

**Plan to Improve Access to Treatment Services by
Children and Adolescents/Update on Incentives to
Maintain Supply of Inpatient and Residential Beds for
Children and Adolescents**

**Report to the Committee Studying Treatment Options
for Offenders with Mental Illness or Substance Abuse
Disorders
(SJR 97/HJR 142, 2002)**

November 25, 2002

Written public comments may be submitted to Nancy Roberts by December 20, 2002, at the following address: Division of Legislative Services, General Assembly Building, 910 Capitol Street, Richmond, Virginia, 23219 (e-mail nroberts@leg.state.va.us or fax 804-371-0169). If you have questions, please call Nancy Roberts at (804) 786-3591.

***Report on the Integrated Policy and
Plan to Improve Access to Mental
Health, Mental Retardation and
Substance Abuse Services for
Children and Adolescents***

Virginia Department of Mental Health, Mental
Retardation and Substance Abuse Services

June 30, 2002

**Report on the Integrated Policy and Plan to Improve Access to Mental Health,
Mental Retardation and Substance Abuse Services for Children and Adolescents**

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Report on the Integrated Policy and Plan to Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children and Adolescents

REPORT SUMMARY

Virginia's FY 2000-2002 Biennium Budget, in Item 323-k, included language requiring the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Department of Medical Assistance Services (DMAS) to develop an integrated policy and plan to provide and improve access by children to mental health and mental retardation services. The specific language reads as follows:

“The Department of Mental Health, Mental Retardation, and Substance Abuse Services and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, Community Services Boards and Court Service Units, shall develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children to mental health and mental retardation and substance abuse services. The plan shall identify the services needed by children, the cost and source of funding for the services, the strengths and weaknesses of the current service delivery system and administrative structure, and recommendations for improvement”.

This **Report on the Integrated Policy and Plan to Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children and Adolescents** provides an update on the progress toward development of the policy and plan and a proposed work plan for FY 2003. The information contained in this report describes and presents the beginning efforts and initial ideas toward the development of an integrated policy and plan for children and adolescents. DMHMRSAS has organized planning groups to assist in the development of an integrated policy and plan for children and adolescents. Participants recognize the importance of this issue and that in order to achieve long-term success and evidence based outcomes for children, further exploration into the proposed ideas contained in this report is needed. DMHMRSAS and planning group members have made a commitment toward this end. In addition, the planning groups identified significant barriers that currently exist related to cross-agency data integration, outcome data, restricted funding and related fiscal constraints (including recent reductions in the 2002 General Assembly Session) and the limited capacity of some agencies to incorporate new policy and structure. Planning group discussion and outcomes are summarized further within this report.

This report is a “snapshot” of the issues and ideas for future direction. Further exploration into targeted areas will occur through the next 12-month reporting period.

In brief this report includes:

- Background information on the Integrated Policy and Plan for Children and Adolescents;
- Stakeholders involved in the process;
- A chronological summary of activities to date;
- A summary of identified ideas and issues; and
- The proposed Fiscal Year 2003 work plan.

Report on the Integrated Policy and Plan to Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children and Adolescents

INTRODUCTION

Since 1988, structural and operational changes in Virginia's system of care for children and adolescents with mental health, mental retardation and substance abuse needs have been gradual. Several reform initiatives in Virginia have laid a solid foundation for a comprehensive system of care for children. These include:

- Development and inclusion in the *Virginia State Medicaid Plan* of specialized mental health services for youth (1990);
- Enactment of the *Comprehensive Services Act for At-Risk Youth and Families (CSA)* (1992);
- Implementation of HMO-managed inpatient/outpatient psychotherapy and psychiatric services under Medicaid;
- Completion of a four-year Joint Legislative Study of Virginia's Mental Health System (HJR 240/225, 2000 General Assembly Session);
- Implementation of a standardized statewide methodology for identifying children and youth with Serious Emotional Disturbance (2000);
- Activities in FY 2001-2002 pursuant to SJR 440 (Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders) and HJR 119 (Youth with Serious Emotional Disturbance (SED) Requiring Out-of-Home Placement) and subsequent actions under SJR 97 and HJR 142 (2002).

