**

Commonwealth of Virginia

*Virginia Board for People with Disabilities*

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TO: Holly Mortlock, Policy Director

 Department of Behavioral Health and Developmental Services

FROM: John Cimino, Deputy Director

Virginia Board for People with Disabilities

RE: *Addressing the Needs of Individuals in Virginia with Autism Spectrum Disorders and Co-Occurring Behavioral Health Conditions: An Assessment of the Status of Services/Supports and what is Needed to Improve Care for this Population*

DATE: June 8, 2018

The Board appreciates this opportunity to comment on the Autism Behavioral Health Consortium’s draft report, *Addressing the Needs of Individuals in Virginia with Autism Spectrum Disorders and Co-Occurring Behavioral Health Conditions: An Assessment of the Status of Services/Supports and what is Needed to Improve Care for this Population*, and the policy recommendations contained therein. The Board is supportive of efforts to improve access to quality behavioral health services for individuals with Autism Spectrum Disorders and co-occurring behavioral health conditions. Specifically, the Board supports the continuation and enhancement of ongoing efforts to train medical and mental health providers in this critical area (Recommendation 2A), increased training for public safety professionals and first responders (Recommendation 5A), and enhanced collaboration, data collection, and analysis of needs and gaps in services for this population (Recommendations 4A and 6B). The Board offers the following recommendations to improve the report’s recommendations:

**Recommendation I:** The Board supports efforts to increase access to assessment and treatment services via increased use of telehealth technologies when clinically appropriate to do so, particularly in rural areas of the Commonwealth with limited access to qualified providers of these services. Recommendation 1A addresses this as a component of the broad recommendation to explore an “academic medical center-based Clinical Resource Center” that would, among other things, “diagnose and assess co-occurring behavioral health conditions in individuals with ASD in-person or through tele-psychiatry.”

Presently, the field of telemental health is much less developed than the field of telehealth as delivered by medical professionals. Many of the individuals uniquely qualified to deliver assessment and treatment services to individuals with autism spectrum disorder and co-occurring behavioral health conditions, however, are members of regulated professions, such as psychologists and clinical counselors. The Board, therefore, urges the Autism Behavioral Health Consortium to include an additional sub-recommendation, which should address the need to ensure that there are not unnecessary barriers to the provision of assessment and treatment services by individuals who are uniquely qualified to provide these services to individuals with autism spectrum disorder and co-occurring behavioral health conditions. This should include an assessment of existing regulatory barriers to the provision of telemental health by regulated mental health providers. Specifically, **the Board recommends the inclusion the following additional sub-recommendation under recommendation I:**

1C. Virginia *should review regulations and guidelines pertaining to the use of telehealth by regulated behavioral health professionals to ensure that existing regulations and guidance do not create unnecessary barriers to qualified mental health professionals providing specialized assessment and treatment services via telehealth to individuals in underserved areas of the Commonwealth when it is clinically appropriate to do so.*

**Recommendation III:** The Board appreciates the need for specialized inpatient options for individuals with autism spectrum disorders and behavioral health conditions who are in need of acute psychiatric care. It is essential, however, that any such inpatient option is used only when absolutely necessary and only until the individual can safely return to a more integrated setting. Strict discharge planning requirements and collaboration between admitting entities, DBHDS, community service providers, and other relevant parties would be essential to ensuring that inpatient beds reserved for this population are utilized only as a last resort and only for as long as is absolutely necessary.

Too often, individuals who are admitted to an inpatient setting have their discharge to the community delayed by an inability to secure the necessary community resources to support the individual. This problem is compounded for individuals with unique support needs. It is absolutely imperative that the staff who provide services to individuals with autism spectrum disorder in an inpatient setting have specialized training. The Board, therefore, applauds the inclusion of the following language in Recommendation 3B: “The beds would be staffed with professionals with specific training in this arena ….” The recommendation does not presently address the additional need for the development of the necessary partnerships, effective discharge planning processes, and post-discharge alternatives for individuals for whom community placement proves challenging.

Specifically, the Board **r*ecommends that expanding on the necessary requirements for any established “specialized inpatient beds”***in accordance with recommendation 3b, which should include in addition to staffing by “professionals with specific training”, procedures for admitting individuals to any such designated “beds” should be developed. Such procedures should include at a minimum, an assurance that individuals admitted to such inpatient settings have clearly established discharge plans in place prior to or immediately upon admission, a plan for transitioning individuals whose preliminary discharge plans are disrupted to transfer to a less acute setting as soon as clinically appropriate to do so, and collaborative agreements between any facilities with such designated beds and DBHDS to provide enhanced oversight and assistance.

Thank you for this opportunity to comment on the draft report, *Addressing the Needs of Individuals in Virginia with Autism Spectrum Disorders and Co-Occurring Behavioral Health Conditions: An Assessment of the Status of Services/Supports and what is Needed to Improve Care for this Population*. We look forward to continuing to work with you to enhance the Commonwealth’s capacity to serve individuals with autism spectrum disorders and co-occurring behavioral health conditions.