



In 2006, West Virginia's mental health care system received a D grade. Three years later, the grade has fallen to an F. An already inadequate system is deteriorating. One reason is the horrendous redesign of its Medicaid program.

The West Virginia Bureau for Behavioral Health and Health Facilities is the state's mental health agency, residing within the West Virginia Department of Health and Human Resources (DHHR). The state Medicaid agency is also part of DHHR.

West Virginia has received poor national reviews for the redesign of its Medicaid program. The new program, Mountain Health Choices, offers two plans: Basic and Enhanced, with the Basic plan offering fewer benefits. Individuals who receive Medicaid because they are SSI recipients are not enrolled in Mountain Health Choices; they remain in traditional Medicaid. Confusion reigns in the state about who is in which plan—Basic, Enhanced, or traditional Medicaid—and the scope of benefits.

The Basic plan has fewer benefits than traditional Medicaid. Except for limited visits to psychologists and psychiatrists, there is no coverage of inpatient psychiatric hospital care, chemical dependency, or mental health services, and limited or no access to other medical services. It also limits prescriptions to four per person per month. Excluding mental health coverage is an outright contradiction of the New Freedom Commission's statement that mental health is essential to overall health.

On the plus side, the West Virginia Council for the Prevention of Suicide is a positive step to lessen high suicide rates, especially among young adults. Coalition partners include consumers and family members, providers, education, public health, and corrections representatives. The coalition works to increase awareness of the state's significant suicide rate and early warning signs of self-injuring behavior and has developed specific suicide prevention plans by age group. The state has one mental health court. Several communities are developing police Crisis Intervention Teams (CIT).

The state mental health agency uses mental health block grant funds to support the West Virginia Mental Health Consumers Association (WVMHCA). WVMHCA provides alternative, nontraditional services, such as transitional housing, supportive employment, peer support programs, including groups at the state hospitals,

Innovations

- West Virginia Mental Health Consumers Association programs
- One mental health court

Urgent Needs

- Redesign Medicaid plan—the right way
- Evidence-based practices
- Supportive housing and workforce development
- Crisis intervention, jail diversion, and reentry programs

Consumer and Family Comments

- *"Services are difficult to locate, and persons employed do not seem to always know what is available or even how to readily access those services. People are continually being told that funding has been cut."*
- *"I have lost my Medicaid since my child is now over 18. We cannot afford to get insurance, so I am weaning myself off my meds and will be 'winging' it . . ."*
- *"Services are adequate to keep him alive but not as a functioning person."*
- *"The state is in 'crisis' in regards to the overuse of inpatient facilities."*
- *"WV does 'med checks,' not treatments."*

and a peer support specialist certification program. These consumer-run programs are a bright spot in mental health services in the state.

The state is weak in many areas. Services—such as acute and long-term care for individuals with co-occurring disorders—are scarce or non-existent in small towns and rural areas. Involuntary commitments at the two state hospitals continue to increase because of the lack of community treatment services and lack of supported housing. The hospitals are overcrowded, with forensic patients occupying many of the state hospital beds. Some areas have long waiting lists for services.

Mountain Health Choices is a disaster. It has set the state back in meeting public health needs, financially destabilized providers, and deprived some consumers of needed services in a state that already suffered from uneven access to care and a lack of evidence-based practices.

West Virginia faces many challenges: poverty, the rural nature of the state, and lack of investment in community mental health. Sadly, its leadership example in the face of crisis has been primarily to demonstrate what poor, rural states should *not* do.