



Behavioral Health Issue Brief

Address a failing mental health system

Cities are experiencing the ramifications of an overwhelmed mental health and drug abuse response system. City streets are where the consequences of an underfunded mental health and chemical dependency system stand out. The state needs to make investments sufficient to improve access to these systems and their success across the state.

Strong cities need:

Enhancements and reforms to the mental health delivery systems and will work with the state in these areas:



Mental health system transformation

Governor Inslee is proposing a five-year plan to modernize and transform the state's mental health delivery system. His proposal includes shifting treatment of individuals who were civilly committed out of Western and Eastern State Hospitals and into smaller community-based facilities. Cities need a mental health system that provides regional equity so that all areas of the state have access to good quality mental health facilities. Cities are also facing an acute lack of supportive housing for people with long-term behavioral health challenges. An effective transformation proposal must address this reality or it will only provide a temporary bandage to the current mental health system – and, worse, it will exacerbate the homelessness crisis facing our state.



Trueblood settlement

After a 2015 trial known as *Trueblood*, the federal court ordered the Washington State Department of Social and Health Services (DSHS) to move individuals facing criminal charges out of jail and into treatment facilities within 7-14 days when they are eligible for competency evaluation and restoration services. These services are required to be provided to individuals who are unable to participate in their criminal defense because of behavioral health issues. Demand for these services continues to rise, and people with serious mental illness worsen as they wait in jail for their competency evaluation. The intent of the settlement agreement is to provide for systemic reforms of the competency evaluation and restoration services system, but it also focuses on arrest diversion and community-based supports for people with mental illness.

Cities face significant challenges in trying to address chronically ill individuals for whom long-term care services simply do not exist. As a result, these individuals end up on our streets and often cycle in and out of contact with local law enforcement and the criminal justice system. Although the settlement agreement includes a phased-in approach in several counties, cities support including all parts of the state in this new approach. We also need significant investment in the mental health co-response program to reduce the number of individuals in crisis from ending up in a jail cell rather than a treatment center.

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Mental health co-responder program

After its successful passage in 2018, the mental health co-response grant program's funding is set to expire in fiscal year 2019 unless the Legislature appropriates new funding in the 2019-2021 operating budget. The pilot grant program funds local police departments to hire and utilize mental health professionals in partnership with their officers in the field, so that individuals can be connected with services and care rather than defaulting into the criminal justice system. Since its passage, the co-response grant program has been widely praised by law enforcement, mental health advocates, and lawmakers at the state and local level. Cities support the continuation of this important program. Not only is it the humane and appropriate way of interacting with people in crisis, but it is safer for our law enforcement officers, and is an effective use of resources where they are needed – on the streets.



Comprehensive opioid response

Cities greatly appreciate the steps the Legislature took in the 2018 session to pass the secure drug-take back law. This historic legislation will reduce the availability and abuse of unused prescription opioids as patients will now have access to safely dispose of unneeded medications. It is now time for the Legislature to take bold action to reduce the amount of opioids prescribed and available for disposal.

Cities support proposals that:

- Allow pharmacists to partially fill prescriptions upon request of the prescriber or patient;
- Require practitioners to discuss alternatives when prescribing opioid-based drugs to a patient for the first time;
- Require practitioners to register for the Prescription Monitoring Program and to take continuing education course on best practices;
- Connect certified peer counselors with individuals who have had a non-fatal overdose; and
- Mandate additional safety measures such as warning statements, risks, and safe disposal

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