

listen

Barriers to Health Care for Children: Inadequate Coverage for Mental Health Services

Listen to the voices of these parents.

Their words, spoken at focus groups across the state and supplemented by data and research points, inform us of specific problems that Virginia families face. This issue brief is one of a series that highlights policy recommendations to remedy specific problems.

“Home based services are not covered under FAMIS, as they are under Medicaid. This makes FAMIS clients second class citizens, since they cannot receive this benefit which helps the more severely disabled clients.” —*mental health services provider*

Children's mental health

services in Virginia are provided through a patchwork of funding streams and agencies, but they are inadequate for meeting the tremendous needs of children and youth with serious emotional and behavioral problems. Mental health benefits were actually curtailed when Virginia revised its SCHIP program in 2000, leaving eligible families with few options for paying for treatment for their children with mental health problems. Given the severe budget shortfall in the Commonwealth, state government is trying to maximize federal revenue in many areas. One avenue for doing so is through reinstating coverage for community based mental health services in FAMIS, so that Virginia draws down \$2 in federal funds for every \$1 in state general funds.

Quotes

- “My grandson is 13 and has ADHD and depression. He lives with me and my mother. I would not be able to manage his behavior without the services I am getting. I would have to give up custody of him to DSS if I didn't have help.” —*parent*
- “We are a middle class family with health insurance who have a son with bipolar disorder, attention deficit hyperactivity disorder, oppositional defiant disorder. He has been on medication since he was four years old and he is now 13. I am happy to report that he is stabilized at this moment, but we don't know what the future will hold for him. The low-income children of Virginia don't have the resources or the parents who have the ability to advocate for them.” —*parent*
- “Just this week I had a 13 year old boy who previously had almost been pulled from the home due to his violent behavior. Due to the services of the family preservation services in our area we were able to provide the family with significant in-home counseling and training for the mother. Since I work in a community health center we were concurrently helping the mother apply for FAMIS since she is a working mother with no insurance for her kids. Her FAMIS application was approved only to find out that now her Family Preservation services will be cut since she was approved. What a tragedy this is for the boy and this family. They still need intensive services but will be unable to obtain them.” —*pediatrician*



DATA/RESEARCH

- As many as 62,000 young people in the Commonwealth (5-7% of the total population) suffer from extreme impairment due to emotional disturbance. National studies show that fewer than a third of these children receive the treatment they need.
- Children with untreated mental disorders are at higher risk for school failure and dropping out, violence, drug abuse, suicide, and criminal activity.
- According to research, community-based mental health treatment for children and youth should include a continuum of services – ranging from the least restrictive outpatient services to residential services – that are available and accessible to families within a given geographic locality and make use of family and community support systems.
- Approximately half of the youth committed to the Department of Juvenile Justice have mental health treatment needs which have not been adequately addressed in the community.

REMEDY

- *Adopt a uniform package of mental health benefits for children in Virginia.*

This change would allow children enrolled in either fee-for-service FAMIS or managed care FAMIS to have the same mental health benefits as children enrolled in Medicaid. These benefits are the Community Mental Health Rehabilitative Services as defined under Medicaid, which include the following services for children: intensive in-home services, therapeutic day treatment, crisis intervention, crisis stabilization, and case management. All of these services are identified as important components of the system of care for children, in addition to the outpatient counseling and inpatient hospitalization that are currently covered by FAMIS.

Having the same set of services covered by all state health insurance plans makes sense for the children covered and for the state's budget.

It ensures continuity of care for the low-income children of Virginia with mental health needs, whose parents' income frequently causes them to fluctuate between FAMIS and Medicaid. These changes can cause children to have to switch providers, or even lose services altogether.

It makes sense for the state's budget because it is a cost-effective measure. Providing coverage for these intensive community-based services through FAMIS allows the state to pull down two federal dollars for every state dollar expended. Otherwise, these children will end up in more costly residential placements, or in many cases, the juvenile justice system. Either way, the state and/or the localities will pay for the care of these children.

Voices for Virginia's Children

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For additional information, contact Voices for Virginia's Children.