

DMHMRSAS

Commonwealth of Virginia Department of
**Mental Health, Mental Retardation
and Substance Abuse Services**

Why CIT just might save the Public Mental Health Service System

Virginia CIT Coalition

May 27, 2009

James Reinhard, M.D., D.F.A.P.A.
Commissioner, DMHMRSAS

“Take Home Message”

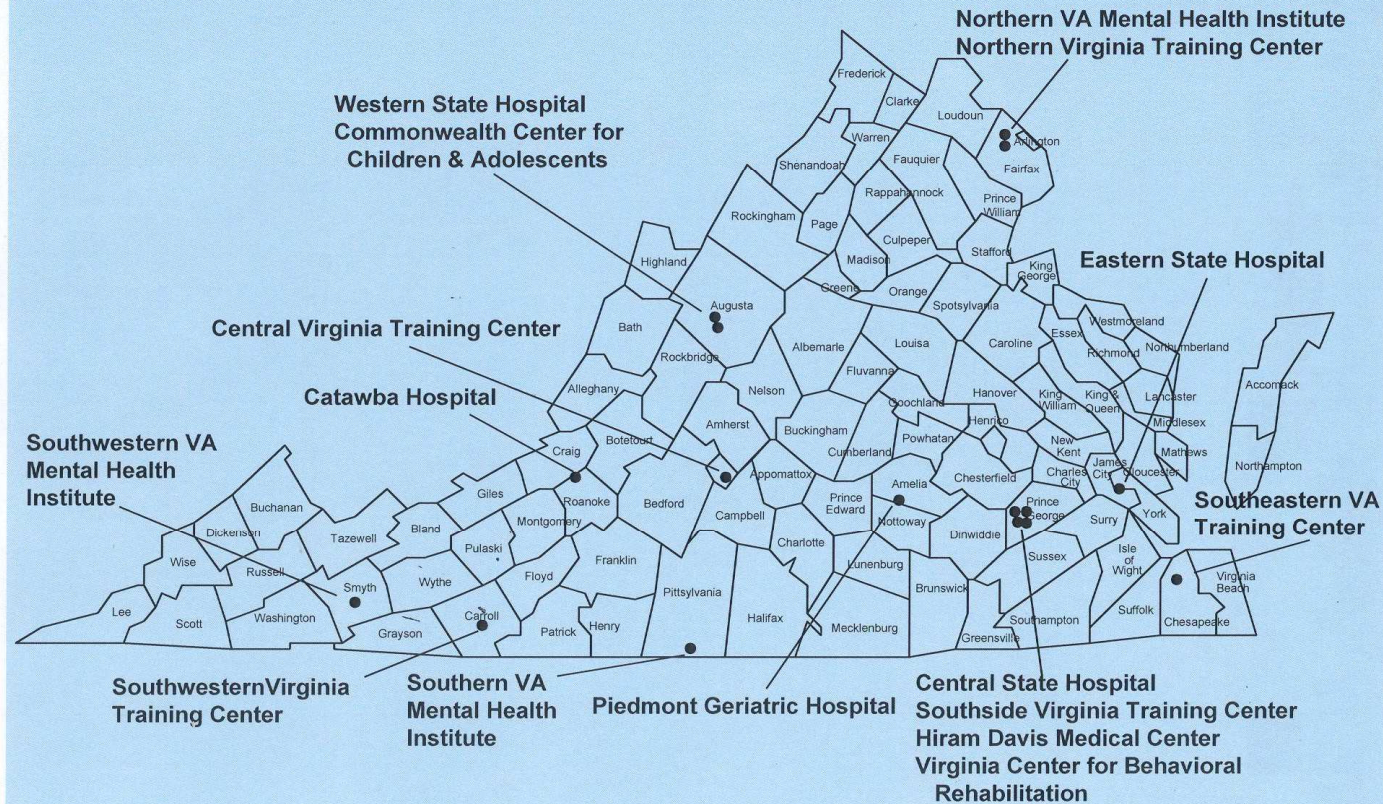
- De-institutionalization was Good and Bad
- Recovery/Community Integration is a realistic vision and it works
- Individuals with Serious Mental Illness are at a slightly increased risk of violence
- Preventative Detention is not the answer
- Resources/Public Policy needs to focus on innovative community resources and interventions (like CIT)

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and Substance Abuse Services**

