TRANSPORTATION AND MENTAL HEALTH RESPONSE TO SENATOR WARREN 7-19-14

Although Michigan has programs in existence to provide transportation for the mentally ill and developmentally disabled citizens in our state, there are many barriers which prevent people from using them. For people who do not have the resources to overcome these barriers in practical terms there is not a system of community alternatives. For such people the only option they have is the ER. Often they may call the ambulance for immediate transportation to the emergency room making the ambulance a form of public transportation and the Emergency Room the mental healthcare provider.

According to a 2006 report by the federal government many mental health service

consumers have unmet transportation needs due to significant barriers that exist

in urban, suburban, and rural areas. A number of emerging best practices address

the five barriers of affordability, accessibility, applicability, availability,

and awareness.

Expanding Access to Public Transit

• Expanded Half-Fare Programs

• Medicaid Transit Passes

• Travel Training

Providing Specialized Transportation when public transportation is not

available.

• Consumer-Run Programs

• Volunteer-Augmented Programs

• Travel Vouchers

For more information go to the following publication --

Getting There: Helping People With Mental Illnesses Access Transportation. DHHS

Pub. No. (SMA) 3948. Rockville, MD. Center for Mental Health Services, Substance

Abuse and Mental Health Services Administration, 2004.

<http://store.samhsa.gov/shin/content/SMA04-3948/SMA04-3948.pdf>

2009 the INTERNATIONAL TRANSPORT FORUM took a different approach. They stated

whether people have a cognitive impairment, a mental health problem or are

simply tired and distracted after a busy day, the same design features and

principles of service delivery will benefit them and encourage them to continue

to be public transport users. The steps that can be taken to alleviate the

difficulties specific to people with cognitive impairment and mental health

problems are generally simple, low-cost, and will benefit the traveling public

as a whole.

In summary, they include:

Before the journey

ò Travel awareness training to help people build confidence and develop coping

strategies.

ò Timetable and other pre-journey information which recognizes that people are

not familiar with public transport and provides clear basic information.

During the journey

ò Training front-line staff to recognize and assist people and to show empathy.

ò Providing journey information in both audible and visual formats.

ò Keeping information and signage simple, clear.

ò Having staff available on vehicles and at interchanges.

ò Real-time information at stops in audio and visual formats.

ò Station/interchange design and layout that is simple and uncluttered.

ò Technical aids, for example to help those who cannot remember a route.

For more information go do the following publication --

Cognitive Impairment, Mental Health and Transport Design With Every One In Mind

<http://www.internationaltransportforum.org/Pub/pdf/09Impairment.pdf>

On a recent vacation I learned that Oregon has a severe lack of resources for the mentally ill. There’s not a system of community alternatives for people in distress,” says Beckie Child, a patient advocate who teaches in[Portland State University’s School of Social Work](http://www.pdx.edu/ssw/home). “Right now, the only option we have is the ER.” The problem has become so bad that mentally ill citizens go to the nearest emergency room for help and may stay as long as three weeks before they are discharged because there is no place to discharge them to.

To try to remedy this, a model program in Alameda County, Calif. was visited. There, police no longer drop people experiencing psychiatric crises at the closest hospital. Instead, officials established a psychiatric emergency room at John George Hospital in San Leandro. Patient boarding time declined from an average of 10 hours to less than two. And because patients received appropriate treatment rather than simply being warehoused, the need for inpatient hospitalization decreased by 75 percent.

For more information go to the following publication --

All Stacked Up And No Place To Go

Psychiatric patients are being warehoused in Portland’s emergency rooms in growing numbers.

News Stories July 16th, 2014

by NIGEL JAQUISS

<http://www.wweek.com/portland/mobile/articles/articleView/id:22806>

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In a message dated 7/15/2014 1:30:44 P.M. Eastern Daylight Time, SenRWarren@senate.michigan.gov writes:

Dear Friend,

Thank you for all of the help you have given to the Michigan Mental Health and Wellness Commission. I am grateful for your continued dedication to ensuring access to quality mental healthcare throughout our state.  
  
As the Mental Health and Wellness Commission continues its work this year, we are tasked with evaluating our state’s public transportation system and recommending changes that would make public transit more accessible to those with a mental illness or developmental disability.    
  
As a part of this discussion, I am looking to you for help in formulating potential recommendations. To that end, I would like to extend an invitation to you to submit to my office your perspective on the current state of Michigan’s transportation programs for our citizens who struggle with mental illness.  
  
**Please submit your thoughts on what can be done to improve the accessibility of public transportation for individuals affected by a mental illness or developmental disability to this email address by Wednesday, July 23rd at 5:00pm.** We are at the very beginning stages of this process, so please feel free to keep the format informal and brief.  
  
I hope you will be able to participate in this important policy discussion. In the meantime, if you have any questions or concerns, I encourage you to contact my office at (517) 373-2406 or senrwarren@senate.michigan.gov.  
  
Sincerely,  
  
Rebekah Warren  
State Senator  
18th District  
  
  
RLW/bmm