



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

### **Lack of Adequate Community-Based Services**

Parents across Virginia consistently report that some or many of the community-based services their children need are not available, either because they do not exist in their locality, or because not enough providers are available to allow timely entry into the services. The following quotes represent a sample of the services parents wish were available for their children.

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

Need for more therapists: "My son has been on a waiting list for emergency services at the CSB for two weeks. He's been assessed but there is a waiting list for therapists."

"It took almost two months, maybe a little longer, to get our first appointment, and we were in a situation of great crisis at the time with court hearings and so forth that were coming up and so it definitely made an impact. It delayed the process of healing for the child and the family in general."

"My daughter's [symptoms] would come and go because she could only see her counselor once a month. And they got to where they called me one day to talk about my schedule and the counselor said she wanted to start seeing her every week but she wanted [my daughter] to miss some school. And I don't want her to have to do that because school doesn't like that. So as of now she can't see her counselor once a week."

Need for respite: "It's like there's no break. [My son] can stay up all night, but you still have to make sure [your children] get on the bus. You're still out there trying to make sure – oh, you know what? I didn't go to the grocery store, or I missed an appointment because I was too tired. There's just no break. They need to be able to give the moms and the caregivers some kind of support."

Need for appropriate child care: "I would love to come back to work... because I worked for 16 years before I had these children, [but] the issue I would like addressed is child care. After school care. I just yearn to go back to work because that's something for me, but the child care is just not available."

"I went through 17 babysitters in 17 weeks."

Need for additional community supports, including recreational activities, mentoring, and issue-specific groups: "Social opportunities for [my son] are going to be limited, but even when I've looked at it for older children, not only is it limited, it's almost non-existent."

"Another issue with me is mentoring for my son because I'm a single parent. His dad left 10 years ago...not many male role models except for one behavior specialist he has. And I had him on a waiting list at Big Brother/Big Sister for six years, and I got fed up with it and told them to forget it."

"There's no specific anger management group or class for his age. But I feel like we'd benefit from something that revolved around anger management. Something that could help our children to learn how to develop healthy emotional coping skills at an early age."

## **Research:**

- A system of care for children with serious emotional disturbance outlines a comprehensive continuum of services designed to meet the needs of children and their families. This continuum ranges from the least intensive forms of intervention to the most intensive, with a focus on services that are community-based, allowing children to remain with their families and in their home communities.
- Community services boards (CSBs), the local public mental health agencies in Virginia, are not mandated to provide children's mental health services. The only mandated services are emergency services and case management services "subject to such funds as may be appropriated." They are not even required to have a single trained specialist in children's services on staff. Additionally, few funds from the state have been earmarked specifically to provide community-based services to children, and children's services must compete with an underfunded adult mental health system. As a result, the array of services for children varies widely among the state's 40 CSBs. What is consistent, however, is that even in CSBs that provide the most children's services, the need is still greater than the ability to provide. A 2003 point-in-time survey of CSBs found that 994 children with or at risk of serious emotional disturbance were receiving some services but were on waiting lists for additional necessary services, while another 320 were waiting without receiving ANY services. These figures only represent those children known to the CSBs; the actual need is even greater but very difficult to measure.
- Virginia's public health insurance programs for children, FAMIS and FAMIS Plus (formerly Medicaid), reimburse for a variety of community-based mental health services for children: federally required services including clinic-based therapy, and state optional services such as case management, crisis intervention, intensive in-home services, and therapeutic day treatment. FAMIS Plus also reimburses for therapeutic foster care (which may or may not be in the child's home community) and several levels of residential care. Virginia's Department of Medical Assistance Services does not cover all the community-based mental health services it could, however. Other states reimburse for respite care, therapeutic aides, after-school programs, summer camps, and therapeutic preschools.
- All state funds that are currently earmarked for children's services (including Comprehensive Services Act funds and funding through the Department of Mental Health, Mental Retardation and Substance Abuse Services) are passed to localities as child-specific funds, meaning they are tied to a service plan for a particular child. The positive result of this strategy is that funds go directly to pay for services for children. The negative consequence, however, is that for the most part, funds can only be used to purchase existing services. CSBs and localities do not have any flexible funds that would enable them to start up new community-based services.

## **Policy Recommendations:**

- Virginia needs to invest in community-based children's services by creating a dedicated funding stream for children's services that is flexible and allows localities to develop new services that respond to the needs in their communities. As Virginia's commitment to the adult mental health system grows, its commitment to children's services should grow as well. The state should require community services boards to develop expertise in the treatment of children and to develop a core array of children's services, whether provided by CSB staff or through contracts with private providers.
- Virginia should examine its current funding structure as well as financial incentives in the system to ensure that funding for evidence-based, community services is maximized and that the system does not make it easier and more financially feasible for localities to place children in residential treatment.
- The Department of Medical Assistance Services should offer reimbursement for additional community-based services to supplement those already covered, thereby expanding the system of care for children and allowing more of them to be maintained in their communities rather than in institutions.

Sources: Stroul BA & Friedman RM (1986). *A System of Care for Children & Youth with Severe Emotional Disturbance*. • Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (2003) *Comprehensive State Plan 2004-2010*. • Bazelon Center for Mental Health Law. *Covering Intensive Community-Based Child Mental Health Services Under Medicaid*. • Code of Virginia § 37.1-194.

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