Location of State Facilities

Mental Health and Mental Retardation Facilities in Virginia

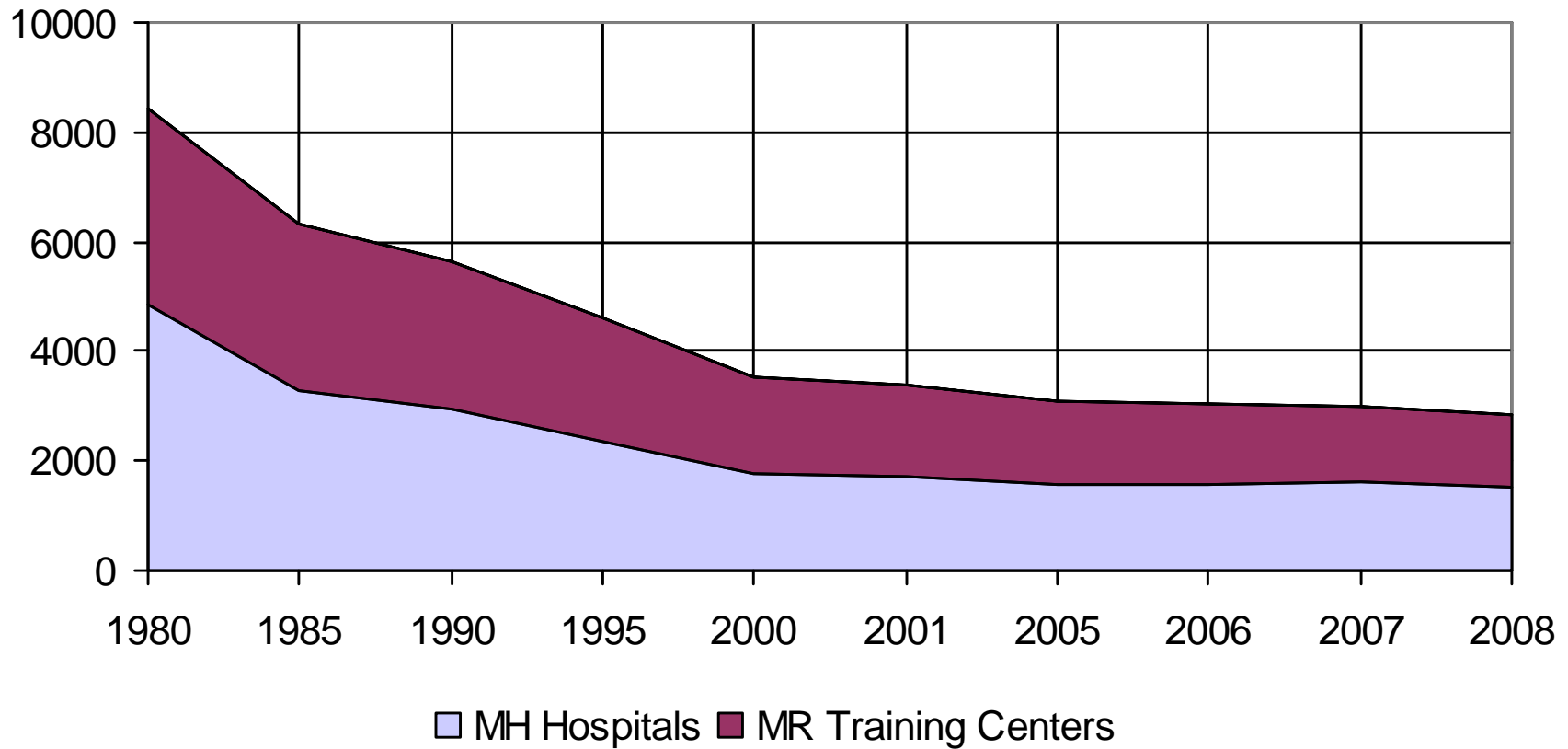


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State Facility Average Daily Census

FY 1980 to FY 2008



De-institutionalization

| | <u>National</u> Individuals in Psych Hospitals | <u>Virginia</u> Individuals in Psych Hospitals |
|-------------------|---|---|
| Circa 1955 | 560,000 | 10,500 |
| 2008 | < 50,000 | 1,490 |

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Western State Hospital Staunton, Virginia



2007 Jail Survey Results

- 5,056 of 28,281 inmates (17.9%) in Virginia jails on October 16, 2007 had a mental disorder.
- 9% of the total jail population had a serious mental illness.

Largest MH Facility

- The Los Angeles County Jail is known as the largest mental health treatment facility in the world.
- There are 22,000 inmates housed in the jail at any given time
- 10% (2,200) are under active treatment with Jail Mental Health Services

Virginia Jails with highest mental illness:

