

Putting the "Face" on Health Care Reform

1. This individual had worked as a butcher, as a Xerox technician and other stable employment before and during his first struggles with his mental illness of bipolar disorder. He moved into our area and began receiving CSB services and working at a local gas station last year. After a while he did not think he needed CSB services and tried to manage on his own. Unfortunately, he began experiencing symptoms of paranoia and voices that lead him to destroy property at the gas station which lead to an involuntary hospitalization. This individual would not agree to follow up with services at CSB upon discharge. He now says that he felt that he should have been able to manage without CSB services because he had done well before he had a mental illness.

Then, once again, this individual was admitted to a local psychiatric unit and then voluntarily entered the CSB crisis stabilization services funded with regional project money. He remained in the Crisis Stabilization program for 15 days at Discovery Place and felt a sense of belonging and connection. He met other peers at Discovery Place that were working on their recovery. He had an apartment, but due to lack of employment or benefits, he was on the verge of being evicted. Upon discharge from the Crisis Stabilization services he returned home for a short time until a CSB subsidized apartment became available. He continued to receive case management and mental health support with transformation funds during this time. An emergency apartment became available, again on public funds, and he moved in and was great support for his roommate and others he had met at Discovery. He has fully engaged in CSB services working with Psychiatrist, case management, mental health support, and attending Intensive Outpatient Substance Abuse services. He has recently found a job at a local hardware store and has been working part time. He also remains connected with peers that live at Discovery and will pick up peers to take them to AA meetings in the community.

This individual needed crisis stabilization, psychiatric services, supportive residential services, case management, housing, and substance abuse treatment to assist in stabilization and to start his mental health recovery. Without this, he would have been homeless, isolated and without treatment. This individual has been and hopes to be again a productive citizen who give back to others struggling with mental illness.

2. Mr. W, 53, had lived at home with his mom and his dad until his mom died when he was early 20's. From that time on he lived with his father, two bachelors making their way together. Mr. W was able to get a job at the local grocery store. The staff there was very supportive of Mr. W and was willing modify things so that Mr. W could be successful. Mr. W describes how his manager took pictures of the way the vegetables should be laid out in the bins. Mr. W was able to work for 30 years at this location. Several times while he was working he had to go to Eastern State Hospital for treatment and medication stabilization for schizoaffective disorder. Along with his cognitive challenges, this made it difficult for him to manage his life without the support of his dad and his co-workers.

As Dad's health began to fail, Mr. W was challenged more and more to take care of his own needs. He began having more absences from work, when he had previously had an impeccable attendance level. Then the bottom dropped out when Mr. W returned home from work one day to discover Dad was home. He did not know where he was and he did not know how to find out. He was alone for 5 days. It was only later that he learned that dad had a diabetic crisis that resulted in unplanned and emergency amputation. Dad never returned to the apartment and is even now living in a nursing home.

MPNN CSB became aware of MR. W's plight when a neighbor realized something was wrong and called the CSB for help. A CSB worker visited to discover Mr. W. in his bed, soaked head to toe with urine and waste matter. His mental health had deteriorated to the point that he had no awareness of himself or his surroundings. As intervention and assessment progressed he returned again to a psychiatric hospital

where the adjustment of his medication levels resulted in his ability to return to a community residential program with many supports.

When discharged from the hospital Mr. W had no money, no benefits, and no resources at all. He had worked only part-time and had no accrued benefits from work. Case Management from MPNN-CSB worked closely with Mr. W to begin finding ways that he could thrive in the community. He immediately needed a supportive environment with able caretakers, medication supervision and life skills reminders. This man had gone, in a very short time, from having a job, a roof, a family and food on the table to being in a crisis where he had no resources at all. It was a challenge to find those resources when there was no program available to provide them due to funding issues.

Mental Health Case Management, Mental Health Support Services, Supportive Residential Housing and Day Psychosocial Treatment, Physician and Psychologist services were provided to Mr. W by the use of CSB public dollars. The CSB used transformation dollars, reinvestment money, and other public funds to support him for one year, while he got his feet back on the ground.

During this time he was given assistance to apply for and he received SSA Disability, after a process that took approximately 6 months. This gave him access to SSDI that paid for some of his housing and food needs. He had to wait the obligatory year to be eligible for Medicare, so, in the meantime, he received State Pharmacy funded medications. He used his SSDI to pay his physicians and psychologists on a small monthly plan. When the State of Virginia closed its Mental Health Pharmacy program, and Mr. W still did not have more than his disability check, he was again provided assistance, until the Drug Manufacture's assistance program could kick in. Mr. W's medications cost over \$400.00 retail and he had one month that he had to pay this amount out of pocket.

