

## Children's Mental Health Services

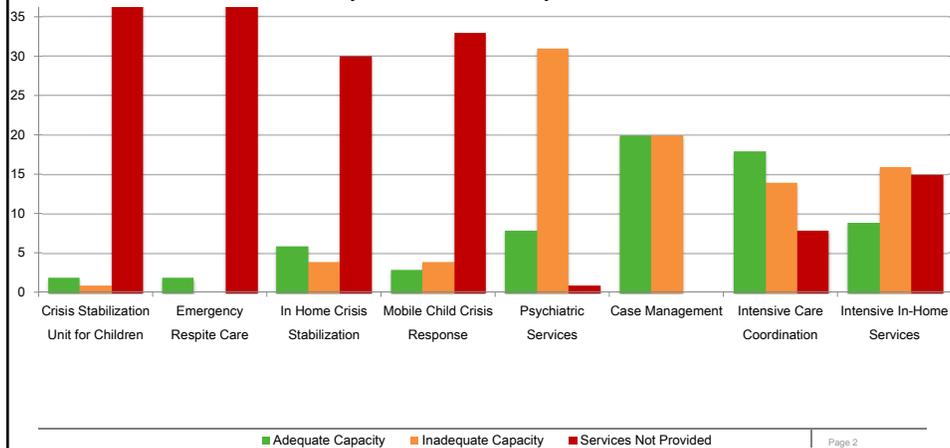
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## Children's Services

Virginia's behavioral health service system for children faces multiple challenges including a fragmented array of services, inconsistently available across the state, a shortage of early intervention services, and a need for workforce development and quality assurance.

**Availability of Base Services by Number of CSBs**



## Children's Services

- Priority needs in most Virginia communities:
  - Access to child psychiatry
  - Crisis stabilization services
  - Mobile crisis teams
- In 2012 and 2013, the Governor and General Assembly provided funding to provide child psychiatry, crisis stabilization, and mobile crisis services to children with behavioral health disorders.

Fiscal Year	GF Dollars
FY2013	\$1.5M
FY2014	\$3.65M
<b>TOTAL</b>	<b>\$5.15M (\$3.65M ongoing)</b>

## 2013 General Assembly Action

- 2013 Session: Added \$1.9M for FY2014 for total ongoing of \$3.65M, making these crisis services available for the other 2 regions:
- Region II: Northern Virginia, with Arlington CSB as lead
- Region V: Tidewater, with Hampton-NN CSB as lead

### Region I – Horizon Behavioral Health is Regional Lead

Mobile crisis at Horizon, consultation to new mobile staff in other CSBs, Child psychiatry face-to-face, telepsychiatry and pediatric/primary care consultation

### Region II – Arlington CSB is Regional Lead

Mobile crisis, crisis stabilization beds, and face-to-face telepsychiatry, and consultative psychiatry to region

### Region III – Mount Rogers CSB is Regional Lead

Crisis Clinical Service Coordinator across 4 CSBs, crisis clinician in each of 4 CSBs, telepsychiatry/consultation across region

### Region IV – RBHA is Regional Lead

Mobile crisis across region, 6 beds at St. Joseph's Villa (SJV), child psychiatry at SJV and across region

### Region V – Hampton-Newport News CSB is Regional Lead

Crisis stabilization beds at Maryview, mobile crisis at 4 CSBs, face-to-face, telepsychiatry and consultative psychiatry to region

## Crisis Response and Child Psychiatry Services Funded FY13-14

Site	FY13	CMHS BG*	Total FY13	FY14	GA Added For FY14	Total FY14
Region I	500,000	25,000	525,000	570,356	129,644	700,000
Region II					825,000	825,000
Region III	300,000	18,385	318,385	437,116		437,116
Region IV	700,000		700,000	742,528	82,472	825,000
Region V					825,000	825,000
**Child psychiatry flex-fund					37,884	37,885
<b>TOTAL</b>	<b>1,500,00</b>	<b>43,385</b>	<b>1,543,385</b>	<b>1,750,00</b>	<b>1,900,000</b>	<b>3,650,000</b>

\* One-time Community Mental Health Services Block Grant funds were used to help meet the requested amount.

\*\* DBHDS will allocate for additional child psychiatry as capacity issues are identified.

## Primary Outcomes

- The first 3 funded regions reduced admissions to CCCA from 420 in FY12 to 378 in FY13
- Bed days at CCCA were reduced from 8,973 in FY12 to 7,061 in FY13
- 3,255 children 0 through 17 received emergency services
- 520 children received child psychiatry services
- Funded programs were asked to provide child psychiatry in three venues:
  - Face-to-face visits in the office
  - Tele-psychiatry to extend the psychiatry services across the region
  - Consultations to pediatricians, primary care practitioners, other medical professionals

## Primary Challenges

- Input from stakeholders indicated need for crisis stabilization beds, but Region IV's crisis unit has had less utilization than expected. Strategies are underway for increasing access but funding will be redirected if utilization does not increase by October 31.
- Child psychiatrists are often difficult to find, even when funding is available.

## Child Psychiatry Services Provided by Each Region

Service	Region I	Region III	Region IV	Statewide Total
(1) Face-to Face	189	62	72	323
(2) Tele-Psychiatry	54	3	18	75
(3) Consultation	83	39	0	122
<b>Regional Total</b>	<b>326</b>	<b>104</b>	<b>90</b>	<b>520</b>