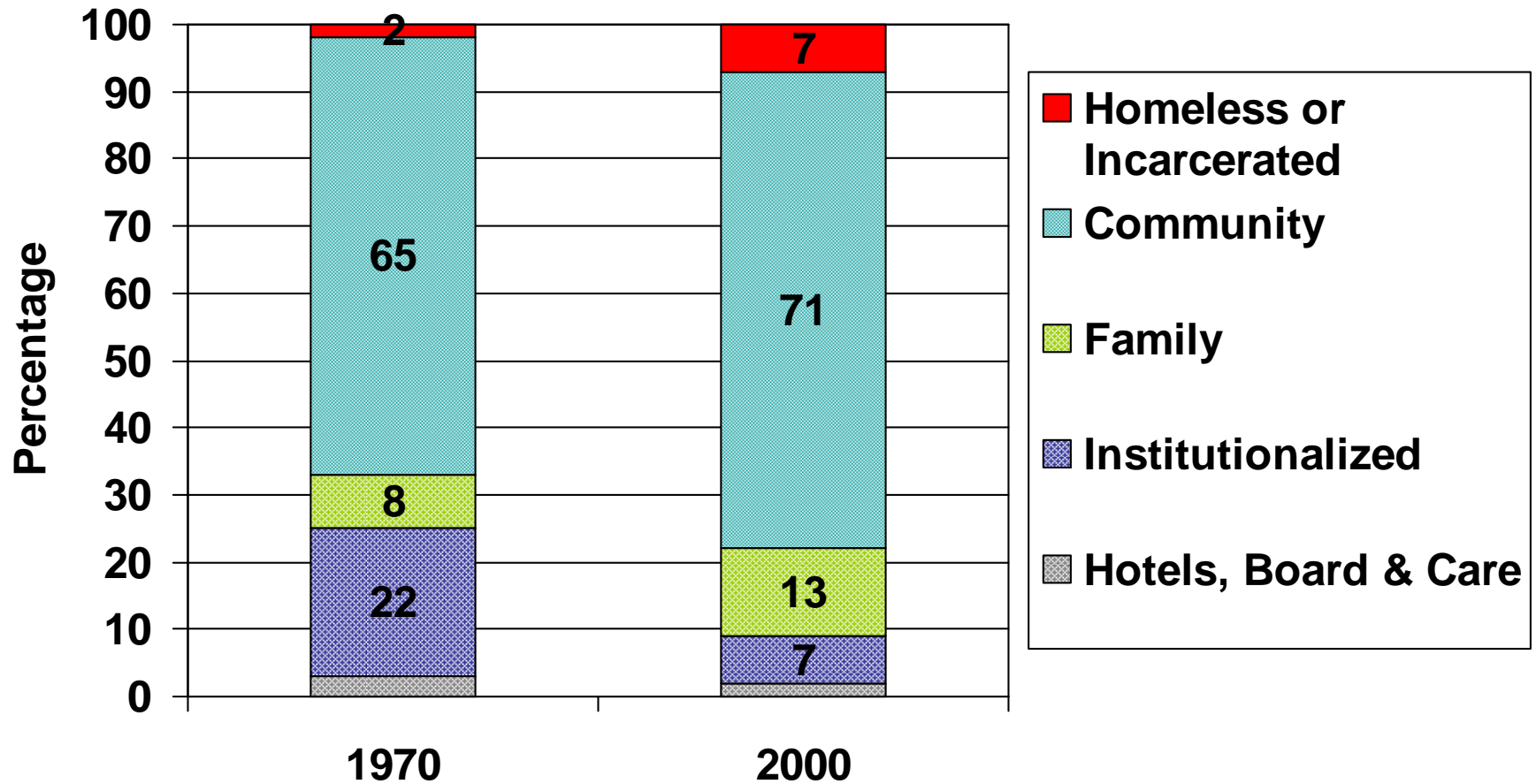
| | |
|--------------------------------|-------------|
| 1. Fairfax County Jail | 561 |
| 2. Hampton Roads Regional Jail | 517 |
| 3. Chesapeake City Jail | 398 |
| 4. Riverside Regional Jail | 305 |
| 5. Richmond City Jail | 256 |
| 6. Blue Ridge Regional Jail | 241 |
| 7. Henrico County Jail | 222 |
| 8. Newport News City Jail | 209 |
| Total | 2709 |

State Psychiatric Hospitals

2008 Average Daily Census

| | | |
|----|--|-------------|
| 1. | Central State Hospital (Petersburg) | 245 |
| 2. | Eastern State Hospital (Williamsburg) | 350 |
| 3. | Western State Hospital (Staunton) | 231 |
| 4. | Southwestern Virginia MHI (Marion) | 161 |
| 5. | Southern Virginia MHI (Danville) | 68 |
| 6. | Northern Virginia MHI (Fairfax) | 120 |
| 7. | Catawba Hospital (Roanoke Valley) | 103 |
| 8. | Piedmont Geriatric Hospital (Burkeville) | 119 |
| | Total | 1397 |

Trans-institutionalized?



De-institutionalization:

- Better Treatments
- Civil Rights Progress
- Recovery Vision

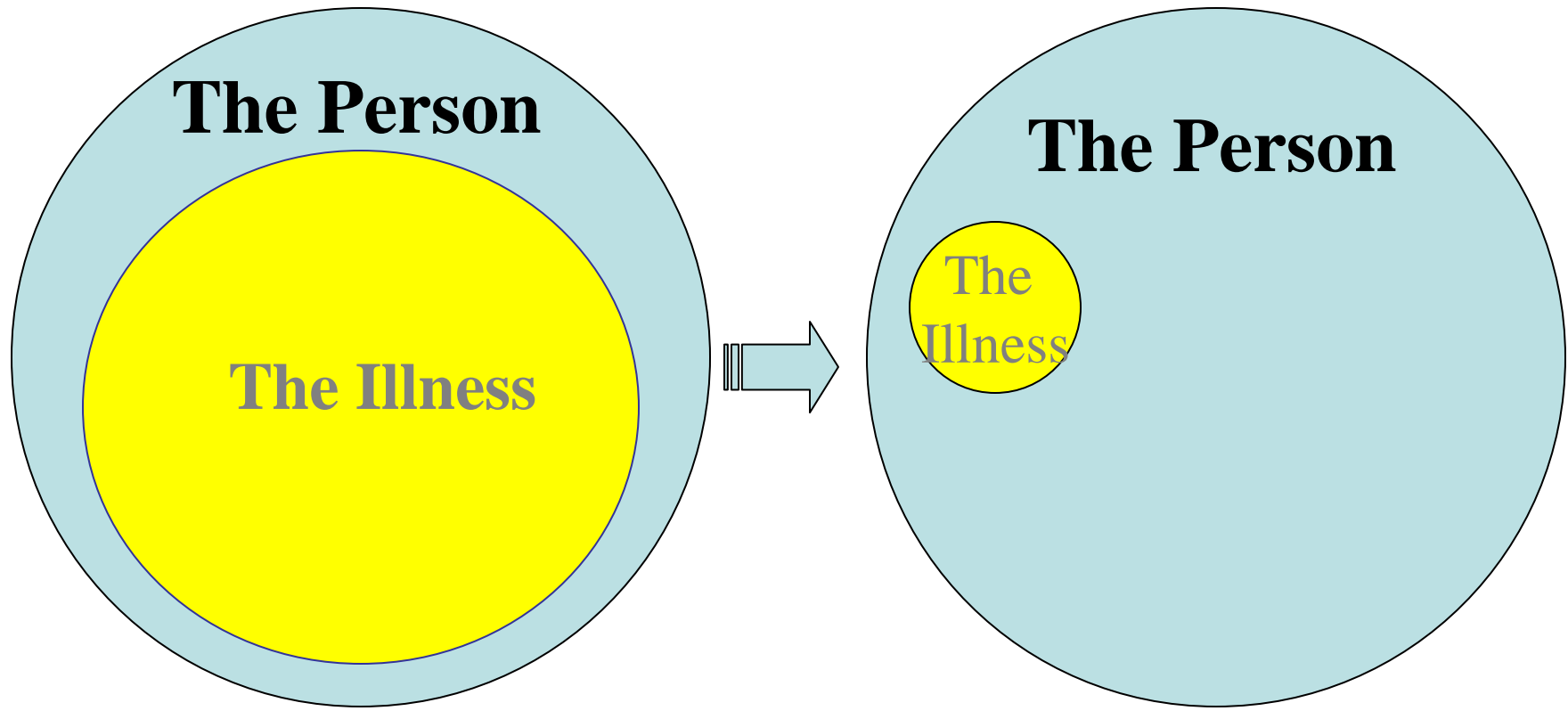
Recovery Vision:

