The Virginia Tech Tragedy April 16, 2007

Crisis, Opportunity, and Lessons Learned

NASMHPD Summer Commissioners Meeting
July 15, 2007

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Commonwealth of Virginia

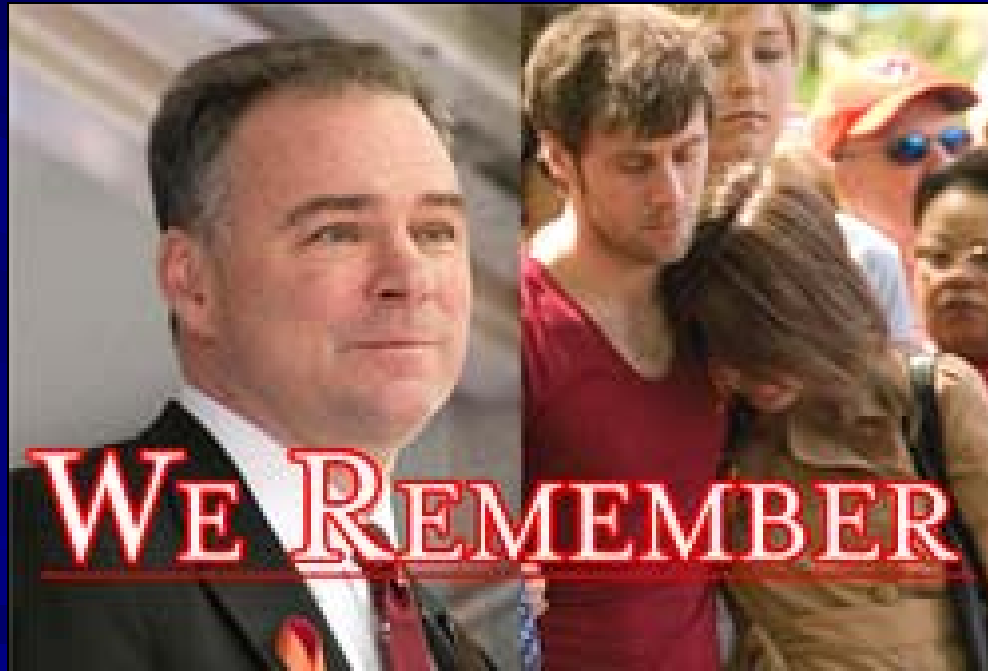
Headlines

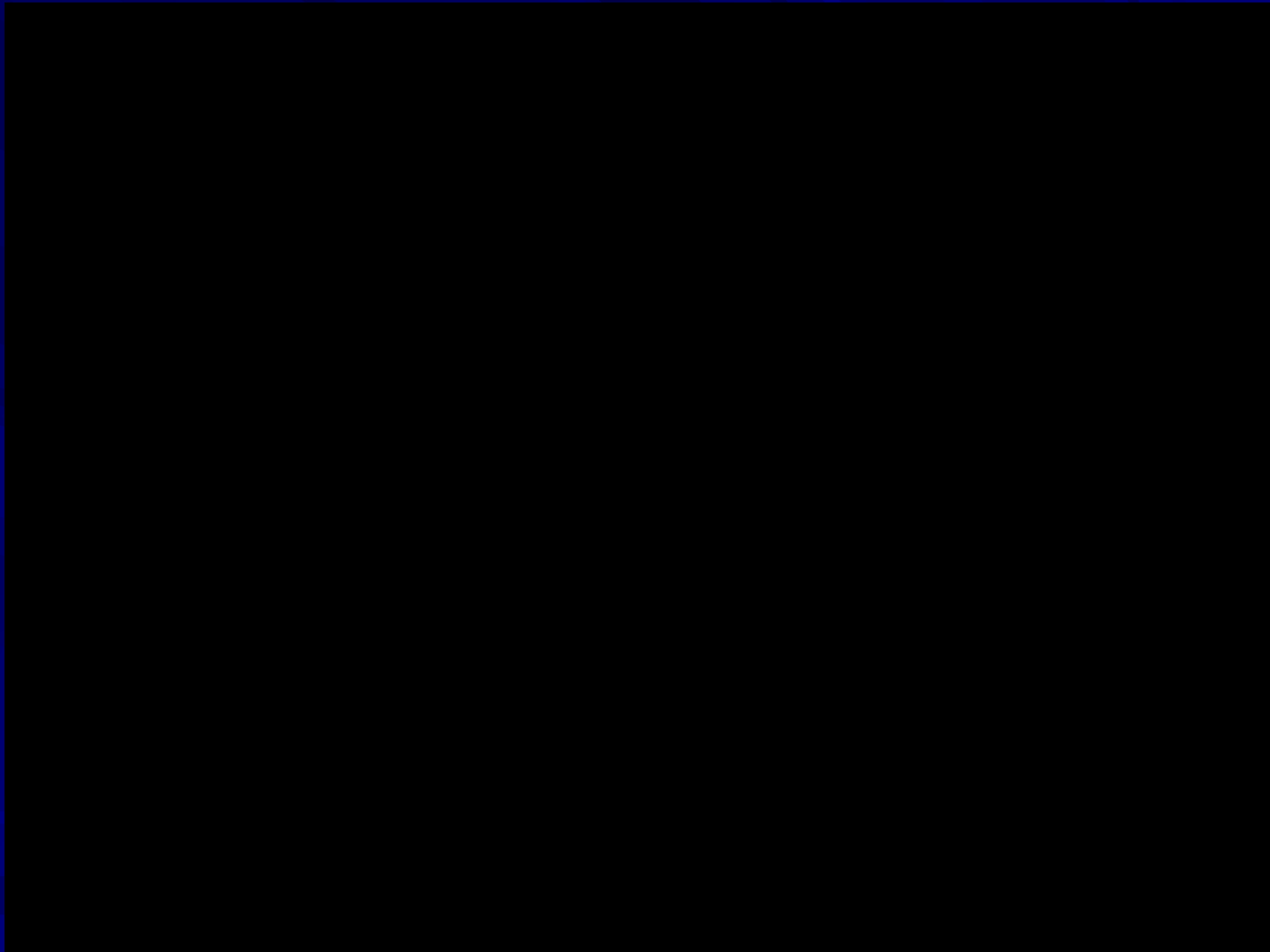
The Washington Post

"Gunman Kills 32 at Virginia Tech In Deadliest Shooting in U.S. History" – April 17, 2007

Immediate Leadership Response

- Governor Tim Kaine





Virginia Governor Tim Kaine
Virginia Tech Convocation Ceremony – April 17, 2007

Immediate Criticism

- Law Enforcement
  - Actions taken after first two killings
  - ? Readily exonerated
- University Administration
  - Decision not to shut down campus
  - Lack of communication to students
- Mental Health System
  - Lack of notification for gun purchase registry
  - Pervasive criticism on various assumptions
  - Lack of clinical information available

Responses

- New
  - Governor Executive Order
  - Governor Investigation Commission
- Ongoing
  - Inspector General (MH System) Investigation
  - Virginia Supreme Court Chief Justice Commission of Mental Health Law Reform
  - Interagency Council on Civil Commitment
  - General Assembly Committee Meetings

Governor Executive Order

- Clarified Reporting requirements (firearm/criminal database) and persons responsible for reporting
- Revised Form to facilitate/remind
- Highlighted inconsistency of reporting and not done in majority of states
- Further stigmatized mentally ill as dangerous?

Governor Appointed Investigation Commission

- Immediately announced
- High Profile member
  - Former Sec. of Homeland Security, Gov. Tom Ridge
- Headed by well respected retired State Police Superintendent
- One mental health expert
  - Academic Child Psychiatrist
- Lack of access to records (initial)
- Criticism from Victim's Families

MH Inspector General Report

- Inspector General Office established 10 years ago
- Independent of Department of Mental Health (reports to Governor)
- Had first access to clinical records
- Recommendations for code changes and budget requests collaborative/consistent with our department

Virginia Chief Justice Commission on Mental Health Law Reform

- Initiated one year ago (prior to VA Tech)
- Wide stakeholder involvement
- Reviewing:
  - Civil commitment process
  - Mandatory Outpatient Commitment
  - Access to services
- Timing of recommendations and turf issues with General Assembly

