

Ken Cuccinelli Mental Health Forum Responses

1) Virginians of all ages and situations in life can experience mental health problems. Almost a quarter million adults in Virginia live with co-occurring mental health and substance use disorders. As many as 18% of adults older than 65 in the U.S. experience depression. 1 in 4 of Virginia's jail inmates live with a mental health disorder. 28,000 individuals are treated for brain injuries in Virginia hospitals each year. The national rate of post-deployment mental health problems among returning veterans is about 15-20% at any given time. Given this concerning snapshot of mental health in Virginia, what is your overall vision for the Commonwealth's mental health system?

We have had a growth in the population of individuals with mental illness since the 1980's and not a commensurate growth in services provided to meet the demand. In part, that is due to the lack of insurance coverage in both the private insurance market and public funds.

In my view, the best way to deliver services is locally, through the CSB's with standards of high quality of care, and low regulatory barriers to access treatment.

We need more child psychiatrists and counselors and better coordination with pediatricians in the community. It's important to leverage primary care doctors who are already in the community. We need to work together to find ways to help families with adolescents who upon their 18th birthday, lose access to pediatric services and who often have a new diagnosis, but are still struggling with determining the best treatment modality.

Often, these individuals fall through cracks until a crisis in the college setting, or they are unable to find work and act out in the community. Too often, they enter the criminal justice system, when they should be accessing treatment or counseling.

We need strong public-private partnerships with local support organizations and the faith-based community to assist with treatment, training, and housing. In these lean times, it's going to be very difficult to get adequate funding to do everything we want to do for mental health in Virginia. We can start with some basic reforms that will help fix the problem.

First, the reforms after the VA Tech massacre did not go far enough to address the glaring problems with the emergency commitment laws currently on the books. Right now we hospitalize only individuals with the most serious mental illnesses, which means they have to have tried to commit suicide, tried to harm others or are living in horrid conditions. Otherwise, the law does not allow people to be hospitalized. **Virginia needs an "in need of treatment standard."** This would allow commitment of individuals with mental illness on a basis that there is clear and convincing evidence they need mental health treatment.

Second, we need to ensure that when someone is committed to outpatient treatment, there is actual follow through. Right now there are loopholes in the law that allow local CSB's to decline to provide outpatient treatment even when a Special Justice or Judge commits the person to outpatient care.

Plus, the CSB is supposed to come up with a treatment plan in an extremely short period of time before outpatient care can happen. That's pretty difficult.

We need to ensure that the treatment is being provided as well as provide a more comprehensive mechanism for enforcement and continuity of care.

Third, VA families need to have a mechanism to seek treatment of individuals with mental illness even when it's not an emergency situation.

Virginia families should be able to petition a court in cases that are not necessarily emergencies to at least get outpatient treatment for their loved ones. We could reform the guardianship process to do just that.

Fourth, funding is always a problem and we need to actually commit to spending money on mental health reform. This is an area where I'm willing to invest funds to develop a high quality care program for this population at the community level

2) Research on child development shows that the foundation for sound mental health is built early in life, prior to age 3, as the brain is going through a period of rapid development. Even at an early age, children can experience significant mental health problems. What would you propose to support the emotional development of Virginia's young children and to provide access to early childhood mental health services for families?

It's important that we look for some of the root causes or stressors that can affect families with young children. Unemployment and poverty is the primary reason for food insecurity in young children, lack of access to primary care, or for attending preschools should the family choose formal early childhood education opportunities. The number of children with single parents continues to grow. Virginia funds many programs that address these problems, but there are cracks in the system.

I have an economic plan to reduce the tax burden on families and promote job growth throughout Virginia. I have an education plan for K-12 that has a focus on workforce readiness. But for those families who are lacking and show signs of mental stress that effect young children, we can do more.

I think we should recognize the particular importance of leveraging and collaborating with primary care pediatricians in developing alternatives for our youngest children. We need to ensure that local community service boards and FAPT are given funding to refer children into treatment plans when needed. I support pre-school vouchers for low-income children, which will facilitate emotional development. There are many federal programs that address early childhood development at the local level, but coordination throughout the network can be improved at the state level to assist these families in accessing those support services.

3. Depression has a significant impact on adolescent development and well being; it can adversely affect school and work performance, impair peer and family relationships, and worsen the severity of other health conditions such as asthma and obesity. The most recent Virginia Youth Survey found that 1 in 4 high school students surveyed reported feeling sad or hopeless almost every day for 2 or more weeks in a row, such that they stopped doing some usual activities. Almost 17% of them reported seriously considering suicide. Despite the prevalence of these problems, Virginia does not have a sufficient number of trained children's mental health providers, including child psychiatrists. This can leave school nurses,

counselors and pediatricians trying to meet an overwhelming need, and parents confused about how to get help. What would you do as governor to make high quality mental health care for children more accessible for Virginia's families, regardless of any payment source they might have or not have?

There are several barriers to treatment for children's mental health.

First, it takes a while for a family to recognize that there is a problem. Parents are often reluctant to get assistance because they feel they might be blamed, or that they are failing as parents. These families often isolate themselves from their natural support systems.

Secondly, there is a disparity in the volume and quality of services available in the communities.

Thirdly, private insurance and public funding is very limited.

