



The Campaign for Children's Mental Health

*Advocating for a better mental health system so that  
all children get the help they need.*

**Fairfax  
Listening Tour Notes  
May 13, 2010**

**Question #1: What changes have occurred in the last 2 years in this region that have resulted in improvements to children's mental health services?**

- Fairfax early intervention for autism is good, very positive for parents
- In middle schools there have been programs in social skills classes for autism/Aspergers...not everywhere though
- Anne Holton initiative provides permanence and stability for kids who might not have had it
- Changes in local CSA and FAPT taking closer looks at each child, considering services, and emphasis on transition back to home sooner and more successfully
- Acknowledgement that we need to do better. More thought about addressing the need.
- Increased diversion from residential treatment...more crisis intervention
- System of care reform initiative brought providers and public together to look at the system and recommend change
- Bridged the gap between biological parents and foster care parents
- Special ed .... Very positive increase in understanding of mental illness and the options...by guidance counselors...they are better educated on human development and behavior (both those right out of school and those already in the field)
- Need increase in teacher education on mental health and understanding of development
- Expansion of pre-k programs has lead to ability to identify issues early
- Arlington: decrease number of kids in residential care because of concerted effort

**Question #2: Based on your answer to #1, what issues still need to be addressed in this region?**

- No services for co-occurring disorders of ID/DD/MH
- Reduction in early intervention services...monetarily driven in Alexandria
- Case management gap in northern Virginia where fewer families get support...no revenue stream for case management

- Shortage/gap in cultural competence
- Stigma even greater in some ethnic communities...need to overcome stigma
- Need to teach parents in many cultures how to be advocates
- Reduction in services in Fairfax in early intervention...funding driven
- Increase n number of students in special ed classrooms...15-16 kids in a classroom. Too many to manage effectively.
- Money taken away for supports needed in special ed
- Access is difficult. Parents don't understand how to access services.
- People with private insurance have an even harder time because there is no clear path.
- Ridiculous wait lists
- Can't find psychiatrists who will treat children with certain types of private insurance
- Gap in system of care in Arlington: no crisis stabilization unit or short term residential crisis response
- Same gap all over Nova

**Question #3: what would you like to see from your local and state policy makers (aside from more money) that would increase the quality of or access to children's mental health services in this region?**

- State wants more training but there is a turnover in providers
- When state imposes training it sends a message that people aren't currently doing a good job
- Important to address turnover...need to build relationships between children and therapists
- Sense that certain treatments are being imposed on providers
- Providers are leaving the public system/CSB
- Fragmentation at state level...all parties should be committed to transformation and working together
- Feels like there is no cohesiveness at the top; the state needs to model cohesiveness
- Issues with Medicaid...doctors refusing to take Medicaid
- Difficult to find people to work with the children
- Low rate of reimbursement in Medicaid, flux of services
- Medicaid will pay for residential but not family based services
- Virginia needs Katie Becket waiver
- Impulsivity to jump on policy like Medicaid. Need more education in General Assembly....do GA members really understand the issues?
- Cuts to providers are important problem
- Providers need to spend time away from core job while trying to educate legislators
- Intensive in home rate reduction a problem
- Very hard time finding quality home based services
- Supervision of home based services is limited, affects quality

- Most people don't care about mental health unless it affects them
- Providers keep transitioning because of reimbursement rates changing
- Politicians don't really care about MH. Worry about jobs, taxes. People don't care. Politicians want to get re elected so we need to let representatives know that MH matters
- Tragedy fires up people but it is not sustained. Legislators don't look at the long term. Just look at tomorrow.
- Qualification of people providing home bases services is limited
- In localities where CSB is related to local government people know where to testify and they do
- Parts of state where CSB is regional there is no local connection to boards of supervisors, city councils and people do not speak up to decision makers
- Legislators don't have opportunity to see and hear impact of decisions they make
- Local legislators listen and increase local funding (in Fairfax)
- State legislators don't have the opportunity to see, Need way for people to understand what the dollars mean
- Not a good structure for local funding; Think about CSB structure and may not want to impose regionalism because it may not work well
- Social services is considered state and local legislators may not see value in investing
- Qualifications for home based providers...access to care, what are standards for multi disciplinary services, what are standards, evidence based practices that work?
- State funding needs to match evidence based models.
- Private provider community is major provider for kids mh services across the state