

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

**A Plan for Community-Based Children's
Behavioral Health Services in Virginia
Item 304.M. – Interim Report**

**Virginia Commission on Youth
October 20, 2010**

James W. Stewart, III
DBHDS Commissioner

Background

- The 2010 General Assembly required DBHDS to develop a comprehensive plan for children's behavioral health services, both inpatient and community-based, as close to children's homes as possible.
- Interim report to be submitted October 1, 2010
- Final report due November 1, 2011
- This will be the first comprehensive plan for children's MH/SA services and will provide guidance for both the General Assembly and DBHDS

The GA's intent for the plan included:

- identify the mental health and substance abuse services needed to help families keep children at home and functioning in the community
- define the role of the Commonwealth Center for Children and Adolescents
- make recommendations with associated funding
- include input from stakeholders including CSBs, public and private inpatient facilities, child-serving state agencies, parents and advocates

For input, DBHDS convened 3 expert panels:

- **State Agencies** – DSS, CSA, DJJS, DOE, DMAS, DBHDS, and the BHDS OIG.
- **Service Providers** – Community services boards, private providers of community services and supports, and public and private inpatient service providers.
- **Family Members and Advocates** – Parents and family members of children receiving services, representatives of family and advocacy organizations, and the Campaign for Children’s Mental Health, which includes over 50 supporting organizations.

Process

- The panels explored questions such as:
 - What services are needed?
 - Funding issues
 - Prioritization of recommendations
- Review and analysis of prior plans and reports on children's behavioral health helped to build the foundation for this report.
- DBHDS summarized input from the panels, prepared the interim report, sent the draft to panels to review and submitted the report to the GA on October 1, 2010.

Target Population

- The target population is children through age 17 who:
- Have a mental health problem; and
 - May have co-occurring mental health and substance abuse problems;
 - May be in contact with the juvenile justice or courts systems;
 - May require emergency services; or
 - May require long term community mental health and other supports.
- The plan focuses on services supported with public funding, including state General Fund, federal block grants, local government funding, and Medicaid or CSA.

Challenges

The plan describes current system challenges, including:

- All communities have an incomplete array of services.
- There is inadequate capacity resulting in waits for services.
- Families are faced with inconsistency across the state in the array and capacity of services.
- Because of the above, many children do not receive services early enough, risking worsened conditions and the need for more restrictive and more costly services.
- Many other children who are ineligible for Medicaid or CSA cannot find access to services to meet their needs.
- Workforce development is needed.
- There is inadequate oversight and quality assurance for existing services.

Recommendations

The report contains the following recommendations the GA may consider for future decisions:

1. Clearly define the full continuum of behavioral health services for children and families.
2. Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
3. Establish a children's behavioral health workforce development initiative through DBHDS.
4. Maintain the current role of CCCA (to provide high quality inpatient services for the most challenged children) for the foreseeable future until more adequate community-based services are in place.
5. Improve quality management mechanisms and metrics for the oversight of children's behavioral health services.

Priorities for Development

- The priority recommendation is Recommendation #2: Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
 - Crisis response services
 - Case management and intensive care coordination
 - Psychiatric services
 - In-home services
- The consistent availability of the base services would have the greatest potential to provide care to children in the most appropriate settings.

Next Steps

- DBHDS will gather information about the current status of the statewide service array, capacity and consistency in all communities.
- Based on this data DBHDS will identify, by CSB and community, specific needs to reach both the base level of services and sufficient capacity in every community.
- Corresponding budget needs will be included for subsequent biennia.
- DBHDS will submit its final report by November 1, 2011.