

Transformation Town Hall

Public Comments

Williamsburg

May 11, 2015

1. In the Virginia mental health system, there is institutional reluctance to long-term care. Patients are treated by the calendar, rather than by personal needs. They are always quickly discharged 3-5 days, after involuntary commitment. One size does not fit all. Hospital informed them that the law requires the discharge. System prevents doctors from challenging the system. After many years, the doctor determined that the patient needs long term hospitalization. Eastern State put his case on hold, and put together a case for his stay. After more than 200 years, we have a system that doesn't work.
2. Individual is concerned about after care programs. Boarding home or assisted living places are not appropriate after hospital discharge. Patients are kicked out of a structured environment, into an environment without structure. Parents of patient get no consideration at court hearing. The court changed the patient to voluntary and wanted the patient to discharge. The social worker at Eastern State Hospital said they have to place discharges in such placements, because there are no transitional places for them. Richmond is on their back to get patients out of the hospital.
3. Thank you to the department for coming out to Williamsburg. Great grass roots effort of the community here. Three suggestions:
 - A. Crisis intervention- teams in James City County and Williamsburg fantastic. Crisis is best opportunity to address issues in the home. Finnish are great at this. CIT officers address immediately with individual and family members.
 - B. What happens after the hospital? Hospitalization is acute care, voluntary or involuntary, is acute. When they are released, they will not be doing better than before they went into the hospital. People should go (be released) live together in a group home, with self governance, as families, in recovery in best practices. There are 90 homes in the US like this: also, Harrisonburg. They run a business together. We should have this here in Virginia.
 - C. Regarding funding: Doesn't know where corporate America is, but most people with mental illness smoke. We need to go to sources of problems such as smoking, drinking, prescription drugs. We need to get corporate America (and drug companies) provide resources to direct towards mental illness. This plan would get the public away from reliance on legislature for changes.
4. The transformation effort sounds similar to the Commission on Mental Health Law in Virginia, since 1980's. VA has not made much progress. More in last 10 years than 20 years before that.

NAMI organization advocacy has helped. Legislators know must listen to NAMI now. Hoped to see some metrics on progress made so far. This was true before too. Need numbers, must be posted, create awareness. 5 years from now, we'll have the same meetings and recommendations. The only way to get more funding is to work with legislators and convince them of what is needed for mental illness in VA.

6. Last week, individual took daughter to psychiatric hospital. The threat to self or others is too high a standard for accessing services. There is huge need for services in between. Has begged for help forever. The parent called the insurance company about where to take their daughter. Often found that providers either not in network or the network is not updated. Providers claim they can't talk to family members of an adult child. HIPAA is about keeping insurance companies from knowing private medical details, not keeping information from family members. System needs metrics, quality standards, accountability. It is our responsibility to set standards because industry is profit driven. If you have the money, you will get the best service, but if not, individuals will not get good service.
7. Three points:
 - 1- Happy to hear about use of data. The system is too large to be enacting policies with solely anecdotal evidence. Validated assessment tools are necessary. 50% of Virginians are born in other countries. Asks for open access to people not born in the United States.
 - 2- People should be able to choose what services work for them.
 - 3- Consumers don't know that recovery exists and that services are available. People must know where they can go. Public education campaign should be part of this. Fear is a huge motivator but Virginians are ready to help themselves.
8. Happy to see this transformation effort happening. Immigrants and refugees are not given access because providers cannot understand them. Many times they are misdiagnosed, under-diagnosed, over diagnosed, for things they do not understand. They do not understand the culture or language, especially medical, insurance language. Mental health is an issue that traumatizes immigrants and refugees. This person suggests that transformation teams explore access barriers to immigrants, of different race and ethnicity and add representatives of multi-cultural communities to the transformation effort. Lived experience does not equate to experience of immigrants.
11. The system is broken. A peer recovery support advocate, with two and a half years of experience, lives in a mini-recovery house and facilitates persons in recovery every week. Glad that Virginia finally decided to pay peers, and now they can make actual money. Had a 30 year career, successful life, and two children. Has been in the hospital 8 times, so can help people in the hospital get the most out of their hospitalization. Hopes that more system transformation comes to Virginia
12. Central state hospital discharges need more transitional housing, to prevent further crisis.
13. The publicly funded behavioral health system needs improvement. Patients often have no way to stand up for themselves, because if they do, they are told they have no idea who they are. Patients are often put down. Giving low risk people high risk penalties tends to make them worse. Patients are discouraged from asking questions during treatment. There is abuse in the

system. Providers are making money from evaluations, so system needs improvement. Many people are placed in facilities/services that do not appropriately meet their needs.

Woodbridge, VA

May 12, 2015

Public Comment

1. Individual has a child with bi-polar disorder and parents live in constant fear of hospitalization. The child qualifies for CSA, home based therapy, and parent support. Many families in VA are not so lucky. Many need comprehensive services, access, etc. The current services available are inconsistent and inadequate. Funding is inadequate and inconsistent as well. Individual is a strong proponent for crisis response services. Families believe there is a lack of services for children with mental health disorders, are afraid to search for help and do not know how to navigate the system. Appreciates the recommendations for consistency among core services and one state entity to be responsible for children with mental illness, as well as a statewide navigation system.
2. Individual is a parent who has a son placed at Northern Virginia Training Center. They are speaking as a parent of a child with profound medical disabilities. All recommended services are good, but there is not much consideration of mental health needs of individuals with intellectual disabilities. The system needs to look at people with complex medical needs including oral, and mental health. It is very hard to work with non-verbal, profoundly disabled. The system needs more programs for people with profound physical disabilities and mental illness.
3. Licensed professional counselor who is concerned about access compromised by private providers who do not take Medicaid. It is very hard to expect therapists to sort through many different insurance policies. The system bureaucracy needs to be streamlined.

