Don’t Look Away

**With a collapsing mental health safety net,
Washington is losing the fight against preventable tragedies**

1199NW Staff Union

**A Report by
SEIU Healthcare 1199NW
December 2010**

1199NW | SEIU Healthcare® United for Quality Care

SEIU Healthcare 1199NW

The Service Employees International Union District 1199NW is Washington's largest health care union, representing more than 21,000 health care workers, including more than 2,500 state, hospital-based, and community mental health workers.

Diane Sosne, RN, MN
President

Chris Barton, RN
Secretary-Treasurer

Emily Van Bronkhorst
Executive Vice-President

Scott Canaday
Vice-President, Public Sector

Grace Land
Vice-President, Private Sector

For more information, please contact us at 1-800-422-8934 or at www.seiu1199nw.org

1199NW Staff Union

Summary

Isaac Zamora shot six people to death on a killing spree in Skagit Valley in 2008. Last fall, Maurice Clemmons assassinated four Lakewood police officers while they sat in a coffee shop. And in recent months, it's been hard to open the newspaper without reading about other tragedies involving disturbed individuals and deadly weapons: A grandmother shoots family members before turning the gun on herself. A man hacks a neighbor to death with an axe. A young woman is stabbed to death on a city street.

These tragedies aren't random and unrelated. They are the siren warnings of a state mental healthcare safety net in deepening crisis.

It's well known that the vast majority of people living with mental illness are peaceful, functioning members of their community, posing no risk to themselves or others. This is because treatment works, when dedicated mental healthcare professionals are available to provide it. But our current system is only able to do half its job—reaching barely half of low-income residents in need of state-funded mental health services. **When this frayed safety net fails, some people will lose control—with tragic results that wreck lives and destroy everyone's sense of safety in the community.**

There is a strong human predilection to want to relegate these headlines as senseless, unconnected, unfathomable tragedies. That may provide psychological comfort, but it's deceptive. **A root cause of the killings is a mental health safety net that failed disturbed people and their victims—and failed all of us.**

We must not look away from this hard truth.

Today, as the debate over the existence of basic services intensifies in the face of the enormous budget deficit, our state faces important choices. Are we prepared to summon the moral and political courage to build an effective mental healthcare system, one that finds a way to treat all who need help, one that improves everyone's safety? Or will we, as a state, choose to accept more tragic headlines in the future because our political vision only allows us to see an all-cuts budget solution?

In the coming weeks and months, providers, policymakers, public safety officials and other community leaders must engage the public in a discussion about the human consequences of our budget choices. We have choices as a state—how we raise money, how much and from whom, and how we spend money. **We have a choice about whether we want to invest in proven treatment that saves lives, or whether we are content to accept the current downward spiral, and the likelihood of more preventable tragedies in the future.**

These are vital choices. We must face them squarely, and not look away.

Preventable Tragedies

For the friends and family of Isaac Zamora, the warning signs were there. With a history of mental disturbance, Zamora was sometimes a charming young man, sometimes manic, unpredictable. For weeks leading up to September 2, 2008, Zamora's behavior worried family and friends. They tried to get the former mental patient on a waiting list for scarce state-funded mental health services. Their efforts did not succeed in time. Zamora rampaged across rural Skagit County, lethally shooting six people and injuring two others.

This story line—a seriously mentally ill person turns homicidal—has become a chillingly common one in Washington newspapers. This fall in Seattle, Michael LaRosa allegedly axed a man to death near his home; grandmother Saroeun Phan shot four members of her family and then herself. Last year, James Williams pled guilty to stabbing a woman to death in the city's Capitol Hill neighborhood, and just over a year ago Maurice Clemmons killed four police officers at a coffee shop in Lakewood.

Shocked by these terrible crimes, we think of them as senseless and random tragedies. **But these tragedies share the causal imprint of a common problem: our state's overburdened mental healthcare system**—the services we rely on to diagnose, treat and care for people with serious mental illness.

Most people living with mental illness are peaceful, functioning members of their community, posing no risk to themselves or others. Statistically, people with mental illness are no more violent than the rest of the population. This is because treatment works when it is available. **But when our mental health safety net frays and breaks, public safety is compromised for everyone.** After several years of mental health budget cuts, we are seeing tragedy strike over and over.

