



In 2006, Virginia's mental health care system received a D grade. Three years later, it has moved up to a C. It took a profound, extraordinary tragedy to move Virginia forward, but concerns exist that the state may still retreat.

The state system came under intense scrutiny following the 2007 tragedy at Virginia Polytechnic Institute and State University (Virginia Tech), where 32 faculty members and students were killed by a student with a history of severe mental illness. The tragedy raised public awareness of gaps in mental health care—in Virginia and nationally.

Even before the tragedy, the state Supreme Court had organized a law reform commission to review state mental health laws. Following the tragedy, Governor Tim Kaine appointed an investigative task force that probed deeper into the failure of the system. The net result included a broadening of Virginia's commitment laws and a \$42 million increase in community health services over two years. The expectation was that community service boards (CSBs), which deliver Virginia's mental health services, would use the new money as a "down payment" for improvements. Moving into 2009, however, much of the funding was taken away as a result of the state's budget crisis.

If Virginia's mental health care system is to be strengthened, the state Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) will need sustained support from both the governor and legislature. Otherwise, it faces severe obstacles in building momentum for progress.

Virginia's strengths include a commitment to evidence-based practices (EBPs) such as Assertive Community Treatment (ACT). The state supports 18 ACT programs, which generally lead to fewer hospitalizations and fewer contacts with the criminal justice system. The state also secured a federal grant to improve treatment of individuals with co-occurring disorders. Virginia has moved in the right direction on cultural competence by establishing an office inside DMHMRSAS to address disparities in care, but still has a long way to go in planning and implementation.

Even without the state budget crisis, funding is a major problem. The state has repeatedly cut community mental health budgets in the past. The "down payment" for reform that followed the Virginia Tech tragedy was nowhere near what is needed to overcome this history of

Innovations

- Co-occurring disorders treatment efforts
- Eighteen ACT programs and fidelity to model standards
- Down payment to increase community services

Urgent Needs

- Expand community services, including case management and crisis services
- More housing options
- Health care coverage for uninsured persons that includes mental health care

Consumer and Family Comments

- *"The system in place failed my sister. She was released from the hospital the day before she shot herself in the head."*
- *"Housing available for people being discharged from the hospital is horrific!! There needs to be a period of time after hospitalization for re-introduction into the community. . . My experience with case managers is that if they are aware that a family member is still involved . . . they feel it absolves them of all responsibility."*
- *"There was no counselor in the hospital any of the four times he went."*

neglect. Many of the CSBs lack comprehensive services. Some EBPs are available in only a few parts of the state. In addition, counties and cities vary greatly in the amount of funding they contribute to services, resulting in a very uneven system of care.

Lack of housing for people ready for discharge—and housing options in general—are another major problem in Virginia. Investment in a complete, community-based continuum of care needs to be a priority.

The state has failed to enact any health care reform programs to cover uninsured persons. This is a significant concern since the state Medicaid program's low eligibility levels mean that many people with serious mental illness do not have coverage.

Due to the Virginia Tech tragedy, the state Supreme Court's law reform commission, the investigative task force, the governor, and the legislature are well aware of the shortcomings of the state's mental health system. The real question is whether that awareness will translate into a long-term commitment to reform, which can only come through political will and sustained investment.