Years ago DMAS began to cover neurofeedback for brain training. Neurofeedback has had good results in getting kids off of medications. For autism, there is a reduction in symptoms, but this treatment is not supported by reimbursement. The influence of drug and insurance companies is out of control. Anti-psychotic drugs create serious health problems. Neuro-feedback offers much more help and could save insurance companies a lot of money in the long term.

6. Special education teacher: Please look at those specific issues:
Criminal justice boards are a good place for people interested in mental health issues. Local community has put in place a therapeutic docket, where screening is done, and if the violation is a misdemeanor, then the individual can be referred to the therapeutic docket. A justice project used this model for property and larceny crimes. Did not see any information about ESL. Virginia is one of top places for refugees in country and this community needs greater input in the transformation teams.

7. Insurance requirements need to be transferred to core staff to free up therapists to do clinical work. People can change Medicaid often. Decrease bureaucracy, and develop one assessment that goes across insurances to address churn. Also there needs to be more collaboration on changes, in 2011 participated in VICAP committee, however the result has not served families who need the services.
8. Brain injury advocacy community is working to continue to strengthen relationship with CSBs and clients served in these settings.
9. Substance Use Disorder counselor: Asking the transformation teams/DBHDS to reduce and eliminate disparities of minority population with access to services. Harvard study showed disparity of Hispanic and African Americans, and Asians in treatment. A University of Iowa study also substantiates these findings. We need to ensure we don't neglect this population. Also, we need to work on decreasing recidivism, increase Medicaid funding, money for integrated services, housing, employment, behavioral health care. We also need to incorporate more minority culture representatives on the transformation teams.
10. Parent support partners is a grant funded program where 200 families are supported. The program assists families in development of informal resources, and natural supports in navigating multiple systems and teaches them how to participate in a team based planning process. This has been successful in reducing number of children in long term placement.

Charlottesville, VA

May 15, 2015

Public Comment

1. Written comments are more extensive, but will speak regarding prevention. Agree that prevention and wellness promotion must be mandated services. They reduce the need for expensive services. Prevention services have experience in community needs assessment, strategic planning and measureable impact evaluation. They can help with consistent messaging with local community needs.
2. Concerned Citizen who worked in BH field for 25 years. Has personal experience and works in crisis stabilization. Outpatient and substance abuse training has taught that "offenders" have numerous challenges when they re-enter the system. They are punished for disease that is chronic, progressive and fatal. Medications can help them recover. Prohibition does not work, but system makes illegal substances, and creates a punitive system. Legislature must review this.

Medicaid reimbursement issue- the system is working very hard NOT to reimburse service providers who are mandated to provide services. Front line workers and managers must jump through hoops because rules/policies constantly changing. Assessment is one such area. Supervisor spends 50% of time to appease Magellan. They go out of way to not provide services.

3. ABA services should be included in all offerings and supported through Medicaid. These services would integrate well with the current recommendations. ABA must be provided by a licensed behavioral analyst or assistant, under the Board of medicine, held to high ethical standards. ABA must be included as an option, not to replace other services, but in addition to them.
4. Foster care is an area of consideration for prevention. Charlottesville has one of highest foster care populations, due to drug abuse. Recommends the transformation teams consider working with CIT and DCGS, DOC. One recommendation could be to work with medical community for pre-screening testing, for accessing help of family members.
5. There are well documented disparities of minorities in access and outcomes . Would like to see a transformation team for cultural competence, and access for minorities.
6. Parent of autistic son. Son receives services through DARS, and is on the waiting list for the waiver. Mental Health support is not available for those with ID/DD. Child has autism and co-morbid conditions of anxiety and depression, yet cannot receive services. He doesn't qualify for services because he does not have an ID. He has an IQ of 74. Many kids fall through the cracks, as the assumption is that services should be less due to functioning, which is NOT true. Currently there are 1, 022 on waiver list at high risk of falling through the cracks. At risk kids should be an extra consideration for kids on the waiting list.
7. Prevention, son diagnosed with Autism at age 2 and moved from IDEA to adult services. The focus should be on adults who have nothing. Providing services to family members is huge financial burden that changed family dynamics and parenting, and drained bank accounts. Their child won't have ability to live independently and to be employed because resources aren't there. They are willing to help lobby, and are very concerned that Virginia is number 48 in services and 8th wealthiest state.
8. Appreciates practice including consumer voices and peers in process/decisions. Organization supports inclusion of peers at all levels of services and planning.

Wytheville, VA

May 20, 2015

Public Comment

1. All teams have established similar principles for transformation. Core services across the state are essential. Primary and behavioral integration is essential, and represents emphasis on prevention, as does workforce development. A system that embraces person-centeredness will help Virginia be prepared for the future. Relationships are important for our system. Service-

provider relationships are the foundation for recovery. A transformed system must be sustained over time and ascribe to the highest standard of care.

Two recommendations:

- 1- Very important to address substance use disorder services aggressively.
 - 2- Sustaining funding is very important, as rates fluctuate and state funding does too.
2. Brain injury providers have difficulty because of disparity among CSBs. Most of the 9 CSBs in the region deal well with clients and recognize co-occurrence of brain injury and mental health and substance use disorder. Fifty percent of brain injury clients have no insurance. A diagnosis of brain injury means providers close their doors. Rural populations are best served by CSBs. As you are assessing in justice system for behavioral health and ID/DD, please also screen for brain injury. The brain injury population may be prevalent for the justice system.