Untreated mental illness is killing people.

"Persons with serious mental illness (SMI) are now dying 25 years earlier than the general population."

"Morbidity and Mortality in People with Serious Mental Illness."
National Association of
State Mental Health
Program Directors 2006.

Mental Illness and Violence: A National Picture

- About **1500 homicides a year** are committed by individuals suffering from severe mental disorders.
- **Law enforcement officers** are more likely to be killed by a mentally ill person than by other assailants, even those with a prior record of assaulting police.
- **People with mental illness** are three to four times as likely to become victims of violent crime than others.
- **One third of people killed by police** showed signs of being emotionally disturbed.

National statistics from the Treatment Advocacy Center, *www.treatmentadvocacycenter.org*

Spending out of balance

Prevention and ongoing care are both more clinically effective and more cost-effective than crisis response. But our spending is tilted in the opposite direction. According to a *Seattle Post-Intelligencer* analysis, relatively little of what our state spends on mental illness goes directly to fund preventive care. "The rest—$7 out of every $10—goes toward prisons, police, homeless shelters and other social services that deal with the consequences of lack of treatment and preventive care." [10]

And yet the state government is poised to make even deeper cuts to mental healthcare services—cuts that increase the chance that tomorrow's headline will be about yet another horrific tragedy. It is impossible to place a monetary value on human life, but looking away from this problem has exacted a terrible cost in public safety. It demands a turnaround. The victims of these crimes were our neighbors: retirees, public safety officers, nonprofit staff, healthcare workers, mothers, sons and daughters. What other sons and daughters will die in the coming year as a result of a collapsing system? **How many more tragedies are we willing to budget for?**

Of course, the headline-making violent crimes represent the most extreme outcomes of those suffering from serious mental illness. But there's a more pervasive and insidious consequence: A 2006 study found that **men and women with serious mental illness are dying 25 years earlier than the general population**.[1]

Just as we rely on police and emergency medical services to maintain our public safety and basic health, we rely on a safety net of mental health services to protect our communities, and to provide basic care for those who will die—decades early—without it. This safety net repays our public investment in many ways: by rescuing lives not lost or cut short; by keeping people in jobs, school, and healthy relationships rather than succumbing to substance abuse and indigency; and by reducing the pressure on emergency rooms and jail.

Conversely, if we as a state fail to provide adequate funding for mental healthcare services, we will abandon tens of thousands of our mentally ill friends and neighbors to early deaths and broken families. We will ensure higher bills to taxpayers to operate our jails, shelters and emergency rooms. We will leave open a frightening gap in our public safety, and make inevitable another year's roll call of preventable human tragedies.

Treatment Works

Our state's network of mental health treatment programs is the safety net that protects highly vulnerable people from preventable harm, substance abuse, homelessness and premature death. By providing care appropriate to the particular needs of seriously mentally ill people in crisis, the mental health safety net relieves pressure from the emergency rooms, hospitals and jails where such people otherwise end up.

Proper clinical evaluation and supervision is the proven way to prevent dangerously mentally ill individuals from harming others or themselves. Washington State operates three psychiatric hospitals and provides funding for local hospital psychiatric beds and evaluation and treatment centers. In addition, the state funds numerous outpatient community mental health treatment centers and supported housing facilities, staffed by dedicated and professional clinicians, caseworkers and other caregivers. Funding consists of a combination of state and federal dollars.

But this safety net has been stretched far beyond its ability to provide for all those who need it. In Washington, about 428,000 low-income residents have a diagnosed mental illness. But only half of them are getting access to public services.[2] That leaves over 200,000 people a year without care they desperately need, without appropriate services or medication, without supervision; at high risk, and in all likelihood, with a life expectancy cut 25 years short.

"People living with severe mental illness are the most vulnerable in our society. It's frustrating that people are falling through the cracks, but I feel good about the work we do. For me, having the ability to do outreach and build relationships with clients allows me to connect them to the services they need. This helps to create stability in their lives and a safer living environment."

Ashley Molenda, Outreach Worker, HOST Team, DESC

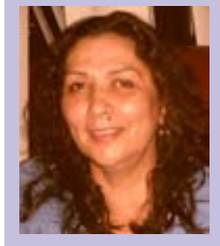
"We need more preventive care. If we can predict that someone is going to endanger themselves or others, we should be able to work with them to prevent that outcome, rather than being forced to wait until there are sirens, ambulances and police."

