

Joint Commission on Health Care

Behavioral Health Subcommittee

August 20, 2014

1

NAMI Virginia/Stephany Melton Hardison
(804) 285-8264 x 206/smelson@namivirginia.org

Good afternoon. Thank you for the opportunity to speak today. My name is Stephany Melton Hardison and I am the Acting Executive Director of the National Alliance on Mental Illness of Virginia.

As you know, we are a statewide organization whose mission is to promote recovery and improve the quality of life of Virginians with mental illness. Together with our 26 affiliates, we provide education, support, and hope to individuals and families impacted by mental illness.

First, we want to thank you for the time and effort you have put into these issues. Please know that it is truly appreciated.

I'm very pleased to have the opportunity to speak to you today and wish to share the thoughts, suggestions, and concerns that so many of our families have. Given that the conversation as of late has been more focused on our crisis intervention system and mental health laws, I wanted to take some time to talk to about the need for Virginia to focus on its community based system of care for individuals affected by mental illness and their families.

For the past decade, Virginia has been transforming its mental health system to that of a more community-based system of care. This transformation has made a lot of progress by reinvesting funds from acute care services at state hospitals, as well as through the creation of new community-based services approved by the General Assembly. These initiatives have brought incremental and important change but have not fully addressed the infrastructure or capacity needs of Virginia's community based system of care, which must be addressed in order for meaningful change to take place.

Essentially, our basic belief is that our focus needs to be on building up the capacity of the community-based system so that there are as many proactive strategies as possible to avoid bad outcomes, in short, so that people can get help when they need it. With the steady downsizing of state hospitals and the struggle of the community based system to keep pace absorbing people needing treatment in the community, our system and practices remain largely downstream, that is, the system waits until there is a crisis.

With proper treatment, services, and supports, the lives of adults and youth with serious mental illnesses can be substantially improved; recovery is indeed possible. The costs of failure to provide adequate services to people with serious mental illnesses are well known: disproportionate dependence on public income supports and medical benefits; over-reliance on costly treatments in emergency rooms; high rates of incarceration in jails and prisons; social isolation; school truancy and drop out; and low rates of employment.

Individuals with mental illness and their families want proactive, timely care with a focus on early intervention and recovery-oriented services, meaning that people with mental illness can receive intervention before the point of a crisis or needing hospitalization or involuntary commitment. Furthermore, proactive, recovery-oriented services reduce reliance on state and private hospitals and helps people maintain their lives in the community – close to family and able to keep working or find jobs and meaningful activities. It's important to stress that we don't think that involuntary

Joint Commission on Health Care

Behavioral Health Subcommittee

August 20, 2014

2

NAMI Virginia/Stephany Melton Hardison
(804) 285-8264 x 206/smelson@namivirginia.org

interventions or even voluntary hospitalizations will be prevented in all cases, and when needed, state and local beds should and must be available. However, appropriate and adequate supports in the community will significantly reduce the number of crisis situations and will help ensure that inpatient beds are available for those who truly need them. Essentially, in a comprehensive community based system of care, inpatient care is seen as part of a continuum of care, not as the only option for care in the face of insufficient alternatives.

Given this information, what does a comprehensive community based system of care look like?

Many states around the country – Minnesota, New York, Maryland, Ohio, Oklahoma, and Connecticut, among others – have achieved more effective, modern systems of care because the issues of inadequate resources have been authentically addressed. At a minimum, every community needs to provide access to:

- Acute care/inpatient hospitalization
- Case management services
- Employment services
- Psychosocial rehabilitation programs
- Peer and family support services
- Crisis intervention and stabilization
- Child and adolescent services
- Assertive community treatment
- Outpatient counseling for individuals, groups, or families
- Medication evaluation and management
- Co-occurring disorders treatment for mental health/substance abuse
- Mental health assessments and evaluations
- Mental health forensic services
- Hospital discharge planning
- Housing supports
- Supported living services
- Transition age youth services
- Transportation support services

The good news is that this is an exciting time for mental health policy, as innovative practices and programs are being developed around the country, including medical homes and other integrated primary care models, PACT programs, crisis intervention teams, supportive housing, and peer and family support services. Of course, I realize that many of these models are already here in Virginia, and there are opportunities to expand and introduce new models.