- Seeing Self as more than the Illness
- Taking on Responsibility for Illness
- Instillation of Hope/Restoration of Morale

Recovery Vision:

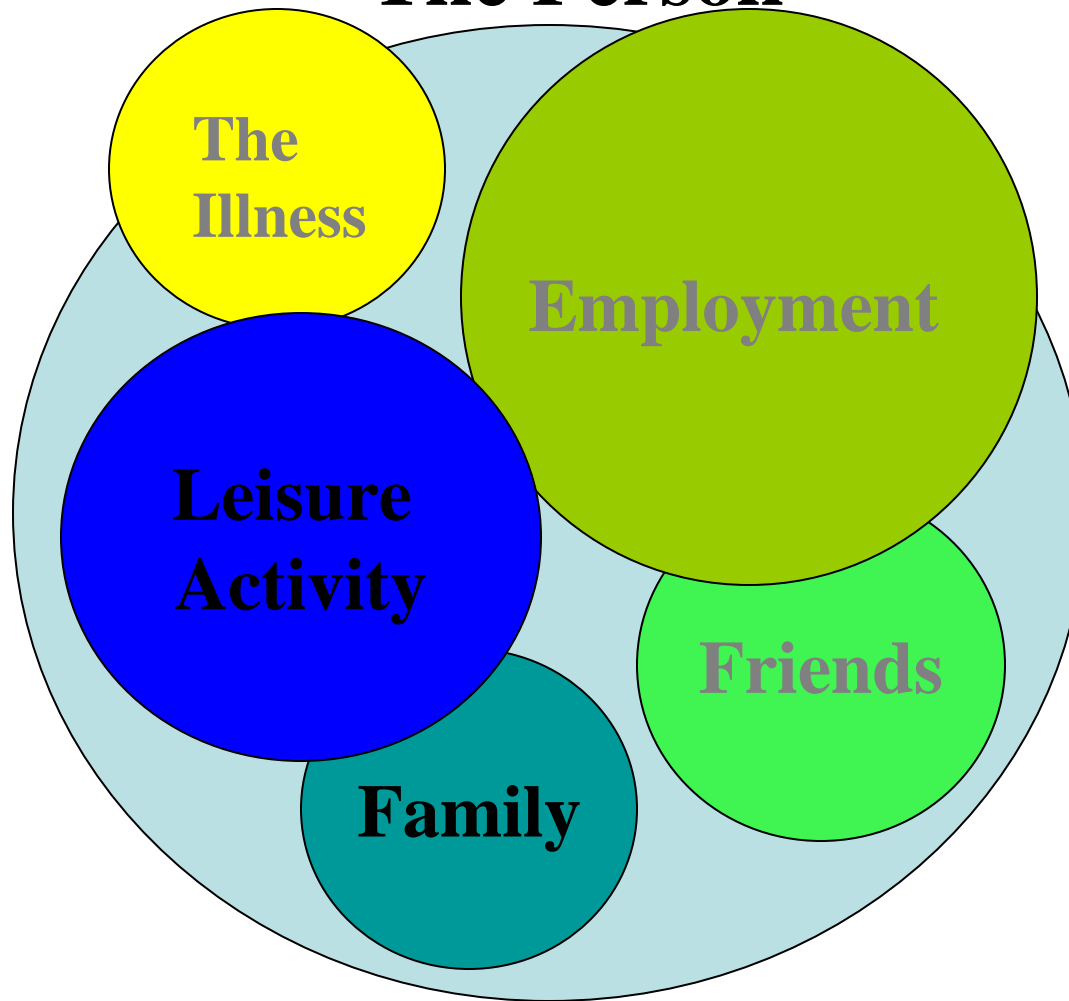
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Process of Recovery