Bhanu Jayarajan, Emergency Mental Health Counselor, Emergency Services, Compass Health

The Human and Economic Costs of a Damaged Safety Net

When our state government fails to provide adequate resources for mental health, these services falter—leading to untreated patients and unsafe communities. Skagit County, where Isaac Zamora went on his killing spree two years ago, provides a ironic example of cutbacks that abandon seriously mental ill people in need of care and threaten public safety.

The **North Sound Evaluation and Treatment Center** in Sedro-Woolley provided intake, evaluation, short-term inpatient treatment and placement of mentally ill people in crisis—a place designed to assess potential Isaac Zamoras, and set them on a safe path. The Sedro-Woolley E&T was a vital piece of the mental health safety net for that community, and was often full to the point of overflow—right up until the North Sound Mental Health Administration decided to shutter the facility in November 2010. Administrators blamed state budget cuts for the closure. Staff who worked at the facility until the end described a frantic scramble, under pressure to discharge patients into other facilities or housing, as quickly as possible—a difficult order since there are so few places available for people struggling with severe mental illness.



"We provide short-term treatment, but many people clearly need longer-term care or supervision than we can provide. A lack of placement options means that we're often stuck with the problem of what to do with fairly disturbed patients after we've completed our evaluation. In some cases, a patient is a clear danger to himself or herself, and we just continue to warehouse them, absorbing the cost, because we can't just put the person out on the street."

Tomi-Cheyne Osborne, Psych Technician, Mukilteo Evaluation and Treatment Facility, Compass Health

Such cutbacks to mental health services often simply export public costs to other agencies. Skagit County Sheriff Rick Grimstead bitterly notes that, since the closure of the Sedro-Woolley facility, the Skagit County Jail is now that county's largest mental health treatment facility. A glut of mentally ill prisoners is a tremendous strain for the jail, which is already so overcrowded that it turns away dozens of bookings every week for lack of bed space.

King County Councilmember Bob Ferguson has noted that "our King County Jail is a de facto mental institution, second in population only to Western State Hospital."[3] In 2007, an individual booked into King County jail stayed an average of 20 days. But someone with a mental illness booked on the same charge spent an average of 158 days in jail – costing the taxpayer an additional $40,000 for every inmate held in the psychiatric unit.

Prison staff, like deputies and other law enforcement personnel, have been forced into the role of front-line mental healthcare providers—a role for which they are ill-suited. Training is minimal, often comprised of only a 30-hour crisis intervention course. This arrangement is a poor substitute for preventive treatment which could keep mentally ill people from taking up jail space in the first place.

With a safety net in disrepair, mentally ill people in crisis also wind up in hospital emergency rooms—a crude, expensive and short-sighted approach to dealing with such people. Emergency room Medicaid claims for mentally ill patients run 20 percent higher than for other patients, yet mental health and substance abuse-related hospitalizations are increasing faster than the average, totalling 22 percent of all hospital stays in 2007.[4] Emergency room patients who are exhibiting symptoms of mental illness also require considerable staff attention, diverting resources from other patients who come in with medical emergencies.

"I really love helping patients, helping figure out what they need to function and take care of themselves. But psychologists like me now have a lot less time to provide the range of services we know our clients, and their families, need. Out-of-control caseloads and a focus on quantity over quality are really hurting our ability to provide quality care, to work with patients when and where they need it, and especially to respond to crisis situations. And the need is greater than ever."

Kevin Zvilna, Clinical Psychologist, Adult Therapy, Whatcom Counseling & Psychiatric Clinic

"I worry that overall, our state has a long way to go to understand the role that mental health caregivers play in public safety. People suffering from serious mental illness are not going to stop being in crisis; instead, without specialized care, they will merely take up a jail cell or emergency room bed, costing more and helping less."

Sara Andaluz, Bilingual Therapist, School-based Mental Health Program, Cahtolic Community Services

Cost-effective Alternatives Exist

The foregoing examples are signs of a broken system. But our state can also point to effective, innovative treatment and services that save money and lives.

