



The Campaign for Children's Mental Health

*Advocating for a better mental health system so that  
all children get the help they need.*

**Loudoun  
Listening Tour Notes  
May 12, 2010**

**Question #1: What changes have occurred in the last 2 years in this region that have resulted in improvements to children's mental health services?**

- More community-based services are available but people may not know about them. There are more providers offering services...more in-home.
- Increased permanency in foster care.
- More family placements in foster care.
- Training of foster parents is better.
- Reduced usage of residential treatment. (Greater sophistication in terms of determining who really needs residential treatment.)
- Early intervention ...identifying children early.
- Early intervention staff has been trained in autism.
- More kids identified in schools.
- Lot of publicity around autism. Can we do the same in MH?
- Lot more preventative services...wrap-around, family group conferencing.
- Schools catching a problem early.
- Teacher skills are improved.
- Loudoun County Public Schools have increased number of kids in special ed and have done a good job keeping up with it.
- Better inter-departmental cooperation, particularly around deeper end cases.
- Mental health (CSB) staff on site at juvenile detention center.

**Question #2: Based on your answer to #1, what issues still need to be addressed in this region?**

- Need more services/support/training for adoptive parents, not just foster parents.
- Simplify process for adoptive parents.
- Need formal family centered service planning model for most at-risk kids with parents true partners in the plan.
- Process is not family-centered across the board.

- CSA is too complex. The system needs to be more simple and focused on what the child/family needs. Too many rules. Need to focus on the services.
- Public needs to be educated about the services available.
- If it feels that way (complex) to an administrator in the system, imagine how it feels to families in crisis just trying to catch their breath
- Need more flexibility/collaboration across jurisdictions for resources. If a child already has an existing psychiatrist or other provider in one locality, shouldn't preclude them getting other services in neighboring locality if that's where they currently live.
- Need a place to go to ask for advice/resources/help. Maybe a crisis line. A one-door entry for resources.
- Transition services needed from childhood to adulthood.
- Extended family involvement and strengths.
- Help accessing resources like Social Security. Having assistance.
- Lack of services for kids with co-occurring disorders like MR and MH or substance use disorder and MH.
- Take DMAS out of picture and let localities a case-rate to decide how to spend for their community. Based on culture, needs of community.
- Get DMAS at table to talk about new programs, reimbursement.
- Nurturing Parent Program in Fairfax works. Helps parents locate resources, get support, help, counseling, networking.
- Insurance a problem for some families. Private insurance requires pre-authorization for mental health services.
- Discrimination in workplace toward parents who have kids who need care, support, etc. If a child had cancer the response would be different.
- Parents of young children avoid services because of the fear of labeling, the stigma.
- Parents don't want to see the problem/can't admit it.
- Need education on genetic component.
- Medical professionals are not educated in area of addictions...that it is a biological illness.

**Question #3: what would you like to see from your local and state policy makers (aside from more money) that would increase the quality of or access to children's mental health services in this region?**

- Currently funds are braided, not true pooling of funds.
- Better integration of silos.
- Need different departments to talk to each other.
- Want to see different departments partner and be creative in solutions. Keeps kids in the community.
- Federal government policies inhibit creativity. Structural roadblocks.
- Need emergency, crisis intervention services.
- State should pay for and promote learning between localities.
- Not strong enough leadership to promote best practices.

- Strong emphasis on decentralization in VA which makes not a friendly environment for new program development, especially for private providers trying to work across multiple jurisdictions. Difficult for providers to be creative.
- Provide clear guidance on VEMAT (Virginia Enhancement Maintenance Assessment Tool) from DSS. It determines payment rates.
- Battle against different interpretations of tools. Better guidance and clear directions needed on policy.
- Policy needs to balance with training.
- Transformation shows success in getting people across jurisdictions working together.
- Getting a consistent message out...transformation.
- Need increased parent input.

**Question #4: What do you and/or your organization bring to the table? How can you commit to helping improve the children's mental health system?**

- NAMI needs places to house programs in the community.
- NAMI will advocate.
- CSA a model for bringing people from different agencies together at the table. Can be better but still a model.
- Budget challenges can maybe push changes that might be better. Might be an opportunity. Collaborative conversation and partnerships.