

National Alliance on Mental Illness (NAMI) Virginia

For Immediate Release

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NAMI Virginia Calls on State Officials to Address Widespread Problem of “Streeting”

Virginia’s Office of the Inspector General’s [recently released report](#) contains troubling information about a practice known as “streeting” where persons with serious mental illness are released to the streets, even though they meet the criteria for a Temporary Detention Order (TDO), because of a lack of acute inpatient hospital beds or other acceptable services or treatment that can be provided to the person. The report found that approximately 200 individuals were “streeted” between April 1, 2010 and March 31, 2010 throughout the Commonwealth. Approximately twenty three of Virginia’s forty community services boards acknowledged that “streeting” had occurred in their agencies.

“Families and people in need of acute care services endure difficulty accessing these types of services. It’s a well-known problem that is apparently not being addressed satisfactorily. Letting the situation get to this point makes no sense.” stated Mira Signer, Executive Director of NAMI Virginia, an organization that represents adults and children with serious mental illness and their families.

The report stated several reasons that drive “streeting” to occur:

- Private providers are reluctant to admit patients if there is a likelihood that an intermediate care bed at a state facility might not be available when needed, such as at ESH over the past year, because the private providers are obligated to provide care for patients who will be unable to pay for the extended services after the usual 10 to 20 days of allowed insurance coverage for “acute” care services is exhausted. Unfortunately, private facilities in the Tidewater area over the past year have had a number of individuals remain in their acute care settings for extended periods, even in some cases beyond 60 days, which underscores the fiscal caution of providers.
- Even though CSBs have contractual relationships with private providers to serve individuals under a TDO, local CSBs lack the authority to insist that a private facility admit an individual in crisis.
- Not all state-facilities will accept a person under a detention order and as a result not all state facilities function as a safety net for these individuals.
- Non-medical personnel in crisis stabilization programs can make a determination of perceived medical stability and refuse care even though clearance had been made by fully authorized medical professionals.
- Private providers are also reluctant to admit persons with significant histories linked to past “treatment failures,” including resistance to care, significant behavioral challenges that create a risk of potential disruption to the facilities treatment environment and concern that the individual will most likely need extended services.
- In Hampton Roads, people are sometimes *streeted* when there are acute care beds available in local psychiatric facilities, but the private providers decline an admission for reasons unrelated to actual bed availability. The OIG has anecdotal reports that, despite the availability of a facility bed, some of the most acute individuals may be deemed too high risk and turned away.

The Inspector General’s report determined that the problem is statewide and states that, “*Streeting* represents a failure of the Commonwealth’s public sector safety net system to serve Virginia’s most vulnerable citizens and places these individuals, their families, and the public at-risk.”

“We call on state officials to address this identified safety net problem. Denying services to people who have been found – clinically and legally -- to require a certain level of care is not only inhumane, it’s bad public policy for families and communities. With this report, we as a Commonwealth are aware of shortcomings in the system and have the chance to address it before even greater challenges are posed from the practice of “streeting”. Signer said.