



The Campaign for Children's Mental Health

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

Norfolk
Listening Tour Notes
May 27, 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?

- Norfolk has a child and adolescent psychiatrist (wasn't always the case)
- community collaboration has helped tremendously – Smart Beginnings Western Tidewater
- Norfolk Detention Center has put together more services for youth in detention
- Western Tidewater CSB – TDT and in-home have expanded (therapeutic day treatment) – Suffolk, Isle of Wight, Smithfield, and Southampton
- Preschool prevention initiatives (not sure where they stand right now in funding in current administration)
- Hampton City Schools – increase in number of programs coming into the schools to provide mental health services
- VA Beach – working closely with Juvenile Courts to provide Multi-Systemic Therapy, an evidence based service, to reduce recidivism
- Norfolk – see parents more involved from the beginning in planning services, not just lip service
- Development of intensive care coordination to get children out of residential faster with wraparound services and keeping kids from entering residential because of wraparound.

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

- Parents perspective – not involved, everything that was happening was counter to the family services model
- CSB needs to be more accessible and quicker to respond to crisis
- Need to address child sex offenders
- Need more parental support, like parent advocates
- Need support and resources for children with autism

- Children that are part of the foster care system have lots of wraparound services that don't always continue when the child goes home. Need to make sure transitional care is available when the child goes home to their family.
- Services that are available to kids in "systems" are so much more than kids in their own homes. Need to address that imbalance.
- People with private insurance don't have the same access to therapies as children with public insurance.
- More communication/marketing about what is available. When kids transition back to their families from foster care, transition care is available through Medicaid but many don't know it's available (up to 10 hours/week is available for transition care). Refers to special ed also. Families don't know what special ed services are available and what their rights are.
- Norfolk has community liaison to track children in special ed system.
- Access to outpatient psychiatric care is very difficult. Kids present to the ER then can't get an appointment with child psychiatrist for 6 to 8 weeks (and delays access to medication).
- More parent advocacy available to deal with the system. Parents need to learn to advocate for themselves and their children.
- Need for programs for older adolescents (high school level), not enough programming for them.
- If parents don't understand (can't read) and have knowledge then they cannot access services for their children.
- Transitional services for children in special education are very variable in effectiveness and existence. Many times children eligible don't receive DRS vocational/transition services.
- Part C early intervention – infant mental health is not an area we are strong on and have room to grow, if we can get in earlier it will help, we have very few specialists in infant mental health (0-3)

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?

- Pay attention
- Statewide minimum competencies – everybody has to reach a standard
- Get insurance to pay for ABA (applied behavior analysis)
- Have children's services mandated for CSBs.
- Not enough leadership at the state level. Localities have too much variability.
- Taking a systems and multi-systemic approach so we don't have JJ here, schools here, child welfare here. Take a community perspective and work to enable all kids and families to get what they need.
- Change needs to happen at the community level too, not just the state level.

- Many of the advances are in jeopardy because of Medicaid cuts, licensing changes that make it harder to deliver services, proposed managed care model will make it harder to deliver services (private provider perspective)
- Web-based site to include all resources available, one place to go for resources with input so you can enter your information and be contacted to get help (this region has Kids Priority One which is a listing of resources, parenting classes, but difficult to maintain with new information)
- What works? Some things provided may not be what kids need or what works.
- 211 – phone system and web site, not universal appreciation but it is a start
- Brain injury needs to be included

Question #4: What do you and/or your organization bring to the table? How can you commit to helping improve the children’s mental health system?

- Betty Wade testimonial
- Brain Injury Association will work with CMHC
- Lutheran Family Services developed and updated pre-service training curriculum for foster/adoptive families, developed specifically for VA families based on latest research and needs
- Norfolk DHS and CSB collaborating with Annie E Casey to have focus groups on mental health needs of children and families in Norfolk. Pulling in broad range of focus groups representing parents, kids, providers. Willing to share information from focus groups.
- State committed to transformation (Eastern Regional Consultants – 22 localities)
- Spread the word to parents!
- Parent – willing to share what has worked and what doesn’t work
- Tidewater Child Development Clinic – many of the kids they see have multiple diagnoses, can look at whole history from a systems perspective, referrals don’t have to be just from JJ system – can be parent referral – this is the only clinic in this region (and they do a great job)
- VA Beach has an integrated system in that MH services are in the same services as child welfare, under the same umbrella, doing family team meetings for every child entering foster care system in an effort to continue to engage families and work toward discharge as quickly as possible.