

## **NAMI Washington 2010 State Legislative Positions**

NAMI-WA's positions are guided by the following principles:

- The laws in this state must require that there be fair and just access to medical treatment and related supportive services for individuals with mental illnesses and their families and/or other support networks.
- Early intensive care and treatment - including hospitalization in some cases - has proven to reduce long-term illness and disability. It is the best way for the State to reduce its long-term costs for the mental health system and, most importantly, to promote the potential for recovery for as many people as possible. In order to ensure the highest possible quality of service, the State should require programs, treatments and other services to be evidence-based or promising practices.
- Treatment and related assistance needs to be holistic and comprehensive and should include the person's psychiatric and general physical health, employment potential, housing, social network and mobility. These programs need to work in collaboration with one another and be recovery based.
- Involved family members, friends and others in an individual's chosen 'support network' should have a positive, pro-active role in treatment planning and evaluating treatment effectiveness
- Community mental health organizations, private business and government entities must come together as collaborative partners in the treatment of mental illnesses and the reduction of societal stigma surrounding mental health issues.

### **2010 LEGISLATIVE AGENDA**

NAMI-WA has consistently fought hard to seek legislation that will reduce and eventually eliminate the practice of putting people who suffer from mental illnesses in jails and prisons. The emergence of jails and prisons as the primary mental health facilities in our society is a travesty and this practice must be stopped. It is inhumane, costly to taxpayers and serves only to exacerbate the overall health of the individuals involved. This year's legislative agenda, as proposed by NAMI-WA, focuses on two concepts important in the processes by which people with mental illnesses are incarcerated and become misdemeanants and/or felons. The first and foremost of these concepts is PREVENTION and the second is AMELIORIZATION. Thus NAMI-WA's legislative efforts place top priority on measures that will PREVENT people from being booked into jails on the one hand, and that will eliminate practices that promote recidivism and add to the individuals' criminal record on the other hand. With these concepts in mind, the following are NAMI-WA's 2010 legislative priorities:

- 1. Maintain the State Share of Mental Health Funding.** The lack of timely and appropriate mental health treatment services is the single most common cause of psychotic episodes that result in police bookings and incarceration. Any further decrease in these services through budget cuts etc will only result in the continued, and more costly, "criminalization" of people with mental illnesses and a corresponding increase in the burdens on tax-paying citizens. NAMI recommends that there be no cuts in existing mental health services and that the Legislature increase the State-only appropriations for individuals and families not covered under current Medicaid criteria.
- 2. Provide for Family Member Input to Mental Health Treatment Decisions.** Current law excludes consideration of essential information from family members of those with mental illness in making decisions with respect to treatment. In practice under current law, persons with a mental illness needing timely assessment and treatment, even if refusing to volunteer for such treatment, often remain untreated until the illness and related behaviors reach a crisis stage. The recent killing of four police officers in Tacoma

is an example. Family members of the alleged perpetrator all spoke of his erratic behavior and mental instability yet were not consulted by those evaluating his mental health condition. Current law only recognizes treatment under imminent danger conditions. The wording for this legislation must be revised to provide for family input while still allowing for the rights of those living with a mental illness to be considered in the process.

**3. Waiver of Fines, Court Costs and Interest Payments for Individuals Living With Mental Illness/chemical Dependency.** . Failure to pay fines, fees and other assessments is the single most common reason for recidivism among those with mental illness/chemical addiction disorders who are arrested and booked into jail. These assessments escalate over time because of this recidivism. Moreover, a very high percentage of these individuals are disabled, unemployed and/or undergoing treatment for their illnesses and therefore have no means of paying their court-imposed assessments. Aside from the unfairness of this system, the cost to the public for attempts to collect on these assessments far exceeds the amount of revenues collected..