Mr. W is a man who lives with a quiet dignity, says "thank you" when given something, and even now works 10 to 12 hours a month so that he can feel like he contributes something to his own well being. He was fortunate to find a family in the community who would provide him a home with a supportive environment, medication supervision and life skills reminders. He is aware that he is one of the lucky ones because many of his friends do not have a family willing to take them in.

If the poverty level increases at the same time we lose other public funding people like Mr. W. will not have success stories, but will instead be on the streets, homeless and hungry with no opportunity for dignity, contribution, or meaningful life.

3. Angela, 30, has been an adult client of the Community Services Board (CSB) since 2005. She also had treatment with this CSB as a child after being sexually abused by an older brother.

Angela is diagnosed with Bipolar Disorder, severe, with psychotic features. She has been in the Reinvestment Project three times and has had other psychiatric hospital admissions over the years. For years she has experienced the usual course of periods of stability mixed with episodes of severe deterioration. Sadly, these episodes have resulted in disastrous consequences for her. She becomes isolative, with severe negative self-care and, due to psychotic symptoms, she literally cannot function. Her normal life is interrupted and her goals of finishing beauty school and holding down a job have been shattered. She deals with her setbacks in therapy and works diligently with her psychiatrist and nurses, but she is always at risk due to the nature and severity of her illness.

Although her sliding scale fee is of concern to her, she is always encouraged by the CSB staff to continue treatment. She expresses great frustration due to financial stressors, often saying "the hospitals hound me for payments."

The CSB strives to work closely with Angela and her family, always encouraging her to not give up. Angela knows she will struggle with this illness and its consequences the rest of her life. With the help of

the Medicaid expansion in 2014, the heavy financial burden of receiving the treatment she desperately needs would be one less obstacle to her success.

4. C, a 61 year old woman with severe Bipolar D/O, resides at home with her husband. C also has MS and has been confined to her home for the past 3 years. She is unable to walk and "scoots" around on the floor. She has applied for disability through SSA, however has been determined ineligible due to not having a recent work history and not having put in enough quarters to qualify. As well, she is not eligible for SSI due to husband's income, which is just under \$1000/month. C's mother pays the rent. C is not eligible for Medicaid at this time due to income/resources being too high. C would benefit from having Medicaid as she would be able to obtain intensive in-home services she needs above the home health worker that comes to her home once a month to change her catheter.

C would benefit from intensive in home physical therapy as well to help her learn how to transfer from the wheelchair and be able to leave her home. She would benefit from having Medicaid which would allow her to see a doctor who specializes in MS and provide her the needed care she requires as well as covering the cost of her medications, both medical and psychiatric. C has a doctor who periodically comes to her home and her mother pays this bill. However with Medicaid, this would also take the burden off of her mother and her medical expenses would be covered. C has been hospitalized at a medical facility twice and is responsible for the bill. C's mother is elderly and may be suffering from early stages of dementia so it is unknown how much longer client's mother will be able to support her. C would benefit from having Medicaid to cover her medical expenses and get her the care she requires due to having both a psychiatric illness and MS.

5. A 34 year old male had originally come to the CSB following a period of incarceration and hospitalization to determine competency to stand trial. He had been found competent to stand trial with a diagnosis of "malingering" which had resulted in his being denied disability and Medicaid. Now homeless with no local support system, a jail record of being "aggressive", he also had a history of substance abuse. He was initially seen thru Case Management for psychiatric evaluation, medications, and began attending 2 groups per week. He was also followed by the PATH homeless outreach clinician. Thru the efforts of the PATH and CM staff, the client, who had no supports or knowledge of the community, was able to keep body and soul together thru linkages to the Volunteers of America shelter and with churches (who helped with payment for a series of motel placements, as well as with temporary jobs. CM staff referred him to Clubhouse, which was able to provide him with transportation to their support program. As he responded and improved with his antipsychotic medication, and thru the twice weekly groups at Clubhouse, he was assisted with reapplying for disability, as it was clear that he was severely mentally ill and would need longer term supports to get well. He was reassessed as having Paranoid Schizophrenia, and this led to this client being able to finally get approved for disability and Medicaid. During the 2 year period that this client received intensive Case Management, he flourished in every way. He became less paranoid, more open, more social, and was able to live on his own with minimal Mental Health Support Services. Unfortunately, he died (of unrelated medical causes), but it is reassuring to know that his final days were lived with dignity. He had no further legal or SA problems during the time MHSA services were involved.