

1. RBHA and the CSBs across the State are fully supportive of the concept that youth with behavioral health care needs are most appropriately served through a community based system of care.
2. In-patient psychiatric care is an essential and required component in any effective mental health system of care.
3. The State of Virginia has historically assumed responsibility for ensuring that a psychiatric in-patient safety net exists for youth and adults in need who are experiencing acute psychiatric emergencies and are at risk of harming themselves or others.
4. In order to fulfill its role, the State has operated the CCCA and the adolescent facility at SWVMHI. Children/adolescents are admitted to those facilities when localities have been unable to locate “willing” facilities that agree to admit them. For many of these children/adolescents, their needs are such that they require being placed in a bedroom by themselves, versus in a 2 person room. Unfortunately, this action impacts negatively on their census and utilization data, because the other bed in the room is counted as “vacant”.
5. Local psychiatric hospitals have the right to refuse to admit specific individuals even under Temporary Detention Orders, thereby becoming “unwilling” facilities for purposes of those particular admissions. Usually this occurs because the facilities have determined that they are unable to meet the clinical needs of the youths due their psychiatric acuity levels, their co-occurring medical or developmental needs, their levels of aggression, or the fact that they have criminal charges and/or court involvement.
6. If CCCA and SWVMHI are closed, will that mean that the State, in essence, has abdicated its role/responsibility for ensuring that a psychiatric safety net for children/adolescents exists in Virginia?
7. There will be no place to access emergency psychiatric in-patient care for many children/adolescents, since these children will be refused admission to local hospitals, either due to their clinical profiles, status with Juvenile and Domestic Relations Court, the fact that they have no insurance coverage, or because they have exhausted their insurance/Medicaid benefits.

8. Where will they go? We believe that secure/locked settings are allowed only in correctional facilities, psychiatric hospitals, and some Assisted Living Facilities (i.e. Alzheimer's Units).
9. There will simply be no place to hospitalize these children/adolescents who are in need of services even though they have psychiatric conditions that cause them to be dangerous to themselves or to others.
10. Crisis stabilization services and other community based options do successfully and appropriately divert the vast majority of potential admissions to hospitals. However, psychiatric services in a secure in-patient setting will still be needed and required for those whose needs exceed what is available in local hospitals.
11. For example, in Richmond for FY 2008, we hospitalized 37 children/adolescents at CCCA. All of these admissions occurred because the children/adolescents were dangerous to self/others, and because we could not locate an alternative facility that was willing to accept them.

Where will such children go if these facilities close, if local facilities are not willing, and adequate services are not present and available in Virginia's communities?

Beth Rafferty, Director Mental Health Services  
Richmond Behavioral Health Authority