### **Additional Priority Issues 2010**

**4. Increase Availability of Psychiatric inpatient Facilities.** Inpatient mental health evaluation and treatment are essential public health and safety functions. There is now a critical shortage of both voluntary and involuntary treatment facilities at all levels of service throughout the State of Washington. NAMI supports legislation that will increase numbers of inpatient facilities including increasing reimbursement rates to community hospitals and stopping bed reductions at state hospitals to allow time for community programs such as the Program for Assertive Community Treatment (PACT) to mature sufficiently to assist in at least partially offsetting those reductions. A complete study of the entire inventory of psychiatric hospital beds in Washington State and their availabilities and interrelationships at all levels is needed

**5. Provide Affordable Housing to Meet the Needs of the Homeless and those at Risk of Becoming Homeless.** NAMI supports maintaining the Housing Trust Fund at least current funding levels; the Fund is one of the state's largest, most effective tools for creating affordable homes for very low income families and individuals with mental illnesses or other disabilities. We support the recommendations of the state's affordable housing and homelessness consortiums as well as local, County and State 10 Year Plans to end Homelessness.

**6. Expand and Improve Supported Employment/Skill Building Programs.** Evidence-based practices have clearly established a link between employment opportunities and successful recovery for individuals suffering from mental illnesses. NAMI supports DSHS/HRSA/Transformation Grant efforts to increase the use of employment in the recovery process, including employment and skill development at mental health clubhouses.

**7. Preserve Washington State's General Assistance – Unemployable (GA-U) Program.** Over 21,000 people statewide depend upon the GA-U Program to meet day-to-day living expenses while they work towards self-sufficiency. Many of these individuals struggle with mental illness. Without this support, this vulnerable population will have no means of supporting themselves while they work on alternative methods to do so, thus ending up on the streets, homeless or in jail or prison.

**8. Expand Mental Health Services in Rural Areas.** Comprehensive mental health services are required no matter the number of individuals or families needing the services or their geographic locations. Rural areas in Washington State are woefully under-served in regard to mental health needs. NAMI supports expansion of the existing pilot program serving a few selected counties in Washington State.

**9. Comprehensive System of Recovery-Based Treatment and Related Services.** Treatment and related assistance needs to be holistic and comprehensive, providing not

only continuity of care but also support for the individual's psychiatric and general physical health, employment potential, housing, social network and mobility. These programs need to work in collaboration with one another and must be recovery based.

NAMI supports:

**Complete Funding for PACT Teams:** NAMI estimates that 8,841 services recipients need PACT services in Washington State, according to its April 2005 analysis of Washington State's public mental health system "Can Crisis Beget Opportunity". PACT is an evidence-based practice proven to lessen hospital use and increase employment among participants as well as successfully treat individuals, especially those with co-occurring disorders who are unsuccessful in traditional case management systems. The 2000 State Legislature began PACT development by allocating \$4 million to establish up to 8 teams. As an important next investment in this proven program, Washington State should invest the additional monies needed to provide funding for PACT services in all RSN regions.

**Expand Consumer/Advocate Run Mental Health Services:** NAMI supports legislation and budget proposals that would ensure that consumer/advocate run services become an important part of the array of services offered and developed by the mental health service system, including Clubhouses. These kinds of programs are a vital component of any system of comprehensive, recovery-based treatment for mental illness.

#### **Collaborative Issues – Other Supporting Organizations**

1. **Establish Certificates of Restoration of Opportunity. (CROPP).** This is King County's number 1 issue. It would act to bar the use of criminal records to deny housing, education and employment. NAMI-WA supports and will partner in this effort.
2. **Provide Statewide Crisis Intervention Training (CIT).** Legislation would provide a grant program through the WA. State Criminal Justice Training Commission accessible by all WA. State jurisdictions – to train first responders to be more effective and safe during crisis calls involving persons de-compensating from mental illness, co-occurring disorders and other associated crises. Mental health training should also be provided to all court personnel. King County Sheriff is lead on this initiative. NAMI-WA is supportive.
3. **Electronic Medical Records Study.** Two bills worked during the 2009 session, HB 2025 and SHB 1300. Would provide for a single database to be shared among various agencies to promote access and continuity of care as well as more efficient and effective administration of legal services such as Drug Courts, Mental Health Courts and ITA.