



Children's Community-Based Behavioral Health Services

Joint Subcommittee to Study Mental Health Services
in the 21st Century

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Topics

- State budget investments that have begun to change the landscape for children's behavioral health
- Other initiatives that will shape the children's behavioral health system
- Questions SJ47 might ask

Voices for Virginia's Children

- **We champion public policies that improve the lives of VA's children, especially in areas of:**
 - Child welfare and foster care
 - Mental health and health
 - Early care and education
 - Family economic success
 - Childhood trauma and resilience
- Privately funded, nonprofit, nonpartisan
- Data and research on children's well-being:
KIDS COUNT

Why focus on kids' mental health?

THE ONSET OF MENTAL HEALTH DISORDERS CAN START EARLY IN CHILDHOOD



CHILDREN'S MENTAL HEALTH DISORDERS ARE PREVALENT ACROSS VIRGINIA



Why focus on kids?

- Of the 9,238 school threat assessments conducted in 2016-17, 50% involved threats to harm self only
- VA ranks 49th in the country for the rate of youth with major depression who did not receive treatment
- In VA, 19% of children have experienced 2 or more ACEs (adverse childhood experiences that can lead to trauma)

GA: Major Focus Areas

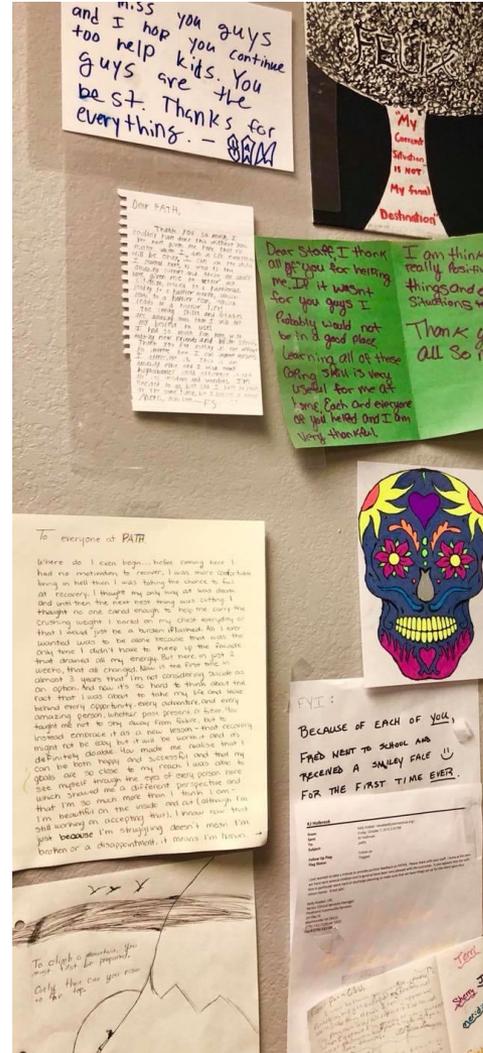
Child/Youth-Specific

- Child psychiatry and crisis response services (\$8.4 m GF/year plus Medicaid billing)
- Services for transition-age youth who have experienced their first episode of psychosis (\$4 m GF/year plus MHBG and SAMHSA grant)

Impacting Kids

- Same-day access (as part of STEP-VA)
- Alternative transportation for people being TDO'd

