

I am **Sandy Bryant, Director of Children's Services at Central Virginia Community Services**. We serve the cities of Lynchburg & Bedford & the counties of Bedford, Appomattox, Amherst & Campbell. I want to thank you for the opportunity to speak today.

In FY 07 we served 2,706 children & their families:

- 37 of these children were in need of acute psychiatric hospitalization in which a private hospital bed could not be obtained
- 17 cases there was no bed available
- 27 beds were available, however, private hospitals did not accept due to the child's presenting problems
- All 37 children were placed at CCCA, 14 were involuntarily committed
- Average length of stay was 24.3 days- shortest stay 2 days, longest stay 172 days
- Presenting problems included children with mental retardation (2), sexual offender (3), actively suicidal (27), actively homicidal (7), Psychotic (7) and 13 with significant cutting behaviors to their body parts.

Please note that for our children we cannot find private beds, which closely correlates to the findings in the 2007 JLARC study on the Availability and Cost of Licensed Psychiatric Services in Virginia. This study found that children in certain behavioral populations face difficulty accessing existing beds. Those identified populations were sexually acting out, severe and repetitive violence, pending felony charges, substance abuse, autism spectrum disorders & mental retardation.

Upon hearing that 100% of child state beds were closing I had the following concerns:

- 1) **There will be no safety net for these children.** We will need to identify private institutions that are willing, capable and have trained-adequate staffing patterns to effectively treat each population I have identified. Signed agreements with standard assurances must be in place with each willing hospital. **How will they be paid?** \$2.1 million will purchase 3,000 bed days for one year- last year 15,000 public bed days were needed. Just this last Friday, I heard the disposition plan for a 17-year old aggressive, seriously emotionally disturbed (SED) adolescent currently in Southwestern Virginia Mental Health Institute due to overflow at CCCA. The plan is to transfer to CCCA due to no other alternatives.
- 2) **There are inadequate community-based services in place to serve these populations.** Until there are adequate dollars that are specified for these services and are not specifically tied to mandated children but to all children we will not be capable of development of a full continuum of care for all children with serious emotional disturbance in Virginia. These children will need to continue to go into public institutions or residential where children can then become eligible for Medicaid.
- 3) **Communities are already stressed with the challenge of decreasing residential bed days.** CSA entities are working hard to develop alternatives. Closing public acute beds at the same time places us in an impossible situation. Historically when residential admissions decrease there is a need for short-term acute stays for children with serious emotional disturbance.

4) We have made great strides to decrease placement of children with SED in detention facilities, we will not be able to maintain these gains without public beds or dollars.

It is not my intent to oppose the commissioner's plan to close public child beds. I am willing to assist in any way I can to move his plan forward in the future. However, we want to ensure that unnecessary grave consequences to children, families & our communities do not occur because we closed beds prior to development of a comprehensive, detailed plan for what will replace those public beds.

Thank you.