

Community Forum Agenda

10:00 a.m. Welcome

10:05 a.m. Presentation of Background and Issues

- Community-Based Services
- Inpatient Psychiatric Services
- Special Populations
- Recovery Principles
- Funding for Mental Health Services

10:45 a.m. Small Group Discussions

Tell us:

- Has the mental health regional planning been meaningful and targeted to the right issues?
- What should we do next with our partnership planning?
- What is the most important message we can give to our local and state governments?

11:45 a.m. Report out of Small Group Discussions

12:20 p.m. Next Steps

12:30 p.m. Adjourn



Special Populations

In March 2004, staff at nine private psychiatric hospitals and the Northern Virginia Mental Health Institute determined that about one-third of the private psychiatric hospital patients and just under a half of the public psychiatric patients had co-occurring diagnoses. Most of the persons with dual diagnoses had both mental illness and substance abuse problems. A few had mental illness and mental retardation, while some others had mental illness, mental retardation and substance abuse problems. Estimates of co-occurring disorders (mental health and substance abuse) in consumers who receive outpatient services often approach 75 percent.

Because treatment is complicated when persons have dual diagnoses or are older adults with mental illness or children and adolescents with serious emotional disturbances, four work groups are addressing the needs of these special populations:

- Co-occurring Disorders (Mental Illness and Substance Abuse)
- Mental Retardation and Mental Illness
- Older Adults with Mental Illness
- Children and Youth with Severe Emotional Disturbances

Recovery

Recovery for persons with mental illness is a process nourished with hope.

- Recovery emphasizes the person, not the illness.
- Recovery is a process of living a satisfying life while managing a chronic mental illness.
- Recovery is not limited by the causes of mental illness.
- Recovery can occur even though symptoms may reoccur.
- Recovery asserts that individuals are responsible for the solution, not the problem.
- Recovery requires that the individual be supported by a system that:
 - includes consumers' rights and advocacy, and
 - recognizes the many dimensions of recovery.
- Recovery from severe psychiatric disabilities is achievable!

Recovery Principles are at the center of Northern Virginia's mental health planning and are becoming the cornerstone for service delivery. Championed by consumers, their families, friends, and advocates and embraced by the five CSBs and NVMHI, the concepts of Recovery are helping to refocus public mental health practice in Northern Virginia.

To help ensure that these Principles are adopted throughout our service system, a group of consumers, families, friends, advocates and providers have joined forces to develop ways to move these ideas into practice. To accomplish this shift, we are planning a full-day conference on recovery principles. Join us to learn more about recovery principles and how our mental health system can better support the recovery of individuals with mental illness.

Also Plan to Attend:

First Regional Recovery Conference

Tuesday, September 14, 2004

Richard J. Ernst Community Cultural Center at
Northern Virginia Community College
Annandale, Virginia

For more information on the conference, please visit us online at www.fairfaxcounty.gov/service/csb/region/partnershipmain.htm - information will be posted as it becomes available.

You are needed!

Help plan our system of mental health services through 2010.



Regional Community Forum on Mental Health Services in Northern Virginia

Saturday, June 26, 2004

10:00 a.m. - 12:30 p.m.

Refreshments will be served at 9:30 a.m.

Fairfax County Government Center
12000 Government Center Parkway, Fairfax



Language interpreter services, transportation assistance and other special accommodations are available upon request.

To request these services, call Lara Larson at 703-324-7027
or e-mail Lara.Larson@fairfaxcounty.gov

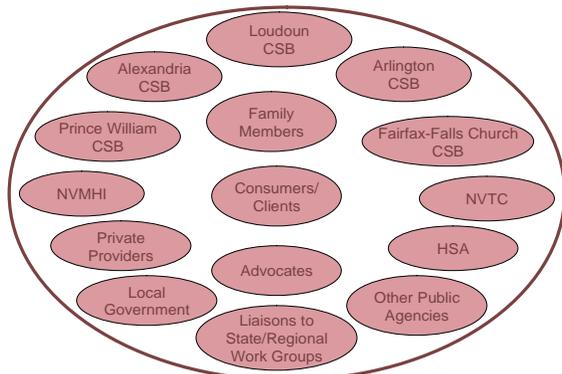
Strategic Planning for Community-Based Mental Health Services in Northern Virginia

Consumers, family members, advocates and providers are completing a two-year process to plan for improved community-based mental health services in Northern Virginia. On June 26, the Northern Virginia Planning Partnership will hold a community forum to discuss mental health issues and obtain community comments prior to submitting a plan to the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) in August.

