

## Maintain Inpatient Psychiatric Safety Net for Children and Adolescents

**Summary:** Governor Kaine proposes closing the Commonwealth Center for Children and Adolescents (CCCA) in Staunton and the adolescent unit at Southwestern Virginia Mental Health Institute (SWVMHI) in Marion. This action will eliminate all of the Commonwealth's public inpatient psychiatric services for children (844 children and adolescents served in FY08). The undersigned appreciate the extraordinary challenges facing the Commonwealth during this difficult economic cycle, but have grave concerns about how the proposed closures will impact children and adolescents with mental health problems.

**Long-term vision:** A comprehensive behavioral health system that provides care along a continuum from the least intensive outpatient services to acute inpatient hospitalization. Services should:

- be primarily **community-based**,
- be provided by both the **public and private** sectors. The public sector will always have a role as the "**safety net**", ensuring that children receive services when the private sector is unable or unwilling,
- be provided in the **least restrictive** setting possible, and
- draw on the **strengths of the children and families** served.

### Reasons We Oppose the June 30, 2009 Closure of the CCCA and the March 1, 2009 closure of SWVMHI:

- The Governor's budget would close the beds June 30, 2009, in less than six months. **Six months is not enough time to work with the private sector and other stakeholders to develop alternative community-based services to replace those being eliminated.** The Governor's budget language would override existing Code language approved by the General Assembly (37.2-316) that requires a nine-month process for closing a state hospital and restructuring funding and services.
- Closing public acute care facilities **without investing in community-based services** does not move Virginia closer to a comprehensive community-based system. The proposed \$2.1 million a year is inadequate to pay for the needed number of private beds (assuming they were available), nor does it address the need for specialized services such as secure facilities to serve children in the custody of the juvenile justice system.
- The **private sector is currently unable to serve** most of the children admitted to these facilities: those who are court involved, those with severe aggression, or those with specialized medical needs in addition to their mental health needs. Many of those who lack health insurance also are not served by private hospitals.
- There will be **no alternative** for children needing acute inpatient psychiatric treatment who cannot be served in the private sector. Most patients are admitted to CCCA and SWVMHI because private facilities will not admit them.

### Budget Implications:

**Cost Savings:** \$6.2 million GF for closing CCCA and \$1.4 million GF for closing SWVMHI

**Reinvestment:** \$2.1 million to purchase private psychiatric beds but no funding for community-based services

**Net GF Savings:** \$5.5 million

**The undersigned pledge to work with the General Assembly, Governor Kaine, the DMHMRSAS, and other stakeholders to explore alternatives to closure or closure implementation strategies that will address the following:**

- Demonstration that private sector providers are available to absorb the population that these facilities serve. Regional and financial factors must be considered.
- Confirmation of the Commonwealth's responsibility to provide "safety net" services for children who cannot be served in the private sector.
- Commitment from Executive and Legislative policy makers to demand changes in the private insurance market that inequitably and inadequately cover psychiatric care.
- Adoption of appropriate incentives for private sector creation and expansion of child/adolescent psychiatric beds and services. Currently, both public and private sector reimbursement for psychiatric services is inadequate. Remove application barriers and establish grants or other financial incentives for psychiatric bed projects.

**American Academy of Pediatrics, Virginia Chapter**

**Families & Allies of Virginia's Youth**

**Family Preservation Services, Inc.**

**JustChildren, a program of the Legal Aid Justice Center**

**Mental Health America of Charlottesville – Albermarle**

**Mental Health America of Virginia**

**Mid-Atlantic Juvenile Defender Center**

**NAMI Virginia**

**National Association of Social Workers, Virginia Chapter**

**Psychiatric Society of Virginia**

**Virginia Association of Community Services Boards**

**Virginia Coalition for Juvenile Justice**

**Virginia College of Emergency Physicians**

**Virginia C.U.R.E.**

**Virginia Federation of Families**

**Virginia Interfaith Center for Public Policy**

**Virginia Poverty Law Center**

**Voices for Virginia's Children**