Current Statewide Overview and Summary of Studies on Virginia's Children's Services

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Statewide Census

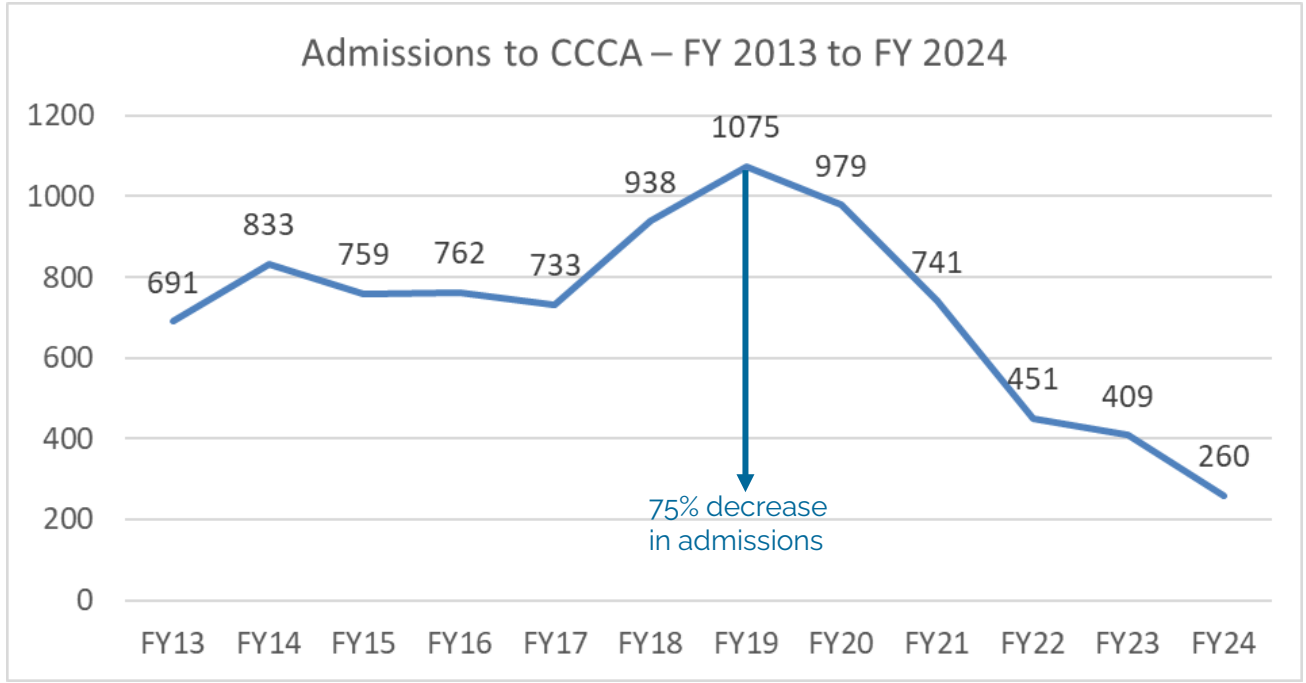
	Beds	Total Utilization	% Current Forensic Beds
Catawba (adult and geriatric)	110	101%	28%
Central State (excluding max security)	166	99%	82%
Eastern State (adult and geriatric)	280	98%	92%
Northern VA Mental Health Institute	134	98%	51%
Piedmont	123	100%	19%
Southern VA Mental Health Institute	72	97%	63%
SW VA Mental Health Institute (adult and geriatric)	134	98%	39%
Western State	302	99%	47%
Commonwealth Center for Children & Adolescents	24	83%	10%

Notes: Eastern State has 22 of its 302 beds offline for a renovation project, and SWVMHI has 41 of its 175 beds offline for HVAC replacement

Renderings of the new Central State Hospital

CCCA has changed its model of care since the Bed of Last Resort

- Historically, CCCA had served in a residential treatment center capacity, this law required CCCA to convert to an acute psychiatric care model.
- Admissions to CCCA grew between FY 2014 and FY 2019, with CCCA experiencing a record high of 1,075 admissions in 2019.
- COVID-19 resulted in drastic staff shortages with longstanding impact. CCCA last operated at 48 beds in 2021 and currently operates 24 beds.
- Length of stay (LOS) has been increasing since 2021. In FY 2019, the average LOS was 9.7 days. In FY 2024, it was 31 days.
- On average in FY 2024, 8 of the 24 children at CCCA was in DSS custody. Many DSS children remain longer than they require inpatient care because of multiple complex system needs, including limited community social and mental health services.



