NAMI Virginia
National Alliance on Mental Illness

Public Policy Overview

Public services for adults and youth with mental illness have traditionally languished with inattention in Virginia. Squeezing down budgetary costs has been the most abiding and continuing theme for Virginia's public mental health system since its inception. Uncovered scandals and investigations in the 1990s by the US Department of Justice as well as recent events including the Virginia Tech tragedy in 2007 and the tragedy that befell Senator Deeds' family in 2013 have helped spur change but progress is still needed. Efforts in the past decade have brought funding for critical innovations such as new medications, outreach programs called Programs of Assertive Community Treatment (PACT), housing support services, mental health skill building services, crisis stabilization and Crisis Intervention Teams (CIT). These initiatives have brought incremental and important change but have not fully addressed the infrastructure or capacity needs of Virginia's community based system of care, which must be addressed in order for meaningful change to take place.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) reports that nearly 341,773 Virginia adults have had a serious mental illness during the past year, and between 117,592 and 143,724 Virginia children and adolescents have a serious emotional disturbance, with 65,329 to 91,461 exhibiting extreme impairment[1]. In FY 2013 Virginia's community services boards served nearly 178,174 people in need of mental health services[2].

With proper treatment, services, and supports, the lives of adults and youth with serious mental illnesses can be substantially improved; recovery is indeed possible. The costs of failure to provide adequate services to people with serious mental illnesses are well known: disproportionate dependence on public income supports and medical benefits; over-reliance on costly treatments in emergency rooms; high rates of incarceration in jails and prisons; family disruption; social isolation; school truancy and drop out; and low rates of employment. In fact, the National Institute of Mental Health reports that Major Depressive Disorder is the leading cause of disability in the United States[3].

In order for individuals experiencing mental illness to get the services and treatments they need to reach recovery, it is essential that Virginia offer a solution to provide healthcare coverage to uninsured adults in Virginia. An estimated 77,000 Virginians suffer from a mental illness and do not have health care coverage, and about 40,000 of them have a serious illness such as schizophrenia or bipolar disorder[4]. Additionally, nearly six in ten adults living with a serious mental illness went without care in the past year, largely because they don't have insurance.[5] Having regular access to mental health care and medications helps people to stay health and avoid crisis, which saves money for taxpayers.

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[1] Department of Behavioral Health and Developmental Services, (2013). *Comprehensive state plan 2014-2020*. Retrieved from website: http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2014thru2020.pdf

[2] ibid

[3] http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#WHOReportBurden

[4] Substance Abuse and Mental Health Services Administration. (n.d.) Enrollment under the Medicaid Expansion and Health Insurance Exchanges. A Focus on Those with Behavioral Health Conditions in each State. http://www.samhsa.gov/healthreform/enrollment.aspx

[5] Medicaid Expansion and Mental Health Care, National Alliance on Mental Illness, May 2013

In addition, Virginia's mental health/substance abuse public policy must address the following in order to continue moving Virginia toward a decent, humane, and comprehensive manner of serving adults and youth with mental illness and co-occurring substance use disorder.

Fulfill Virginia's 30-year old promise to create a community-based system of care

Many states around the country – Minnesota, New York, Maryland, Ohio, Oklahoma, and Connecticut, among others – have achieved more effective, modern systems of care because the issues of inadequate resources have been authentically addressed. Services should focus on early intervention and preventing crisis, rather than a more narrow focus on post-crisis services. At a minimum, every community needs to provide access to acute care/inpatient hospitalization, case management services, employment services, psychosocial rehabilitation programs, peer services crisis intervention and stabilization, child and adolescent services, assertive community treatment, outpatient counseling for individuals, groups, or families, medication evaluation and management, co-occurring disorders treatment for mental health/substance abuse, mental health assessments and evaluations, mental health forensic services, hospital discharge planning, housing supports, supported living services, transition-age care and transportation support services.

NAMI Virginia maintains a policy stance that any savings realized from the downsizing of state psychiatric hospitals should be reinvested into the community to develop, expand, or strengthen the community-based system of care as a way to bring us closer to rectifying the failed policy and aftermath of deinstitutionalization. Although recent legislative changes in Virginia intend to increase the number of beds in state psychiatric hospitals in order to ensure a true safety net, in the future policy makers must move forward with policies and funding that will create a truly community-based system of care so that inpatient care is seen as part of a continuum of care, not as the only option for care in the face of insufficient alternatives.

As Virginia continues to focus on developing its community-based system of care and continues to strengthen the mental health system, it is essential that discharge planning, procedures, and services for patients in inpatient hospitals awaiting discharge remain a key part of the conversation. DBHDS reports that between 140 and 150 individuals have been deemed clinically ready for discharge from state facilities, however due to extreme barriers such as housing and lack of adequate support these individuals remain in state hospitals longer than medically necessary[6]. With adequate community-based services, these individuals could be discharged back into the community and state hospital beds could be used for those most in need.

