



The Campaign for Children's Mental Health

Action Agenda 2011-2012

Children with mental health disorders and their families need to have a full array of high quality treatment and support services in their own communities, no matter where in Virginia they reside.

Policies:

- Invest approximately \$20 million to expand the array and capacity of community-based services to assure a consistent base level of services for children and families statewide. Services can be provided by community services boards (CSBs) or through public-private partnerships and include:
 - 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; alternatively, VACSB** estimates \$2.2 million to provide psychiatry to additional 4,000 children through a variety of means.)
 - High quality in-home services: Monitor new efforts to control quality through independent clinical assessments of Medicaid services by CSBs, which begin July 2011.
- Equip a highly trained and qualified workforce by establishing a 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.)
- Ensure high quality of services through 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.)

Children with serious mental health disorders who require public sector services need to have access to the same array of services regardless of payment source or custody status in order to maximize the impact of and curb inappropriate use of public dollars in the treatment system.

Policies:

- In creating its blueprint for care coordination for Medicaid behavioral health services (to be implemented by July 1, 2012), Virginia must develop a specialized system of care coordination for children with serious emotional disturbance (SED). This system should be managed by a qualified nonprofit entity and operate in a manner consistent with system of care principles. It must also assure the use of best practices and high-quality services – including coordinating with primary care – and ensure sound management of public funds to avoid unnecessary or inappropriate expenditures and produce desired outcomes as cost-effectively as possible.

- In addition to this specialized care coordination system for children with SED within Medicaid, Virginia must develop a plan for a comprehensive child behavioral health system of care for all children with SED who need public sector services. This system of care must reduce fragmentation in services to children with SED, which are currently delivered or financed by Medicaid, the Comprehensive Services Act and/or the CSB system. The system of care should combine/consolidate all available funds to ensure that children with SED, regardless of their funding source or custody status, have access to timely, appropriate, high-quality services. The Governor should name a commission to lead and implement the planning process and also ensure the full participation of all relevant secretaries and department heads. The planning process must include an array of stakeholders and especially engage the participation of parents/family members of children with SED. The plan should be completed by July 1, 2012.

Children with mental health disorders and their families should be recognized and included as experts on their own and their children's treatment needs.

Policies:

- The Secretary of Health and Human Resources should launch a major statewide initiative, utilizing regional pilot programs, across publicly-funded or –regulated child-serving systems to promote genuine family and youth engagement in the treatment of children's mental health disorders through extensive use of family engagement practices.
 - Require in all child-serving systems the use of family engagement strategies that are endorsed by the state and coordinated across systems to include the voice of the children needing treatment, their families, and natural supports identified by them and their families in treatment and service planning.
 - Provide comprehensive, ongoing training to all stakeholders involved in these systems at the state and local levels, including families and family organizations.
 - Ensure that family engagement strategies help families coordinate mental health care with their children's primary medical care.

*DBHDS stands for the Department of Behavioral Health and Developmental Services

**VACSB stands for the Virginia Association of Community Services Boards

The Campaign for Children's Mental Health is an advocacy initiative sponsored by Voices for Virginia's Children and led by a steering committee including National Alliance on Mental Illness (NAMI) Virginia, Mental Health America- Virginia, and the Virginia Association of Community Services Boards. For more information, visit www.1in5kids.org or contact Margaret Nimmo Crowe, campaign coordinator, at margaret@vakids.org or 804-649-0184 ext 23.