

Financial Shift Proposed for Va. Mental Health Services

By Dave Ress, Contact Reporter, Daily Press

Sometimes, you need to spend money to save money, Virginia's top mental health official says.

Jack Barber, interim commissioner of the Department of Behavioral Health and Developmental Services, hopes to convince the General Assembly that the state needs to find the funds to do just that.

Virginia spends more of its mental health budget on state hospitals than other states and far less on the front line for the community services most people with mental illnesses need.

The spending Barber is proposing — for supportive housing and discharge planning — is meant to start moving the nearly 200 state mental hospital patients who don't need hospital care anymore back to their communities.

The saving he's proposing would come from reversing the increasing overcrowding at state hospitals that he warned could see patients sleeping on cots in corridors before long.

Last year, on average, monthly patient count reports showed every single bed at Eastern State Hospital was occupied.

If the state doesn't start making a more focused effort to move patients who are ready to move out of state hospitals, patient counts statewide will exceed beds by 3 percent in six years' time, despite plans to add 56 beds at Western State Hospital, Barber told the House Appropriations Committee earlier this month.

He pitched the idea of stepping up the projected pace of mental health spending increases for the next four years, with the idea that spending increases down the road would slow.

So, instead of a projected \$30.4 million increase in mental health spending over the next two years, he's proposing \$54.5 million, with more money going to beef up community services, so people stuck in mental hospitals can get out.

Much of that would go to develop new places in the community for people with mental illness to live while receiving some support or supervision — Barber's target for next year would be to find places to handle 104 state hospital patients who would not otherwise be discharged.

He also wants to boost discharge assistance slots to clear the way for another 50 patients to leave the hospital, if they require something other than the new supportive housing slots, and to find specialized supervised housing for a couple dozen people who are in the hospital because they've been found not guilty by reason of insanity of a crime and who courts and clinicians have determined are ready to leave the hospital.

All that would mean 178 people could be discharged. Continuing the effort the next year would help another 144 people find a more appropriate place in the community instead of a costly and unnecessary state hospital bed.

Eventually, Barber hopes to change the way the state pays for mental health care. Currently, it pays for state hospital operations directly, and separately pays the state's 40 Community Services Boards for nonhospital care.

Barber thinks it would make more sense, and allow for better management, if state money flowed entirely to the boards, which would pay for the beds they need for their patients. The boards run the programs that help keep people from becoming so ill that they need hospitalization, and are supposed to be responsible for patients when they leave state hospitals.

The financial payoff would be smaller increases in future mental health spending — an increase of \$50 million in fiscal year 2026 instead of nearly \$75 million.

Spending will rise in any event, in part because the state's population is continuing to grow and in part because the General Assembly last year committed itself to require that community services boards provide some basic mental health services, acting on legislation sponsored by state Sen. Creigh Deeds, D-Warm Springs.

Deeds, whose son Gus committed suicide in 2013 after his father tried vainly to find emergency care for him, said Barber's realignment could be a good start.

But he wants to be sure community services boards are able to actually provide some of the services his legislation makes mandatory. The details for some, such as outpatient treatment, still aren't set, he said.

House Appropriations Committee Chairman Chris Jones, R-Suffolk, said that despite the state's tight finances, working on Barber's proposal financial realignment will be a top priority in the 2018 General Assembly session. <http://www.dailypress.com/news/politics/dp-nws-evg-mental-health-20171117-story.html>