Spotlight on PATH: CSU for kids



Moving Forward

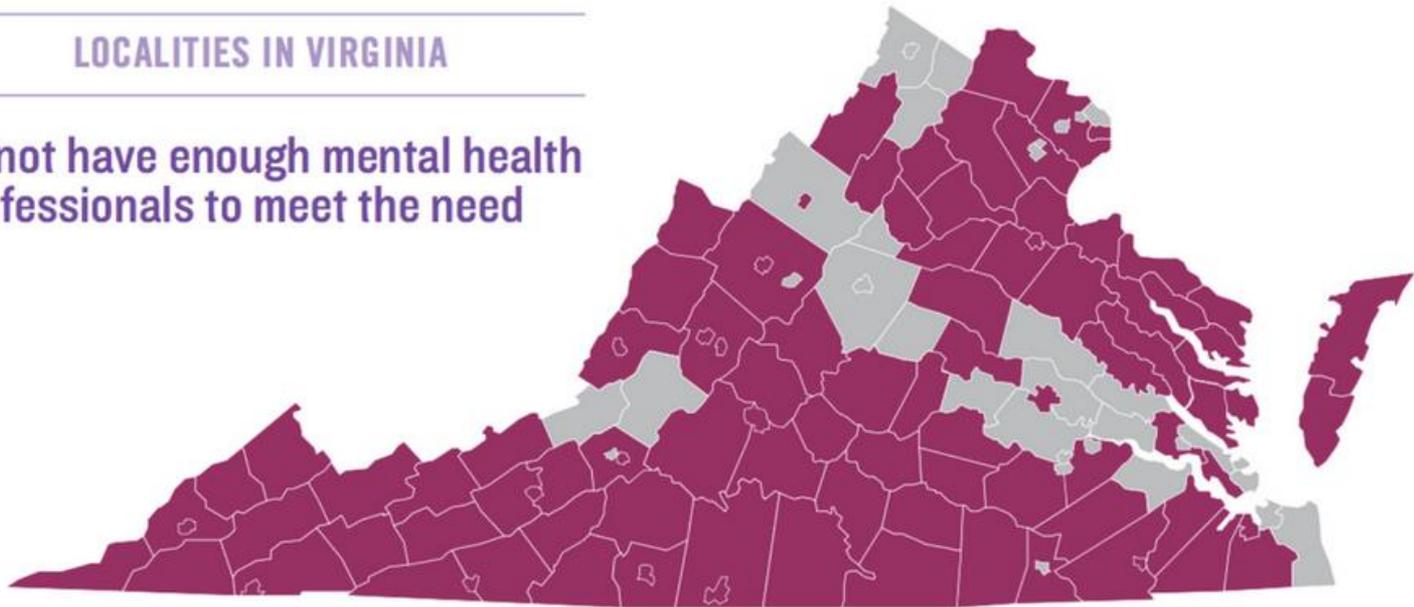
- How do the crisis services, child psychiatry, and transition-age programs fit into STEP-VA?
 - Is there a cross-walk between STEP-VA and the continuum of children's services identified in 2011 report to GA?
- What is the plan to fill in the gaps for these services?
- Are we training the workforce to provide children's services?

Workforce

100 of 133

LOCALITIES IN VIRGINIA

do not have enough mental health professionals to meet the need



Broader Landscape

- Medicaid changes
- Child welfare changes
- School safety changes

Medicaid Changes

- Medallion 4.0 carves in early intervention (Part C) services and community-based mental health services
- BH transformation of Medicaid services: redesigned continuum of services starting at the “beginning of life”
 - “early intervention” should include early childhood mental health/parent-child therapy
 - school-based mental health services
 - integration of primary and behavioral health services

Family First Prevention Services Act

- Fundamental change in use of Title IV-B and IV-E dollars in the child welfare system: prevent placement of children in foster care
- Reimbursement for mental health services, substance-use treatment, and in-home parenting-skill training (home visiting, parent training, individual/family therapy) before children are removed from their homes
- Evidence-based models and trauma-informed practices

School Safety

- House Select Committee and Governor's Workgroup
- Issues around school discipline and school climate
- Recommendations around increasing school-based mental health services
 - Who will provide these services?

Questions for BH System Structure & Financing

How are DBHDS and CSBs equipped to respond to the various systems changes regarding children?

- What role are they taking in promoting earlier intervention and treatment?
- What are the details of STEP-VA for children from birth through transition age?
- How do we keep the valuable and innovative services we have for kids while changing the system?

Questions for BH System Structure & Financing

- How does STEP-VA cross-walk with evidence-based BH services that can be reimbursed due to Family First changes?
- Are the new Medicaid BH services going to synch up with the Family First/Title IV-E reimbursable services?
- Are DBHDS/CSBs/private providers equipped to do school-based mental health services?
- Is DBHDS central office staffed to keep up with the multi-disciplinary state efforts related to children's BH? Or provide TA to CSBs on children's services?



Questions?

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