



The Campaign for Children's Mental Health

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

**Williamsburg  
Listening Tour Notes  
May 19, 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?**

- Expanded services for children and separated out services for children at Colonial CSB
- Educationally, changing category from emotionally disturbed to emotionally disabled
- Placing autism under DBH
- New child assessment center – came out of Children's Community Health Foundation, brings 17 public and non-profit orgs to the table to address children's mental health. Assessment center provides assessment services, then hooks family up with services. Also website that lists programs and services (more than 450) in community.  
[www.gwcacnoc.org](http://www.gwcacnoc.org)
- Shift in culture and mindset has led to increase in number of community-based services and decrease in number of kids entering foster care
- Wbg Community Health Foundation is a treasure – funded behavioral specialist with resource and referral agency and CHIP home visiting prevention program who goes into homes (and web site and assessment center)
- Pilot project funded by VDSS for childcare providers, coach and behavioral specialist evaluates nurturing environment within child care settings. This is an interagency effort with CCSB, CDR, and Child and Family Connections.
- Collaboration between Colonial CSB and James City DSS to do monthly training for foster, adoptive, kinship caregivers to support parents on children's mental health needs
- Local CPMT taking proactive stance – supporting kinship care so kids don't end up in TFC placements, working to strengthen foster families (training), working on program for kids with autism - good collaboration on CPMT
- Average CSA per capita spending is less than 15% of the statewide average
- NN Schools collaborating with Hampton-Newport News CSB and private provider to provide day treatment in schools
- H/NN CSB providing family case management – one case manager for parents, siblings if all involved w/CSB – one case manager per family so not as many people coming into

the home- collaboration between adult mh and child services w/in CSB- children's case manager takes on parent

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

- Increase communications between agencies in different localities – when kids change communities, need complete referral packets, particularly for schools – also between SS agency and whoever they are vending out placement
- Private insurance does not cover many services, Medicaid covers much more
- Kids with autism on the rise – need more resources to serve kids with autism
- Earlier diagnosis – kids coming out of residential treatment centers not having the best results, RTCs saying earlier diagnosis will help
- Child Psychiatrists shortage
- Pediatricians need better training
- Medicaid is not a family-based system – based on medical model, not treating whole family system
- Not enough sexual abuse treatment services by trained professionals
- Need more prevention services
- Medicaid – not enough doctors accept Medicaid
- Seeing more significant behavioral issues at a younger age
- Kids are aging out of the treatment system – need transition
- Increase in special needs population – leads to capacity issue
- DJJs and CSUs not well-trained, Judges not trained on MH issues, some services for kids in DJJ, but kids getting verdict to DJJ rather than getting community-based services
- Hampton drug court model has been good – can that be replicated for kids adjudicated?
- Compassionate Duty – military families asked to be relocated here because of services – this region considered to be an area that provides resources to families with special needs – one of only a few in the country, but no additional resources provided to address influx of families
- Preparing adolescents exiting foster care to reduce homelessness and gain skills to function on their own

**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?**

- Need help with stated intention of Commonwealth to implement managed care for Medicaid – will serve as cost-container and limit duration and availability of services. Services will be restricted and there will be a trend for more expensive residential care.

Costs will increase for state and locality. Recent gains from transformation will be lost and reversed.

- When financially stressed, cannot provide as high quality services. Seeing families with more and complex needs that are very difficult to address in this economy. CHIP has 75 families, 60% meet definition of homeless. Need state support to provide prevention services to prevent behavioral and mental health services.
- Standardize system to make it easier for private providers. Localities have different systems. Difficult when providing services in multiple jurisdictions.
- Need way to dialogue regionally. (Wbg, JCC, Yorktown, Poquoson CPMT serves this function – kudos to them)
- In foster care, state is tying levels of acuity to payments for families – therefore, a financial incentive for foster parents to say child has more behavioral problems – VEMAT issue
- Custody relinquishment – nobody should have to lose custody, but now we have two ways for kids to receive services – foster care and parental placement – finding that kids having parental placement through CSB are not seen by court so results in kids lingering in residential (sometimes parents aren't able to take kids back), also no transition planning and other supports
- Complicated system (CSA) – even seasoned professionals have hard time understanding and completing all the paperwork – need education for families to help them understand the system
- We let families get to crisis point where FC prevention, respite, behavioral supports would prevent family from frustration and giving up...need more flexibility to intervene and call cases foster care prevention to mandate funding – need to intervene early to help overwhelmed families; funding not aligned w/goal of intervening earlier
- Program in Texas provides funding to families to care for kids when they reach adulthood. Keeps kids from needing waiver. Some parents 70+ years old waiting for services. Need to provide waivers to older adults (50 year olds) to help make the waiting list shorter.
- Need to admit whole family to the system, not just the child, the whole family needs help....regardless of level of income.

**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?**

- Wbg school system – try research based strategies to help kids improve prior to special ed placement – working on collecting more data prior to intervention and after intervention to evaluate interventions
- Healthy Solutions for Youth residential program – working with kids on independent living and educational skills – use pre-testing and post-testing for evaluation showing progress