Additional Findings

- Community services needed include:
  - Additional inpatient bed availability is needed for children and adolescents, specifically in Southwest Virginia
  - Prevention and step-down levels of care
  - Comprehensive assessment and diagnostic services/programs
  - Specialty inpatient programs for children and adolescents with developmental disabilities and challenging behavior
  - Out of home placements
  - Coordinated specialty care
  - Community-based therapeutic services
  - Support to foster care providers, particularly those serving children with intensive behavioral health needs
- Some of these services already exist, but providers often report an unwillingness or an inability to manage the behavioral challenges exhibited by many of the children at CCCA.
- DBHDS has attempted to contract with private inpatient providers, but there has been limited interest.

Private/Non-State Inpatient Recommendations

There are no inpatient psychiatric units for youth in far Southwest Virginia. This means that children and adolescents who live south of Roanoke must travel across the state to receive inpatient care when needed.

- Establish a child and adolescent inpatient psychiatric unit in Southwest Virginia with up to 16 beds, dedicated to temporary detention order (TDO) admissions.
- This unit could serve an estimated 500 patients per year.
- Estimated costs: $5 million start-up costs; $1 to 2 million, ongoing.
- Ongoing financial support to assist the facility with serving youth with complex psychiatric and behavioral symptoms, including enhanced staffing, specialized staff training, and specialized therapeutic programs
- Specialized programming, staffing, and the appropriate environment should be considered in the development of such a unit, with rates that match the model of care.

Universal Health Services – North Spring, Leesburg

Specialized Inpatient Treatment

Children & Adolescents with Developmental Disabilities

Programs that have staff with specialized training and skills to assess and treat youth with ID/DD and severe behaviors and psychiatric symptoms are needed in Virginia.

- Develop a specialized neurobehavioral program in Virginia, similar to the program at Kennedy Krieger Institute, affiliated with Johns Hopkins in Baltimore.
- These programs offer a continuum of care for children and adolescents with neurobehavioral disorders and challenging behaviors, including outpatient care, intensive outpatient care, and, when clinically indicated for the most acute cases, inpatient care.
- Estimated costs: $15-20 million, one-time; $5 million, ongoing.

Assessment and Diagnostic Inpatient Unit

Since CCCA currently operates on an acute care model, they do not perform the psychological testing and assessments needed to provide assessment and diagnostic services, which poses a barrier to identifying step-down treatment.

- Establish an assessment and diagnostic program that serves individuals with complex psychiatric symptoms and behaviors, specifically a residential or inpatient program.
- 60 to 80 individuals per year could be served by these programs.
- Estimated costs: $3 to 4 million, one-time; $1 to 2 million, ongoing

Comprehensive Crisis Services for Youth

Community crisis services could serve as a point of early intervention for children who would otherwise be admitted to CCCA. This includes Crisis Stabilization Units, Crisis Receiving Centers, and Mobile Crisis Teams which are being developed through *Right Help, Right Now* to increase capacity across the continuum of care for all ages.

Specific development of specialized mobile crisis teams would be high impact. These teams could serve as supports not only for the children and adolescents in crisis, but for their families, service providers, foster care providers, and others within their systems of support.

The availability of CSUs and CRCs for children in Virginia is currently limited, with few in operation and several still in development at:

- Mount Rogers CSB, Western Tidewater CSB, Northwestern CSB, Henrico CSB, and Prince William CSB

Residential Recommendations

Residential treatment facilities are an important part of a comprehensive continuum of services for youth but need to ensure that youth are not staying there for longer than is clinically necessary, they receive high quality treatment, and families are able to be supported and engaged to ensure transition to the community. Psychiatric residential treatment and group homes are the only BH services for youth carved out of the Medicaid managed care plans, however as of July 1, 2025, the care coordination for these services are now carved in.

Specialized Group Homes

- Consider specialized/customized rates for group homes that are equipped to serve children with highly specialized behavioral and mental health needs. Value based payment models should be considered to also ensure the quality of care and outcomes are met.

Increase Resources for In-State Psychiatric Residential Treatment Facilities (PRTF)

- Carve in PRTF into Medicaid managed care to improve care coordination, explore value based payment options for providers to serve children assessed to require the most intensive level of support, and ensure that the rates match the quality of care received by the youth.
- Establish a provider development plan to ensure that staff at residential facilities have access to and are trained in evidence-based and trauma-informed care, and consider the development of specialty providers that can better meet the needs of youth.

Enhanced Sponsored Residential Services

Sponsored residential services are provided in a home-like setting and provide skill-building, routine supports, general support, supervision, and safety supports in the homes of families or other individuals. For some children who are admitted to CCCA, especially those in the custody of a local DSS, sponsored residential services with a focus on mental health and behavioral supports may be an appropriate option for placement; however, these types of sponsored residential programs are not readily available in Virginia.