Process of Recovery

The Person

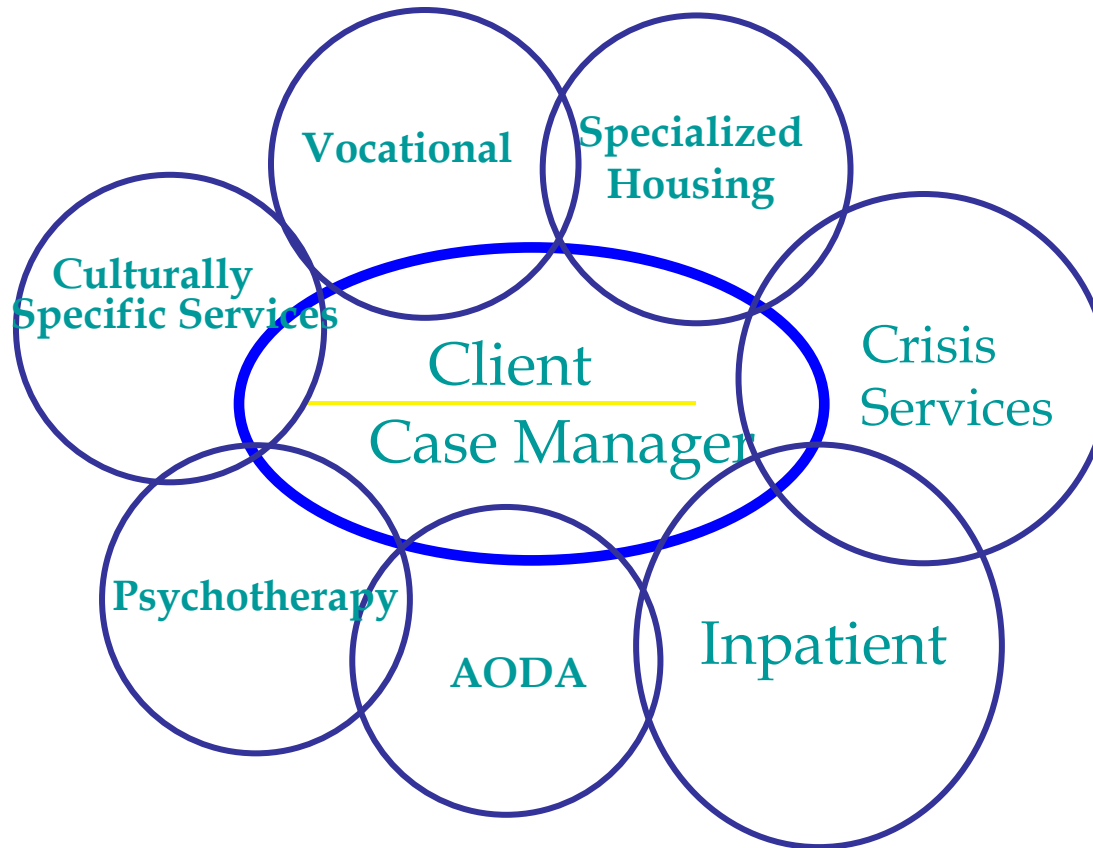


**I've finally decided,
With some inner will, -
That I'm too busy,
To be mentally ill,
I take my meds,
And try to think,
Sitting and talking,
With the shrink,
I am so busy,
I don't have time,
To think about it,
All the time.
I'm so busy,
Be assured,
I won't even noticed,
If I am cured.**

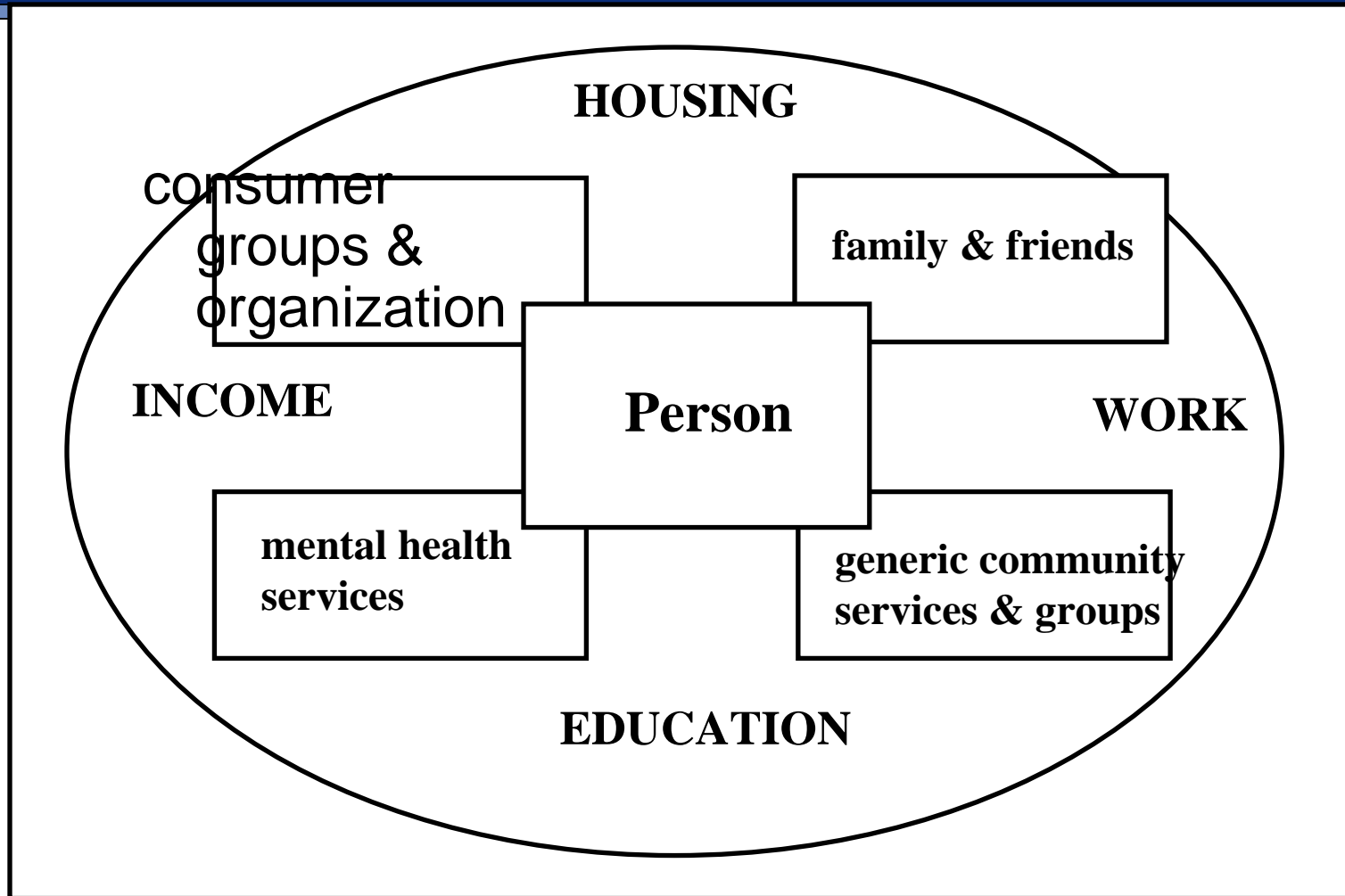
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Traditional Approach Swaddles Patients with Services



