

Eliminating Non-Mandated Services in CSA will NOT Save Money; Please support Budget Amendment Item 274 #1s (Whipple)

The Governor has proposed eliminating all non-mandated services in the Comprehensive Services Act to save \$5 million GF. This budget cut restricts access to treatment for an already underserved population and will result in cost-shifting from “non-mandated” to “mandated” CSA expenditures, as well as higher costs in juvenile justice. Children with serious treatment needs that are not met will not simply disappear; they will resurface somewhere else in the public system.

- **60% of Virginia localities choose to fund non-mandated services**
- **1,375 children were served by these funds in FY10**
- **Average expenditure is \$7,767/non-mandated child vs. average \$23,693/mandated child***
- **Services are rigorously reviewed and coordinated by interagency teams**
- **Funding is flexible to provide “wrap-around” services to fill gaps and keep children out more costly services or out-of-home placements**

Profile of Children eligible for non-mandated funding:

- Treatment needs as severe as children in the mandated categories
- Involved with two or more CSA agencies
- Often without insurance or with private insurance that does not cover needed services
- Ineligible for Medicaid, or have exhausted Medicaid benefits and still need treatment
- May be considered “mandated” for certain services, but have treatment needs that exceed mandate

Case examples:

- ***An 11-year-old girl with mental health diagnoses*** (ADHD, bipolar disorder, pervasive developmental disorder), who is being treated by the CSB. She is also in special education in the public school, but has been suspended several times this year for violent behaviors. Her school is working through the IEP process to consider a more restrictive educational placement, but she needs services in the home to help address her behaviors there. In-home services for special education students are not covered by CSA mandates or through an IEP, nor does this child have Medicaid. The FAPT approved non-mandated funding for in-home services to support effective parenting strategies for her disabilities, thereby keeping her in the home, to complement the intensive outpatient therapy and medication management she is receiving from the CSB.

- **A 16-year-old boy in detention** for assault on family members, with a history of emotional problems and substance abuse. He is receiving treatment from the CSB, but progress is limited due to his lack of motivation and ongoing desire to abuse substances. Previous in-home therapy has failed due to his lack of motivation. He has repeated 9th grade for the third time this year and is currently on an extended suspension. His parents have exhausted their resources. The FAPT approved a new therapeutic assessment while he is in detention to identify his strengths and interests, with the goal of finding an effective treatment intervention to prevent further incarceration.
- **A 10-year-old boy with autism** who lives at home with his parents and two younger siblings. He received early intervention services when he was diagnosed at age 4, and he has an appropriate special education placement in public school. However, his behaviors at home have led the family to request additional supports which are not covered by the family's private insurance. Dealing with his behavior has meant lost time at work; both parents work in a family-run business and are afraid of losing the business. The FAPT approved respite care and specialized behavior management in the home with a provider trained in applied behavior analysis (ABA). The child is on the waiting list for the DD waiver, does not qualify for Medicaid, and does not fit into the mandated categories for CSA funding. His parents are trying to avoid a residential placement.

*Average of all mandated service categories' average expenditures per child. There is great variation among mandated categories in per child expenditures, ranging from an average of \$8,160 for foster care prevention to \$36,496 for special education services.

Source: CSA statewide statistics FY10:

http://www.csa.virginia.gov/publicstats/csastats09/reports/expenditures_by_pmt.cfm?RequestTimeout=500&export_fyqtr=20104

The Campaign for Children's Mental Health is an advocacy initiative of Voices for Virginia's Children, led by a steering committee including Mental Health America Virginia, NAMI Virginia, and the Virginia Association of Community Services Boards. For more information, contact Margaret Nimmo Crowe at Voices for Virginia's Children, margaret@vakids.org, 804-649-0184.