- Consider piloting a mental health sponsored residential service in areas that utilize CCCA the most for children in DSS custody.
- Coverage would be needed by Medicaid, funded by CSA (for eligible children and adolescents), or use state general funds. These programs could serve up to 30 children and adolescents annually.
- Estimated cost: $4 million, ongoing; $200,000 to $300,000 per child, annually.

Recommendations for Intensive Community Based Services

Intensive Community Based Services

Provide 24/7 intensive wraparound supports available to the children and adolescents. Provide caregiver support, care coordination/case management, therapeutic services, peer support, and crisis intervention.

- Expand community crisis programs for children.
- Develop intensive support teams (primarily youth specific mobile crisis teams).
- Focus development on the 10 catchment areas with the highest admissions to CCCA.
- 10 new mobile crisis teams could serve up to 600 children annually.
- Estimated costs to develop 10 mobile teams: $12 million, one-time; up to $500,000, ongoing (depending on ability to be reimbursed by Medicaid)

Coordinated Specialty Care

First episode psychosis programs focus on bridging any gaps between adolescent and adult behavioral health services, utilizing a team-based and recovery-oriented approach, and have evidence for decreasing hospital readmission. There are 11 CSBs that provide CSC services through federal/state funding.

- Develop a rate for Coordinated Specialty Care to be a billable service through Medicaid and other insurance.
- Expand the availability of these services to other areas of the state through additional state general funds that can be awarded to CSBs and private providers who are interested in providing these services.

High Fidelity Wraparound

Intensive care coordination to meet the needs of the child and their family, improving ability to manage their own supports, developing natural support systems, and integrating providers and natural supports into one cohesive plan. Currently, this service is not reimbursable by Medicaid and is primarily funded in Virginia through CSA funding attached to individuals receiving this service.

- Explore making high-fidelity wraparound Medicaid reimbursable services.

Partial Hospitalization/Intensive Outpatient Programs

A few Virginia private hospitals and CSBs offer these short-term, intensive services to children, reimbursable by Medicaid. These programs are appropriate for children beginning to experience a crisis, whose behaviors do not require placement outside of the home, and for stepping down from an inpatient stay.

- Work with current PHP and IOP providers regarding what resources they may need to serve individuals with more challenging behavior presentations, including family supports to be able to utilize these programs while the youth remains at home.

Foster Care Family and Provider Support

Supports may include education and training for providers on the child's mental health needs, management of challenging behaviors and available resources, access to immediate assistance and crisis care, peer support, assistance with navigation of the mental health service system and the school system, respite care, and mental health and self-care support for foster care providers and other family members and professional foster parents.

- Development of specialized foster care family programs to serve children and adolescents with current or historical psychiatric inpatient hospitalizations, challenging behaviors, individuals assigned to the Safe and Sound Taskforce, and other children who are considered "high acuity".
- Appropriate funding specifically for this purpose, and establish consistency in how the funds are allocated, managed, and utilized by CSA in collaboration with DSS.
- Estimated cost: $10-15 million, ongoing

Evidence-based Therapies in the Community

Increased Therapeutic Community Services

High quality, evidence-based therapies are not available and accessible for youth.

- Consider evaluation of current Medicaid rates for these services to incentivize providers to provide evidence-based therapies and ensure programs are sustainable and able to meet the needs of children with the most intensive behavioral needs.
- Continue to develop a continuum of community-based services for youth through Medicaid redesign.

Behavioral Assessment, Therapy, Consultation/Applied Behavioral Analysis

Most children who are admitted to CCCA present with a complex psychiatric presentation that may include maladaptive behaviors as a reaction to trauma, mood disorders, psychosis, developmental disabilities, or conduct disorders. A comprehensive behavioral assessment is not readily available for consultation in the community, and there is a shortage of ABA therapists and lack of provider continuity across treatment settings from inpatient to outpatient.

- Consider Medicaid rate structure for ABA providers who are willing to serve children with the most intensive behavioral needs across treatment settings.

Virginia Treatment Center for Children

Current Effort to Increase Access to Youth Mental Health Services

- Virginia is working with Health Management Associates (HMA) to better understand the Commonwealth's role in children's behavioral healthcare and what qualities will ensure a best-in-class youth mental health facility. HMA has been:
    1. Looking at national best practices and best in class facilities
    2. Conducting a site assessment of CCCA
    3. Reviewing state and regulatory requirements and considerations
    4. Engaging stakeholders through surveys, interviews, concerning services for Virginia's children and adolescents with behavioral health disorders and their families
- HMA has completed the majority of the work and research to put the study together. We are continuing to work with HMA through mid-July to finalize the report and synthesis of the findings.