



The Campaign for Children's Mental Health

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

**Lynchburg
Listening Tour Notes
April 22, 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 home-based services with quick response
- More home-based vs. residential
- Crisis stab started – 15 day prgm
- Increased bed space at VA Baptist
- Intensive care coordination position
- Money being spent better than before
- Community coalition partnerships – CSB, CSA, DSS, DJJ – more dialogue
- More day treatment services – in more schools
- Better access to community resources, improved wait times at CSB
- Better partnership
- SA grant
- 211 system

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

- QMHP need to be better certified or have more profession credentials (according to DMAS or licensing)
- More quality for in-home and day treatment services (training), centralize day treatment through the CSB instead of being fragmented, currently schools can pick
- Need consistent stream of funding for day treatment
- Funding for kids without insurance – emergency funding
- Need for prenatal care and neonatal training for moms - prevention
- Need for short-term respite (funded service)
- Need services for children with autism (waiver doesn't give respite)
- Psychiatric services – wait list and having to travel to Charlottesville
- Money!
- High deductibles and copays with private insurance is a big issue for families

- Need to increase outpatient providers with the decrease in inpatient psych services
- Medicaid rates – pricing good vendors out of business, need to address issue of no-shows for Dr's appointments
- Need resources for psychological testing
- Licensed SA therapists
- Funding gaps – increased need
- New rule that patients can't see psychotherapists and physician in the same day – with transportation costs (and school schedule) this is a problem
- Need more structured after school activities for kids (parents cite this as a need)
- Transportation
- Mentors could be a resource (with peers to reduce negative interactions)
- Informal supports for families are important
- Need more public and private partnerships (if public agency has a wait list, work with private to provide the service)
- Earlier identification of kids with problems in schools – don't make them wait several years
- Need more collaboration with the schools, more standardization with day treatment, so different at every school
- Kids in alternative schools have shorter school day and can't participate in recreational school activities
- Need better programming for suspended kids
- Need reconsideration of youth under 12 who get 365 day expulsions – some kids in certain communities get alternative schools, but many don't
- Workforce development – none of the local colleges provide the training needed (treatment planning...)

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?

- Reduced paperwork requirements for everyone (applause!)
- Eligibility requirements for FAMIS – need better access
- Increase in family support and intervention – looking at the whole family system – interventions for the family
- State level agencies need to communicate and agree before passing them down to localities (DOE, OCS, DBH, DSS) – lack of coordination, mixed messages to localities
- Localities have found ways to work together then state comes in and gives different guidance (“shouldn't be paying for that”) – then this pits agencies against each other at the local level (adversarial instead of working together)
- Expanding the funded Medicaid services and stop dropping rates of services already funded

- Increase knowledge of state and local policymakers by visiting CSB to see what they actually do
- Leasing buildings for free
- Intensive case coordinators have been beneficial to bring agencies working with same families together – need more
- Increased early intervention (autism and other health issues, learning disabilities)
- In school system need to move to response intervention rather than fail first – include family
- State agencies should involve providers in the process before rules get changed
- Changing the measuring stick – in certification to be QMHP, nobody ever asked if the clients got better – that devalues providers
- Need expectation that outcomes are met for kids and families and data is used to inform changes – auditing shouldn't be about paperwork or process – was outcome achieved?
- Auditing has negative connotation – should be about training and promoting quality rather than punitive
- Implement more evidenced-based programs
- Decrease prior authorization for meds and other services – save time, improve access, improve moral
- Parenting education courses – required by law in custody cases

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?

- 5 – 6 evidenced based programs at CSB
- Training for staff throughout the year
- Child and Family director always creating programs to meet kids' needs
- Continue to build and maintain community relationships
- Increase public-private sector collaboration
- Should identify CSBs that are doing it best, identify shared elements, and share info throughout the state (not just a workforce issue, Directors insisting a common base level of child services) – broaden to all providers
- Good Doctor sharing with CSB and Centra
- Structure that requires routine meeting to ensure collaboration (public and private) – this has been very helpful in Central VA, created under the auspices of the CPMT
- Parent Council that allows parents to voice their needs to the state-level
- Increased number in inpatient psych beds, est. in-home program – Centra trying to address community needs
- Increasing crisis services – imperative with reduction of state inpatient beds
- League of Therapists has been offering more family therapists training

- Social Services (Campbell Co.) – everything driven by numbers, trying to look at quality, make decisions based on match with specific clients for family preservation, need more formalized way to include families and listen to families, reduced rolls by 50% over three years