Recovery Oriented System Supports But Does Not Surround Consumer



Trainor, Pomeroy and Pape 1993
Canadian Mental Health Association

Autobiography in Five Short Chapters

by Portia Nelson

Chapter One

I walk down the street
 There is a deep hole in the sidewalk.
 I fall in.
 I am lost... I am helpless.
 It isn't my fault.
It takes forever to find a way out.

Chapter Two

I walk down the same street.
 There is a deep hole in the sidewalk.
 I pretend I don't see it.
 I fall in again.
I can't believe I am in this same place.
 But, it isn't my fault
It still takes a long lime to get out.

- Chapter Three

I walk down the same street.

There is a deep hole in the sidewalk

I see it is there.

I still fall in. It's a habit., but.

my eyes are open.

I know where I am.

It is my fault.

I get out immediately.

- Chapter Four

I walk down the same street.

There Is a deep hole in the sidewalk.

I walk around it.

- Chapter Five

I walk down another street.

The Disease Centered Model

- **Professional Role**

- Hierarchical
- Paternal
- In-charge
- Holds the important knowledge
- Responsible for treatment
- Disease is focus

- **Patient's Role**

- Subservient
- Obedient
- Passive
- Recipient of knowledge
- Responsible for following treatment
- Host of the disease

Recovery: Person Centered Model

- **Person's Role**

- Personal power
- Personal knowledge
- Personal responsibility
- Person in context of life is the focus
- Person is self-determining

- **Professional Role**

- Power sharing
- Exchange information
- Shared decision-making
- Co-investigator
- Professional is expert consultant on journey

Recovery Vision:

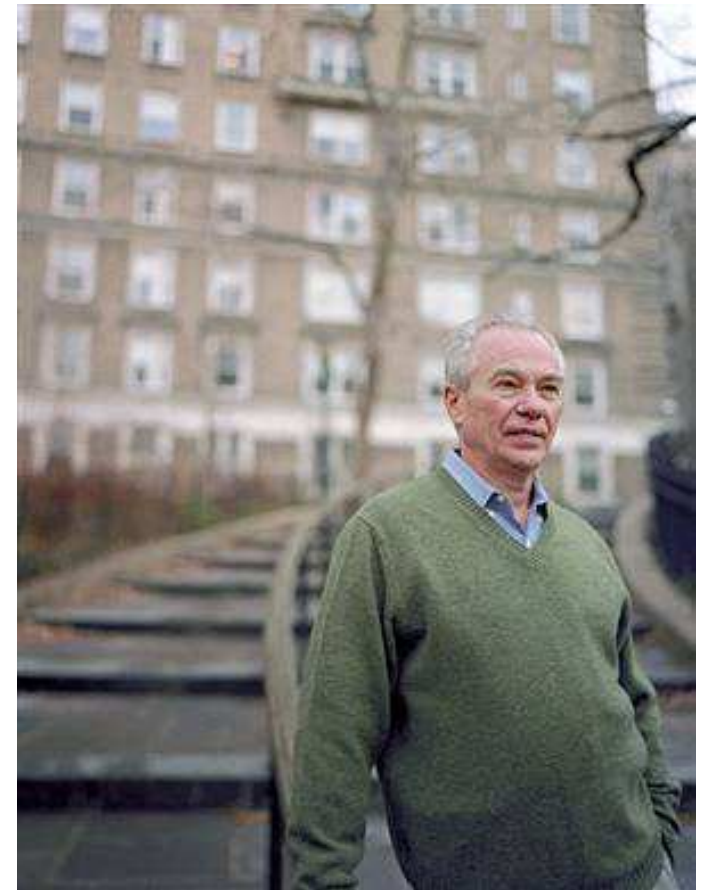
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**Experts like to debate the effectiveness of new drugs,
but they overlook a key element of recovery.**

What had made the difference?

Some pointed to new medications, some to old; some said they had found God; some attributed their transformation to a particular program, but no matter what else they named, they **all—every last one—said that a key element was a relationship with a human being.** Most of the time, this human being was a professional—a social worker, a nurse, a doctor. Sometimes it was a clergyman or family member.