Diversion courts: In recent years, many counties have inaugurated mental health and drug courts, where people facing misdemeanor charges are referred to treatment and therapy, not incarceration. One study found that mental health courts saved an average of $18,000 per person over a two-year period.[5]

Housing: Smart investment in housing and preventive mental health services saves money as well as lives. Seattle's Downtown Emergency Service Center (DESC) illustrated this fact through the **1811 Eastlake Housing First program**, providing housing and on-site services to severely troubled homeless individuals, including those suffering from mental illness and alcohol abuse. A 2009 study in the Journal of the American Medical Association found that, in addition to providing benefits to residents, **the facility saved taxpayers more than $4 million** in its first year of operation.[6]

Before moving into 1811 Eastlake, these homeless individuals required a monthly average of $4066 worth of publicly-funded services, including emergency services, hospital-based medical treatment, substance abuse treatment, detox and jail. Once in the DESC program, **those costs dropped more than 75% after just one year**.

Community-based services: Five years ago, Washington state began funding comprehensive, locally based treatment to people with serious and persistent mental illnesses through an innovative multi-disciplinary team approach called **PACT, or Program of Assertive Community Treatment**. PACT is a proven model that reduces incarceration and hospitalization and improves client health for clients who otherwise would cycle through emergency rooms and local jails. Today there are PACT teams around Washington state, providing 24/7 services to hundreds clients with high needs. These services are saving taxpayer money and improving client health and community safety.[7]

Our state's **Dangerously Mentally Ill Offender program** tracks and treats mentally ill prisoners for up to five years after their release. A three-year evaluation of the program shows that its successes in reducing felony recidivism provided a larger return than the program's cost; that is, **the program generated $1.24 in savings for every dollar spent**.[8]

The state provides inpatient and outpatient alcohol and drug abuse treatment to a limited number of low-income Washingtonians through the **ADATSA program**. A 2008 study showed that the ADATSA program cut medical costs by 29% and reduced criminal justice recidivism by 32%. The study also found that ADATSA clients increased their employment and wage earnings.[9]

Treatment works—it saves money and lives, and makes our communities safer.

That's the good news. The bad news is that **these mental healthcare programs and many more are currently slated for deep cuts or complete elimination.**

"Housing assistance for persons with mental illness significantly reduced homelessness, hospitalization, and crime when compared to similar individuals who did not participate in a housing program."

Miller, Marna and Irene Nguyi. "Impacts of Housing Supports: Persons with Mental Illness and Ex-Offenders, " Washington State Institute for Public Policy 2009

Relative cost of treating mental illness and chemical dependency:

Prison: $31,000/year
State hospital: $182,000 to $212,000/year
Community mental health treatment: $2,162/year

Senate Judiciary Committee; DSHS/MHD, Feb. 2009; community costs from DSHS/MHD performance indicator reports for FY 2005 (most recent data)

Looking forward

A budget is more than numbers and dollars and a description of services. It is an expression of the values we hold as a state. It represents people—your neighbors and mine, employers and employees, and the vulnerable—the elderly, the sick, the young and the disabled. It embodies the purpose of state government: to protect people and property, to lend a helping hand to those most in need, to educate and to build a robust economy.

Governor Chris Gregoire, Proposed 2010 Supplemental Budget Statement, December 2009

The state budget process is not just a math exercise. It is, as our Governor has noted, a reflection of our shared values.

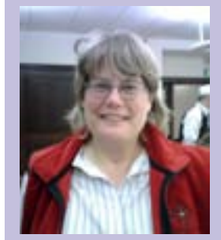
Given the enormity of our current budget deficit, state lawmakers must begin by asking themselves: "Can we truly craft a budget within existing resources that reflects our values and purposes 'to protect people and property, to lend a helping hand to those most in need, to educate and to build a robust economy?'"

If the answer to that is "frankly, no"—and we believe it must be—then state leaders need to engage the public in a discussion about the human consequences of our budget choices. We need to talk about what resources *would* be needed to create a budget that meets with our values and purposes. We face many choices as a state: how we raise money, how much and from whom, and how we spend money. **In this instance, we must decide whether we want to invest in treatment that is proven to save lives, or whether we are content to accept the current downward spiral, and the likelihood of more preventable tragedies in the future.**

We need the courage to not look away, and to face these choices honestly.