As Governor, I'll work to improve our health education efforts to include more information about mental illness and reduce the stigma for families to make it more acceptable to seek care.

Second, we must strengthen our primary service providers with more technical information about mental health so they can make the appropriate referrals when needed.

Our guidance counselors and school nurses in the public school system must be better equipped and/or credentialed to work with children and their families who show signs of mental illness.

We need to include incentives in higher education in the medical schools and nursing schools to produce more psychiatrists and nurse practitioners to treat individuals with mental illness from childhood through adulthood.

And while not a silver bullet, Mental Health Nurse Practitioners are the quickest professionals we can get through the educational pipeline to help alleviate our accessibility problems.

4. In Virginia there are fifty-nine counties and ten cities which are designated as geographic Mental Health Professional Shortage Areas, meaning there are not enough mental health professionals for the geographic area or the particular demographic population. The 2012 comprehensive state plan issued by the Department of Behavioral Health and Developmental Services showed that there are 5,716 adults and children in need of mental health services who are on a waiting list. This number is actually a conservative estimate because the waiting list only spans a 4-month period, from January to April. If you are elected, what will you do to remedy the shortage of mental health professionals in Virginia?

The first thing to do is work with our higher education community and identify incentives, expedited admissions, and scholarships for anyone willing to pursue a degree in mental health medicine, nursing, or counseling services. We need to streamline the process for licensing. We have many spouses of military servicemen and women who reside in Virginia and may be licensed to provide child psychiatric services, nursing, or social services in other states and should be given a temporary or provisional license to work here in Virginia.

We should look at the issue of tort reform and the cost of liability insurance to provide protections for lawsuits against mental health professionals. We need to work with the private sector and with our own state agencies on finding ways to provide the appropriate coverage for mental health services. Some of this is going to mean shifting Medicaid money to mental health services from other areas.

In the meantime, it's imperative that we improve the coordination and communications in the primary care system that we do have. We can work to integrate primary care with behavioral health care through a best management practice model. Many physical and behavior health conditions occur together.

You're able to provide more comprehensive and "whole person" care in a team environment that measures outcomes. It provides for a more cohesive system and better continuity of care with lower costs. And it improves access to behavioral healthcare and decreases the stigma of mental illness.

In order to make it work, we'll need to rethink the roles of primary care providers, provide retraining, add counseling visits that can last 15-30 minutes for well checks or "brief intervention" visits, increase coordination between physical health and behavioral health providers.

And finally, we must reduce the regulatory barriers to open beds in facilities that have them, and work with the community service boards to increase treatment options.

5. A national report from the National Alliance on Mental Illness has shown that if Virginia were to opt to expand Medicaid up to 138% of the federal poverty level, as allowed under the Affordable Care Act, an estimated 80,000 adults in Virginia who have mental health disorders and are currently uninsured would gain insurance coverage. Given that Medicaid expansion is one major strategy to provide health insurance and thus health care to this population of vulnerable Virginians, do you support Medicaid expansion? Regardless of your position on Medicaid expansion, if Medicaid is not expanded how would you propose extending mental health treatment to these individuals?

We have the technical and legal ability to treat these folks regardless of Medicaid expansion. The key is sufficient capacity. Those that are individuals with mental illness often don't believe they are and therefore don't seek treatment. If you expand Medicaid you do nothing to fix that problem.

Essentially you have people walking around with Medicaid that will not use it for mental health treatment. If someone is willing to seek treatment, there still needs to be a mental health provider. Medicaid expansion doesn't address our shortage of mental health medical personnel, and we still have to absorb a \$200 million/year budget impact.

Part of our Medicaid Reform effort should focus on quality of services and reduction of fraud to ensure that individuals with mental illness are actually receiving necessary services. We should keep adding 24 hour no

refusal drop-off centers to reduce congestion in our hospital emergency rooms and alleviate pressure on our law enforcement and first responders.

Mental health treatment is an area of government services where I would actually increase funding, work to improve the quality of care provided at the community level, increase the access to services, and better coordinate our effort throughout the Commonwealth with the policy goals that I have outlined in my previous answers.

6. The need for safe, stable housing is a critical issue for people with serious mental illness; without access to housing, the effectiveness of treatment is greatly diminished. From 2010 to 2013 there was a 16% decrease in rates of homelessness among Virginia's vulnerable populations, including those with mental illness experiencing chronic homelessness. What would you do as governor to ensure that this positive trend continues?

We are on a positive track in Virginia in this area, and I will work to keep that trendline positive. When I was in law school, I volunteered at a local homeless shelter. This is a group I'm familiar with. I would first suggest public-private partnerships for creating group homes for people with mental illness to live.

There are many areas throughout the Commonwealth where faith-based organizations and secular groups work successfully with local governments to identify affordable housing for vulnerable populations.

The Auxiliary Grant fits in here. The Auxiliary Grant program was established as a state supplement to SSI in 1973. Under current Virginia law, you can only get it if you reside in an assisted living facility or adult foster care home. It's used to help pay for room and board and can include a personal needs allowance. I will push to make the grant "portable," meaning the grant money would go with the person instead of to the assisted living facility or adult foster care home. We should not have to force them into group homes or adult foster care assisted living, unless it is determined to be absolutely necessary for their own health and wellbeing.