



The Campaign for Children's Mental Health

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

**Richmond – Fifth Baptist Church
Listening Tour Notes
May 3, 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?

- Increase in array of wraparound services – prevention, early intervention, and specialized services for the whole family
- Social workers have gone above and beyond to ensure that kids are connected with the appropriate level of service prior to placement
- Increased collaboration, coordination, changes in CSA structure, more family involvement, radical changes to group care – fewer kids, culture changes, more community- based assessment and diagnosis (C'ville)
- VTCC – family members and kids at team meetings, true system of care, collaborative problem solving, decreased of seclusion and restraint
- Increased collaboration (rural areas)
- but seeing minimal changes within school system (Richmond City), day treatment not available if family has private insurance
- Light shone on issue has helped move things forward (Hanover), Department heads meeting and on board with creating team and supporting team, just hired supervisor for intensive children's in-home treatment team
- Increase in placing kids in treatment foster care who wouldn't have been placed there, found homes for 100% of kids in sexually reactive treatment program (UMFS)
- Increase in education and knowledge regarding infant/toddler mental health, now an association, two new MH consultants to work with child care providers (Childsavers), training and certifications improved
- Making data driven decisions and keeping kids in the forefront have resulted in improvements
- Positive changes resulted from Transformation – legislators are reading and using reports on CMH

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

- CMH system in state is Medicaid driven – other folks don't get services which is the majority of kids in the state
- Don't have a single point of entry for kids, CSA only serves a segment, No care coordination, little to no continuity of care
- "Fragmented, crazy system"
- Addressing parity law, take it a step further
- Medicaid managed care, taking decisions from LCSWs, LPCs to individuals in an office who aren't family with the family or community, Licensed professionals should be making the decisions
- Continued need for crisis, respite, shelter services – facilities available, but no system to be able to use them – Medicaid limits ability to use some of the providers that are also DSS licensed
- Need for trauma training for TFC and Foster parents
- Need to improve quality of in-home providers, inconsistencies
- Finding the right balance between what child needs and services available – prevention, prevention, prevention
- Lack of progress – who is evaluating outcomes and ensuring services matching what child needs
- More diverse staff and service providers
- Not reimbursed for providing prevention services – non-profits can write grants, but other providers can't
- Discrepancy between theory and practice – stuck between licensing and funding source (Medicaid)
- Need more consistency in prior authorization system, can only serve severely impaired clients, cannot serve moderately impaired clients, seems like KePRO and Medicaid aren't communicating (who is in charge?)
- Therapeutic day treatment – in order to serve a kid they have to at-risk of out-of-home placement, used to be they needed to be at-risk of out-of-school placement
- Need systems to be effectively communicating
- Authorization in hands of managed care instead of in hands of licensed mental health care provider, Now KePRO makes decision
- Look at Medicaid policy – written for adult treatment not for children's providers, i.e. can't include parent and have individual treatment, don't allow DC 0-3 diagnostic manual
- Criteria not written for younger population – therefore difficult to get approval to provide services to younger kids
- Older adolescents who don't have permanency placement – they are released to the streets – gap between MH support for kids and for adults, no bridge for these young people

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?

- Most of the teachers only get about one hour training in children's mental health
- One pediatrician advised a parent to change school districts
- Disparity between localities, and disparities within localities because of site-based decisions
- Medicaid should rewrite state-plan option, look for ways to access Medicaid funding for kids that require lower level services
- The role of DBHDS, CSBs, private sector, and other agencies should be outlined in regulation – to address fragmentation
- Needs to be effort to look at region, how can communities (localities) work together better
- Embrace best practices in school mental health, help educators understand school MH and risk factors
- Kids who are not poor or Medicaid eligible also need services

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?

- Childsavers – major emphasis on trauma, partnership with Richmond Police Dept, VCUH, evidenced based model only available in the city of Richmond
- Provide collaborative opportunities across systems – missing some players – need to expand the collaboration
- Dominion Day Services - Bringing in more clinicians, introducing evidence-based instruments, are the kids really getting better over time
- Partnership for People with Disabilities – setting up regional hubs to connect families with resources, guidance, advice – will have MH component in addition to ID
- VA Home for Boys and Girls – licensed youth emergency shelter, due to funding and restrictions haven't been able to keep it fully staffed, only congregate care facility that has evidenced-based teaching family model, used in their school and TFC program
- Ola Family Services – holding themselves accountable, raising the bar on training, measuring outcomes, engaging in community activities (gang reduction activities), connecting with other entities like Voices and United Way, trying to get parents involved by connecting with the schools (booster clubs etc)
- RBHA – increased community outreach, stigma reduction, evidenced-based models to ensure kids are getting better
- Community-based Partners – collaborative partnership, creative programming, can implement changes quickly (no red tape)
- Individual actions are important, personal dedication - Social Worker – can go above and beyond (Example – working late to take young man to the prom, taking collect calls)