

# Commonwealth Center for Children & Adolescents

Presentation to Virginia Senate Finance Committee

11/20/14







# CCCA – The Role in the System

- CCCA's 48 beds are *the safety net* for kids in Virginia who need inpatient mental health care and have nowhere else to go
- CCCA is the *only child/adolescent hospital* operated by DBHDS and serves kids from across Virginia
- Patients are clinically diverse and include those with mood disorders, psychotic disorders, disruptive behavior disorders, intellectual disability, autism



# Treatment at CCCA

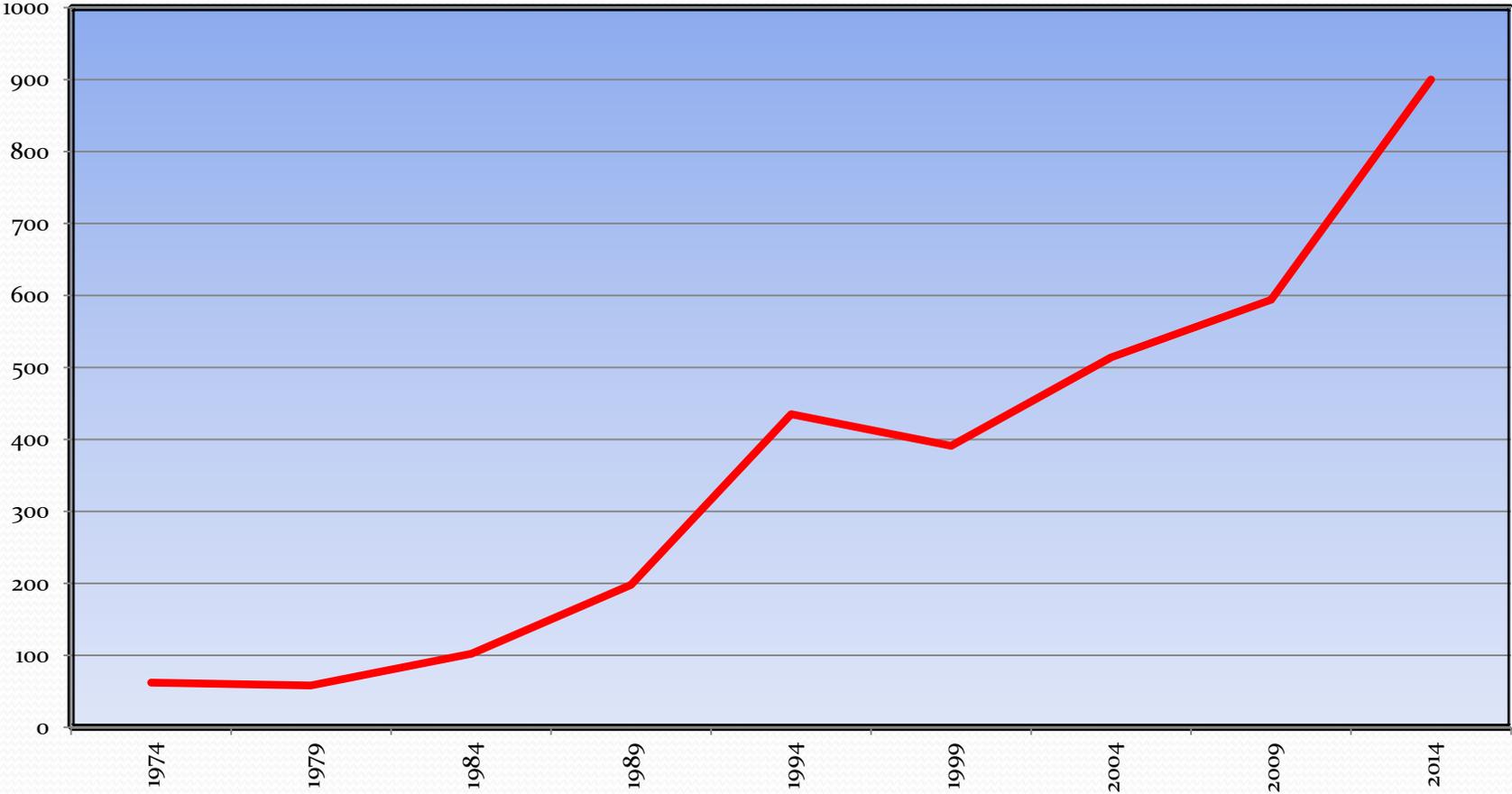
- *CCCA is fundamentally a part of Virginia's community-based system of care.* CSBs are involved in care and discharge planning throughout a child's stay.
- Includes a *comprehensive multidisciplinary evaluation* and treatment directed by a child/adolescent psychiatrist with a focus on *stabilization, mobilization of community resources, and return home* as soon as clinically appropriate.
- Services include psychiatry, psychology, nursing, social work, substance abuse treatment, occupational therapy, activities therapies, animal assisted therapy a full-day school program, and general support in a therapeutic milieu.



# Discharge Planning

- Kids, families, and CSBs direct discharge planning
- Hospitalization is not an end point. A primary goal is linking kids and families with community resources – prominently the CSB
- Kids go home as soon as clinically appropriate
- A deeper clinical understanding can alter discharge and care planning

# CCCA Admissions Over the Years





The Last 12 Months  
Admissions from  
November 2012-October 2013  
→ 667

Admissions from  
November 2013-October 2014  
→ 913 (+37%)

# State C&A Bed Closures

Year	Hospital	Beds Closed
1982	WSH	15
1991	VTCC (transfer to VCU)	26, originally 36
1992	ESH	36, originally 40
1996	CCCA (downsize)	12
1999	CSH	28
2010	SWVMHI	16

195 +      →→→→      48



# Other Drivers of Increased Admissions

- Communities can't keep pace
  - More need; fewer services
  - Private providers can – and do – say no
- Outpatient, in-home, and inpatient public services insufficient to meet safety net needs

# Length-of-Stay & TDOs

Fiscal Year	Average LOS	Median LOS	TDOs
FY 00	33.2	>20	54
FY 05	19.6	13	175
FY 10	16.2	11	271
FY 14	14.7	10	498



# The Challenges

- 3% of DBHDS MH beds; 19% of admissions; 27% of TDOs
- Uncertain ability to meet admission needs
- Increased acuity in the hospital environment
- Dramatic increase in clinical, management demands; residential staffing does not reflect current acute care role