Hazel: Why Catawba Hospital should be closed

Posted: Thursday, January 14, 2016 2:00 am

By William Hazel Jr.

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The proposal in Gov. Terry McAuliffe's budget to develop a plan for closure of Catawba Hospital reflects the next step in Virginia's work to transform our mental health system to one that is focused on community-based care and individualized treatment for citizens who need these services.

That shift requires a change in our approach to the treatment of mental illness as well as a reinvestment of public funds into more efficient and effective care options.

Catawba is a sprawling facility that is getting older and more costly to maintain, while best practices in mental health care have long been trending toward community-based services, rather than institutional care.

Virginia currently houses some 200 people in state hospital beds who are ready for discharge, but can't leave because housing options and support services for them need to be developed in the community.

Development of more robust community services will help free up those beds for others, ensuring that Virginia has enough bed space to meet the needs. We are committed to building community-based services.

The two-year budget proposal calls for the development of a plan, with participation from stakeholders, for the development of much-needed community services and, ultimately, the closure of Catawba.

The General Assembly last year asked the Department of Behavioral Health and Developmental Services to provide an analysis of the future of the Catawba facility and the Piedmont Geriatric Hospital. The budget proposal is a response to that request, and state legislators must give final approval before any additional steps are taken.

The Catawba proposal is part of the shift of Virginia's mental health system from one focused on institutions to one focused on communities. Virginia is not experiencing this change in isolation. We are part of a national movement toward community-based services in response to the

Supreme Court's landmark Olmstead decision and the Americans with Disabilities Act, both of which require that we serve individuals in the most integrated settings possible.

Yet Virginia is behind the national curve. On average, we spend 46 percent of the general fund mental health dollars in our state budget on institutions, while the national average is 29 percent. We spend 51 percent on community-based services, while the national average is 68 percent.

Community integration is being embraced across the country because it provides better outcomes for individuals with mental illness, and it does so more efficiently.

A 2014 report by the Virginia Office of the State Inspector General noted that the annual average cost to care for an individual in our state hospital system is more than $230,000. The cost to care for an individual through community services is about $27,000.

Catawba Hospital's 35 buildings are, on average, 75 years old. The main building dates back to 1953. It would cost an estimated $46 million to repair the facility's aging HVAC and other systems.

Virginia cannot afford to continue operating aging and costly institutional facilities while also expending the funds required to develop robust community-based programs. We want to put state resources into treatment and services, not into building maintenance.

The Governor's budget requires DBHDS to develop a detailed closure plan. It will lay out the resources necessary to provide community-based services to the approximately 100 patients served by the hospital. This plan will then be considered during the 2017 General Assembly session by lawmakers who will decide whether to move forward with closing Catawba.

Virginia currently has more state-run psychiatric beds per capita than the national average. The 1,443 beds in our state institutions make up 53 percent of the psychiatric beds in Virginia; another approximately 1,280 beds are in private facilities.

When we develop the community alternatives to serve those 200 people who are in hospitals but could be released, and address the waiting list of inmates in our jails who require mental health services, we should need about 1,331 state beds. DBHDS also plans to add 56 additional beds at Western State Hospital in Staunton, a more modern and efficient facility. This action will ensure that beds are available for those who require inpatient treatment. Closing Catawba and adding beds at Western State will result in 1,389 beds in the DBHDS system.

We understand that change can be unsettling, but we are committed to an inclusive process that gives affected individuals and their families a meaningful role in this transformation. Together, we can build a system that works better for everyone.