

# **Initiatives within the Health and Human Services Secretariat Addressing the Needs of Children with Mental Health Treatment Needs**

## **Presentation to the Commission on Youth**

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# Presentation Topics

- Child and Adolescent Special Populations Workgroup Report and Recommendations
- Custody Relinquishment Work Group Findings and Recommendations
- CSA Data Set
- New Mental Health Children's Initiatives
- Mental Health and Juvenile Justice Initiative

# **Child and Adolescent Special Populations Workgroup**

- **Charge: Develop short and long-term recommendations to restructure and strengthen the current system for children and adolescents**
- **Workgroup co-chairs:**
  - **Sandy Bryant, Central Virginia CSB**
  - **Don Roe, Commonwealth Center for Children and Adolescents**
- **Membership: Over 40 advocates, public and private providers, state and local professionals in mental health, education, social services, juvenile justice, mental retardation, and substance abuse services, and DMHMRSAS staff.**

# **Child and Adolescent Special Populations Workgroup Process**

- **The Workgroup met 14 times between August 2003 and August 2004**
- **Subcommittees were formed in 2004 and met multiple times to address specific subpopulations and issues, including:**
  - **Juvenile Justice**
  - **Mental Retardation**
  - **Substance Abuse**
  - **Prevention and Early Intervention**
  - **Demonstration Project Models**

# **Child and Adolescent Special Populations Workgroup Recommendations**

- **DMHMRSAS should adopt the system of care model developed by the Georgetown University's Technical Assistance Center for Children's Mental Health and adopted by SAMHSA.**
- **DMHMRSAS should lead the statewide promulgation of this system of care model with other state agencies, families, CSBs, and other public and private providers.**

# Child and Adolescent Special Populations Workgroup Recommendations

- **Major Funding Priorities**
  - **Fund four system of care demonstration projects (\$2.5 million)**
    - **To develop the elements for a restructured system of care for children and youth with behavioral health problems that aligns with the values and principles of a system of care service delivery model**
    - **To ensure minimum access to appropriate and recommended services**
    - **Use of evidence-based or promising practices or innovative approaches to integrated service delivery**
    - **Screening, referral, and diagnostic evaluations**
    - **Four sites including urban and rural**
    - **Project evaluation at the end of the demonstration**
    - **25% local match**

## **Child and Adolescent Special Populations Workgroup Recommendations – cont'd.**

- Fund Parent/Youth Involvement Network (\$500,000 for the first year – \$1 million for second year)**
- Fund behavioral health services provided by CSBs in detention centers during and after detention stay (\$3.5 million)**

# **Child and Adolescent Special Populations Workgroup Recommendations**

- **Major Funding Priorities -- continued**
  - **Maximize all resources in Virginia to build the capacity for behavioral health services that includes a comprehensive continuum of prevention, early intervention, and intensive therapeutic services**
    - **Increase Medicaid rates for day treatment services to \$150 per day**
    - **Add SA services to the DMAS State plan and provide funding for treatment services for youth and their families with primary or secondary substance abuse diagnoses (\$5 million)**
    - **Conduct a rate study to expand community-based services in the state plan to include: Intensive Case Management Level System in CSBs, Parenting Education, Respite services, and Behavioral Aides**

# **Child and Adolescent Special Populations Workgroup Recommendations**

- **Major Funding Priorities – continued**
  - **Fund training priorities, which follow:**
    - **Fund Systems of Care training (\$500,000 for 5 regional and 1 state training);**
    - **Fund slots for university training of child psychiatry fellows and child psychology interns with payback provisions (\$60,000 per fellow, \$26,000 per intern).**
  - **Fund Multi-systemic Therapy (MST) and Functional Family Therapy (FFT) capacity building (\$2.5 million to include training and statewide licensure, and to oversee and fund local MST/FFT services**