Funding for child and adolescent mental health services has also increased incrementally with additional state and federal funds, as well as through improved access to Medicaid-funded services. Recent funding initiatives for children's mental health, mental retardation and substance abuse services include the following:

- In FY 2000, \$1,000,000 was appropriated annually in state general funds to DMHMRSAS for in-home, day treatment, and respite care services for youth;
- In FY 2001, \$4,250,000 was appropriated annually to DMHMRSAS for mental health services for children and adolescents with serious emotional disturbance who were "non-mandated" children under the Comprehensive Services Act.
- Substance Abuse Reduction Effort (SABRE) funding (FY 2001: \$1,170,000, FY 2002: \$2,340,000, Grant through DCJS: \$300,000). These funds were eliminated as a result of budget reductions during the 2002 General Assembly Session.

- \$1,000,000 in Family Support Funds for families with children with an MR diagnosis (Some of these funds have been targeted this year for reduction).

Significant unmet need remains, however, as documented in the DMHMRSAS *2002-2008 Comprehensive State Plan*.

At the Federal level, former Surgeon General Dr. David Satcher and the U.S. Department of Health and Human Services have heightened awareness of Children's Mental Health as a priority through the release of the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* in 2001. Key goals from this report mirror the system development efforts underway in Virginia, and several guiding principles are relevant to Virginia. The following principles, for example, are excerpted from this report:

- Promoting recognition of mental health as an essential part of child health;
- Integrating family, child and youth-centered mental health services into all systems that serve children and youth;
- Engaging families and incorporating the perspectives of children and youth in the development of all mental healthcare planning; and
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible.

Families, providers, legislators, advocates and state agencies, including DMHMRSAS and others, have consistently articulated the need for an integrated array of services for children and adolescents with mental health and mental retardation needs. As a result, the FY 2000-2002 Biennium Budget, in Item 323-k, included the requirement that DMHMRSAS and the Department of Medical Assistance Services (DMAS) lead the development of an integrated policy and plan to provide and improve access by children to mental health and mental retardation services.

As the Department proceeded to work on this budget item, a focus on the needs of children and adolescents with substance abuse problems was added to this effort.

During the 2002 General Assembly Session, additional language was added to Item 323-k in SB 29 (Chapter 814, Item 323-2c) and in SB 30 (Chapter 899, Item 329-g). The new language (amendments in italics) added several specific requirements to the existing language, and reads as follows:

“The Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department of Medical Assistance Services, and *the Department of Juvenile Justice Services*, in cooperation with the Office of Comprehensive Services, Community Services Boards, Courts Service Units *and representatives from community policy and management teams representing various regions of the Commonwealth*, shall develop an integrated policy and plan, including the necessary legislation and budget amendments, to provide and improve access by children, *including juvenile offenders*, to mental health, *substance abuse*, and

mental retardation services. The plan shall identify the services needed by children, the costs and sources of the funding for the services, the strengths and weaknesses of the current services delivery system and administrative structure, and recommendations for the improvement. *The plan shall examine funding restrictions of the Comprehensive Services Act which impede rural localities from developing local programs for children who are often referred to private and residential treatment facilities for services and make recommendations regarding how rural localities can improve prevention, intervention, and treatment for high-risk children and families, with the goal of broadening treatment options and improving quality and costs effectiveness. The Department of Mental Health, Mental Retardation, and Substance Abuse Services shall report the plan to the Chairmen of the Senate Finance and House Appropriations Committees by June 30 of each year”.*

The new language in SB 29 and SB 30 requires that a report be made to the House Appropriations and Senate Finance Committees by June 30 of each year, beginning June 30, 2002.

APPROACH AND ACTIVITY TO DATE

The Department’s initial approach to address the 2000-2002 budget language (Item 323-k) was twofold:

- The Department applied for a technical assistance award from Georgetown University to attend their Policy Academy; and
- The Department convened meetings of stakeholders to gather data to address Item 323-k.

