

January 26, 2009

Psychiatric Society of Virginia
Statement on Governor Kaine's Proposed Closure of
Child/Adolescent Psychiatric Units at Commonwealth Center for
Children and Adolescents and Southwestern Mental Health Institute

The Psychiatric Society of Virginia (PSV) opposes the closure of the Child/Adolescent Psychiatric Units at Commonwealth Center for Children and Adolescents (CCCA) and Southwestern Mental Health Institute (SW MHI) as currently proposed in Governor Kaine's December 2008 Deficit Reduction Strategies.

PSV appreciates the extraordinary challenges facing Virginia during this difficult economic cycle. We understand the Kaine Administration wishes to achieve savings through the closure of these facilities and to move patients served by these facilities into private sector programs closer to home communities. We agree that community-based care in the least restrictive environment is virtually always preferred for persons with psychiatric illness and substance addiction but there are exceptions to this principle when patients, families, communities, and treating clinicians face very difficult diagnostic and therapeutic challenges that exceed their capacity to manage successfully locally. One advantage in maintaining a few "centers of excellence" is that the concentration of talent creates resources not otherwise available.

Psychiatrists and other physicians have grave concerns about how the proposed closures will impact access to inpatient and long-term psychiatric care for Virginia's most severely afflicted children and adolescents. Philosophically, the closures could advance the goal of more community-based care and a continued shift from the reliance on public-sector service. Practically, we fear that such abrupt action will exacerbate existing problems that make it difficult to locate inpatient beds and admit patients who often have psychiatric and co-occurring medical issues, notable aggressive behaviors or other safety concerns, or development disabilities. CCCA and SWMHI often serve as the safety net of last resort for Virginia's other mental health facilities and providers; without them, psychiatrists, primary care physicians, CSBs, hospital emergency departments, law enforcement, and families will all be additionally burdened.

PSV pledges to work with the Governor Kaine, the Department of Mental Health Mental Retardation & Substance Abuse Services, the General Assembly and other stakeholders to explore alternatives to closure or implementation strategies that address the following:

- Assessment of and demonstration that private sector providers are available and willing to absorb the population that these facilities serve; regional and financial factors must be considered.
- Commitment from Executive and Legislative policy makers to demand changes in the private insurance market that inequitably and inadequately reimburse

- psychiatric care, compared to other medical conditions, thus increasing demand on public sector resources.
- Mechanisms that maintain the safety net provided by CCCA and SWMHI through mandated acceptance of this patient population in exchange for any funds related to the closure and sale of facilities.
 - Adoption of aggressive and attractive incentives for private sector creation and expansion of child/adolescent psychiatric beds and services. Currently, both public and private sector reimbursement for inpatient psychiatric service is inadequate to encourage investment in facilities from a broad range of providers. Remove application barriers and establish grants or other financial incentives for psychiatric bed projects.
 - Support for funding of psychiatric-primary care collaborative projects, child psychiatric residencies, and telepsychiatry projects. Closure of these facilities will further weaken psychiatric and mental workforce education and training opportunities. It is widely known that professional psychiatric workforce is inadequate and is significantly worse for child psychiatry.
 - Halt expansions of public sector reimbursement for ancillary and non-core mental health services. Until emergency, crisis, and acute inpatient services psychiatric services are robust, Virginia cannot afford to deplete scarce resources for new mental health support services. Support services are important but cannot be higher priorities than direct psychiatric and medical care for the mentally ill.

PSV urges policymakers and stakeholders to address these issues. With measured and proper implementation, it is possible to make changes to mental health care delivery that will result in improved patient care and positive fiscal impact.

Psychiatric care and mental health services will only improve through a commitment to excellence – a high standard of quality and highly trained workforce. Excellence is expensive but achievable through prioritization. Virginia must provide a safety net but it must not shoulder the entire burden. A Virginian in need of psychiatric care should be treated no differently than one seeking other medical care. Psychiatric care is in high demand but as long as there is disparity in coverage for services, Virginia cannot attract the best and brightest professionals and cannot achieve excellence.

For information contact:

Cal Whitehead

PSV Legislative Coordinator

cwhitehead@whiteheadconsulting.net

(804) 644-4424