# **Child and Adolescent Special Populations Workgroup Recommendations**

- **Other System of Care Recommendations**
  - **Through the DMHMRSAS, recommend to the State Executive Council and the General Assembly possible Code, regulatory changes, and budget initiatives to support the revision and expansion of state and local systems of care.**
  - **Include prevention and early intervention services for children and their families with or at risk of mental health, mental retardation, and substance abuse problems in the system of care.**
  - **Work with state agencies to continuously blend and braid funding sources to meet the needs of children and adolescents with MH/MR/SA problems and their families.**

# **Child and Adolescent Special Populations Workgroup Recommendations**

- **Other System of Care Recommendations - continued**
  - **Support and expand the DMHMRSAS Office of Child and Family Services to assure that children’s behavioral health services are prioritized and include all service entities related to children and their families.**
  - **Conduct statewide trainings on evidence-based, best practices, and promising treatments for children with behavioral health problems – statewide workshops, seminars, and cross-community trainings**
  - **Fund cross-state and agency National Systems of Care model training (\$200,000 managed by DMHMRSAS with VACSB)**

# Child and Adolescent Special Populations Workgroup Recommendations

- Other System of Care Recommendations - continued
  - Encourage partnerships and collaborations among parents, all providers, and other stakeholders of children and their families with behavioral health problems
  - Support the continuation of the Child and Adolescent Special Population Workgroup activities by merging the membership with the group established by Budget Item 330-F of the 2004 Appropriations Act
  - Support systems of care model including:
    - **A coordinated, integrated, and individualized treatment plan;**
    - **Families and surrogate families as full participants in all aspects of the planning and delivery of services; and**
    - **A unitary (i.e., cross-agency) care management/coordination approach even though multiple systems are involved.**

# Child and Adolescent Special Populations Workgroup Recommendations

- Other System of Care Recommendations – continued
  - Promote integration of services across MHMRSA disabilities by establishing policies that require services providers to conduct a single comprehensive intake addressing the areas of MHMRSA and developing a unified services plan and record
  - Continue the dissemination of the Commission on Youth’s “Collection” of evidence-based practices
  - Seek grant funding to enhance child and adolescent behavioral health services by establishing matching fund capacity through private foundations/corporations
  - Strengthen university/community partnerships to enhance child and adolescent behavioral health services

# Child and Adolescent Special Populations Workgroup Recommendations

- Other System of Care Recommendations – continued
  - Encourage DMAS to “suspend” rather than “terminate” Medicaid benefits while children and adolescents are in a public institution including state hospitals, juvenile detention centers, juvenile correctional facilities, and jails.
- The Child and Adolescent Special Populations Workgroup felt strongly that public inpatient beds for children and adolescents were reduced in the 1990s and there is no further need for bed reduction.

# SEC Custody Relinquishment Workgroup

- Membership: 32 members, including:
  - Parents
  - HHR
  - J&DR judge
  - CSBs
  - Local CSA
  - CSA Office
  - DSS
  - DJJ
  - Commission on Youth
  - Advocacy organizations
  - Supreme Court of Virginia
  - Local government
  - League of Social Services Executives
  - Local DSS
  - DMHMRSAS
  - DOE
  - An attorney
- The Workgroup has met 7 times since May 27, 2004 and has scheduled 2 additional meetings to finalize its report, which is due to the Joint Healthcare Commission by November 1, 2004

# SEC Custody Relinquishment Workgroup Draft Findings

- A significant number of Virginia parents have to relinquish custody of their children with SED for the sole purpose of accessing behavioral health treatment services.
- Relinquishing custody under these circumstances has myriad negative consequences, sometimes severe and devastating, for families and their children, and communities.
- Relinquishing custody only for this purpose uses Virginia's child serving systems in unintended, inappropriate, and inefficient ways.
- Virginia laws, policies and practices that govern custody relinquishment are often unnecessarily adversarial and are primarily designed for purposes other than addressing children's treatment needs.