In every instance, though, it was the presence in their lives of an individual who said, in effect, "I believe in your ability to recover, and I am going to stay with you until you do" that brought them back. So it was with my brother, who, through his daily collaboration with Alan and the dedication of Dr. Pam (who refused to go along with the staff consensus that Robert would never live on his own) has not had a single recurrence for more than six years, the longest stretch in his adult life.



Power to Heal: Due to the dedication of Dr. Pam, my brother has not had a recurrence for more than six years

The Washington Post

“Gunman Kills 32 at Virginia Tech In Deadliest Shooting in U.S. History”



Public's Questions after April 17, 2007

- Are individuals with mental illness, as a group, more likely to engage in violent behavior than the general population?
- Are mental health clinicians able to predict, better than chance, which patients will act violently?

More Violent?

- Yes, but...
 - Only 3-5% of violence attributable to Mental Illness
 - Substance Abuse
 - History of Violence
 - Majority of individuals with mental illness are not violent

Able to Predict?

- Yes, but...
 - Assigning risk in broad categories (high, average, low) utilizing actuarial data
 - Current screening approaches can prevent the violent acts of a few only by detaining many.

Tech Panel Recommendations

- **IV-15** - The criteria in Va. Code 37.2-817 (B) for involuntary commitment should be modified in order to promote more consistent application of the standard and to allow involuntary treatment in a broader range of cases involving severe mental illness.

Civil Commitment Criteria

- (i) has a mental illness, (ii) presents an imminent danger to himself or others as a result of mental illness or is so seriously mentally ill as to be substantially unable to care for himself and that there exists a *substantial likelihood* that, as a result of mental illness, the person will, *in the near future*, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs...

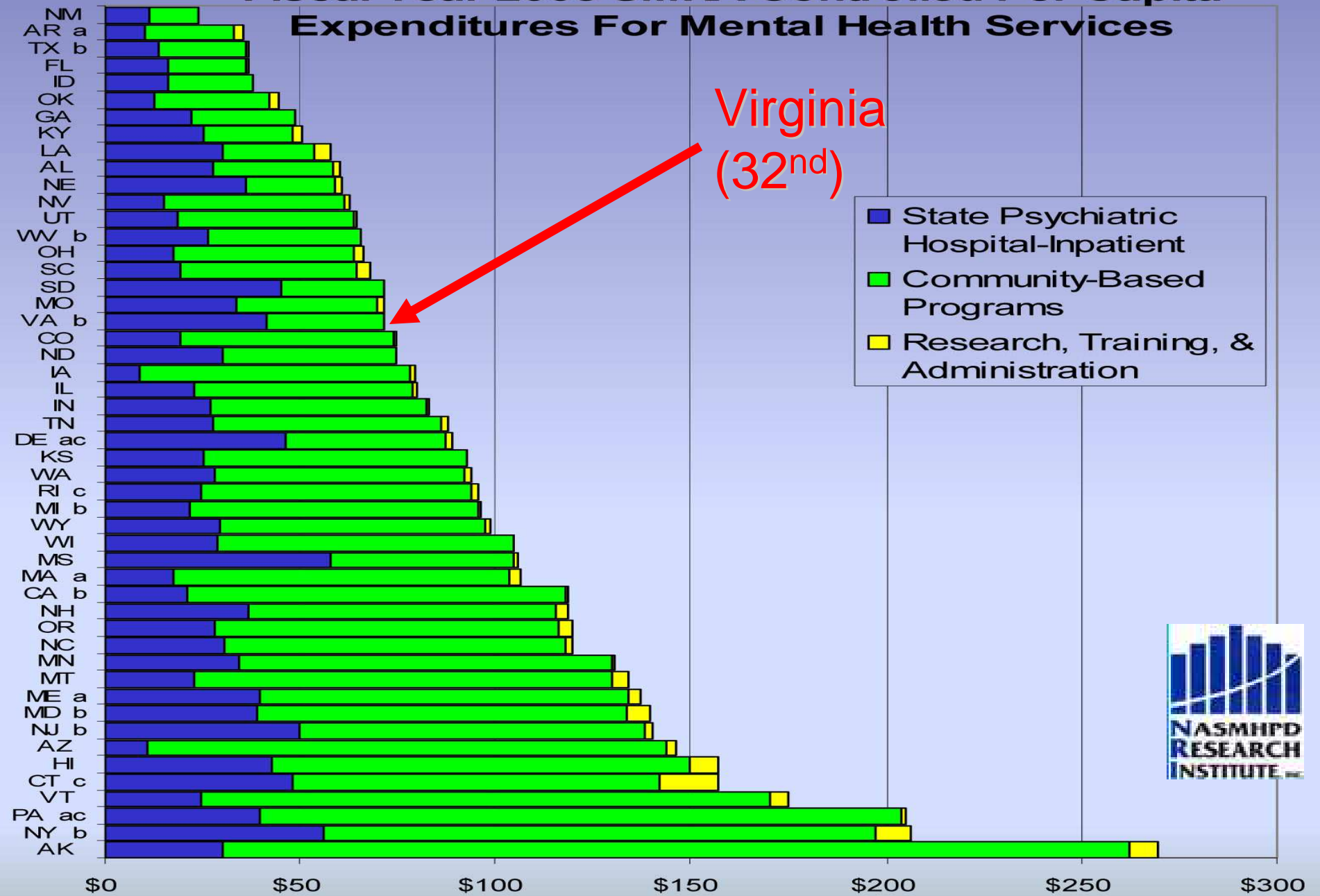
Will increase detentions be the answer?

