



Strengths and Challenges of Virginia's Mental Health System: Perspectives from Individuals and Families

Presentation to The Joint Subcommittee to Study Mental Health Services in the Twenty-First Century

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Who we are

- Statewide nonprofit organization
- Support, education, and advocacy
- 20 affiliates
- Membership of “lived experience”
- 17,874 Virginians reached through our volunteer-driven education and support programs (2014)
- 3,064 HelpLine responses (2014)

When any family or individual has to navigate the system, these are the words that are often used...



But when mental health is involved these words are used, too...

Shame

Lost

Misunderstood

Blame

Helpless

Depression

Anger

Loss **Hopeless**

Unworthy

Stigma

10 Pillars of a High-Quality State Mental Health System

1. Comprehensive
2. Integrated
3. Adequately funded
4. Focused on recovery, health promotion & morbidity reduction
5. Safe and respectful treatment environments
6. Accessible
7. Culturally competent
8. Consumer-centered and consumer- and family-driven
9. Well-staffed and trained
10. Transparent and accountable

Source: NAMI, Grading the States, 2009

Strengths of Virginia's mental health system

- Movement to infuse principles of recovery, health promotion, and resiliency
- DBHDS/CSB system gives the state a vehicle to enact policy and accountability standards
- Private providers give options and capacity
- Localized system fosters buy-in and support
- Many examples of excellence, success, effectiveness, and collaboration with families and people needing help

Challenges of Virginia's mental health system

- Fragmented, confusing to navigate, lack of consumer choice
- Multiple agencies impact and govern CSBs
- System is largely crisis-driven
- Inconsistent array of services/inequity funding
- All CSBs have capacity and access challenges
- Lack of clarity and guidelines governing the relationship between public and private providers

Challenges- Continued

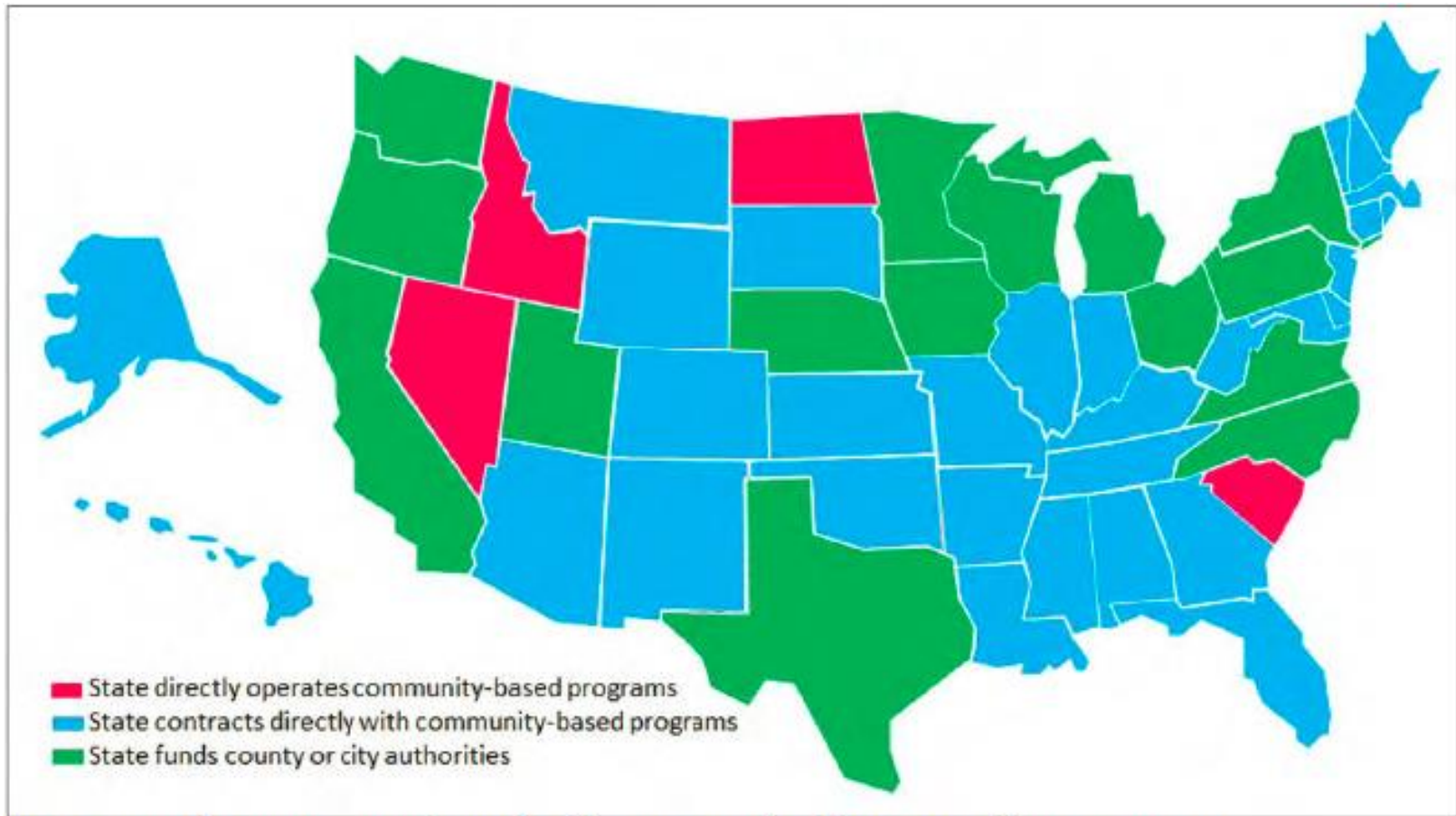
- Medicaid dollars spent in the private sector not reinvested
- Private insurance – lack of parity
- Difficulty accessing inpatient care
- Barriers to Discharge List at state hospitals
- Uninsured patient population
- High number of jail inmates with mental illness
- Housing