# SEC Custody Relinquishment Workgroup Draft Findings

- Limited availability and lack of funding for behavioral health treatment service often drives the need for families to relinquish custody.
- Virginia's child serving system, comprised of multiple state and local agencies, is fragmented both programmatically and in its funding streams. This complex fragmentation poses significant challenges for families and the professionals who serve them.
- Extreme variability exists across localities in the Commonwealth and within localities themselves regarding the consistent application of policies and practice, as well as in service availability.

# SEC Custody Relinquishment Workgroup Draft Findings

- Virginia lacks a strong, organized family advocacy network. Such networks have proven in other states to be effective resources in helping families of children with SED navigate the complex public and private systems of children's services. These networks have also successfully advocated for system improvement.
- In the short-term, changes in code, regulation, policy, and practice to Virginia's *current* system of care for children will improve access to behavioral health services and reduce some the negative effects of custody relinquishment for *some* families.
- *Transforming* and adequately funding Virginia's system of care for children and families, building on the CSA and based on nationally endorsed solutions, will significantly improve access to behavioral health services and eliminate the need for relinquishment of custody.

# SEC Custody Relinquishment Workgroup Draft Recommendations

- The responsibility for implementation and monitoring of all recommendations contained in this report shall be under the authority of the State Executive Council (SEC).

To this end, the SEC should analyze and ensure that correct infrastructure and commitment is in place at state level to ensure, support, and provide continued enhancement of CSA as measured against Systems of Care guidelines and principles.

- Further, the SEC should:

# **SEC Custody Relinquishment Workgroup Draft Recommendations**

1. Develop the mechanism to coordinate, with other affected Secretariats, all state level children's services in the Commonwealth. This coordination should include, but not be limited to, the current efforts underway related to the state's Program Improvement Plan (PIP) developed in response to the federal Child and Family Services Review (CFSR) to improve access to mental health services for youth, and the expansion and enhancement of access to children and adolescent mental health services.

# SEC Custody Relinquishment Workgroup Draft Recommendations

2. Examine the State Corporation Commission (SCC), Bureau of Insurance role in exploring mental health parity for at-risk youth and the inclusion of a full service continuum in private sector insurance.
  - Specifically, explore the use of private insurance funds for home-based, day treatment, and crisis stabilization in order to prevent more expensive hospitalization.
  - Further, consider “hold-harmless” in which funding for hospitalization could be redirected without exceeding existing financial risk.

# SEC Custody Relinquishment Workgroup

## Draft Recommendations

3. Explore differential matches for CSA funding, specifically related to incentives for localities to use CSA non-mandated funds and request the necessary policy and code changes that would reduce the local match requirement for localities using their non-mandated CSA allocation.
4. Analyze the financial implications of increasing the CSA targeted non-mandated levels that have remained capped while the mandated allocations have increased significantly, with the intent of increasing non-mandated funding at the local level.
5. Review and analyze the establishment of a flexible funding pool (not child specific) out of a localities CSA allocation to allow communities to establish essential community-based program components and cover start-up costs.

# SEC Custody Relinquishment Workgroup

## Draft Recommendations

6. Provide new state funding for the expansion of the Child/Adolescent Mental Health Initiative to Community Service Boards and allow flexibility in funding (non-child specific) to establish and start up community-based services that are currently inadequate or nonexistent to meet community needs across child-serving agencies.
7. Explore options allowable under the Medicaid program as done by other states, such as the “Katie Beckett” option (TEFRA), and home and community based waivers.
8. Review and analyze alternative models of child serving systems that decrease fragmentation and support cost containment strategies.

