



**Testimony for Senate Finance – Health & Human Resources Subcommittee
August 27, 2012**

Three priorities in Children’s Mental Health

1. Continued support for children’s mental health crisis response services and child psychiatry
2. Enhanced quality of Medicaid mental health services
3. Support for Affordable Care Act and Medicaid expansion

Crisis response and child psychiatry

Thank you for \$1.5 million FY13/\$1.75 million FY14 for children’s crisis services and psychiatry!

Need for services statewide:

- DBHDS report to General Assembly in November 2011 identified 4 base services that all CSBs should have: crisis response services, psychiatry, intensive in-home services, and case management
- No CSB had all four base services: particularly weak in crisis response and child psychiatry
- Jan-April 2011 CSB waiting lists for all children’s mental health services: 1,699 children

Commonwealth Center for Children and Adolescents FY12 Usage:

- CCCA continues high utilization and serves as an indication of the lack of community-based options statewide.
- Almost same number of children served as FY11, but slightly increased length of stay
- Increasing number of children bouncing back quickly: 14% of children readmitted within 30 days
- Demand fluctuates; several periods when CCCA unable to accept admissions due to inability to move children back to communities

CCCA Statistics	FY11	FY12
Number of children discharged	774	776
Average length of stay	16.5 days	17.4 days
Readmitted within 30 days	86 children/ 11% of total	107 children/ 14% of total
Percentage readmissions	20%	21%

Quality of Medicaid Mental Health Services

Next steps to enhance quality for intensive in-home services, therapeutic day treatment, and mental health support services and ensure best use of state dollars:

- Develop **practice models** for these services (essential elements of treatment based on evidence and tied to client outcomes)
- Examine appropriate **reimbursement rates**
- Develop new, **less intensive services** for children to fill gap: Strategic Family Services/Supports

These recommendations are made in Voices' latest white paper, **Intensive In-home Services for Children's Mental Health in Virginia: Time to Focus on Quality**, and VACSB's report "Medicaid Funded Child MH Community Based Service System."

Affordable Care Act and Medicaid Expansion

Provisions of ACA already in effect that help children with mental health disorders:

- Can't be denied coverage due to pre-existing conditions
- Parity of mental health benefits with physical health benefits
- No lifetime limits (effective now) or annual limits (starting in 2014) on dollar value of services
- Can stay on parent's insurance until age 26; former foster youth can stay on Medicaid until age 26 beginning in 2014
- Well-child visits are free, increasing likelihood of early detection and treatment of problems

How Medicaid Expansion would help children with mental health disorders:

Covered parents → Covered Kids

- Research shows that covering parents with health insurance leads to more children being enrolled in health insurance, more children staying enrolled in that insurance, and children more likely to access preventive and other health care services.

Untreated parental health conditions or large medical bills → Negative consequences for kids

- Uninsured parents are less likely to access physical and mental health care, and parents' poor health can contribute to a stressful home environment that affects the mental health of the child. Uninsured parents who get sick and have large medical bills lead to serious financial consequences for the family.

Transition-age children with mental health conditions

- lose Medicaid at 19 unless they are declared "disabled" by Medicaid and Social Security (difficult standard to meet). Losing access to treatment at this critical time could have devastating consequences for the youth and cost implications for the state: keeping these 19+ year olds in Medicaid (with 100% to 90% federal funding), keeps them out of state/local funded programs such as CSBs or CSA.

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