongside clinicians, family advocates, and policymakers.

We fight to preserve life-saving emergency care and Assisted Outpatient Treatment (AOT) while enforcing physical safety, emotional respect, and human dignity inside those programs.

Systemic Gaps & The R2C Solutions Framework

The Systemic Breakdown in Acute & Outpatient Care

Modern acute psychiatric care and outpatient continuity routinely fail patients and families because systems prioritize rapid crisis containment over long-term stability:

1. Premature Acute Discharge: Driven by regional bed shortages, individuals in active psychosis are routinely released far too soon long before true medical stabilization can take root.

2. Ending Unsupported Discharges: The fundamental breakdown in acute care is the absence of structured discharge planning and warm handoffs to step-down care or county AOT teams. Left without lifelines, patients rapidly decompensate, driving a predictable cycle of re-hospitalization, incarceration, or death.

3. AOT Oversight Void: While AOT serves as a life-saving civil court mechanism for individuals living with severe anosognosia (unawareness of illness), court programs frequently lack independent peer oversight, causing court-ordered care to feel adversarial rather than supportive.

Structural Gap Analysis: Why Existing Roles Fail

Feature / Metric	Existing System (Patients' Rights Advocates)	Traditional Certified Peer Specialists	R2C Peer-Led Audit Framework
Primary Staffing	Attorneys, legal clerks, or county compliance officers.	Peer mentors in voluntary outpatient settings.	Peers with direct lived authority in SMI, acute care, and AOT recovery.
Scope of Work	Procedural due process, legal paperwork, and statutory deadlines.	Voluntary mentoring, transportation, and peer support.	Evaluating human dignity, emotional safety, illness engagement, and discharge handoffs.
Audit Authority	Purely regulatory and procedural.	Zero authority or mandate to audit inpatient or AOT facilities.	Standardized evaluation resulting in the R2C Quality & Dignity Seal of Excellence.
Core Philosophy	Legal oversight or opposing medical treatment orders.	Service provision within voluntary frameworks.	Radical Collaboration: Preserving life-saving care while eliminating institutional trauma.

The 4 Pillars of the R2C Framework

Pillar 01: Validating Peer Trauma & Constructive Oversight — Honoring past hospital trauma without abandoning medical care. R2C brings recovered peers, clinicians, and policy leaders together to fix how facilities treat patients, building safety and respect from the inside out instead of shutting down needed care.

Pillar 02: R2C Peer Audit Tool & Dignity Seal of Excellence — A simple evaluation system designed by peers who have been there. It measures whether acute units and county AOT programs treat patients with kindness, clear communication, and physical safety. Programs that pass earn our official Seal of Excellence.

Pillar 03: High-Acuity / Anosognosia Safe-Harbor Standard — Clear rules that force hospitals and county behavioral health programs to accept and treat people suffering from active psychosis and anosognosia, stopping facilities from turning away the sickest patients to only treat mild cases.

Pillar 04: Ending Unsupported Discharges & Step-Down Continuity — Requiring hospitals to connect patients directly to step-down housing, peer support, and county care teams before release to end the painful cycle between emergency rooms and county jails.

Evidence Base: "20 Stories: Two Paths, One Truth"

Translating Lived Experience Into Policy

Translating qualitative peer data into an undeniable policy tool, R2C's synthesis demonstrates that peer recovery is not an accident of willpower; it is the direct outcome of timely medical intervention, structured care continuity (such as AOT), and multi-layered community support.

THE 3 LIFELINES TO RECOVERY		
LIFELINE 1 **Targeted Psychiatric Care** *(Precise & Compassionate)*	**LIFELINE 2** **Early, Uninterrupted Access to Care** *(Inpatient, AOT, & Step-Down Continuity)*	**LIFELINE 3** **An Empowered Support Network** *("The Tribe" of Family & Peers)*

The Cost of Systemic Neglect (The Neglect Costs Analysis)

Aggregating experiences across 10 Neglect Costs case studies exposes the staggering financial and human price tag of administrative abandonment and delayed care:

- **Direct Economic & Taxpayer Costs:** Multiple arrests, repeated jail bed days, court-appointed legal representation, and competency restoration evaluations routinely cost taxpayers $100,000 to $200,000+ per individual annually. Emergency department boarding without long-term stabilization plans generates massive uncompensated healthcare expenses.
- **Indirect & Human Costs:** Families face severe financial collapse, exhausting retirement funds on private crisis facilities. Caregivers experience chronic exhaustion while acting as default 24/7 crisis responders without medical or legal authority.

The Three Lifelines to Recovery (The Treatment Saves Synthesis)

An analysis across 10 Treatment Saves accounts reveals that long-term recovery requires three non-negotiable lifelines:

1. **Targeted Psychiatric Care:** Moving past trial-and-error prescribing to precise, compassionate medical care.
2. **Early, Uninterrupted Treatment Access:** Inpatient stabilization combined with court-anchored AOT when anosognosia is present, preventing entry into the criminal justice pipeline.
3. **An Empowered Support Network:** Dedicated family members, peers, and advocates navigating the continuum alongside the patient until care is secured.

For additional detail, please see 'Two Paths: One Truth: Why We Compiled 20 Stories to Light the Way Forward in SMI Care", a blog authored by the R2C Alliance published on nsscoalition.org.

Value Proposition, Roadmap & Call to Action

Why Healthcare Systems & County AOT Programs Embrace the Tool

Hospitals, health systems, and county behavioral health departments operate under immense regulatory, financial, and political strain. Adopting the R2C Peer Audit Tool solves critical operational pain points:

- **Market Differentiation & System Credibility:** Facilities and county programs meeting benchmark scores earn the official R2C Quality & Dignity Seal of Excellence. For families desperately seeking humane care for a loved one, the Seal provides immediate assurance of safety, dignity, and real discharge planning.
- **Fulfills Accreditation Requirements:** Accrediting bodies (such as the Joint Commission) require facilities to collect Patient-Reported Experience Measures (PREMs). Standard hospital forms fail in psychiatric settings; the Peer Audit Tool provides a peer-validated Quality Improvement (QI) metric.
- **Reduces Readmission Penalties:** Evaluating discharge consent, AOT linkages, and peer support significantly increases outpatient follow-through, eliminating costly 30-day readmission penalties.
- **Zero HIPAA Friction:** Operates as a direct, non-PHI post-discharge evaluation administered to consenting patients and peer evaluators, eliminating complex IT integration or legal data-sharing friction.

2026–2027 Operational Roadmap

PHASE 1 **Build & Scoping** Q4 2026 - Q1 2027	• Finalize Policy Blueprint & Audit Rubric • Secure Q1 Alliance Co-Design & Scaling Partners
PHASE 2 **Pilot Validation** Q2 2027 – Q3 2027	• Field test across 3–5 hospital systems & county AOT programs • Validate non-PHI operational KPIs & Peer Dignity Index
PHASE 3 **National Deployment** Q4 2027 Onward	• Launch Healthcare QI Subscription Model & County AOT Contracts • Award official R2C Quality & Dignity Seals of Excellence nationwide

A Movement Built Together: Join Us in Co-Designing the Standard

Real accountability cannot be built in isolation. We invite peers, family members, doctors, hospital administrators, county mental health leaders, and lawmakers to read our 2027 Policy Blueprint and help us refine these standards. Together, we can shape the future of dignified emergency care and unbroken support from the ground up.

National Shattering Silence Coalition (NSSC) | Right to Care (R2C) Peer Alliance

To collaborate, co-design, or join our national leadership team, contact Kerry Martin at **kmartin@nsscoalition.org**.