# SEC Custody Relinquishment Workgroup

## Draft Recommendations

9. Support revisions to the Code of Virginia related to voluntary placement agreements and non-custodial agreements to ease the negative effects of these options available to families seeking funding for necessary behavioral treatment services for their children.
  - **While these options are not solutions to the custody relinquishment tragedy, they do provide an approach for families to access funding for services.**
  - **Further, the SEC should ensure the dissemination of clearly defined policies regarding these options to localities in the Commonwealth to encourage their use.**
  
10. Encourage prevention, early intervention and the use of least restrictive, community-based services with differential CSA match rates for localities for these services.
  - **Specifically, the SEC should review and analyze a differential match rate on mandated foster care prevention funding used to purchase community-based, non-residential services.**
  - **The savings from reducing more costly residential services could potentially counteract the cost of funding the differential match rate.**

# SEC Custody Relinquishment Workgroup

## Draft Recommendations

11. Support development of an appropriate and accessible array of behavioral health and substance abuse treatment services in every locality in Virginia that at a minimum includes:
  - assessment and diagnosis
  - behavioral aide services
  - case management services
  - crisis residential services
  - crisis services
  - day treatment/partial hospitalization services
  - early intervention and prevention
  - family support/education
  - home-based services
  - inpatient hospital services
  - medical management
  - mental health consultation
  - outpatient psychotherapy
  - respite services
  - school-based services
  - therapeutic foster care/therapeutic group home
  - residential treatment centers
  - transportation
  - wraparound services

# SEC Custody Relinquishment Workgroup

## Draft Recommendations

12. Direct the Office of Comprehensive Services to work with other state and local child serving agencies and the Virginia Supreme Court to develop and implement technical assistance and training for localities focusing on the dissemination of best practices in the areas of access to mental health, parent collaboration, early intervention and development of a system of care model. This can best be achieved by working with the well-established, nationally recognized associations and organizations readily available to state and local jurisdictions. These resources include:
  - National Resource Centers supported by the Children’s Bureau of the federal Health and Human Services (available at no cost to Virginia)
  - Brazelon Center for Mental Health Law
  - Child Welfare League of America
  - National Technical Assistance Center for Children’s Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center
  - SAMSHA Center for Mental Health Services – Systems of Care information
  - Federation of Families for Children’s Mental Health

# **SEC Custody Relinquishment Workgroup Draft Recommendations**

13. Direct each child serving agency to initiate an immediate review of all policies, procedures and practices and to bring forward specific recommendations for changes that would enhance parental collaboration and involvement, enhance and expand access to appropriate mental health treatment, and reduce the variability in the implementation of services.
  
14. Direct the Department of Mental Health, Mental Retardation and Substance Abuse to lead a collaborative effort with other child serving departments and organizations to develop and implement a statewide Parent/Family resource and advocacy program that is coordinated with existing programs and affiliated with the Federation of Families for Children's Mental Health.

# **SEC Custody Relinquishment Workgroup Draft Recommendations**

15. Direct the Department of Social Services to collaborate with other child serving agencies to develop and implement a method, by July 1, 2005, for tracking the incidence of custody relinquishment for the sole purpose of obtaining behavioral health treatment services.
16. Request and advocate for changes in federal regulations that reduce or eliminate the need for families to relinquish custody for the sole purpose of accessing behavioral health treatment services.
17. Where appropriate, incorporate these recommendations into the implementation of the SEC Strategic Planning process.
18. Continue the Custody Relinquishment Task force for one additional year with a final report from the SEC due to the Joint Healthcare Commission by November 1, 2005.

# **CSA Data Set Task Force**

- **The 2002 General Assembly directed the Secretary of HHR to study the Comprehensive Services Act for at-risk children.**
- **The study required the development of a plan for the coordinated collection of information among state agencies in the CSA program.**
- **Data System Task Force was established and included a wide range of state and local stakeholders and local CSA office involvement.**
- **Task Force met monthly beginning the Fall of 02 through the Spring of 03 to develop the CSA data elements.**
- **Task Force developed thirty-two data elements.**

# CSA Data Set

- Types of CSA Data Collected:
  1. Who are the children served by the program?
  2. How did these children come to CSA?
  3. Why are they being referred to services?
  4. How much do these services cost?
  5. What is the outcome of the services provided?
- Localities report CSA data elements through the new CSA web-based reporting system or through an electronic file submission process maintained by DSS.

