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
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.

Age 6 is the median age of onset for anxiety disorders.

50% of all lifetime cases of mental illness begin by Age 14.

Children's mental health disorders are prevalent across Virginia.

1 in 5 kids live with a mental health condition in Virginia.

75,000 youth (age 12-17) report suffering from at least one major depressive episode in the past year.
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?
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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