

## Report: State's mental health system for children is fragmented

By Veronica Chufo

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Mental health services for children are fragmented in Virginia, and tracking systems aren't in place to find out if the services are working, according to a new report.

The report, "Children's Mental Health in Virginia: System Deficiencies and Unknown Outcomes," was released by Voices for Virginia's Children, a privately funded nonpartisan research and advocacy organization.

In Virginia, between 85,129 and 104,046 children and adolescents struggle with a serious emotional disturbance, according to the report.

Children might be served by community services boards, schools, the social services system, the juvenile justice system or private providers. They may also receive services from the Office of Comprehensive Services, which primarily works with children in the foster care system or with severe special-education needs.

"There is also no systematic effort currently in place to determine whether children receiving mental health treatment across the various systems are achieving positive outcomes," the report said.

A recent Department of Behavioral Health and Developmental Services report surveying services provided by CSBs found that all CSBs fell short of providing the full array of 39 services. But Hampton-Newport News CSB, which provides 27 services, is tied for No. 1 in providing the most services to children.

The number of children CSBs served across the state increased by 50 percent over the last five years, from 43,982 in 2006 to 66,284 in 2010.

The state Department of Medical Assistance Services has seen Medicaid expenditures for child mental health services stemming from private providers skyrocket in recent years. Intensive in-home expenditures have increased by 250 percent since 2006, and day treatment expenditures jumped 418 percent. That's leading the "provision of services to children who did not need them," according to the report.

"Weak provider qualifications, lack of prior authorization, lack of standards for child assessments and lack of marketing restrictions led to inappropriate use of the services," the report said. "DMAS has reacted by implementing prior authorization and marketing regulations, conducting more audits, and strengthening provider qualifications, as well as by reducing rates for these services."