

# Report on the

## “Integrated Policy and Plan to Provide and Improve Access to Mental Health and Mental Retardation and Substance Abuse Services for Children, Adolescents and their Families”

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A Presentation to the  
Behavioral Health Care Subcommittee  
Of the Joint Commission on Health Care

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The Department of Mental Health,  
Mental Retardation and Substance Abuse Services

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## General Assembly Guidance and Support

- In 2003 and subsequently, the General Assembly issued Budget Items 329-G, 330-F, and 311-E respectively.
- Budget language adopted in the last session directed DMHMRSAS to continue the advisory committee charged with improving access to services for children and their families across disabilities.
- Additionally, the budget language requires DMHMRSAS to report the plan to the Chairs of the Senate Finance and House Appropriations Committees by June 30<sup>th</sup> of each year.
- Broad stakeholder participation on the advisory committee.

## Recent Efforts to Build and Improve Services

- Pilot evidence-based systems of care demonstration projects in four localities (two urban and two rural) across the state.
- Four child psychiatry fellowships and four child psychology internships with payback provisions to work in underserved areas of Virginia.
- CSB mental health services are now available at all twenty-three detention centers across the state.
- Virginia's Part C Early Intervention System funding for direct services.

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## Recent Efforts to Build and Improve Services

- CSA and DMHMRSAS are collaboratively working on alternatives to residential placement using community based services to eliminate the need for placing children in costly residential settings.
- DMAS was awarded a demonstration grant to help provide community based alternatives to psychiatric residential treatment facilities.
- DMAS amended the State Medicaid Plan to provide Medicaid funds for substance abuse treatment for adolescents.
- DMHMRSAS and the Commission on Youth are planning a system of care and evidence-based services conference to be held in September 16-18, 2007 at the Hotel Roanoke.

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## The Unmet Behavioral Health Needs of Virginia's Children

- CSB child and adolescent early intervention treatment services – especially “intermediate level services” - are unavailable in many communities.
- Of the over 30,000 children and adolescents who received mental health or substance abuse treatment services in CSBs in 2006, most received only the most basic services, case management and limited outpatient counseling.

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## The Unmet Behavioral Health Needs of Virginia's Children

- Many behavioral health clinicians, pediatricians, and other health care providers serving children and adolescents lack specialized knowledge to effectively treat children at risk of SED or substance use disorders.
- The lack of child psychiatrists and other specialized child serving clinical staff remains a challenge.
- Unmet behavioral health needs spill over into juvenile justice and educational systems.

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## What Works? Community Based Systems of Care

- Community based systems of care allow localities to reduce their current reliance on high-cost, highly restrictive residential and in-patient treatment and move toward lower cost, evidenced-based services.
- This shift allows all children to be served in settings either at home or in their home community.
- A fully developed continuum of services and supports allows families to stay together and avoids unnecessary custody relinquishment.

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## System of Care – Intermediate Level Service Options

- Wrap around services
- Day treatment
- Respite care
- Crisis stabilization
- In-home family therapy
- After school intervention
- Intensive outpatient treatment
- Mobile crisis teams
- Intensive case management
- School-based mental health services
- Drop-in centers for emotionally and behaviorally troubled teens

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## Priority Funding Recommendations for FY 2009

### ■ Increase service capacity:

- Fund Intermediate-Level Community Based Services \$20.0 M
- Fund 12 Systems of Care projects \$3.6 M
- Fund MR Family Support \$2.5 M
- Fund MR Waiver Slots \$6.0 M

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## Priority Funding Recommendations for FY 2009

- Fund Part C Early Intervention \$1.73 M
- Fund 3 additional Project LINK programs \$375,000
- Fund Outpatient Substance Abuse Services \$ 3.0 M
- Fund school-based mental health clinicians in 20 middle schools in five regions \$1.8 M
- Fund infrastructure in the DMHMRSAS Office of Child and Family Services to support these initiatives statewide \$990,000

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## Priority Funding Recommendations for FY 2009

- Increase the Size of the Workforce: \$ 1.1 M  
Fund four new child psychiatry fellowship and two new child psychology internship slots
- Enhance Workforce Capacity: \$700,000  
Establish three Teaching Centers of Excellence to organize, coordinate and lead the training of clinicians in evidence-based and promising practices for children's behavioral health treatment statewide

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## Priority Funding Recommendations for FY 2009

- Provide Families with Information and Support:  
Fund 1.5 FTE for Resource/ Service Coordinator and administrative support to assist families in accessing needed services, to educate families about available services and link families with support systems \$100,000

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# Total Cost - Recommendations

## \$41,831,000

