

Hello:

We are writing today with collective voices across our agencies. Each of you is a critical partner in meeting the mental health and substance use disorder needs of youth in our Commonwealth's system of care. On June 30th, Commissioner Land of the Department of Behavioral Health and Developmental Services announced that due to staffing shortages, the Commonwealth Center for Children and Adolescents has reduced its bed capacity by an additional six beds to 18 beds. Additionally, Riverside Behavioral Health is closing their Psychiatric Residential Treatment Program on 8/2/21.

The behavioral health needs of our Commonwealth's youth and these reductions in residential treatment capacity require that all of our systems prioritize care coordination efforts to support youth and strengthen families. We are issuing this unusual, joint communication from our agencies to encourage strongly that everyone delivering and coordinating care to redouble our efforts to support families by prioritizing community-based services when appropriate. We have several considerations in this process:

- Through Project BRAVO, **Medicaid begins coverage of Partial Hospitalization and Intensive Outpatient programs starting on 7/1/21**. These services may serve as potential diversion or discharge options for more acute levels of care (i.e., inpatient hospitalization and residential treatment). We encourage those involved in referral and care coordination to work with our Fee for Service contractor (Magellan of Virginia) and Managed Care Organizations to seek referral options through these new services.
- **Project BRAVO also includes an enhancement of Assertive Community Treatment as of 7/1/21**. This service may be appropriate if you encounter youth in need of intensive, coordinated care who have emerging Serious Mental Illness and are close to turning 18. We are aware that many youth in residential services across the state are 17 years old. We encourage residential providers and others involved in these youth's care to explore whether ACT may be an option as they age out of the youth-serving system.
- **The Family First Prevention Services Act, the Children's Services Act, and the Department of Juvenile Justice** provide access to Multisystemic Therapy (MST) and Functional Family Therapy (FFT). These are two evidence-based services with impressive outcomes, including their ability to serve youth at high risk for out-of-home placement.

Our collective situation demands that we work together as efficiently and effectively as ever, including:

- CSB Case Managers working closely in outreach to service providers, youth, and families.
- Care Coordinators at Managed Care Organizations and the Medicaid Fee for Service contractor, Magellan of Virginia, working closely with IACCT Teams and Family Assessment and Planning Teams, making service recommendations and decisions.

- Behavioral health providers, including those in both the CSBs and private provider systems working to respond to referrals and keep close tabs on openings in caseloads.
- Family Service Specialists in local departments of social services addressing the needs of youth in or at risk of entering foster care, prioritizing relative placements, utilizing respite when needed and consulting regional practice consultants for additional resources to preserve placements.
- DJJ court service unit staff referring court-involved youth to the least restrictive community-based services that can meet their needs through Medicaid, Private Insurance, VJCCCA, the Family Assessment & Planning Team or DJJ's RSC Model.
- CSA program staff facilitating cases through the FAPT process.

*We want to acknowledge that workforce shortages and challenges are present across our system, fatigue is high, and that service providers and public agency staff have endured incredible stressors related to the pandemic. We appreciate all of your efforts and dedication to keep our system functioning for those we serve.*

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