

## Support for Children's Mental Health

### Overview

The Surgeon General reports that 1 in 5 kids have mental health problems. Virginia's Department of Behavioral Health and Developmental Services (DBHDS) estimates that between 85,000 and 104,000 Virginia children and adolescents have a *serious* emotional disturbance. Only one in five, however, receive needed treatment.

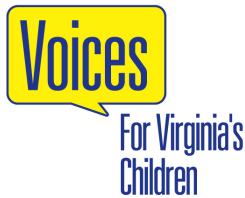
A 2011 study by DBHDS and commissioned by the General Assembly found that a lack of availability of children's mental health services across the state led to long waiting lists and often, deterioration in children's condition. Children had to wait an average of 7 weeks to see a psychiatrist in the public system in 2011; the state-run psychiatric hospital for children in Staunton, Commonwealth Center for Children and Adolescents, admitted 775 children in state fiscal year 2012 and often had waiting lists for admission for children experiencing a severe psychiatric crisis. 21% of the children hospitalized had been treated there before, indicating a lack of intensive community-based services to maintain these children in their homes.

Children with untreated mental health disorders are more likely to abuse substances, experience school failure and drop out, and become involved in the juvenile justice system, all of which have negative fiscal implications for other areas of state and federal budgets. Intervening early – as soon as children begin to show symptoms of a disorder – with appropriate, timely and high quality treatment can greatly improve outcomes for the child and family.

### Proposed SAMHSA Budget Cuts

The children's mental health advocacy community is very concerned about the effects that sequestration would have on funding for children's services; a 7.8% across the board cut to most Department of Health and Human Services agencies would have a direct impact on states' abilities to provide mental health treatment to both children and adults.

We are also concerned about the HHS 2013 budget cuts proposed by the House's Labor-HHS Committee. The bill cuts funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) by \$552 million from 2012 and 408.5 million below the President's request. SAMHSA funding affects children's mental health both through the Mental Health Block Grant and through the Children's Mental Health Initiative. The Senate Appropriations Committee's recommendations for 2013 SAMHSA funding are preferable. They provide key increases and reject proposed cuts in important areas such as the Mental Health Block Grant.



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### Provisions of Affordable Care Act that Benefit Children with Mental Health Disorders

Future votes on ACA or subsequent reforms to the health care system must not eliminate the critical components of the law that help children access the treatment they need for mental health disorders:

- Providing access to insurance for children with pre-existing conditions
- Extending coverage for young adults so that they can stay on their parent's plan until age 26
- Providing free preventive care, including counseling for depression and well-child checkups where primary care doctors can help identify any mental health challenges
- Prohibiting insurance companies from rescinding coverage due to a technical mistake on an application; if a child seeks treatment for a mental health disorder, the insurance company cannot take away coverage because the parent made a technical error on the application.
- Eliminating lifetime limits on insurance coverage of essential benefits and regulating annual limits; this is important for children who have experienced multiple hospital stays in an effort to stabilize their mental health condition.

### Children's Mental Health Accessibility Act of 2012

Virginia is one of nine states that has had a Children's Mental Health Demonstration Waiver since 2007. The purpose of the waiver is to give families the choice of having their children with intensive mental health needs treated at home, instead of in a psychiatric residential treatment center, which can often be far from home. Through the waiver, "wraparound" services are designed around the family's needs to shorten the length of stay in a residential facility and enable the child to be brought home. To be eligible in Virginia, children must have been treated in a psychiatric residential treatment facility for at least 90 days.

Treating children in the community is cost effective: the average cost for a child served in the waiver program in Virginia was \$40,000 (average length of stay in the program was just over 1 year), compared to an average cost of residential treatment of \$82,000 per year. Virginia has served 80 children to date, and is using the waiver funding to build capacity through provider training.

The Demonstration Waiver is set to expire September 30, 2012 unless Congress takes action to reauthorize it. Voices supports reauthorization because research shows that children experience better treatment outcomes when they can be supported by their families in their own communities. This waiver is of particular importance to families with private insurance which does not cover the community-based services their child needs; the waiver allows the family's income not to be considered in the child's Medicaid eligibility. Senators Charles Grassley (R-Iowa) and John Kerry (D-Massachusetts) have introduced the Children's Mental Health Accessibility Act (S 3289).