



For Virginia's
Children

**Comments to Health and Human
Resources Subcommittee of House
Appropriations**

December 12, 2011

Voices' Position on VICAP

- *Voices for Virginia's Children is a private, nonprofit, non-partisan child advocacy organization that does not receive any public funds. Voices does not benefit from VICAP in any way, nor do we provide any children's mental health services.*
- **Our position:** We support the policy of requiring independent clinical assessments for intensive mental health services. We believe we need to continue monitoring the progress of VICAP before judging whether it is achieving the best outcomes for children and for the overall system.

Monitoring VICAP

Two ways we need to monitor outcomes: From a family perspective and from a systems perspective

- Looking at data from DMAS/VACSB
- Hearing feedback from both CSBs and private providers
- Need direct family input

Family Perspective

Pros:

- Child receiving an accurate assessment of needs and a recommendation for the service that would best meet the child's needs at that time
- List of local providers; provider choice
- Accurate explanation of treatment options and family's role in treatment

Cons:

- Families given long list of providers with no assistance in selecting most appropriate provider- very difficult for families to make informed choices
- Additional time for assessment before onset of services
- Must physically go to assessment

Systems Perspective

Pros:

- Policy of having a gatekeeping function for intensive mental health services is appropriate
- Children need and deserve independent assessment of their clinical needs to ensure they are getting the most appropriate services for their needs at the right time
- Generating savings

Cons:

- Administrative difficulties in getting new system up and running
- May be creating systemic barriers to families accessing services- this must be monitored vigilantly
- Additional conflict between public and private systems

Recommendations

1. DMAS, VACSB, the private provider community, **and families** must develop a better system for facilitating informed decision-making by families. Fairness to providers must be balanced with needs of family for expert advice.

Recommendations

2. We must create a wider array of mental health treatment options for children to get a handle on these expenditures and provide better outcomes for children and families.
- There is such a large unmet need for treatment that families (and providers) flock to whatever treatments are available, not necessarily those that are most needed.

Recommendations

How should Virginia appropriately expand the array of mental health services?

- A. Savings generated through VICAP by children being treated with less intensive (and less expensive services) **must be reinvested** in expanding the array of community-based mental health services available to children across the state.

Recommendations

Priority items for reinvestment, as defined by Department of Behavioral Health and Developmental Services (DBHDS):

- Fund 5 regional demonstration **crisis stabilization units** (\$6.326 million) and 5 regional demonstration **mobile crisis teams** (\$10 million).
- Add 1 **case manager** per CSB to 20 CSBs with inadequate capacity (\$1.6 million).
- Increase access to **child psychiatry services** by funding 5 regional demonstration projects with a child psychiatrist in each to provide direct services and extensive training (\$1.4 million).
- Equip a trained and qualified workforce by establishing a children's behavioral health **workforce development initiative**, led by DBHDS (\$500,000).
- Ensure high quality of services through **increased oversight** (licensing, quality assurance, and data collection and analysis) by DBHDS, in coordination with quality assurance initiatives in Medicaid (\$160,000).

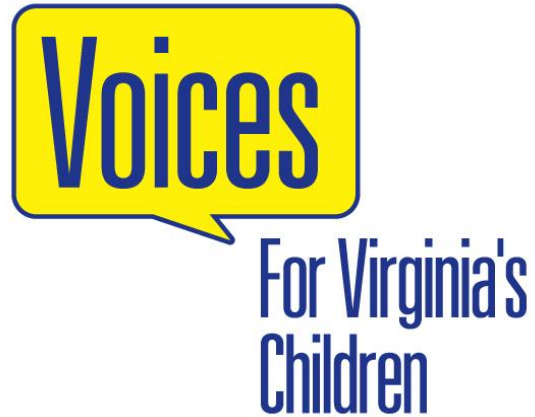
Recommendations

How should Virginia appropriately expand the array of mental health services?

- B. In the next year, Virginia must explore the possibility of separating intensive in-home services from other home- and community-based services for children that are less intensive. This service has been overused because there are few other options.
- i. A group of public and private providers has been meeting to develop practice models for intensive in-home, therapeutic day treatment and mental health supports.
 - ii. Voices for Virginia's Children will be releasing a white paper on best practices intensive in-home services in January.

Recommendations

- iii. Based on this and other information, appropriate practice models for Medicaid-funded children's mental health services should be adopted. An additional level of lower-intensity community-based services should be developed if necessary.



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