These activities are described further below.

I. The Georgetown University Policy Academy: Developing Systems of Care for Children With Mental Health Needs and Their Families

On July 7, 2001 the Commonwealth of Virginia submitted a letter of interest and application to the Georgetown University National Technical Assistance Center for Children’s Mental Health to participate in the second *Policy Academy on Developing Systems of Care for Children With Mental Health Needs and Their Families*.

The Policy Academy, which is supported by the federal Center for Mental Health Services (CMHS) and the Georgetown National Technical Assistance Center (GNTAC), is a comprehensive, year-long opportunity for a small number of selected states and jurisdictions to develop and implement major child mental health policy initiatives while receiving state-specific technical assistance and consultation from GNTAC. Participating states and jurisdictions are requested to develop and implement their policy initiative in

three phases (before, during, and after the academy). Resource consultants were assigned by GNTAC to work with each state delegation.

Virginia was in the early stages of conceptualizing its approach to Item 323-k when the opportunity arose to participate in the Policy Academy. Virginia's Policy Academy application was focused on planning and implementing the requirements of Item 323-k. Virginia emphasized the keen interest that existed across a broad array of policymakers in the Executive and Legislative branches, as well as providers, families and advocates, to develop and implement this initiative.

Virginia was notified on August 17, 2000 that it was one of five states selected to participate in the second Policy Academy to be held November 15-17, 2000, in Austin, Texas. Upon notification, the DMHMRSAS organized a state delegation to attend the Policy Academy.

The Department held a major stakeholders meeting on November 2, 2000, prior to attending the Policy Academy. Representatives from the following agencies and organizations were in attendance:

- Governor and Secretary of Health and Human Resources
- Executive Director, Commission on Youth
- Mental Health Association of Virginia
- Parents and Children Coping Together
- Commissioner, DMHMRSAS
- Commissioner, Department of Social Services
- Director of the Department of Juvenile Justice Services
- Superintendent, Department of Education
- Director, Department of Medical Assistance Services
- Child and Family Services Council of the Virginia Association of Community Services Boards
- Supreme Court of Virginia
- Director, Office of Comprehensive Services
- Chair, Mental Health Planning Council
- DMHMRSAS Offices of Mental Health, Mental Retardation, Substance Abuse, Research and Evaluation
- Two Parent representatives

The delegation from Virginia that attended the November 2001 Policy Academy in Texas was a smaller group, that included state level agency representatives and a parent representative.

The Policy Academy used seminars, plenary sessions and delegation meetings to provide technical assistance to delegation members. The Virginia delegation developed a tentative work plan for gathering information from stakeholders, adding additional stakeholders and a goal of developing the Integrated Policy and Plan by January 2002.

Subsequent activity related to this work plan was hindered by the departure of many key delegation members.

II. Organization of Stakeholder Planning Group

In May 2001 the DMHMRSAS began again to refine the work plan specific to the goals identified in Item 323-k, and incorporated the process developed at the Policy Academy by the Virginia delegation to Texas. Initial tasks of the work plan included several meetings of policy level stakeholders including the agencies, offices, and groups listed previously in this report.

A stakeholder planning group was formed by DMHMRSAS to address the development of the Integrated Policy and Plan for Children and Adolescents. The stakeholder planning group has convened on three occasions as of the writing of this report. Agencies invited to participate in the planning group included:

- Georgetown National Technical Assistance Center (GNTAC)
- Department of Medical Assistance Services (DMAS)
- Department of Social Services (DSS)
- Virginia Department of Health (VDH)
- Department of Juvenile Justice (DJJ)
- Department of Education (DOE)
- Department of Rehabilitative Services (DRS)
- Office of Comprehensive Services (OCS)
- Department for the Rights of Virginians with Disabilities (DRVD)
- Department of Criminal Justice Services (DCJS)
- Parent Representatives
- Parents and Children Coping Together (PACCT)
- University of Richmond Law School Clinic
- Commission on Youth (COY)
- Virginia Mental Health Association (VMHA)
- Court Service Unit Directors (DJJ)
- Community Service Boards (VACSB)
- Commonwealth Center for Children and Adolescents (CCCA)

III. Agency Survey

The stakeholder planning group was initially asked to assist in collecting agency-specific qualitative data that might assist the planning group in responding to the specific requirements set for the in the language of Item 323-k. A five-question survey was distributed to planning group members.

