

**Budget Summary**  
**March 15, 2010**  
**Prepared by Voices for Virginia's Children**

<b>Health and Mental Health</b>				
<b>Issue</b>	<b>Governor's Introduced</b>	<b>House</b>	<b>Senate</b>	<b>Conference</b>
<b>Acute Psychiatric Care for Children and Adolescents</b>	Closes two remaining psychiatric facilities that serve children (CCCA and SWVMHI)	Restores funding for CCCA only	Restores funding for CCCA only and includes \$2.1 M for purchase of private sector psychiatric beds	Restores funding for CCCA only and pending FMAP includes \$2.1 M per year for community-based services; adds language for DBHDS-led planning process*
<b>FAMIS and FAMIS Moms eligibility</b>	No changes – maintains current eligibility at 200% FPL	Reduces FAMIS and FAMIS Moms eligibility from 200% FPL to 175% FPL (\$37.6M GF reduction).	No changes – maintains current eligibility at 200% FPL	Eligibility cut to 175%FPL from 200% FPL in second year. Restored to 200% FPL pending FMAP.
<b>Inclusion of behavioral health drugs (antipsychotic, antidepressant, and antianxiety) to the Medicaid Preferred Drug List (PDL)</b>	Adds these drugs to the PDL	Exempts antipsychotic drugs from the PDL	Restores funds to continue the current exemption of antidepressant, antianxiety and antipsychotic medications used to treat mental illness from the Medicaid PDL	Continues the current exemption of antidepressant, antianxiety and antipsychotic medications used to treat mental illness from the Medicaid Preferred Drug List.
<b>Physician Medicaid reimbursement rates</b>	None	5% rate cut in 2011	4% rate cut in FY 2012	Reduces funding by 3% the first year and 4% the second year for physicians delivering Medicaid-funded services. Funding restored pending FMAP.
<b>Medicaid dental rates</b>	None	5% rate cut (\$5.4M reduction)	4% rate cut in FY 2012 (\$2.3M reduction)	Reduces funding by 3% the first year and 4% the second year for dental services funded through Medicaid. Funding restored pending FMAP.
<b>Intensive in-home services reimbursement rates</b>	Reduces rates from \$70/hour to \$60/hour	Maintains reduction	Maintains reduction but includes language for DBHDS and VACSB to establish rates	Reduces rates from \$70/hour to \$60/hour and includes language for DBHDS and VACSB to establish

			for the Intensive In-Home Service based on quality indicators and standards, such as the use of evidence-based practices	rates for the Intensive In-Home Service based on quality indicators and standards, such as the use of evidence-based practices
<b>Therapeutic Day Treatment services</b>	None	5% rate cut (\$5.3M reductions)	None	Reduces Medicaid funding for mental health therapeutic day treatment by 3% in fiscal year 2011 and 4% in fiscal year 2012. Funding restored pending FMAP.
<b>Additional services for children exposed to sexual and/or domestic violence</b>	None	None	Increases marriage license tax by \$15 and earmarks revenue for domestic violence services (\$1.16M)	None
<b>Early Childhood</b>				
<b>Issue</b>	<b>Governor's Introduced</b>	<b>House</b>	<b>Senate</b>	<b>Conference</b>
<b>Virginia Early Childhood Foundation</b>	\$225,000 reduction per year (15%) to \$1.275M	Eliminates VECF funding (\$1.275M per year)	Included Governor's proposal - \$225,000 reduction per year (15%) to \$1.275M	Maintained Governor's introduced \$225,000 reduction per year (15%) to \$1.275M
<b>Healthy Families</b>	\$500,000 reduction per year (10% reduction) to \$4.9M	\$1.4M reduction in FY 2011 to \$3.5M, \$1.7M reduction in FY 2012 to \$3.1M	\$2M reduction in FY 2012 to \$2.9M	\$1.9 M reduction in 2011, but \$1.4M will be restored pending FMAP \$2M reduction in 2012
<b>Virginia Preschool Initiative</b>	Maintained current VPI funding	Creates Lottery Proceeds Block Grant for At-Risk, Early Reading Intervention and Pre-K programs at the following level (which is a 16% or \$51M reduction over the biennium): 2011 – \$136,229,621 2012 – \$126,953,376 Alters formula so funding is distributed based on the number of children in the district instead of the number of disadvantaged children in	\$7.9M reduction in 2011 to \$67.7M \$6.1M reduction in 2012 to \$68.3M (10% reduction over the biennium)  <i>Reduction due to nonparticipation</i>	\$7.9M reduction in 2011 to \$67.7M \$6.1M reduction in 2012 to \$68.3M  <i>Reduction due to nonparticipation</i>

		the district. These funds must be matched by the local government, based on the composite index of local ability-to-pay which removes the current 0.5 cap placed on VPI match.		
<b>CHIP of Virginia</b>	\$300,000 reduction per year to \$2.4M per year (13% reduction from FY09)	\$900,000 reduction in FY 2011 to \$1.47M \$850,000 reduction in FY 2012 to \$1.52M	Included Governor's proposal - \$300,000 reduction per year to \$2.4M per year (13% reduction from FY09)	Reduced funding by \$353,000 in FY 2011 and \$1.3M in FY 2012.
<b>Child Welfare</b>				
<b>Child Welfare Services</b>	None	None	None	Reduces funding by \$3.0 million in Child Welfare Services. Funding restored pending FMAP.

**\*Budget Language on Children's Mental Health: Item 304 #2c**

"Q. The Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) shall establish a planning process to identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible. The planning process will produce a comprehensive plan that ensures there are child-centered services, both inpatient and community-based, delivered at the community level in every Health Planning Region in the Commonwealth. The target populations to be addressed in this plan are children through age 17 who: (i) have a mental health problem, (ii) may have co-occurring mental health and substance abuse problems, (iii) may be in contact with the juvenile justice or courts systems, (iv) may require emergency services, or (v) may require long term community mental health and other supports. The planning process should identify the mental health and substance abuse services that are needed to help families keep their children at home and functioning in the community and should define the role that the Commonwealth Center for Children and Adolescent will play in this effort. The plan should establish and rank recommendations based on greatest priority and identify future funding associated with each recommendation. The planning process shall include input from community services boards, state and private inpatient facilities, the Department of Social Services, the Office of Comprehensive Services, the Department of Juvenile Justice, the Department of Education, the Department of Medical Assistance Services, parents of children with mental health and co-occurring substance abuse problems, advocates for child mental health and co-occurring services, and any other persons or entities the DBHDS deems necessary for full consideration of the issues and needed solutions. The Commissioner shall report interim findings to the Chairmen of the House Appropriations and Senate Finance Committees by October 1, 2010 and a final report by November 1, 2011.