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Initiative could better use children's mental health funds

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National data show that one in five kids has a mental health disorder, and only one in five of those is getting treatment. Based on those statistics, we could fill the Richmond Coliseum three times with the number of Metro Richmond-area children suffering with untreated mental health conditions.

Given that staggering unmet need, mental health and child advocates are wary of any new policy that could further restrict access to care. So we went on high alert in July when Virginia launched a new initiative designed to better screen kids seeking mental health services under Medicaid, the state's insurance for low-income children, pregnant women and the disabled.

The General Assembly designed this new initiative to help ensure the most effective use of the limited, precious dollars that are put into children's mental health. Under the new approach, children seeking Medicaid-funded intensive in-home services, therapeutic day treatment or mental health supports must first be evaluated by a community services board (CSB), the local public agencies that provide treatment and case management to citizens with mental illness.

Now three months into effect, it has sparked debate among children's mental health advocates and providers.

Some have already concluded the program, which is still in its infancy, is unfairly denying care to those who need it. Critics include some of the providers who receive Medicaid reimbursements for treating children.

However, those of us at the National Alliance on Mental Illness (NAMI) Virginia and Voices for Virginia's Children, a nonprofit, nonpartisan advocacy group, say it is too early to draw conclusions about this initiative, which is designed to address serious problems.

For example, expenditures for certain Medicaid-funded children's mental health services were increasing exponentially. In just four years, expenditures for intensive in-home services rose 250 percent, and expenditures for therapeutic day treatment rose 418 percent.

In many cases, the increase in services meant more children were remaining in their communities and homes rather than unnecessarily moving to a residential treatment facility, which is positive.

However, there was a systemic problem: There was no requirement that children receive independent assessments. The only people assessing many children for their mental health treatment needs were the providers who stood to profit from giving the services.

That is, in part, why government data show a significant percentage — in some localities as many as 20 percent — of children were getting more expensive services than their condition required. Many could have benefited from a less intensive, less expensive and more appropriate intervention, such as outpatient therapy.

We all have a responsibility to ensure good stewardship of scarce funds in treating children when four-fifths of the children with mental health conditions are not getting the help they need.

As with all new processes, government, advocates, parents and others must monitor the new approach and give feedback to help improve it.

As advocates, we are asking many questions, including:

- Are the community service boards, which conduct the assessments, offering convenient appointment times? While many already offer Saturday and evening appointments, they all should.
- Is transportation to appointments a barrier? LogistiCare, the state's Medicaid transportation contractor, is supposed to provide this transportation within specified time frames. If this is not happening consistently, Medicaid should investigate.
- Do families understand the nature of the services that are being recommended by the assessor? Independent assessors can play a critical role in educating families about the appropriate type of treatment for meeting their children's needs.
- Do families have the information necessary to make an informed choice about who provides the service to their children? For families who have not selected a provider before the assessment, the state requires that the assessor give them a list of all possible providers without making any recommendations. While this ensures fairness to all providers, it does not help families make an informed choice. We can improve this process by giving these families a fact-based report card that summarizes publicly available information such as credentials, services provided and child outcomes.

We call on all concerned to evaluate objectively the new process and provide constructive suggestions for improvement. While we may not agree on the process that led Virginia to implement this new approach, we can all agree on one thing: Virginia children with mental health disorders deserve the highest-quality, most appropriate treatment when they need it, wherever they live in the state.

Our children's mental health system has a long way to go, but we believe that policies ensuring that children are properly assessed are a step in the right direction.

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