



## ***Barriers to Achieving a System of Care for Children with Mental Health Needs:***

### **Fragmentation of Services**

A major barrier for families trying to access children's mental health services in Virginia is the lack of coordination and cooperation among local and state level child-serving agencies. Lack of commitment to a common vision for children's services among state government agencies serving children, compounded by a lack of buy-in to current systems of care efforts at the local level in many parts of the state, leave parents trapped in a confusing maze. Many parents struggle to understand conflicting eligibility policies among agencies and to learn about the existing, though inadequate, services throughout the system as they try to access the services their children desperately need.

#### ***Parents' Voices:***

"I think one of the situations we're getting into is that everything is locality by locality. What [one county] does is different from what [another county] does. ...If we consolidated some of these we could probably get adequate services in most regions of the state. But not as long as everyone's trying to do their own thing."

"Whatever funds there are they seem to be very well guarded by the local agencies. They're not going to give up on their share of the pot. Whether it's adequate or not, they're not coming off of it. The school system will shove you off onto the mental health system, the mental health system has more money. Mental health will shove you back to the school system because mental health doesn't want to come up with the dollars. They'll both shove you off onto the court system because the juvenile system through the courts has more money than the school system. 'We've got some money, but we're not giving it to you. We're going to hold onto it as long as we can.' Whether it's an adequate amount or not, and I know it's not. I know these people are overworked, understaffed and underpaid. The money's not out there, but give up on what you do have."

"If you call 5 different people at the county, you get 5 different answers."

"They all of a sudden send you to another agency and they can't even tell you how to get in touch with them. I mean often they can't so much as give you a phone number."

"They don't appear to share information at all between the schools and mental health system and residential treatment and your doctors, whatever. They don't voluntarily share the information and if you make a written request for your child's records it takes you months, literally, to get them."

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## **Research:**

- A system of care for children with serious emotional disturbance, by definition, “is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network....” Because many children with serious emotional disturbance need services from a variety of agencies, it is only logical that these agencies coordinate services with one another so that services are not duplicated and children’s needs do not fall through the cracks.
- The Comprehensive Services Act (CSA), passed into law in 1992, is Virginia’s major attempt to create a system of care for children. The Code of Virginia clearly states that, “It is the intention of this law to create a **collaborative system** of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth.” (emphasis added)
- The interagency structure established by CSA held the promise of creating a collaborative and coordinated approach to meeting children’s needs, but, unfortunately, in most localities it has not lived up to this promise. Families across the state still report substantial barriers in accessing services through the local CSA structure and from its participating agencies (community services boards, local schools, local departments of social services, court services units, and local health departments). Despite the fact that CSA created a joint pool of funds from what were previously separate funding streams, many local agencies still maintain territorial boundaries around their services and are resistant to collaboration.
- Part of the fragmentation problem was created by the eligibility criteria for CSA established in the Code. Through CSA, localities are mandated to serve children in foster care and in special education who require private school placement, but have the option of serving other children, such as those with serious mental health problems involved in the juvenile justice system or in special education who do not need private school placement. Because of funding restrictions at the state and local level, relatively few non-mandated children are served through CSA. This leads to a labeling of a child according to what agency is managing the child’s case, rather than seeing the whole needs of the child and working together to meet his or her needs.

## **Policy Recommendations:**

- The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services and the Office of Comprehensive Services need to provide statewide training on a continuing basis to public and private providers, as well as parents, about the principles of creating a system of care and how to collaborate to form a system at the local level. In addition, training and technical assistance should be provided on best practices for serving children and for making best use of limited resources, as well as on parent involvement in the system of care.
- The artificial distinction between mandated and non-mandated children, based solely on which category the children fit into as opposed to the level and severity of their needs, must be abolished. Numerous studies of the CSA system over the years have highlighted the barriers to services that this distinction creates for families and children.
- As a way of testing possible improvements to the service delivery system in Virginia, the General Assembly, at the request of the State Executive Council (SEC) of the Comprehensive Services Act, should fund pilot projects in several localities. These projects would enable the state to test alternative management and funding structures for providing services to children with serious emotional disturbance. Evaluation should be built in to the pilot projects so that after a pre-established period of time, results could be monitored and conclusions drawn about the value of alternative ways of organizing the system.
- Under the leadership of the Secretary of Health and Human Resources, the SEC should continue to strengthen its role as a policy making body with maximum participation and buy-in from all members of the Council. Policy issues that affect the system of care (e.g. what children’s services the Department of Medical Assistance Services should consider funding, licensing issues, etc.) should be discussed by the SEC, and member agencies should work together to develop policies that improve the entire system.