The questions were:

1. What services are provided and/or contracted through your agency and/or local counterparts, and what is the cost and source of funding to provide those services?
2. What services are not being received, and what would be the cost of providing those services through your agency/contract/local counterparts if they were provided?
3. What problems does this population have in accessing the services that are provided/contracted for by your agency and/or by other state agencies?
4. Describe current interagency collaborative efforts and needed collaborative efforts to address this population's access to services.
5. A fifth question/statement asked respondents to expand on any access issues not already identified in previous planning group meetings or within the survey document itself.

The survey information collected from this survey is a **point in time summary** of available data across the agencies that provide mental health, mental retardation and substance abuse (MH/MR/SA) services to children and adolescents. The survey was completed in the fall of 2001, and does not reflect FY 2002 agency initiatives or budget actions taken by the 2002 General Assembly. Survey data can only be used as a reference for the ongoing work of this initiative

The planning group identified several concerns with the results of the survey. These included (organized by question):

1. What services are provided and/or contracted through your agency and/or local counterparts, and what is the cost and source of funding to provide those services?
 - Much of the data collected under this question represented total current allocations for entire programs, including administrative costs. Many agencies do not have data that specifically identifies dollar amounts spent on services for children and adolescents because children and adolescents are not reported or accounted for separately.
 - Similarly, while some agencies have a separate line item for child and adolescent services, this figure represents a total allocation for all children and adolescents, not just those with an MH, MR and/or SA diagnosis.

- Eligibility criteria differ greatly from one agency to another.
- Data collected is likely to be duplicative, as many children and adolescents are consumers of more than one child-serving agency.
- State and federal funding is pooled together in some agency responses.

NOTE: The planning group recognized that the survey responses to this question about funding and costs for services could not be put together to form an accurate picture, and therefore were not a reliable source to determine the amount and cost for services currently being provided to children and adolescents with MH, MR and SA diagnoses. As a result, funding figures were removed from the survey response data. Information about services being provided and the source of funding were deemed more accurate. The planning group has identified the need for better funding data as a future goal in their activities toward Budget Item 323-k.

2. What services are not being received, and what would be the cost of providing those services through your agency/contract/local counterparts if they were provided?
 - The agencies surveyed identified many services that were not currently being received by children, but in many cases, were unable to determine what the costs would be to provide the services.
 - The total number of children and adolescents that may be in need of MH, MR or SA services at any point in time in any specific agency is not obtainable at this time. This makes it difficult to project extent of need and the cost of providing needed services.
3. What problems does this population have in accessing the services that are provided/contracted for by your agency and/or by other state agencies?
 - Some agencies do not provide direct service, or had no additional response/input that had not been provided elsewhere in the survey.
4. Describe current interagency collaborative efforts and needed collaborative efforts to address this population's access to services.
 - The planning group had no specific concerns regarding the data or responses for this question.
5. A fifth survey item asked respondents to expand on any access issues not already identified in previous planning group meetings or within the survey document itself.

- Survey respondents listed access issues from their agency perspectives. These responses will be used in the future by planning group members.
- The planning group recognized that many collaborative initiatives can be initiated without additional funds, but through current staff resources and communication.

Specific survey results, organized by question, can be located in **Appendix A**. Data from the Office of Comprehensive Services can be found directly after the responses for Question # 5. A dot matrix is provided in **Appendix B** that indicates the services offered by Community Service Boards and Behavioral Health Authorities at the time of the survey. This dot matrix also includes the total numbers of children and adolescents that received particular services separated by CSB. This data may be duplicative, as some children may have received more than one service from a particular CSB or Behavioral Health Authority.