The imbalance between hospital-based funding and community-based funding must be addressed. Virginia still spends a large portion of its state funding on institutional-based care. While inpatient care will always be part of the healthcare needs of people with serious mental illness, an inadequate community based system of care forces an overreliance on more costly inpatient care. Services must focus on preventing crisis instead of being crisis-driven. In FY 2010 Virginia spent:

- 53% of all state MH funding on community-based services ($378.4 m)
- 44% of all state MH funding on facilities ($318.0 m)

[6] Department of Behavioral Health and Developmental Services, (2013). *Comprehensive state plan 2014-2020*. Retrieved from website: http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2014thru2020.pdf

- 3% of all state MH funding on central office/administration[7]

Continue the decriminalization of mental illness

The presence of persons with serious mental illness in the criminal justice system is one of the great problems of our day. In a survey of jails conducted in 2012, 6,322 of 26,669 inmates (23%) in Virginia jails had a mental disorder (i.e. serious mental illness and/or co-occurring disorder), and nearly half of those individuals had a serious mental illness[8]. Society has become increasingly concerned about the number of persons with mental illness in jails and prisons, as well as the treatment provided to these persons, both in such facilities and after release. A number of reasons for the placement of persons with mental illness in the criminal justice system have been suggested, and they include: deinstitutionalization without adequate community capacity, inadequate capacity for acute, intermediate and long-term psychiatric hospitalization in state and local hospitals, more formal and rigid criteria for civil commitment, the lack of adequate support systems, including housing, for persons with mental illnesses in the community, and the difficulties that persons coming from the criminal justice system have in gaining access to community mental health treatment, long waiting times at local community services boards and other services and supports needed to maintain their lives in the community.

Virginia has made many important strides in recent years on the decriminalization of mental illness with allocating funding for jail diversion programs, creation of community-based crisis stabilization programs, passing legislation in the 2009 General Assembly Session to codify Crisis Intervention Training (CIT), and local collaborative initiatives between mental health, law enforcement, and the courts. Additionally, the 2014 General Assembly approved funding to expand therapeutic drop-off centers, a critical service aiding law enforcement officers who serve as first responders to people in psychiatric crisis. These successes must be maintained, strengthened, and expanded. Additional recommendations include preventing arrest and incarceration of persons with serious mental illness by providing adequate housing and community services; implementing jail diversion wherever feasible; improving jail mental health services; ensuring timely mental health hospital admission for inmates needing inpatient treatment; addressing shortages in crisis services and inpatient psychiatric acute and intermediate hospital beds, expanding access to community-based care and addressing the serious problem of youth in the juvenile justice system with psychiatric disorders.

Address housing as a primary need

For people with serious mental illness, lack of appropriate housing is a significant barrier to living successfully in the community—leaving too many in inappropriate or substandard housing or on the street. Without appropriate housing, many people will end up in much higher-cost and less appropriate settings like jails, hospitals, mental health facilities, and homeless shelters. It is difficult, if not impossible for treatment and services to be effective if adequate housing is not in place. Studies show that people with serious mental illness can and do live well in the community in a range of housing options best suited to their needs, and more often than not at a lower cost to the state.

[7] Virginia 2012. (2012, January 1). *National Association of State Mental Health Program Directors Research Institute*. Retrieved January 1, 2014, from http://www.nri-inc.org/projects/profiles/Profiles12/ProfileReport/VA2012.pdf

[8] Ibid

Virginia needs a state plan with quantifiable outcomes and a timetable to address long-term housing needs of adults with serious mental illnesses, specific commitments and action steps to be taken by various agencies, and dedicated or innovative financing mechanisms to support permanent supportive housing for people with serious mental illness. Virginia must include affordable and supportive housing options as a public policy priority in order to make a real dent in creating a comprehensive mental health care system, as well as a better job of offering and funding permanent supported housing options, including Housing First as a model program that is cost-effective and evidence-based. Additionally, it is time that Virginia restructures its auxiliary grant program so that it is flexible and allows recipients of this important benefit to live in supportive housing rather than in isolated assisted living facilities.

Strengthen services for children and adolescents with mental health disorders

A 2012 report by the Department of Behavioral Health and Developmental Services found that all communities have an inadequate array of children's mental health services and that there is inadequate capacity in those that do exist. The result is that many children wait so long for treatment that their conditions worsen and result in more serious problems that are more costly to treat. In fact, in 2012 over 1,268 children and adolescents were awaiting mental health services at CSBs and 546 adolescents were awaiting substance abuse treatment[9].

The DBHDS report prioritizes its recommendation of expanding the array and capacity of services to assure a consistent base level of services for children and families statewide. "The consistent availability of the [four] base services would have the greatest potential to reduce unnecessary reliance on inpatient and residential care": 1) Crisis response; 2) Case management and intensive care coordination; 3) Psychiatric services; and 4) In-home services.[10]

Considering that approximately 117,592 children/adolescents experience serious emotional disorders in a given year this is a troubling picture. Policies for children and adolescents must focus on integrated "systems of care" approaches that help children avoid costly consequences of school failure, family disruption, justice system involvement, and residential care. The goal of any policy should be to develop an array of effective comprehensive community- and home-based mental health services. Services should be child-focused and family-centered, provided in the least restrictive environment, and close to the child's home.

NAMI Virginia is the Virginia state organization of NAMI (the National Alliance on Mental Illness). NAMI Virginia was created in 1984 to provide support, education, and advocacy for individuals, family members, and caregivers affected by mental illness in Virginia. Our mission is to promote recovery and improve the quality of life of Virginians with serious mental illness through support, education, and advocacy. We envision a world where all people affected by mental illness get the help, hope, and support that they need.

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[9] Department of Behavioral Health and Developmental Services, (2013). *Comprehensive state plan 2014-2020*. Retrieved from website: http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2014thru2020.pdf

[10] Ibid