- TAC “Study”
 - 15 Experts recommended 50 beds/100,000
 - Virginia now has 22.2 beds/100,000 (ranked 11th in nation)
 - Would cost over \$400 million to 50 beds/100,000
- Allocation of Scarce Resources
 - Investment in inpatient beds vs. community resources
- Alternatives to inpatient beds
 - Crisis Stabilization Units
 - Transitional Units
 - Community Housing

Tech Panel Recommendations

- **IV-12** – The State should study...
community outpatient service capacity ...
- Once this information is available it is
recommended that outpatient treatment
services be expanded statewide.

Fiscal Year 2005 SMHA-Controlled Per Capita Expenditures For Mental Health Services



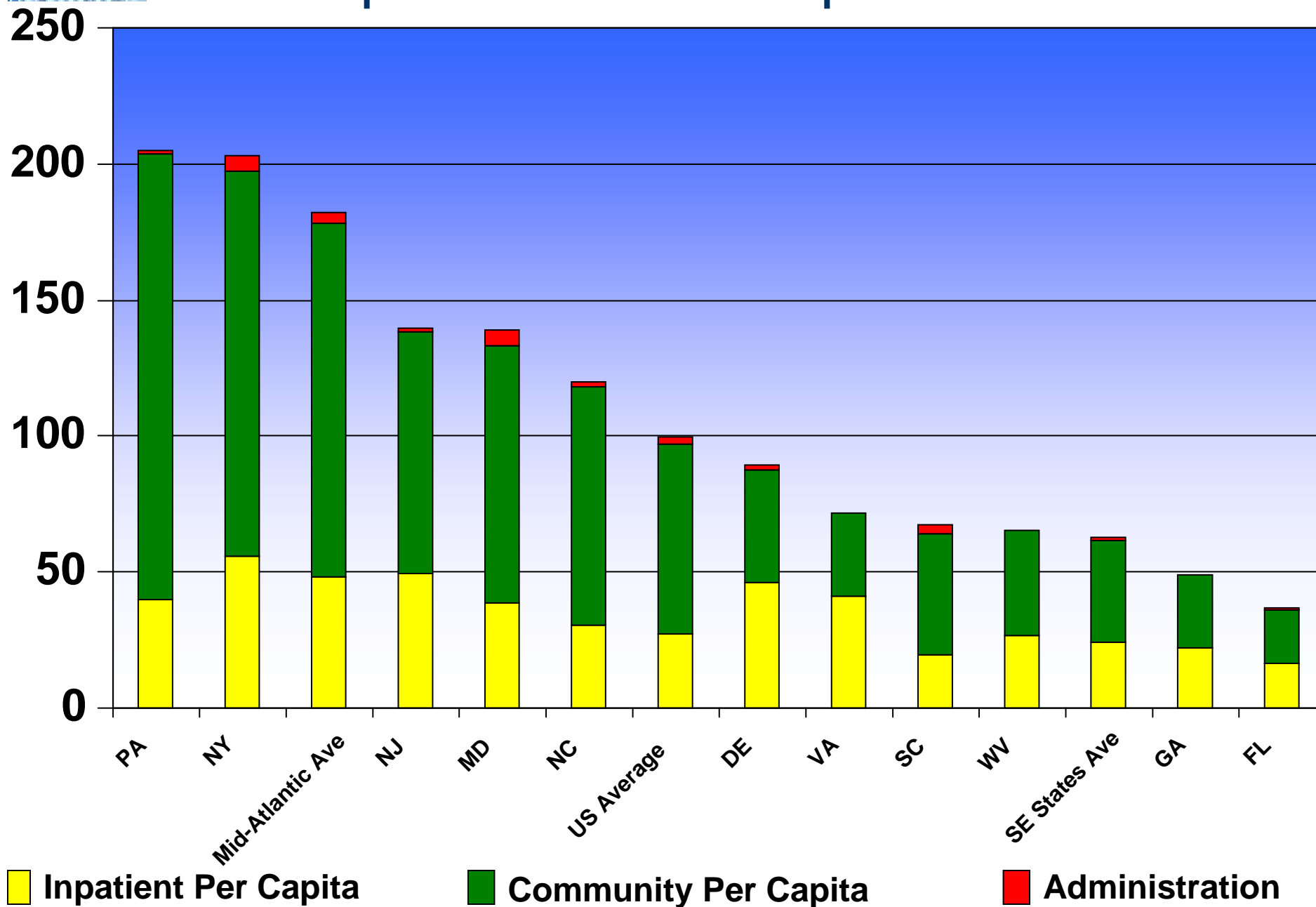
Virginia
(32nd)

- State Psychiatric Hospital-Inpatient
- Community-Based Programs
- Research, Training, & Administration



a = Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures
 b = SMHA-Controlled Expenditures include funds for mental health services in jails or prisons.
 c = Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures

Per capita MH state expenditures FY05



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DMHMRSAS Biennium Budget Summary

| 2009-2010 MH Initiatives | Biennium Budget |
|--|-----------------|
| Increase CSB Capacity for: <ul style="list-style-type: none">• Emergency Services• Case Management• Outpatient Clinicians/Therapists | \$28.3M |
| Jail Diversion | \$6M |
| Crisis Intervention Training Program | \$600K |

“Take Home Message”

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- Individuals with Serious Mental Illness are at a slightly increased risk of violence
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- Resources/Public Policy needs to focus on community resources and interventions