The survey activity described above indicates that ongoing or regular data collection, including refinement of the data collection processes, will need to become an integral component of this initiative.

IV. Identification of Preliminary Issues and Trends

The results of the survey are being used by the stakeholder planning group to identify preliminary issues and trends, and to begin to identify future planning goals. Preliminary issues and trends noted by the group are:

- An increase in admissions of children diagnosed with mental retardation and who have significant behavior problems at the Commonwealth Center for Children and Adolescents (CCCA), a 48-bed DMHMRSAS facility in Staunton, Va.;
- The CCCA is admitting an increased number of children and adolescents with dual diagnoses;
- The lack of community-based residential placements for children and adolescents;
- Definitional overlaps between agencies;
- Growing differences in local decision-making procedures and service availability;
- Increased incarceration of children and adolescents with mental health and mental retardation needs; and

- Rapid exhaustion of funding streams serving children and adolescents.

Specific ideas and issues were identified in addition to the preliminary trends and issues shown above. A complete list of these stakeholder ideas for future planning and exploration can be reviewed in **Appendix C**. The ideas and issues for future planning and exploration do **not** represent a final product, policy direction or action plan. Rather, the planning group will utilize these ideas as a basis for future deliberation and work.

FY 2003 PLANNING

The stakeholder planning group met again on June 14, 2002 to develop future planning issues and the FY 2003 work plan. At this meeting, consensus began to emerge on key planning issues for FY 2003, which were:

- The Commonwealth's current budget situation has resulted in shrinking revenues and a decrease in available services provided for children and adolescents. These reductions include the elimination of 50% of VJCCCA funds and SABRE funds, and a general (percentage) revenue reduction across all child serving agencies;
- Despite some key foundation elements that could reduce this complexity, the service delivery system for children and adolescents is highly complex and is difficult for children and families to access;
- Data is not available across the service system. Data collection capacity and an effective collection process are crucial to planning an integrated system of care for children and adolescents;
- An exploration of federal funds allocated to the state and potential federal grant opportunities is needed, to examine their use in developing a system of care for children; and
- More visible and effective collaboration at the state level on policy and program development is needed in order to provide a model and guidance for localities to improve collaboration at the local level.

The next meeting of the planning group will convene in July 2002 and will have three objectives, identified by consensus by the group in their meeting on June 14, 2002:

1. Establishment of a vision statement.
2. Identification of the specific future planning issues for FY 2003.

3. Develop a subcommittee workgroup process to address the identified planning issues and report on progress to the full stakeholder planning group.

After July's meeting, a presentation will be made to the State Executive Council (SEC) so that agency heads can endorse and support the work plan for the development of the Integrated Policy and Plan for Children and Adolescents. Quarterly updates from the 329-G planning group will be provided to the SEC thereafter.

NEXT STEPS

The development of an Integrated Policy and Plan to provide and improve access by children to mental health and mental retardation and substance abuse services will continue to be a high priority. The activities to date of the 329-G stakeholder planning group will be useful for the development of an integrated policy and plan for children and adolescents. This activity will require regular, focused, and sustained efforts from DMHMRSAS and the other participating agencies. This shared commitment is especially important in the current period of fiscal restraint.

For the remainder of FY 2002 and the 2002-2004 biennium, the following steps will be taken by the DMHMRSAS toward development of an Integrated Policy and Plan:

- Complete and submit the report for June 30, 2002;
- Organize and facilitate the ongoing meetings of the identified stakeholders planning group, and work committees;
- Collect work products from the stakeholder planning group and subcommittee workgroups for eventual compilation into the June 2003 report to the General Assembly.

APPENDICES

Appendix A

Agency Survey Responses

Appendix B

Dot Matrix: Services Offered by Community Service Boards and Behavioral Health Authorities

Appendix C

Planning Group's Ideas for Future Planning and Exploration