



The Campaign for Children's Mental Health

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

Richmond – CJW Chippenham Hospital
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?

- FAMIS Coverage
- ICC – specifically the work between CSB's and the localities to develop community resources – not always successful but we have avoided some group placements – saved money in these cases
- Increase in overall availability of services – particularly in private sector – this has positives and negatives – quality of services is not always consistent
- Collaboration – came from VA Tech tragedy
 - o BUT there was not one thing that was proposed that hadn't been proposed and probably failed over the last 25 years
- More attention to community based services
- Keeping Commonwealth Center open
- CSST lit a fire under DSS – collectively really focused more on system of care – dss has become a key player in developing that system of care and looking for ways to keep kids in their homes
- Mental Health support services for families has led to greater success

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

- Schools need to be well educated on what resources are out there so they can make referrals for families
- More prevention services – we react and respond too much
- We need to collect more data so that we can advocate for more funding
- ADAP (Adolescent Depression Awareness Program) at Johns Hopkins – Virginia should go see that and introduce that to schools from elementary to college
- State Health Department Training Program around youth suicide prevention – need to bring that back

- Not all parents are willing to acknowledge that children have mental health needs – some way to require that if a child is receiving services from the state that mental health services are mandated?
- Need collaboration between schools, mental health and social services
 - o Example – Parent of three children with mental health needs – coordination of and access to services is very difficult and makes treating children very hard
- Discharge planning from residential centers – does not always ensure child will succeed in the community – where does the accountability lie? (with provider or dss?)
- Oversight is difficult – no collaboration with community and/or family to help child transition back into community
- Disconnect of funding streams and community planning
- Local Governments/VML/VACO need to hear all of this – right now you are preaching to the choir – need to broadcast this and change the culture by going to local government
- School representatives here would welcome more information and/or training
- Chesterfield Count schools are working on how to support children with depression
 - o Easier at middle school level than at the high school level
- Parents have other desperate parents calling them asking about other resources that they have used – people don't know where to go for help and don't want to make their issues public
- Stop Child Abuse Now (SCAN) is a very helpful organization around support and prevention, parenting hotline and a wealth of services
- Importance of trying to help families create natural support systems. As agencies we are there, but when the money dries up we go away – need to help families identify within their own network people who can be educated and trained to serve as supports for their families. Many kids don't have positive experiences with their own communities – need to find people who will accept these kids and work with them where they are
- Churches/faith-based community needs to step up and do more

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?

- Lift Moratorium on Medicaid Waivers
- Overlap of agencies taking cases to FAPT – takes too much time for children and families
- Often a judge needs to order something to happen before it will actually happen - Ready access to services in a timely fashion
- Quality of Services – for example, 5 workers in one home with a total of 50 hours a week for one family and the family was a mess. A lot of money was already poured into this family through Medicaid – we need to be monitoring the quality of services – not just at the local level but also at the funding (Medicaid) level
- Oversight for discharge planning and in-home services
- Communication between different agencies – different restrictions or expectations from each agency – better alignment of policy and procedures

- KePro
- Criteria by DMAS and then to get prior authorization you have to go to KePro – their interpretation is often times controversial – no uniform standards (submit two very similar claims and one might be approved while another is not)
- Education, training and support for all practitioners – pediatricians and primary care providers so that they can provide some basic level of support for families – also, hook them up with a specialist so that kids in true crisis can be fast-tracked (Med Home Plus can help with this)

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?

- Continue to form very strong partnerships with all community partners – they in turn provide kids with so much support and so many resources (Chesterfield CSB)
- Suggest to my company that they donate to the campaign