General Assembly Committees

- Special Sessions
- Broad Reviews
- Much more interest in MH system
  - Expect voluminous introduced MH related bills
  - Revenue projections down in Virginia
  - Uncertain availability of resources for major MH initiatives in Governor's budget
  - Uncertain General Assembly support for major MH initiatives vs. "tweaking" of system

What we suspect went wrong outside MH system

- Community
  - Cultural isolation
- Early Education
  - Isolation/abuse/bullying?
  - lack of appropriate evaluations/interventions
- Higher education
  - Isolation
  - Lack of communication
  - Lack of coordinated, effective interventions

What went wrong inside the MH system

- Civil Commitment Code/Procedures
  - Inadequate evaluation during TDO (temporary detention order) prior to court hearing on civil commitment
  - Independent evaluator/special justice decision and information used to make decision
- Informal procedures in rarely used "outpatient commitment"
  - Unclear on who is responsible for:
    - Formulating treatment recommendation
    - Communicating plan to identified treatment provider
    - Monitoring adherence to court ordered treatment plan
    - Reporting back to court
    - Consequences/procedure following non-adherence to treatment

Lessons Learned

- Impressive, immediate, and compassionate response of
  - support
  - resources
- Less impressive, immediate response of
  - Assumptions
  - Opinions from experts
  - Diagnoses
  - Quick Fixes

Lessons Learned

- Following tragedies like Virginia Tech it is helpful to already have in place:
  - A “savings account” of credibility, trust, and goodwill with the major stakeholders in our system
  - Clear vision and strategic plan that stakeholders support and believe should not be derailed, even as parts of the system are reviewed and evaluated
  - Previously established external and internal reviewers of the system
    - demonstrates an understanding that the system is in need of transformation
    - demonstrates proactively addressing the issues

Lessons Learned

- We need better education about what can be communicated in clinical/emergency situations
  - Health care settings
  - Educational settings
- Communication is key between agencies
  - Cannot assume it is happening

What is likely to change in Virginia in response to 4/16/07

- Change in commitment laws
  - Making all types of Civil Commitment easier
    - ? Removal of requirement for “imminent” danger
  - Mandatory Outpatient Treatment Code Changes
    - Consistent with New York’s “Kendra’s Law”
- Resources for Community Services
  - Required when outpatient commitment increases
  - Making community services more “welcoming”
  - Cannot retreat from “recovery vision”
  - Dangers of:
    - re-institutionalization
    - Further stigmatization

Fiscal Year 2004 SMHA-Controlled Per Capita Expenditures For Mental Health Services

NM c
AR a
FL
TX
ID b
OK
NC a
KY
GA
LA
NV
NE
AL
WV
OR b
OH
SC
IL
CO
MO b
SD
VA
ND
UT
IA
IN
KS
DE ac
TN
MI b
RI c
WA
WI
MS
WY
MA a
CA b
NH
MN
MT
ME a
NJ
AZ
HI
MD b
CT
VT
PA ac
NY b
AK

$0 $50 $100 $150 $200 $250 $300

Virginia

State Psychiatric Hospital-Inpatient
Community-Based Programs
Research, Training, & Administration

