

# Child mental health services underfunded, Va. study says

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Virginia needs nearly \$20 million to fund services recommended by a recent study for children's behavioral health across the state — a perennial problem complicated by the commonwealth's tight fiscal picture.

A two-year, General Assembly-mandated report from the Department of Behavioral Health and Developmental Services (DBHDS) concluded Virginia needs to ensure consistency among its system of 40 Community Service Boards, which are local authorities overseen by the state, that provides services for people with substance-abuse disorders and intellectual and developmental disabilities.

The money would bolster assistance for, among other things, psychiatric services, case management and intensive in-home services, the delivery of which vary from locality to locality.

"The gaps don't break along clearly urban-rural or wealth-poverty kinds of lines," said Janet Lung, director of Child and Family Services for DBHDS and lead author of the report. "Really, it tends to be governed more by leadership at the local level - prioritizing levels at the local government."

Just three boards — Central Virginia, Fairfax-Falls Church, and Middle Peninsula-Northern Neck — have a children's crisis-stabilization unit, a center that provides urgent and intensive patient intervention in the event of emergencies. The Fairfax-Falls Church board gets a boost from local funding — something other communities cannot as easily afford.

"Not that we don't need more," added George Braunstein, the board's executive director. "There's nothing that we do where we don't need more."

All Virginia communities lack a complete array of services, and the services that do exist lack oversight, the report found.

"We don't have enough, and we don't have in every locality the right mix [of services]," said Mary Ann Burgeron, executive director of the Virginia Association of Community Service Boards.

Christy Gallagher of Fairfax County has navigated the convoluted system with her 9-year-old daughter, Meg, who was diagnosed with pediatric bipolar disorder when she was 7. When Meg

was in third grade, they pursued services through the Fairfax County Public Schools system. The county helped to pay for an in-home behavioral therapist for about a year. But the process was maddening, Ms. Gallagher said.

"It's very difficult to find what services are out there for a child," she said. "You have to really be in a crisis for people to reach out and help you, and I guess that's because there [are] a lack of funds, really, and a lack of providers."

She said that with the help of the county and the school system, they have found a reliable behavioral therapist - but that things are by no means easy.

"We sort of walk on eggshells," she said. "When a child is pediatric bipolar, you never know what their day is going to be like. There are so many families out there that think children like Meg can control what they are doing, and they can't. The more support we can get from government, and family and neighbors, is always helpful."

The General Assembly in 2010 called for the report to establish a planning process to provide services to children as close to their homes as possible. The state received input from community services boards, various agencies and the parents of children with mental-health and substance-abuse problems as part of the effort.

The report focused on children's behavioral health funded with public dollars, which includes money from the state's general fund, federal block grants, local government, and Medicaid or the state's Comprehensive Services Act (CSA), a law that provides funds to purchase services for high-risk youth.

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