Major Concerns and Challenges

- Lack of services that help to prevent or alleviate psychiatric crises and unnecessary hospitalization for both adults and children
- Lack of access to psychiatric hospital beds
  - Reduced capacity statewide, public and private
  - Existing state psychiatric hospitals being used increasingly for forensic patients
  - Barriers to accessing private hospitals
- Lack of housing and supportive services (case management, PACT)
  - For people who are seriously mentally ill and homeless
  - For people who are ready-to-be discharged from state hospitals
  - Statewide, insufficient services exist for people who are chronically homeless with a serious mental illness. This population uses and reuses expensive community services such as hospitals, jails, and homeless services, yet they remain inappropriately served, are repeatedly homeless, and have a disabling condition.
- Ongoing problem of people with serious mental illness in jails
  - 2011 Statewide Jail Survey: 18% of people in jails with mental illness, 12% of them are seriously mentally ill (i.e. schizophrenia, bipolar)
- People who are impoverished yet not otherwise eligible for Medicaid insurance coverage -- difficulty accessing mental health and other health-care services

Priority Areas: Programs and Services

- Housing and Supportive Services
  - Rental subsidies: for people who are seriously mentally ill and homeless
  - Discharge Assistance Planning (DAP) funds: for people on discharge-ready list
- Community services
  - To prevent crisis, prevent unnecessary hospitalizations and use of other intensive resources, and to promote stabilization and long-term recovery
    - Crisis stabilization
    - Programs of Assertive Community Treatment (PACT) i.e. “hospital without walls”
    - Jail Diversion & Crisis Intervention
    - Children’s mental health: crisis response/stabilization and child psychiatry
- Access/Medicaid insurance expansion/Affordable Care Act
  - Expanded Medicaid and the ACA are a major pathway to insurance for those who are poor and near poor but are not disabled and thus do not
Qualify for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)

- “Uninsured individuals with mental illness receive at best only very basic, state-funded public mental health services—frequently of limited duration and often only crisis-oriented care. The ACA enables states to replace state and local dollars spent on mental health services with federal Medicaid funds while at the same time providing a more comprehensive array of services to those in need. States can recoup substantial savings under the Medicaid expansion because the federal government will pay nearly all of the costs for the newly eligible group”.¹

- Approximately one in six currently uninsured adults with incomes below 133 percent of poverty has a severe mental disorder.²
  - 133% of federal poverty level: $14,856 for an individual and $30,657 for a family of four in 2012.

- Estimated 425,000 eligible for Medicaid expansion in Virginia
  - According to national prevalence rates, 40% of those uninsured - or 168,000 - have unmet mental health and/or substance use needs, as well as medical/physical health needs

- **Virginia already spends – and will continue to spend - significant funds on public mental health services.**
  - Hospitals that provide charity care receive $86 million in federal disproportionate share hospital payments per year, in part to help serve indigent people with psychiatric disorders.
  - Lack of diversion services shift behavioral health costs of 27% of inmates who have mental illness to local jails.
  - CSBs served over 200,000 individuals with significant disabling conditions in FY 12, approximately 50% without any health coverage.

For more information
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¹ Bazelon Center for Mental Health Law: Take Advantage of New Opportunities to Expand Medicaid Under the Affordable Care Act, July 2012.