



Children's Mental Health Services

Presentation to Senate Finance Health and Human Resources Subcommittee

Margaret Nimmo Crowe
Policy Director, Voices for Virginia's Children
Coordinator, Campaign for Children's Mental Health

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Presentation

- ▶ Needs in the children's mental health system
- ▶ 2012 Initiatives: Funding and Initial Outcomes
- ▶ Next steps for improving the system

Need

- ▶ DBHDS estimates that between 85,000 and 104,000 children and adolescents ages 9-17 in Virginia have serious mental health disorders (Comprehensive State Plan 2012-2018: <http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2012thru2018.pdf>)
- ▶ Biggest challenge for children and families: access to appropriate, high quality services at the time and place they are needed

Need

Dept. of Behavioral Health and Developmental Services
report to the General Assembly Nov. 2011: *Item 304.M. –
Final Report: A Plan for Community-Based Children’s Behavioral
Health Services in Virginia*

- ▶ Incomplete array of services
- ▶ Inadequate capacity for many existing services
- ▶ Inconsistency across state
- ▶ Workforce development needed
- ▶ Inadequate oversight and quality assurance

Comprehensive Service Array

- ▶ Assessment and evaluation
- ▶ Outpatient/office based services
- ▶ Case management
- ▶ Home and community based services (includes school and juvenile detention services)
- ▶ Intensive community supports
- ▶ Community crisis response services
- ▶ Residential
- ▶ Inpatient

Four Base Services

“Foundational set of services that every community should have”

- 1) Crisis response services
- 2) Child psychiatry
- 3) Case management
- 4) Intensive in-home services

Priority Recommendation

“Expand the array and capacity of services to assure a consistent base level of services for children and families statewide. The consistent availability of the base services would have the greatest potential to reduce unnecessary reliance on inpatient and residential care.”

- Item 304.M. – Final Report: A Plan for Community-Based Children’s Behavioral Health Services in Virginia

<http://www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf>

2012 Actions

- ▶ \$3.25 million for biennium for child psychiatry and children's crisis response services

Key components:

- Funding allocated to health planning regions
- Services available to all children regardless of insurance status
- Direct services to children that provide greatest impact
- Workforce development: expand reach of child psychiatrists

2012 Actions

- ▶ All 5 health planning regions applied to DBHDS
- ▶ 3 selected: Regions I, III, IV
- ▶ Estimated 52,000 children with serious mental health disorders in these three regions

2012 Actions

- ▶ **Region I (Central Virginia): \$500,000 SGF FY13**
 - ▶ Expand mobile crisis team in Lynchburg area to non-Medicaid children
 - ▶ Expand child psychiatry to 5 CSBs which did not have it through direct access and telepsychiatry
 - ▶ Psychiatric consultation to pediatricians throughout region
 - ▶ Consultation by Horizon Behavioral Health to other CSBs on how to build services

2012 Actions

- ▶ **Region III (Southwest Virginia): \$300,000 SGF for FY13**
 - ▶ Hiring a child-specific crisis counselor at 3 CSBs without this capacity
 - ▶ Telepsychiatry throughout the region (10 CSBs)
 - ▶ Psychiatric consultation with pediatric practices

2012 Actions

- ▶ **Region IV (Greater Richmond plus Southside): \$700,000 SGF FY13**
 - ▶ 6-bed crisis stabilization unit in Richmond (public-private partnership with St. Joseph's Villa)
 - ▶ Mobile crisis team for Greater Richmond; second one for Southside
 - ▶ Training of pediatricians and family physicians by child psychiatrists (collaboration with VCU)

Early Outcomes

- ▶ **Region III**
 - ▶ 50% reduction in admissions to Commonwealth Center for Children and Adolescents in Staunton by Horizon Behavioral Health (Lynchburg CSB) since July 1, 2012
 - ▶ Access to child psychiatry for first time in many rural areas

Early Outcomes

- ▶ Region IV
 - ▶ May-Dec: 50 children served in crisis stabilization unit; 80% kept out of inpatient hospitalization
 - ▶ Cost savings: \$150/day SGF in crisis stabilization vs. \$700-\$1000+/day for inpatient hospitalization

Ongoing Need

- ▶ HPR II (Northern Virginia) and HPR V (Hampton Roads) were not funded: 52,000 estimated children with serious mental health disorders
- ▶ Each has a solid proposal for providing crisis services and expanding the reach of child psychiatrists
 - ▶ HPR II: Mobile crisis team for Alexandria, Arlington, Falls Church, eastern Fairfax; child psychiatry
 - ▶ HPR V: 4-bed crisis stabilization unit, expanded child psychiatry, psychiatric consultation
- ▶ Additional needs within funded HPRs to expand capacity
 - ▶ A number of CSBs still lack basic service of a child-specific crisis counselor

Addressing Array and Quality

- ▶ Medicaid children's mental health services: intensive in-home services and therapeutic day treatment
- ▶ VICAP and other DMAS reforms have improved qualifications, marketing requirements, and initial assessments
- ▶ Still to address: ensuring consistent, high quality of services and filling gap in service array

Addressing Array and Quality

3-Part Plan to Address Issues: All elements required

1. **Define practice models** which increase qualifications, define elements of practice that are evidence-based and required
2. **Increase reimbursement rates** to cover costs of enhanced services
3. **Fill in gap** by developing less intensive, lower cost Strategic Family Services & Supports

Addressing Array and Quality

Why add a less intensive level of service?

- ▶ By further filling out the service array, children are more likely to get the level of service they need and stay out of crisis.
- ▶ The state is less likely to overpay for a more intensive level of service than the child needs.
- ▶ More intensive services are reserved for those children who need them; accessibility is increased.

Questions?

Margaret Nimmo Crowe
Voices for Virginia's Children
www.vakids.org, www.lin5kids.org
margaret@vakids.org
804-649-0184

