



The Campaign for Children's Mental Health

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

Roanoke Listening Tour Notes April 22, 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?

- CSA – changing of match rate to give localities incentives to use in-home placements – led to growth in community-based services- CSA \$ trending down
- Expansion of in-home services on Medicaid – serving children with autism
- Crisis response improved – time between crisis and response
- Carilion psychiatric fellowship program important in growing access
- Emphasis on importance of wraparound
- Parents have more access to services – families are more involved
- Increase in importance of evidence-based treatment models showing outcomes
- More partnerships b/t state, local, private
- Additional day treatment brought into schools (but being cut)
- Intensive care coordination to monitor kids in residential to bring them home as quickly as possible and wrap around services
- Growth in providers – esp in more rural areas who in the past did not have services
- More use of PAs and NPs to assist psychiatrists – at Family Preservation Services

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

- More information to school counselors, psychiatrists, and psychologists about what services are out there to share with families
- 211 – maybe they need more information
- CSA pool carve out policy to develop community based services – not a great deal of incentive to take policy seriously because supplemental will be 100% local expense – risk for localities
- School-based services are vital – there is stress there for children – keeps kids in school
- Need for alternative placements for kids who are not aggressive – ASD spectrum – need for streamlining of assessment and placement
- Child psychiatry shortage
- Medicaid reimbursement rates too low – won't have access to services

- Quality assurance needed – quality has decreased, consider looking at who is not quality for additional scrutiny
- Co-pays for CSA are wildly different – if you don't have Medicaid then services not affordable (wrap-around especially)
- Private insurance is a real obstacle to getting insurance – struggle to get kids on Medicaid to get services they need (private doesn't pay in-home typically)
- Increase in providers has problems – more clear that the MH system is not a system – confusing for parents and professionals – not logical stepdown for hospitalized kids – isolated bunches of services, not a system
- When entering system with acute needs, it would be nice for providers to be informed about authorization so providers aren't spending time on paperwork
- Lack of SA services for kids – needs to be subsidized by other services because rates are so low, these kids don't fit into typical outpatient services
- SA treatment modalities are available, but we lose too many kids waiting for services in the community (estimate of 5 years)
- Major disparity among localities on availability of services – informal or natural supports (B&G clubs, etc)
- Lack of services for preschool age kids and 18-24 year olds
- Localities running out of CSA funds and ending wrap-around until July 1 – BIG problem
- Kids bouncing between placements that creates additional MH issues, possibly these kids not getting properly diagnosed, parents need to be equipped which is challenging if improper diagnosis
- Parents cite need for more respite because of lack of natural supports
- Need for short-term diagnostic services to give opportunity for third party to further diagnose, adjust and stabilize meds
- Need to work with whole family for placement to work
- Kids in child welfare system don't get much say in placement (but in divorce kids input is considered), kids react if they're angry about not getting a say
- Franklin County, Craig County, Mt Rogers, Roanoke County and City, Don't forget Salem, NRV
- Parents often have unmet MH needs and may not have same insurance and fall between the gaps and not connected to a provider
- Also dealing with grandparents raising grandchildren (kinship) – need support and education
- Siblings who may not have diagnosis they may have predisposition, when treating child need to understand affect on siblings
- Need to simplify forms and paperwork for Medicaid, overwhelming for parents
- Foster parents with kids with MH needs don't have support and education, they don't want placement to disrupt, but not getting help they need – crisis
- Training for parents in the community

- Increase in community-based services is good but not uniformity in professional labels (clinician, therapist, etc) – confusing for families – titles need to be linked to training and qualifications
- Need uniformity in qualifications
- Limited English proficiency
- True crisis intervention – TONIGHT – ER then go home is not adequate

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?

- Licensing uniformity would put people on an even playing field
- Medicaid be more flexible on what they consider counseling – more flexibility with oversight
- More focus on transition and follow-up and more information sharing in bureaucracy
- Need forum to make a plan
- Issues of diversity and different cultures (in some cultures MH issues are more stigmatized)
- Need MH awareness campaign, connected to help
- Everything revolves around crisis, once a child stabilizes then service changes
- Made efforts to keep same providers regardless of what you call the service – personal connection is important
- Need to look at financing – CSA is not working – localities cannot be expected to keep up with funding – has to be a better way than dumping it on localities
- Access is a problem – why can’t a parent access FAPT, limited ways to get FAPT meeting, has to be crisis to get FAPT
- Need to work within legislative forum – COY – also RASAC – power within combining organizations