State leaders need to put everything on the table in this debate–new revenues, closing tax loopholes, and administrative efficiencies, as well as cuts. If shared sacrifice is required of us, then it must be shared by all Washingtonians; it must not disproportionately burden lower- and middle-income families, as recent cuts and new proposed cuts have.

When our leaders describe the choices ahead to Washington residents, they must be clear about the human and community impacts of competing budget options. Particularly, they must be honest with the public about the true significance of mental healthcare funding: **Treatment saves lives, saves money, and prevents tragedies; cutting funding will jeopardize our safety and cost us more in the long run.**



"I'm not in this to get rich. My job is a labor of love. Many mental healthcare providers have some personal history, a family member or a friend, who struggles with mental illness, so there's a personal connection. It affects us personally when short staffing or high workloads make it impossible to provide assistance to everyone who needs help. We love our jobs in spite of the relatively low pay—we just need there to be more of us."

Diane Hanson, Geriatric Therapist/ Case Manager, Adult Services, Behavioral Health Resources

Notes

1. Parks, Joe et al. “Morbidity and Mortality in People with Serious Mental Illness.” National Association of State Mental Health Program Directors 2006.

2. Kohlenberg, Liz et al. “Washington State Mental Health Resources and Needs Assessment Study.” DSHS/Washington’s Mental Health Transformation Project 2006 *http://www.dshs.wa.gov/pdf/ms/rda/research/3/31.pdf*

3. Ferguson, Bob. “The Jail as Mental Institution.” Seattle Times, Jan. 11 2007. http://seattletimes.nwsource.com/html/opinion/2003518876_bobferguson11.html

4. Burley, Mason. “The Costs and Frequency of Mental Health-Related Hospitalizations in Washington State are Increasing.” Washington State Institute for Public Policy 2009

5. Kuehn, Bridget. “Mental Health Courts Show Promise.” *Journal of the American Medical Association*, 207:17, 2007

6. Larimer, Mary et al. “Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems.” *Journal of the American Medical Association* 301:13, 2009

7. data from Oklahoma Department of Mental Health and Substance Abuse Services: *http://www.ok.gov/odmhsas/documents/one%20year%20pre%20and%20post%20admission%20comparison.pdf*

8. Mayfield, Jim and David Lovell. “The Dangerous Mentally Ill Offender Program: Three-year felony recidivism and cost effectiveness.” Washington State Institute for Public Policy, 2008

9. data from DSHS: *http://www.dshs.wa.gov/pdf/ms/rda/research/4/67.pdf*

10. Smith, Carol. “A ‘gravely disabled’ mental health care system.” *Seattle Post-Intelligencer*, Sept. 8 2008

Additional Reading

Jaffe, D.J. “Maurice Clemmons—Mental Illness Does Cause Violence.” *Huffington Post*, Dec 1 2009

Jarvis, Dale. “Healthcare Payment Reform and the Behavioral Safety Net: What’s On the Horizon for the Community Behavioral Healthcare System?” MDCC Consulting 2009
Kulbarsh, Pamela. “Mentally Ill & Potential Violence: Implications for Law Enforcement Officers.” *Officer.com* 2010. *http://www.officer.com/web/online/On-the-Street/Mentally-Ill-and-Potential-Violence/21$55351*

Lynn, Adam. “Cop-killer’s family say Clemmons thought he was Christ.” *Tacoma News-Tribune*, Nov 23 2010

McNerthy, Casey. “Grandmother In Shooting Spree Battled Schizophrenia.” *Seattle Post-Intelligencer*, Sept 25 2010

O’Hagan, Maureen and Michael J. Berens. “Shooting Rampage Suspect Described As Deeply Troubled.” *Seattle Times*, Sept 4 2008

Schwartz, Ralph. “The rising price of justice.” *Skagit Valley Herald*, June 22 2009
Smith, Carol and Daniel Lathrop. “State pays in blood for flawed mental health system.” *Seattle Post-Intelligencer*, Sept. 4 2008

Sullivan, Jennifer and Jonathan Martin. “Suspect In Capitol Hill Stabbing Death Has History Of Mental Illness.” *Seattle Times*, Jan. 25 2008