

Editorial: Still an issue: mental health funding in Virginia

- By The Virginian-Pilot Editorial Board
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THE LEGISLATIVE subcommittee examining Virginia's mental health system registered a significant victory earlier this year when the General Assembly approved a bill expanding the mandated services provided by community services boards.

It also has done well to address the systematic shortcomings illuminated by the August 2015 death of Jamycheal Mitchell, a 24-year-old man with a history of mental illness, at the Hampton Roads Regional Jail. As a result, jailhouse deaths will now be investigated by the Board of Corrections.

Despite these accomplishments, even members of the subcommittee, led by state Sen. Creigh Deeds, would likely admit they only scratch the surface of what needs to be done to bolster mental health care in the commonwealth.

On Tuesday, the awkwardly named Joint Subcommittee to Study Mental Health Services in the 21st Century gathered to consider changes big and small in an effort to streamline the delivery of services, to make seamless the continuity of care and to refocus the system on quality and outcomes.

It is a task both ambitious and daunting.

For one, Virginia lacks a comprehensive, thoughtful approach to managing the care of individuals with mental illness.

State-run hospitals and CSBs provide care and crisis services. And more than 7,000 inmates in Virginia jails are classified as having mental illness, according to a report this month by the State Compensation Board.

Continuity of care for this population is a tremendous challenge, one made more complicated by a lack of services available in some areas. For example, those who need same-day services or intensive monitoring, especially in communities that cannot afford to bolster meager state funding with local dollars, can have trouble finding care.

The legislation approved this year will help in some measure as it expands the array of services that CSBs must provide, regardless of location. Added services will be phased in over several years, easing the financial burden to the state — although Virginia hasn't allocated enough to implement those changes.

That's another problem: The commonwealth does not spend enough on mental health services. Not even close.

Funding that poured into the system after the Virginia Tech shooting in 2007 quickly dried up. And services that represent cornerstones of a successful mental health system — transition housing, for instance, or transportation for individuals in crisis — have a hefty price tag.

Paying for every CSB in the commonwealth to provide crisis services will cost about \$40 million, according to an estimate by the joint subcommittee. The annual cost for CSBs to provide same-day access is about \$17 million. And on and on.

Providing care to Virginians in need — the type of treatment that helps ensure positive and effective outcomes — will not come cheap. The commonwealth's taxpayers should be willing to pony up, if that's what it takes.

But it could be that some new thinking helps bend that cost curve, though it will require some heavy lifting in the coming years.

Jack Barber, the interim commissioner of the Virginia Department of Behavioral Health and Developmental Services, told the subcommittee in September that the state-run hospitals would exceed capacity by 2024 if the issue isn't addressed.

At this week's meeting of the mental health subcommittee, Barber outlined a bold realignment of how the commonwealth handles those in need of intensive medical care.

Virginia's percentage of spending on hospitals versus its spending on community services is significantly out of line with the national averages. Barber contends that shifting those numbers could reduce overall costs while improving outcomes, since individuals who can remain at home tend to see better results.

The subcommittee will decide in December what legislation it will recommend to the General Assembly to consider in the 2018 session, but it's likely that realignment will be among the items put forth. But ultimately, debate next year is likely to center on funding — and whether Virginia will back its promises on mental illness with money.

A recent report by Mental Health America of Virginia ranked the commonwealth 40th in the nation for "mental health and access measures," a result the director of the group appropriately called "abysmal."

Virginia can and should do better, but it must choose to do so.