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UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA
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How States Can Help Seriously Mentally Ill (SMI) Get Treatment

Reform civil commitment laws[i]

- Interpret the "dangerousness standard" more broadly than "imminently" dangerous. Include "gravely disabled," (model: Alaska, Connecticut) "substantial deterioration," (model: Arizona) "lack of capacity" and Wisconsin's "Fifth Standard" in civil commitment standards.
- Allow those taking individuals for emergency evaluations and judges to consider at least three years of past history of patient when making determinations.
- Combine involuntary commitment hearing with involuntary treatment hearing so we don't commit those we can't treat.
- Emergency custody should allow a 10 day hold (models: Louisiana, Rhode Island)
- Allow families and other responsible adults to petition for emergency custody and make criteria and process clear
- Create an easy path between AOT and inpatient commitment so they work seamlessly together.

Expand Use of Assisted Outpatient Treatment (AOT, mandated/monitored community treatment)

- Require all counties to have AOT programs and spell out process with specificity in legislation
- Screen all involuntarily committed patients and mentally ill prisoners prior to discharge and arrange for AOT, housing, clubhouses, and other services as needed. They are the most likely to recidivate if not provided treatment.
- Allow families to petition the court and educate families how to do it.
- Ensure initial AOT order can last a minimum of one year and allows six month renewals

Expand Hospital Capacity

- Vigorously fight Olmstead suits and refuse to sign Olmstead settlement agreements.
- Have legislature pass resolution calling on Congress to eliminate the Institutions for Mental Disease (IMD) exclusion which prevents Medicaid from reimbursing states for long-term hospitalization of seriously mentally ill adults.
- Use Certificate of Need (CON), regulatory, and legislative policy to ensure adequate local inpatient and emergency room capacity

Improve Treatment

- Measure and evaluate state mental health departments, their directors, and directors of local mental health programs to focus on improving meaningful outcomes in the most seriously mentally ill. Rate them based on rates of homelessness, arrest, incarceration, violence and needless hospitalization of seriously mentally ill. Those are the most important metrics, yet are rarely measured and no mental health officials held accountable for.
- Educate practitioners the benefits of and encourage use of long acting (30/90 day) injectable antipsychotics so patients police bring to hospitals, and those being discharged from jails and prisons don't immediately deteriorate on discharge.
- Make sure electroconvulsive therapy (ECT) and clozapine are widely available and not restricted.
- Make the ability to sign HIPAA release forms a routine part of admission to and discharge from all inpatient and outpatient programs so families can facilitate treatment for loved ones.
- Allocate housing to mental health courts

Create group homes and congregate housing in addition to independent living options.

Expand clubhouses

For more information, read "Insane Consequences: How the Mental Health Industry Fails the Mentally Ill (Prometheus) by DJ Jaffe or contact djjaffe@mentalillnesspolicy.org (10/2018)

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[i] See Treatment Advocacy Center "Grading the States Involuntary Psychiatric Treatment Laws" http://www.treatmentadvocacycenter.org/grading-the-states or "Insane Consequences."