Governance Structures

Three major models of behavioral health system governance in the US:

1. Centralized, state control where the state directly operates community-based programs (4 states)
2. Mostly state control where the state contracts directly with community-based programs (31 states)
3. Mostly local control where the state funds county or city authorities to operate community-based programs (15 states including Virginia)

Governance Structures



Source: NRI Analytics Improving Behavioral Health, State Mental Health Agency Profiling System: 2013

Source: http://guinncenter.org/wp-content/uploads/2014/12/Guinn-Center-Mental-Health-Governance-Report-Dec_2014.pdf

Needs Assessment: Adult Mental Health System

Top Priorities

1. Expand permanent supportive housing
2. Integrate mental health care with primary health care
3. Strengthen round-the-clock emergency services and stabilization for crises
4. Expand intensive outpatient services
5. Cover the uninsured/Medicaid expansion
6. Improve/ensure acute care access (hospital beds)

Needs Assessment: Child Mental Health System

Top Priorities

1. Implement parent and youth peer support services in the child serving systems
2. Expand the array of services so that there is a true continuum of care for children and youth with mental health needs and their families
3. Expand transition age youth services to every community
4. Bring Systems of Care values and principles to scale in Virginia

Recommendations

1. Fund Peer Support Specialists and Parent Support Partners
2. Determine base level of community services and how to deliver them
3. Articulate the roles and expectations of public and private providers
4. Expand early intervention and “First Episode” models
5. Expand array of services for under 18
6. Expand permanent supportive housing
7. Address the problem of uninsured clients
8. Address challenges with private hospitals
9. Strengthen jail diversion (i.e. specialty dockets and CIT)
10. Improve usage of mandatory outpatient treatment

Thank you

Mira Signer
Executive Director

msigner@namivirginia.org

(804) 285-8264 x 200

www.namivirginia.org
