

Testimony Before the Fairfax County Ad Hoc Police Practices Review Board
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Thank you for the opportunity to speak this evening. I would like to address a concern about initiating diversion efforts without investing adequately in the services needed to treat persons with severe mental illness who would otherwise be held in jail.

There is an *immediate* need for an acute psychiatric "drop-off" assessment site for diversion of justice system-involved persons who are showing signs and symptoms of mental illness. However, *the need goes beyond assessment*. Once assessed, a sizable portion of these people are going to need intensive treatment. Using Sheriff Kincaid's estimate that, on average, 25% of the Adult Detention Center population have severe mental illness and need intensive treatment, that would be about 260 persons a day who may additionally need access to acute psychiatric in-patient treatment.

A census of Northern Virginia hospitals indicates that the number of available in-patient acute psychiatric care beds has remained steady at 258 beds between 2007 and 2013. (Virginia Department of Health, as summarized by D. Montgomery, 2015). As of 2013, this works out to about 10.9 beds per 100,000 population in Northern Virginia, with a decrease of approximately 1.65 beds to 100,000 since 2007.¹ By comparison, Northern Virginia's psychiatric bed availability (10.9 beds per 100,000) is far below the average rate of US states (14.54 beds per 100,000). (The Treatment Advocacy Center, 2012).

Based on experiences we hear from families, it is already hard to find placement into an in-patient acute psychiatric care facility for treatment in Northern Virginia. Acute psychiatric care is not something that can be deferred without consequences. It is not like waiting over the weekend to get a broken bone set. The consequences families face when there is no hospital placement available can be tragic. Researchers have looked at what happens when populations lack adequate access to in-patient acute care psychiatric beds. There was found to be a correlation between declining ratios of psychiatric treatment beds to population and an increase in suicides. (Yoon & Bruckner, 2009).

Diversion is going to further impact the limited availability of in-patient psychiatric hospital capacity, unless bed capacity increases to meet growing population demands. For each additional bed that will be used for forensic or diversion purposes, it will make it that much harder for everyone else who are not justice-system involved to access acute psychiatric care. We are dealing with an tragic increases in suicides, suicide attempts, and drug overdoses in adolescents and young adults currently. Many of these youth are having to be placed in treatment outside of Northern Virginia and even out-of-state, which is very hard for our youth and families. We need more in-patient treatment capacity mental health and substance abuse in Fairfax County. To just bring ourselves up to the national average for 2010, we would need at least 60 more beds for today's population. Considering the needs that are otherwise being met by holding people at the ADC, it is likely we need three or four times that number. Fairfax County should not move forward with a diversion program without a parallel plan to increase in-patient treatment capacity locally.

There has been a long-term, systemic erosion of in-patient psychiatric and drug treatment capacity relative to our growing population over many years. One avenue to address this may be to consider repurposing the Northern Virginia Training Center site (NVTC). I understand that the State of Virginia is already begun planning to surplus the property. The site is conveniently located near the ADC. The existing facility could serve as a temporary diversion drop-off site. Longer term, the NVTC site could be redeveloped to create services-enriched housing as well as offer a location for the development of a new acute psychiatric hospital, to address the need outlined in point number 5 above. This panel may want to recommend that Fairfax County request that the State conduct a public planning process before any further steps are taken to surplus the property.

Thank you so much for working on this issue.

¹ Using population statistics for the Northern Virginia health region for 2007 and 2013, I calculate the bed availability to be approximately 12.55 psychiatric beds per 100,000 population for 2007. In 2013, the estimated rate was down to 10.9 beds per 100,000 residents. "Population estimates by health region (2006), Northern Virginia (n=2,055,044)." (Virginia Department of Health, 2007). "The combined population of Arlington, Fairfax, Loudoun, and Prince William counties and the independent cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park is 2,367,605, which was 28.66% of Virginia's population in July, 2013." (Wikipedia, 2015)

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