# CSA Data Set

- Benefits of the CSA Data Set
  - Provide state and local policy makers with accurate information for funding and program decisions
  - Enable all CSA partners to enhance their capacity to integrate CSA data with partner agency information
  - Eliminate requirement for localities to send to OCS child specific information, quarterly reports, performance measure report

# CSA Data Set Task Force Members

- Twelve members representing local and state perspectives.
  - Local representation from local government, CSA coordinators, and local DSS
  - State representation from OCS, DMAS, DSS, DMHMRSAS, and DJJ
  - In April 2004 SEC requested the original Task Force members continue to meet to discuss issues regarding the data set submissions, and software. The Task Force has met three times since April and has:
    - Analyzed 12 months of data collection
    - Reviewed input from localities, OCS and DSS
    - Held a focus group with CSA software vendors

# CSA Data Task Force Findings and Recommendations

- Task Force Findings: Need for greater clarity of the data elements
- Recommendations
  - Establish a User's Group consisting of local government and software representatives to meet regularly with OCS.
  - Continue Task Force meetings as needed or no less than semi-annually to address broader issues.
  - Do not expand data collection system currently in place for a minimum of three years after the initial rollout to allow the system to become fully operational.
- Next Steps
  - Establish a User's Group with local government and software representatives to meet regularly with OCF and report back to the SEC.

# New Mental Health Children's Initiatives

- MH Services for Non-Mandated CSA Children and Adolescents  
- \$2 Million
  - The Department has allocated and is dispersing \$50,000 to each CSB.
  - Services must be based on the individual needs of the child or adolescent and included in an individualized services plan using system of care family involvement.
  - CSBs must ensure local coordination with local Family and Assessment Planning Teams and Community Policy Management Teams.

# New Mental Health Children's Initiatives

- Guidance for these funds:
  - These funds should be used to serve children and adolescents with SED and related disorders who are not mandated under CSA. Children and adolescents must be under age 18 at the time services are initiated.
  - Referral and access protocols need to assure effective linkages with key stakeholder agencies in the community.
  - Services should be provided in the least restrictive and most appropriate setting.

# **New Mental Health Children's Initiatives**

- **Part C Early Intervention Services - \$750,000**
  - **Needs for early intervention have become increasingly well documented during the last budget year. The Department's Comprehensive State Plan, Executive Directors, MR Directors, providers and families has provided reliable data about needs, costs, and revenue**
  - **Growth in the number of children in need of services is calculated at 8%, which is consistent over a five-year period.**
  - **These funds will help address the current Part C Early Intervention budget deficit of \$2.25 million to maintain current service levels and help localities address existing program funding deficits**
  - **Allocations will be based on the localities' annualized child counts.**

## **New Mental Health Children's Initiatives**

- Establishment of the Office of Child and Family Services within the Department of MHMRSAS in April 2004.
- Shirley Ricks appointed Director of the office.
- The vision for this office supports an integrated seamless service delivery system across disabilities that ensures access to services and supports for children and their families.

# Mental Health and Juvenile Justice Initiative

- The Department has collaborated with the Department of Juvenile Justice to use Federal grant funds (\$500,000) to provide crisis intervention, outpatient and case management services to children during their stay in detention.
- Provide mental health services: assessment/evaluations, outpatient treatment, crisis and case management services to juveniles in detention
- Provide case management upon discharge if the juvenile was not committed to the State Department of Juvenile Justice, or State Corrections
- The Department of Juvenile Justice has recommended the continuation of the grant funding in collaboration with DMHMRSAS for a second year with hopes for continuation for the third year.

# Mental Health and Juvenile Justice Initiative - Continued

- Five localities are grantees for the funding:
  - Highlands Juvenile Detention Center - Planning District One through Frontier Health
  - Shenandoah Detention Center – Valley Community Services Board
  - Piedmont Detention Center – Crossroads Community Services Board
  - Richmond Detention Center/Richmond Department of Juvenile Justice- Richmond Behavioral Health Authority
  - Tidewater Detention Center – Chesapeake Community Services Board
- The first year resulted in approximately 700 youth screened and provided crisis intervention services.