NAMI Virginia supports the following legislative and budget priorities for the 2020 General Assembly session, and for the Commonwealth’s Fiscal Year 2021-2022 budget:

**Full funding for STEP-VA Initiative**

Virginia’s Community Services Board (CSBs) are identified in the Code of Virginia as the single point of entry to the public behavioral health and developmental services system. Due to the way CSBs traditionally have been funded by localities, disparities in funding and therefore services exist between CSBs. In 2017, the System Transformation, Performance and Excellence in Virginia, or STEP-VA, initiative was formally established to enable CSBs statewide to deliver, at a minimum, nine standard services. In 2017, Gov. McAuliffe and the General Assembly allocated a combined $5.3 million to get STEP-VA in motion, with the remainder of funding to be allocated in the coming years. The next phase of STEP-VA involves CSB implementing Same Day Access, primary care screenings, and addressing gaps in outpatient and case management services for children in the Commonwealth. We support full funding to STEP-VA to continue the reform and continuity of services, especially in increasing access to timely care.

**Support Medicaid Redesign and Reimbursement Rate for Peer Support Services**

For those living with mental illness too disabling for employment, the primary source of insurance is Medicaid. Redesign seeks to investigate and re-work the services funded by Medicaid to ensure its members have access to fully-integrated mental health services on a continuum of care. This comprehensive system will focus on access to services that are high quality, evidence-based, trauma informed, and cost effective including comprehensive crisis services (23-hour Crisis Response; community-based crisis stabilization; programs of assertive community treatment (PACT), partial hospitalization programs (PHP), intensive outpatient services (IOP), and two child-specific services: multi-system therapy (MST) and functional family therapy (FFT). These services exist in Virginia’s mental health service array, but are limited in their availability either because they are not currently covered or the service is not adequately funded by Medicaid. Therefore, Redesign also seeks to ensure adequate provider reimbursement rates to incentivize providers and increase access. We support Redesign as an essential step in building necessary early intervention community services to promote recovery across the lifespan.

We also support increasing the Medicaid reimbursement rate for peer support services to ensure this evidence-based practice found to reduce re-hospitalization rates, reduce inpatient stays, lower overall costs of services for people living with mental illness, increased use of outpatient services, and increased quality of life outcomes continues to be a viable service in Virginia. Currently the reimbursement rate barely covers the costs of the services and many providers are losing money and discontinuing the services. We support an increase in the reimbursement rate to protect this valuable service.

**Expansion of Permanent Supportive Housing for Individuals with Serious Mental Illness**

In 2015, a US Housing and Urban Development survey found that 24% of the population experiencing homelessness live with a serious mental illness. Permanent supportive housing is affordable, flexible service that has no time limit for leases and is an evidence-based measure to assist adults living with serious mental illness. Individuals who have receive these services have housing stability and are less likely to need to utilize emergency services and inpatient hospitalization. Since 2015, NAMI Virginia and our fellow advocates have successfully pushed for $17mil in general funds to provide permanent supportive housing. As of Fall 2019, more than 1,000 individuals have been successfully housed using these funds. This is a great first step, but
there are many more individuals in need of essential services, which is why we support increasing state general funds 20% each year of the two-year budget period.

**Enforcement of Mental Health Insurance Parity Requirements**

The federal Mental Health Parity and Addiction Equity Act, originally passed in 2008 and was strengthened by the Affordable Care Act, requiring most private health insurance plans to offer equal in-coverage access to mental health and addiction treatment as they do to physical healthcare. In Virginia, the Bureau of Insurance is responsible for enforcing this law. Most Americans have private health insurance, generally through an employer-offered health plan; however many Virginians report difficulty in getting mental health care covered. According to recent research, more than a third of Virginians in need must seek mental health and addiction care outside their health plan’s network, which increases the cost of services or results in no treatment at all. We support expanding enforcement of federal mental health parity laws in Virginia.

**Expansion of Jail-based Mental Health Services and Criminal Justice Diversion Programs**

In 2014, 20% of individuals in jails had a serious mental illness⁴ and a vast majority of these individuals committed non-violent offenses⁵. Often incarcerated for minor infractions related to instable housing, while incarcerated their access to mental health services are severely limited, and once released, many do not have access to necessary health services and benefits. In accordance to previous General Assembly action in 2019, we support legislative action to require the Department of Corrections to develop standards for mental health treatment in jails and also to divert criminal justice matters to mental health services in non-violent offense cases.

**Banning the death sentence for capital defendants with severe mental illnesses**

The death sentence was not designed with offenders with cognitive impairments in mind. One in ten prisoners are defendants who waive their key trial⁸. Symptoms of mental illness can affect the ability of the individual to represent themselves, their ability to work with representatives in the court, and the jury’s perceptions of them⁸. In the 2019 General Assembly session, the Virginia Senate passed the first death penalty legislation that restricted the use of the death penalty. We endorse furthering the restriction on the death sentence for capital defendants who have been diagnosed with a severe mental illness.

---

¹ Death Penalty Information Center: Mental Illness (n.d.). Retrieved from https://deathpenaltyinfo.org/policy-issues/mental-illness