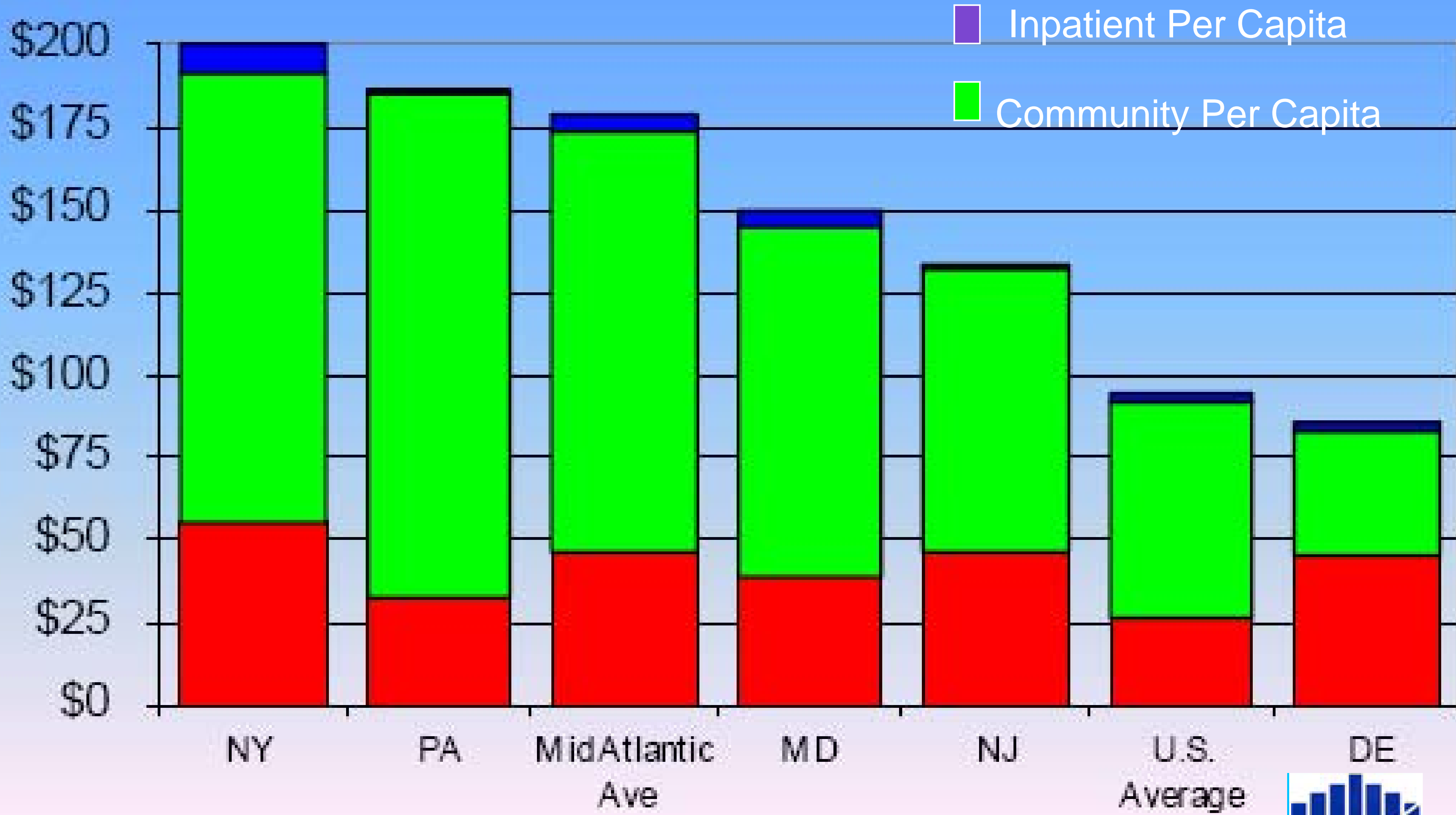
a = Medicaid Revenues for Community Programs are not included in SMHA-Controlled Expenditures
b = SMHA-Controlled Expenditures include funds for mental health services in jails or prisons.
c = Children's Mental Health Expenditures are not included in SMHA-Controlled Expenditures
d = SMHA-Controlled Expenditures includes the "majority" of publicly supported housing provided to Adults with SMI and/or Children with SED

South Eastern States

$200
$175
$150
$125
$100
$75
$50
$25
$0

U.S. Average
VA
SC
WV
GA
South Atlantic Ave
NC
FL

Inpatient Per Capita
Community Per Capita


MidAtlantic States
Inpatient Per Capita
Community Per Capita
$200
$175
$150
$125
$100
$75
$50
$25
$0
NY
PA
MidAtlantic Ave
MD
NJ
U.S. Average
DE
NASMHPD RESEARCH INSTITUTE

State Mental Health Expenditures Fiscal Year 2004

	Virginia				U.S. Average	
	$	%	Rank		$	%
State Psychiatric In-patient	$294 million	58%	6		$150 million	33%
Community-Based program	$202 million	40%	21		$370 million	64%