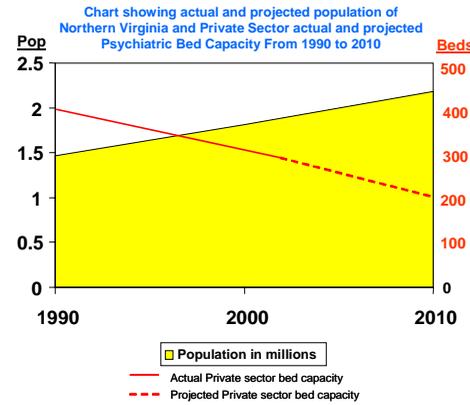
Many issues are being addressed:

- The need to increase community-based services to prevent psychiatric hospitalizations whenever possible.
- Strategies to discharge hospitalized patients when they are ready for community services.
- The decreasing number of psychiatric inpatient beds that are available to area residents.
- Implementation of Recovery principles at community services boards (CSBs) and at the Northern Virginia Mental Health Institute.
- Services for forensic patients and those who are found Not Guilty by Reason of Insanity.
- Mutual issues related to public and private psychiatric hospitals.
- Service needs of special populations:
 - Older Adults who also have mental illness
 - Children and Youth who have a serious emotional disturbance
 - Persons who have both mental illness and substance abuse problems
 - Persons with mental retardation who also have mental illness.

Even two years is not enough time to plan for and solve most of the mental health issues. So, mental health planning will not end when this Report is sent to DMHMRSAS. Members of the Partnership, shown below, will continue to offer insights and suggestions to improve mental health services.



Participants in the Northern Virginia Strategic Planning Partnership



Psychiatric Inpatient Beds

As Northern Virginia grows, the number of psychiatric inpatient beds in the area will probably decrease.

- Northern Virginia is growing twice as fast as the rest of the Commonwealth. From just over 1.8 million people in 2000, Northern Virginia is expected to grow by 20 percent by 2010 and will have 2.1 million residents.
- Area private hospitals are proposing to close over 101 psychiatric inpatient beds, re-open 20 beds, and add 7 beds. From their current combined maximum capacity of 230 private adult beds, Northern Virginia private hospitals may reduce their maximum capacity to 156 private adult beds in the near future.
- Private providers, facing increased challenges in serving persons who have intense or complex service needs, are unable to serve some persons.
- The capacity at the Northern Virginia Mental Health Institute (NVMHI) remains at 127 beds. Most of the time NVMHI is full or near capacity.
- About 25% of the people in NVMHI could be served in the community if housing and integrated services were available.

A large and increasing percentage of psychiatric patients in private hospitals have no insurance coverage for their hospitalization. Without funds to pay for services, patients are treated as charity care - where hospitals provide free service to low to moderate income, uninsured individuals and do not seek reimbursement. The large charity care levels, combined with a relatively low percentage of persons who are privately insured, place a significant strain on the financial operations of private hospital psychiatric services. In addition, about one-third of the patients admitted to private hospitals and three-fourths of the patients at NVMHI have no place to go upon discharge. As a result, their hospital stays are sometimes longer than necessary.

Two work groups - Mental Health and Private Hospitals - are reviewing options to meet the demand for inpatient care: by diverting consumers to community programs; by increasing psychiatric bed capacity for those who need this intensive service; and by offering suitable discharge plans.

Forensic Services and Not Guilty by Reason of Insanity

In Northern Virginia, if a person with mental illness is arrested, he may receive some mental health services at the local jail, at Western State Hospital (WSH) or the Northern Virginia Mental Health Institute (NVMHI). The type and location of the mental health service depends upon the person's condition and whether the person has already been to trial.

Each year, some persons with mental illness are arrested and taken to local jails. Some receive mental health services in the local jail while awaiting trial or after being convicted. If, however, the individual's psychiatric symptoms are too severe, the person may be taken from the jail to WSH to receive treatment for a mental illness. Sometimes, too, an individual is sent to WSH for an evaluation of his ability to stand trial or of his state of mind when he committed the crime. Following the evaluation and/or treatment, the individual is returned to the local jail. Last year, 142 people from the local jails in Northern Virginia received some type of mental health service from WSH.

Another group of people who become involved with both the criminal justice system and the public psychiatric hospitals are those Northern Virginia residents who have gone to trial for a crime and have been found Not Guilty by Reason of Insanity (NGRI). Following their trial and adjudication, many of these individuals receive treatment for their mental illness at NVMHI. During treatment, the individual's progress toward recovery supports his ability to advance through a graduated release program. This program allows greater levels of hospital and community access, with less supervision, as the individual works toward community reintegration. The amount of time it takes a patient to move through this graduated program varies but typically exceeds one year and may take several years. NGRI patients currently make up approximately one-fourth of the patient population at NVMHI.

Concerned that such a large number of NVMHI beds were needed for NGRI patients, a forensics work group comprised of CSB and NVMHI staff as well as a patient representative examined the reasons for the long length of stay and other issues related to the treatment of NGRI patients. Their work, along with comments from several NGRI patients at NVMHI, resulted in suggestions for education, training, and employment opportunities; increased attention to substance abuse issues; and recommendations for statewide public policy. One suggestion is to publish a workbook for all potential and current NGRI patients that explains in a quick and easy way the NGRI system, patient rights and their recourses.

Our Vision for Mental Health Services

Development of a cost-effective, comprehensive, culturally competent array of recovery oriented, consumer choice driven integrated services that are flexible and accessible to consumers and oriented toward proactive care, maintaining stability, and maximizing independence and community integration. Education must be intensified to combat and overcome discrimination historically associated with mental illness.