NAMI Virginia maintains a policy stance that any savings realized from the downsizing of state psychiatric hospitals should be reinvested into the community to develop, expand, or strengthen the community-based system of care as a way to bring us closer to rectifying the failed policy and aftermath of deinstitutionalization. Although recent legislative changes in Virginia intend to increase the number of beds in state psychiatric hospitals in order to ensure a true safety net, in the future, we ask that policy makers move forward with policies and funding that will create a truly

Joint Commission on Health Care

Behavioral Health Subcommittee

August 20, 2014

3

NAMI Virginia/Stephany Melton Hardison
(804) 285-8264 x 206/smelson@namivirginia.org

community-based system of care so that, again, inpatient care is seen as part of a continuum of care.

As Virginia continues to focus on developing its community-based system of care and continues to strengthen the mental health system, it is essential that discharge planning, procedures, and services for patients in inpatient hospitals awaiting discharge remain a key part of the conversation. DBHDS reports that between 140 and 150 individuals have been deemed clinically ready for discharge from state facilities, however due to extreme barriers such as housing and lack of adequate support these individuals remain in state hospitals longer than medically necessary¹. With adequate community-based services, these individuals could be discharged back into the community and state hospital beds could be used for those most in need.

One challenge that is important to recognize if we are to fully address the capacity needs of our system is that there is an imbalance between hospital-based funding and community-based funding. Virginia still spends a large portion of its state funding on institutional-based care. While inpatient care will always be part of the healthcare needs of people with serious mental illness, an inadequate community based system of care forces an overreliance on more costly inpatient care. Again, services must focus on preventing crisis instead of being crisis-driven.

In addition, I don't want to leave out children and youth with mental health needs and their families in this discussion, as their experiences and needs can sometimes get lost in the larger conversation. Expanding the array and capacity of services to assure a consistent base level of services for children and families statewide is crucial. A 2012 report by the Department of Behavioral Health and Developmental Services found that all communities have an inadequate array of children's mental health services and that there is inadequate capacity in those that do exist. The result is that many children wait so long for treatment that their conditions worsen and result in more serious problems that are more costly to treat. Earlier, I spoke of how it takes a crisis to get help in the adult system, I think this anecdote can be even more so for children and youth. Families can often be very isolated, and the service array varies greatly from region to region.

Considering that approximately 117,592 children/youth experience serious mental health disorders in a given year, this is a troubling picture. Policies for children and youth must focus on integrated "systems of care" approaches that help children avoid costly consequences of school failure, family disruption, justice system involvement, and residential care. The goal of any policy should be to develop an array of effective comprehensive community- and home-based mental health services. Services should be child-focused and family-centered, provided in the least restrictive environment, and close to the child's home.

Funding initiatives in recent years for this population, including children's crisis intervention services and outpatient services for youth and young adults with mental health disorders, are absolutely steps in the right direction. It is important that the conversation is continued and that

¹ Department of Behavioral Health and Developmental Services, (2013). *Comprehensive state plan 2014-2020*. Retrieved from website: <http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2014thru2020.pdf>

Joint Commission on Health Care

Behavioral Health Subcommittee

August 20, 2014

4

NAMI Virginia/Stephany Melton Hardison
(804) 285-8264 x 206/smelson@namivirginia.org

we look at how we can strengthen the children's mental health system. Other innovative approaches include school-based mental health programs, early intervention services, pediatric mental health screenings, family and youth peer support services, and high fidelity wraparound.

In closing, we want to thank you for your understanding, and efforts, and time. It is something we greatly appreciate. We know that these are extremely complex issues and please know that we will help in whatever way would be useful.

Thank you very much.