

*The following opinion appeared in the Virginian-Pilot in Norfolk, Virginia.*

## **Don't shutter mental health facilities for kids**

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In response to the Commonwealth's enormous budget deficit, the Kaine administration has proposed closing the last two state-operated inpatient facilities for children with serious mental health disorders. This proposal has provoked a strong response from the child mental health community, which is predicting possible harm to the hundreds of vulnerable children per year currently served by these state-operated programs if this safety net is removed. While both the House and Senate have proposed restoring some of the funding for these facilities, the controversy brings to light yet again the inadequacy of the children's mental health system.

Will this controversy be the wake-up call that finally rouses Virginia to take action to improve the mental health system for kids? At the heart of the controversy, and of the failure to develop an effective child mental health system, lie two core issues:

**1. State government has yet to articulate a clear policy and realistic plan to guarantee an adequate safety net for youth in need of inpatient psychiatric care.** The decision to close Commonwealth Center for Children and Adolescents (CCCA) and the adolescent unit at Southwestern Virginia Mental Health Institute (SWVMHI) is predicated on two dubious assumptions: that localities already have sufficient community-based services to reduce the need for child psychiatry beds; and that private hospitals are ready and willing to serve the great majority of children currently served in the state-run facilities. In the view of child mental health advocates, both assumptions are demonstrably false.

In weighing these arguments, consider the history of the children's inpatient psychiatric system: twenty-five years ago there were 168 state-operated and more than 1,000 private-sector child psychiatry beds in Virginia. If CCCA and Southwestern are closed, there will be no state-operated beds and only 200 or so private sector beds remaining. Clearly, state government is trying to get out of the business of directly providing inpatient psychiatric care for children, but it has not articulated a clear policy and plan for replacing the state-run safety net. Advocates predict dire consequences for children with psychiatric disorders if the safety net is removed before sufficient community-based alternatives are developed.

While we have made considerable progress in developing less restrictive community based services, many localities still are not able to serve children with serious behavioral challenges within their community, as evidenced by the fact that 39 of the 40 community services boards – the local public mental health entities – sent children to CCCA in fiscal year 2008. Though private hospitals have played a constructive role by serving many children who need inpatient care, historically they have not been able or willing to serve many children – numbering 800 or more per year – who lack insurance coverage or have the most severe and challenging disorders.

**2. This cause has few effective champions among Virginia's leaders. Much stronger state and local leadership is required to push for the creation of a genuine community-based system of care for young people with serious emotional/behavioral disorders.**

Key *local* stakeholders including elected officials, civic leaders and service providers must make the commitment to keep children in their home communities, and to create local services close to home and family. Such a commitment requires that local officials at the highest level understand what is required to serve these children; work with mental health, education, social service, juvenile justice and other responsible entities to develop a seamless, coordinated system of community-based care; and hold all participants accountable to practice the values they espouse and deliver the outcomes they have promised.

The principal role of *state* leadership is to articulate a clear vision and policy direction, provide funding and technical support, ensure quality services and fiscal accountability, and to partner with localities to help them acquire whatever additional resources are needed to make these lofty values and principles a reality.

The alarm is sounding again – another wake-up call for officials and citizens to care about children with serious emotional problems. Let's not use the fiscal crisis as an excuse to hit the snooze alarm once again; our children are too important. Let this be the time that our state and local leaders awaken to champion this cause and articulate a policy and a plan to create the system we need. While the current economic crisis means new financial resources will be difficult to find, true champions will generate the human ingenuity and public will needed to produce creative solutions. From fiscal crisis can spring the opportunity, and the leaders, to build something new.

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