



The Campaign for Children's Mental Health

**Presentation to the Behavioral Health Care  
Subcommittee  
of the Joint Commission on Health Care**

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**Campaign for Children's Mental Health**

- Sponsored by Voices for Virginia's Children, a private, nonprofit, non-partisan child advocacy organization
- Campaign funding: Bon Secours Health System, HCA Health System, Inova Health System, Carilion Clinic, Consumer Health Foundation
- Steering committee: National Alliance on Mental Illness (NAMI) Virginia, Mental Health America – Virginia, Virginia Association of Community Services Boards
- 60+ supporting organizations

## ***Virginians Speak Out: Report Findings***

July 2010 report based on regional forums and online survey

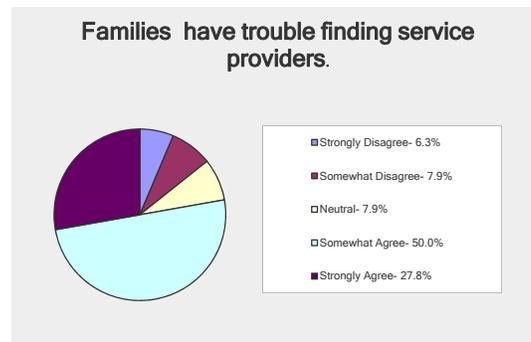
- 400 attendees made recommendations:
  - Create Comprehensive Array of Quality Services
  - Increase System Coordination
  - Achieve Consistency Across Virginia
  - Strengthen Workforce
  - Address Insurance Barriers

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## ***Virginians Speak Out: Report Findings***

Online survey of 127 professionals in field

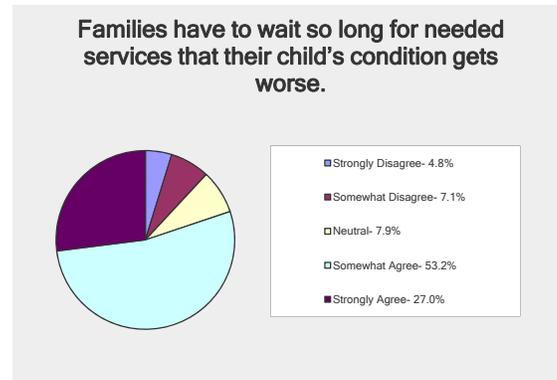
- 78% of professionals from around the state agreed that “families have trouble finding service providers.”



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## ***Virginians Speak Out: Report Findings***

- 80% of respondents agreed that “families have to wait so long for needed services that their child’s condition gets worse.”



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## ***Children’s Mental Health in Virginia: Report Findings***

- May 2011 report of available data across child serving agencies
- Confirms previous findings:
  - fragmentation of system
  - unacceptable wait times for services
  - lack of services in many areas, including 4 base services at CSBs (crisis response, case management, psychiatric services, quality in-home therapy)
  - inconsistency across the state

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## ***Children's Mental Health in Virginia: Report Findings***

- Untreated mental health disorders in children have costly consequences for Virginia, including DJJ costs:
  - FY10: 608 youth committed to DJJ
  - 56% males and 58% females had history of psychotropic medication use upon intake
  - 54% males and 56% females had a mental health disorder EXCLUDING: ADD/ADHD, conduct disorder, oppositional defiant disorder, substance abuse

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## **Campaign Action Agenda 2011-2012**

### **3 Basic Goals:**

- Full array of high quality treatment and support services across Virginia
- Access to same array of services regardless of payment source or custody status
- Family and child engagement

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## Statewide Service Array

### Policy: Invest in consistent base services

- Array of crisis response services DBHDS estimates \$6.326 million to fund 5 regional demonstration crisis stabilization units and \$10 million to fund 5 regional demonstration mobile crisis teams.
- Case management and intensive care coordination DBHDS estimates \$1.6 million to add 1 case manager per CSB to 20 CSBs with inadequate capacity.
- Psychiatric services DBHDS estimates \$1.4 million to fund 5 demonstration programs with a child psychiatrist in each region to provide direct services and extensive training.

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## Quality Improvement

### Policies:

- Children's behavioral health **workforce development initiative**, led by DBHDS. (DBHDS estimates initial cost of \$500,000 to contract with a university, hire coordinator, and provide 2 child psychiatry fellowships @ \$100,000 each.)
- **Increased licensing, quality assurance, and data collection and analysis capabilities** at DBHDS, in coordination with quality assurance initiatives in Medicaid. (DBHDS estimates \$160,000 for 2 staff to develop data reports and conduct quality monitoring for children's CSB services.)

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## Access to Services

### Policies:

- Monitoring DMAS's process of moving to **care coordination in Medicaid** behavioral health services
- Governor's or legislative commission to **develop a plan for a comprehensive child behavioral health system of care** to reduce fragmentation and improve outcomes – across CSA, CSBs, Medicaid

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## Family and Child Engagement

### Policy:

- Secretary of Health and Human Resources should launch statewide initiative to promote genuine family and youth engagement in treatment of children's mental health disorders through extensive use of family engagement practices.
  - Require in all child-serving systems
  - Provide comprehensive, ongoing training
  - Coordinate mental health care with their children's primary medical care

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## Campaign Action Agenda 2011-2012

- Total request: approximately \$20 million
- Recent and ongoing savings in children's mental health
  - CSA: savings of \$32 million in FY11 swept back into GF
  - Medicaid community based rehabilitation services: savings being generated through new Virginia Independent Clinical Assessment Program (VICAP)

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